

QUALITY ASSURANCE REPORT

PROGRAM YEAR 2014-2015

Programmatic Monitoring Results and Recommendations

FOR

REGION 01



CareerSource Escarosa

Prepared By

Department of Economic Opportunity
Division of Workforce Services
Bureau of One-Stop and Program Support

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**MONITORING REPORT
CareerSource Escarosa
REGION 1**

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INTRODUCTION

This report was prepared as a result of a programmatic quality assurance review conducted May 26-29, 2015 for the following programs administered by CareerSource Escarosa (CSE): Welfare Transition/Temporary Assistance for Needy Families (WT/TANF), Supplemental Nutrition Assistance (SNAP), Workforce Investment Act (WIA), Wagner-Peyser (WP) and any special projects operational during the review period. There was no Trade Adjustment Assistance (TAA) activity during the review period.

The review team consisted of: Terry Wester-Johnson (Team Leader), Barbara Walker, William Jones, Genick Blaise, Cliff Atkinson, Stephan Eicher, Morena Owens, and Marian Rezkallah.

REGION 01 PROFILE

CSE's geographical service area consists of Escambia and Santa Rosa Counties with a population in 2014 of 474,081 persons. The unemployment rate for the region for the month of June 2014 (not seasonally adjusted) was 5.4 percent with 11,484 individuals in the labor force unemployed. This percentage was slightly lower than the State's unemployment rate of 5.5 percent and slightly lower than the national rate of 5.5 percent for the same month. The total number of jobs located in the service area in December 2014 was 160,431. The largest major industry sector was Trade, Transportation and Utilities with 31,237 individuals employed followed by Government with 27,399 individuals employed. The fastest growing occupation is Logisticians, and the occupation with the most new jobs is Registered Nurses.

The region's average annual wage for 2014 was \$38,204 while the State's average annual wage was \$44,803.

DESCRIPTION OF MONITORING APPROACH

Purpose of Review

The purpose of the review was to assess CSE's program operations and management practices, activities and services, and system protocols for the various workforce programs that were operational during the April 1, 2014 through March 31, 2015 review period. The goal is to determine if CSE operated in compliance with each of the programs' laws, regulations, State and local plans, and any contract or agreement terms.

Scope and Methodology

The scope of the review consisted of a desk analysis and a remote review of CSE's participant case file records. The desk analysis included a review of local operating procedures, program services and activities, and local plans and reports to determine if appropriate processes and procedures were in place and properly implemented. The automated electronic review included sample testing of participant case file records. The sample files were uploaded onto the Bureau of One-Stop and Program Support's (OSPS) SharePoint portal by CSE to allow the monitoring team access to view the files remotely.

Other tasks completed by the OSPS monitoring review team to identify and document the issues presented in this report included, but were not limited to, the following:

- A review and analysis of data entered in the State's Management Information Systems (MIS) to determine if required/critical data was properly captured for reporting purposes.
- A review, examination, and analysis of participant case file records to determine whether adequate documentation was maintained to support participant eligibility and other services provided. The files were also reviewed and validated by checking the accuracy of MIS records and comparing keyed entries made by the Regional Workforce Board (RWB) against original source documents.
- A review of the previous year's monitoring report and Corrective Action Plan (CAP) to assess trends and issues and to determine whether the Board had implemented the actions proposed in its CAP to satisfactorily resolve any deficiencies cited in the report.

Monitoring Review Tools/Guides

OSPS's programmatic monitoring review tools were used to conduct the review for each workforce program. The tools are designed to provide a comprehensive assessment of the processes and procedures used by Board staff to operate and manage the programs. Use of the monitoring tools ensured that the review process followed a planned and consistent course of action that provides adequate verification of specific program data elements. Use of the tools also provides region staff with an understanding of how data derived from the tools can be used for internal assessment and process improvements.

Sample Size/Selection Methodology

The participant case file review sample size was compiled from the total participant population served by each program for the review period. This was determined based on the total number of files entered into and captured by the automated data systems. Using OSPS's programmatic sampling methodology, the number of client files reviewed for each program was based on the relative percentage share of the total files required to achieve a 90 percent confidence level and a 12 percent confidence interval. The participant files were randomly selected for each program reviewed.

ENTRANCE/EXIT CONFERENCE

Entrance Conference

An entrance conference was conducted by telephone on May 26, 2015 with CSE representatives Susan Nelms, Kathy Karshna, Belinda Todd, Jim Boyden, Bill Barron, Carla Jones, Clay B. Childers, Susie Lewis, Phyllis Curl, Gloria Copeland, Brett Rowell, Mattie Davis, and Debra Walker-Bailes. The purpose of the entrance conference was to introduce the members of the monitoring team performing the review, identify CSE's contact person(s) with whom the reviewers would communicate, discuss CSE's and DEO's expectations, establish a timeline for daily updates, and identify/obtain documents requested in the monitoring review notification letter.

Daily Updates

As part of the review, the monitors provided daily telephone updates to CSE staff in an effort to keep them informed of the team's progress, to allow region staff an opportunity to provide supporting documentation to resolve any outstanding issues which may have been observed, and to highlight any notable observations and/or practices that may have been implemented by the Board.

Members of the review team also provided technical assistance to program and/or Board staff during the review. Technical assistance covered topics related to several different programs to ensure that staff had a better understanding of the specific elements of the programs' services and activities.

Exit Conference

An exit conference was conducted by telephone on May 29, 2015 with CSE representatives Susan Nelms, Kathy Karshna, Belinda Todd, Jim Boyden, Bill Barron, Carla Jones, Susie Lewis, Phyllis Curl, Gloria Copeland, Brett Rowell, Mattie Davis, and Debra Walker-Bailes. During the exit conference, CSE representatives received a written exit report that included a summary of issues that were identified and discussed during the daily briefings. The written exit summary was provided for the purpose of discussion and to allow CSE staff to take corrective action and/or present backup documentation to resolve any of the preliminary summary findings. CSE representatives were also provided completed review tools for the various programs at the time of the exit conference.

OVERVIEW OF MONITORING RESULTS

The outcome of the review is detailed in the following sections of the report identified by the respective program. The information presented reflects the issues noted by the monitoring team during the review of CSE's programs. Outcomes in the report are classified as Findings, Other Noncompliance Issues and Observations. Recommendations and suggestions are also made on how to address any identified Findings, Other Noncompliance Issues and Observations. Following are descriptions of how the outcomes are classified in the report:

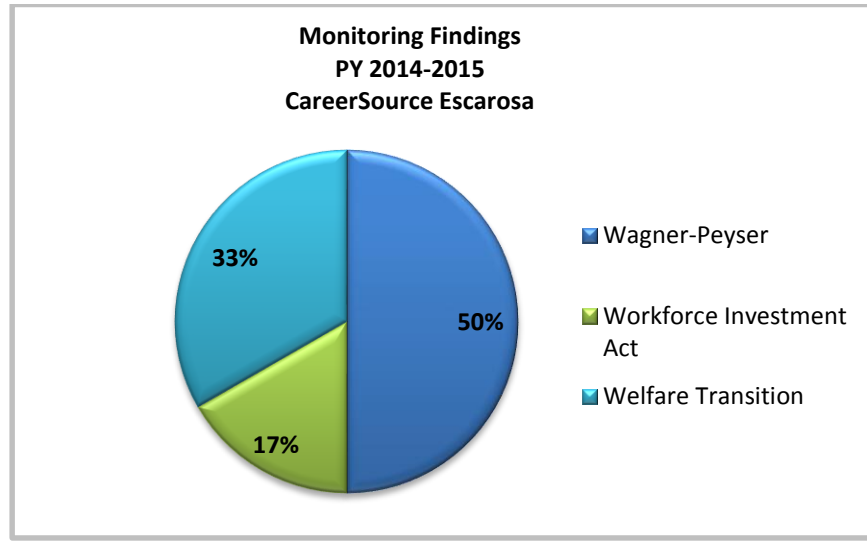
- **Findings** - are instances where noncompliance with requirements contained in federal or State laws, rules and regulations, administrative codes, State guidance or other documents are found and are considered to be issues that are of high risk that could potentially result in questioned costs and/or impact the integrity of program operations. Findings are expected to be responded to in the CAP.
- **Other Noncompliance Issues** – are general noncompliance conditions that are considered lower risk findings but could potentially result in higher risk findings based on the nature of the deficiency (i.e. repeat violations, issues indicative of systemic problems in program operations, etc.). Other Noncompliance Issues are expected to be responded to in the CAP.
- **General Comments** – are issues identified and corrected during the course of the review or the 10-day response period. These resolved issues are referenced in the report as general comments.
- **Observations** - are informative statements or constructive comments made to identify processes that can help the RWB improve service delivery and result in positive program outcomes. Observations are not expected to be responded to in the CAP.
- **Notable Program Practices** - are informative statements that highlight and recognize positive program processes and improvements in the region.

Summary Table of Monitoring Results

The DEO monitoring team reviewed the contents of this report with CSE’s management and program staff during daily debriefings and the exit conference. The results of the review of each of the Board’s workforce programs are summarized below. Further discussion and analysis of these issues are outlined in the report by program and category.

2014-2015 Monitoring Results					
Workforce Program	Issue	Prior Year Finding	Current Year Finding	Prior Year Other Noncompliance Issue	Current Year Other Noncompliance Issue
WELFARE TRANSITION/TANF	Documentation to support JPR hours was not retained in a couple of participant case files.	N	Y	N/A	N/A
	There was an instance where a DEO-2292 Form was not mailed to a participant as a result of two failures within a 30-day period.	N	Y	N/A	N/A
	A participant was placed in deferral status before medical documentation was received from a licensed physician.	N/A	N/A	N	Y
	Employment information entered in OSST did not match employment documentation retained in a couple participant case files.	N/A	N/A	Y	Y
Totals		0	2	1	2
WORKFORCE INVESTMENT ACT – Adult	Follow-ups for several participants were not conducted timely for the required quarters after exit.	N/A	N/A	N	Y
Totals		0	0	0	1
WORKFORCE INVESTMENT ACT – Youth	Post-test assessments were not conducted for a few Basic Skills Deficient youth.	N	Y	N/A	N/A
Totals		0	1	0	0
WAGNER-PEYSER	A job seeker coded as a MSFW was not issued a 511N form.	N	Y	N/A	N/A
	A staff referred job order was coded as an H2-B job order but the job seekers were not issued I-9 and 516 INS forms.	Y	Y	N/A	N/A
	A case file was missing initial assessment documentation.	N	Y	N/A	N/A
Totals		1	3	0	0

The following graph highlights only findings observed during the review



Summary Conclusion

Overall, the review revealed some deficiencies in case file documentation requirements and operational and system practices in several program review areas. While several issues were found, nothing observed during the review would lead the monitoring team to believe that the region is not carrying out the intent of federal and State program requirements or that the issues identified would substantially or materially affect program operations. However, there was a repeat issue related to completion of I-9 and 511N forms that has occurred over a number of monitoring review cycles which could potentially affect program operations if not corrected in the future. For the noted deficiencies, a CAP is required to address how the region will correct the findings and other noncompliance issues identified in the report.

WELFARE TRANSITION

Description of Review Methodology

The WT team reviewed program processes and operational practices, participant case files, and Local Operating Procedures (LOP) to determine compliance with program requirements including, but not limited to, the following:

- the initial and any subsequent assessment processes;
- the process for developing the Individual Responsibility Plan (IRP), the IRP tool used locally, and the process for developing and assigning participants to work activities;
- the process for offering employment and support services to WT participants;
- a review of information contained in the One-Stop Service Tracking (OSST) system to ensure the information matches what was included in the electronic scanned case files;
- a review of documentation in the participant case files to support the hours entered in the OSST system for participation credit;
- a review of activities recorded in the OSST system to ensure participants were engaged in activities that met federal definitions, and that the RWB was in compliance with the Fair Labor Standards Act (FLSA) for participants engaged in “work experience” activities; and
- a review related to core management processes and procedures used by the region to operate the programs including local plans, LOPs, State Plan and Work Verification Plan.

Management and Operational Process Review

The review of CSE’s management and operational practices did not reveal any process issues. LOPs are in place to guide and administer the WT Program. Additionally, CSE maintains an oversight and quality assurance process that examines programmatic operations and practices. Copies of local monitoring procedures and reports were provided to the DEO monitor to support the region’s monitoring activities. No problems were observed with the management and operational process review.

Participant Case File Review

The sample size consisted of 46 participant case files.

The review of participant case files revealed that most files contained documentation of eligibility and other case management elements, and participant data recorded in OSST was determined to have been correctly entered with the following exceptions.

General Program Comment

During the review of participant case files, a Grievance/Complaint and EEO form was missing from a participant's file. The region provided the Grievance/Complaint and EEO form during the 10-day response period to resolve this issue. In the future, CSE staff must ensure that Grievance/Complaint and EEO forms are completed and retained in participant case files or a central accessible location.

FINDINGS

Finding Number WT 01-01

Documentation of Hours Recorded on the Job Participation Rate Screen

Applicable references: F.S. 445.010, 45CFR 260.61-62, 45CFR 262, and Florida's Work Verification Plan.

Federal laws and State guidance require that engagement in work activities and participation hours must be documented and auditable. Program staff must enter hours of participation on the Job Participation Rate (JPR) screen in OSST and this data is then used to report performance (participation rates). Eight of the participant case files reviewed had hours archived in the participation rate's full file. Six (75 percent) of the eight case files contained documentation to support the hours for each of the weeks recorded on the JPR screen and two (25 percent) did not.

Recurring Issue from Previous Year: No.

Risk Impact: The hours of participation reported must be accurately documented and retained in the case files. If not, federal performance reporting is affected and repeated instances could potentially result in loss of funds.

Recommendation: The region must ensure that documentation or other forms of allowable verification as described in the approved Work Verification Plan are retained in the case files. Additionally, CSE must remind staff of the need to ensure that work activities are documented by the participant, verified and signed by designated staff, and placed in the participant's case file before entering the information in OSST. Local quality assurance staff should also monitor participant case files on a regular basis.

A plan of action must be provided with the CAP on steps taken, or to be taken, by CSE to prevent future occurrences and that staff has been made aware of all JPR documentation requirements. Documentation provided must also include written notification to staff informing them of these requirements.

Finding Number WT 01-02

Pre-penalty and Sanction Process

Applicable references: 45 CFR 261.10, 261.12, 261.13, 261.14, F.S. 414.065, Florida Administrative Code 65A-4.205 and Work Penalty Guidance.

Federal law requires the State to initiate its penalty process if a participant refuses to comply with work requirements or fails to comply with his/her signed IRP. If a participant is not complying with the counseling process, an attempt to make oral contact with the participant is required. Also, if a participant is sanctioned as a result of two failures within a 30-day period, a WTP-2292 form must be mailed to the participant and a copy retained in the case file. Participants must also be allowed three working days to report good cause after the second failure has been identified.

One participant was sanctioned as a result of two failures within a 30-day period and the Notice of Failure to Demonstrate Satisfactory Compliance Form (WTP-2292) was not mailed.

Recurring Issue from Previous Year: No.

Risk Impact: If noncompliant program participants are not sanctioned by the RWBs in a timely manner, it could result in a failure to meet the statewide participation rate.

Recommendation: The region must ensure that program staff mails the WTP-2292 form if a participant is sanctioned as a result of two failures within 30 days. If a participant does not comply with the counseling process after the first failure, and does not report “good cause” for the second failure within three working days, the region must request the sanction, mail the WTP 2292 form, and record the failure in the case file notes.

The region must provide with the CAP, an outline of steps they will take prevent future occurrences. Additionally, documentation must be provided showing that all WT staff have been made aware of and/or trained on all requirements regarding the pre-penalty and sanction process. Documentation provided must include written notification to staff informing them of these requirements.

OTHER NONCOMPLIANCE ISSUES

Medical Deferrals

Applicable reference: F.S. 414.065, Medical Incapacity Guide.

Florida Statutes require a participant to submit a medical note signed by a physician licensed under Florida Statutes Chapters 458 or 459 prior to being granted extended “good cause” for not participating in a countable work activity. Medical deferrals are specific to the participant and should be entered only when documentation has been received and signed by a licensed physician to support the medical deferral. Of the three sampled case files reviewed that had medical deferrals recorded in the OSST system, two (66.7 percent) participants were placed in deferral status on or after receipt of the signed medical forms and one (33.3 percent) was not. In the one instance, the begin date identified for the medical deferral was dated before the physician’s signature date on the medical documentation.

Recurring Issue from Previous Year: No.

Risk Impact: If a participant is placed in deferral status prior to receipt of a signed and dated medical note from a licensed physician, the RWB would be unable to determine the participant’s ability to comply with work requirements which may lead to a negative impact on performance measures.

Recommendation: CSE must remind program staff that medical deferrals are not to be entered in the OSST system until signed documentation has been received from a licensed physician under Florida Statutes Chapters 458 and 459. If medical documentation has not been provided, the OSST system allows other deferral options to be entered until such time as official medical documentation has been received. In those instances, program staff should enter the appropriate deferral option in the system along with a detailed case note explaining the reasons for entering that option. There is no requirement to use a particular form, but certain elements are required before a deferral can be entered in OSST. Region staff should review the Medical Incapacity Final guidance for additional information on medical deferrals. The guidance can be found at http://floridajobs.org/workforce/WT_StLegis.html.

CSE must provide documentation with the CAP that program staff has been made aware of and trained on medical deferral requirements, as well as an assurance that they will comply with the above requirements and recommendations in the future. Documentation provided must include written notification to staff informing them of these requirements.

Employment Verification

Applicable reference: 445.010(f) F.S.

The monitor reviewed nine participant case files with employment activity recorded in the OSST system. Employment verification was retained in seven (77.8 percent) of the nine files and was not retained in two (22.2 percent) case files. Additionally, the dates of employment indicated on documents in five (71.4 percent) of the seven files matched the dates entered in OSST and two (28.6 percent) did not.

Recurring Issue from Previous Year: Yes.

Risk Impact: This data is used for reporting purposes and incorrect data entry impacts the validity of the data being reported. The data entered in the system must be auditable and supported by documentation in the case files.

Recommendation: Some form of deficiency in the employment verification process has occurred over several monitoring review cycles. CSE indicated in their prior year's CAP that staff training had been provided and routine monitoring would occur. However, it could not be determined whether monitoring of individual case files had taken place. Program staff must take care to review each case transaction to ensure that employment data is verified, documented in the files, and accurately recorded in the OSST system.

CSE must evaluate the cause of continued noncompliance and provide a plan of action with the CAP on additional steps they will take to prevent future occurrences. Staff training may be necessary on interpreting the correct date that should be used to record employment information in OSST. Program staff should be reminded that the start date rather than the hire date of employment is the date that should be recorded in OSST. CSE must also provide documentation with the CAP that program staff have been made aware of and/or trained on employment verification documentation requirements. Documentation provided must include written notification to staff informing them of these requirements. If additional training or technical assistance is needed, CSE should contact OSPS's Program Management and Coordination Unit or the Training Unit.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Description of Review Methodology

The SNAP review focused on compliance with federal, State and local SNAP guidelines and requirements including, but not limited to, the following:

- reviewing local SNAP activities, services and processes, as well as program administration and management practices to determine whether services and activities carried out by the region were in accordance with the State SNAP Plan and local operating procedures;
- reviewing local procedures for assigning activities and hours of participation, and participation in and completion of program activities;
- reviewing local procedures for issuing food stamp reimbursements (FSR); and
- reviewing policies and procedures that are in place to successfully manage caseload and/or case management levels, progression efforts to increase client participation, number of staff assigned to manage the cases, and to what extent monitoring is conducted to maintain and/or increase workload efforts.

Management Review and Operational Practices

The review of CSE's local operating processes and practices revealed that LOPs are in place to administer and manage SNAP. Additionally, the region met the required performance benchmark standard of 50 cases per Full-Time Equivalent (FTE) staff position during the monitoring review period. Based on the one FTE position CSE staff indicated was assigned to SNAP and the 61 cases managed by that staff member during the review period, the region met the performance standard of serving at least 50 participants per FTE. No problems were observed with the management and operational process review.

Participant Case File Review

The sample size consisted of 36 participant case files.

The review revealed that all participant case files reviewed contained sufficient documentation to support all case management elements, and participant data recorded in OSST was determined to have been correctly entered based on case file documentation requirements.

The review did not reveal any Findings, Other Noncompliance Issues or Observations.

WORKFORCE INVESTMENT ACT (WIA)

WIA Formula-Funded Adult and Dislocated Worker Program

The WIA formula-funded review focused on compliance with federal, State, and local guidelines and requirements to ensure that workforce standards were met. The review included, but was not limited to, the following:

- A review of program and operational processes to ensure that all participant case files contained evidence that participants were eligible, enrolled in allowable activities, and that any training provided was in demand occupations provided by institutions on the State/local eligible training provider list.
- A review of participant case files to determine if participants who entered employment were placed in jobs that offered a self-sufficient wage as defined by local policy, if credential/certification attainment data were accurately recorded in the Employ Florida Marketplace (EFM) system, and if follow-ups were performed at the required intervals.
- If employed workers were participating in skills upgrade training, the reviewers checked to see if the training was provided in response to the employer's assessment that such training was required for the workers referred.
- If supportive services were offered to participants to enable them to successfully participate in training and other activities, the files were reviewed to ensure that the services were recorded accurately in EFM.
- A review of the region's PY 2013-14 negotiated performance measures to determine if the region accomplished their goals for the year.

Management Review and Operational Practices

The management and operational process review revealed an issue regarding documenting Occupational Completion Points (OCP). It appears that program staff was not following appropriate procedures and protocols for managing how OCPs are determined and recorded in EFM. It appears that the region was using transcripts from the school system to document the OCPs. However, the transcripts did not describe the occupational competencies that qualified the individuals to obtain the specific OCP nor were they linked to particular career and technical programs as described by the Florida Department of Education (DOE).

Recommendation: CSE must ensure that the method by which the OCP is captured is documented according to DOE's guidelines. Staff can access the Florida Department of Education's website under Standards, Benchmarks & Frameworks for Career and Technical Training for more information regarding capturing OCPs. Although not cited as a finding, an assurance must be provided with the CAP that CSE will follow required guidelines in determining and documenting occupational competencies that qualify individuals to obtain a specific OCP.

Regarding monitoring and oversight, CSE staff provided copies of local monitoring schedules, tools, and reports to support their monitoring and oversight activities for the review period. Additionally, in reviewing the region's Adult and Dislocated Worker performance measures for the program year ending June 30, 2014, it appears they met and/or exceeded all performance standards, the same as the prior program year's achievement. Overall, the region's management practices appear to have been effective in accomplishing the desired performance outcomes.

Participant Case File Review

The sample size consisted of 31 Adult and Dislocated Worker participant case files (25 Adults and six Dislocated Workers).

Participant case files reviewed contained documentation of eligibility and other case management elements, and participant data recorded in the system was determined to have been correctly entered based on case file documentation requirements with the following exceptions.

OTHER NONCOMPLIANCE ISSUE

Program Follow-Ups

Applicable references: WIA Resource Guide, TEGL 17-05, and the Follow-up Memorandum entitled “Entering Case Follow-ups in Employ Florida Marketplace” dated March 23, 2007.

Federal and State guidance require quarterly follow-ups for participants exiting WIA programs. Participants who exited the WIA program were to receive 1st, 2nd, 3rd, and 4th quarter follow-up services based on their exit dates during the review period. The files were reviewed to determine if follow-ups were conducted and recorded accurately in EFM. Of the eight case files reviewed of participants that required quarterly follow-up services, two (25 percent) had the required follow-ups conducted timely and six (75 percent) did not.

Recurring Issue from Previous Year: No.

Risk Impact: Failure to conduct follow-ups has an impact on State performance reporting and may result in loss of Placement in Employment or Education outcomes.

Recommendation: CSE must remind program staff to ensure that follow-ups are conducted at the required intervals and evidence of the follow-up is properly recorded in EFM. The “WIA Exiters for Follow-Up Report” in EFM is a great tool that can be used to manage follow-ups. To assist in this process, case managers can set appropriate follow-up dates in EFM to alert and/or remind them of upcoming events and timelines in order to prevent the required deadlines for follow-ups to expire. Local quality assurance staff should also monitor participant case files on a regular basis.

CSE must provide documentation with the CAP that program staff has been made aware of and/or trained on the requirements for conducting follow-ups. Documentation must include written notice to staff informing them of the requirements and/or a plan outlining training dates. An assurance must also be provided with the CAP that the above recommendations and requirements will be met in the future.

A common General Program Comment regarding citizenship verification was also observed and is noted under the WIA Youth Program Section below.

WIA Formula Youth Program

Description of Review Methodology

The WIA youth review focused on compliance with federal, State and local guidelines and requirements to ensure that all participant case files contain evidence that participants were eligible for program participation and training. The review included, but was not limited to, the following:

- The process for determining and documenting participant eligibility including low-income status, if the youth had at least one of the federal/local barriers, and whether documentation in the participant case files substantiate program participation information recorded in EFM.
- Whether the youth met age requirements for their respective customer groups and if the youth assessed as basic skills deficient (reading or math scores below the ninth grade level) received basic skills remediation to increase assessment results to the ninth-grade level.
- Whether attainment data on credentials/certifications were recorded accurately in EFM and that all formula-funded youth exiting the program had received required follow-up services.
- If supportive services were offered to participants to enable them to successfully participate in training and other activities, the files were reviewed to ensure that services were identified in the participants' service plans and that the services were recorded accurately in EFM.
- A review of the core processes and procedures used by the region to manage and administer their youth program.
- A review of local practices related to youth council activities.

Management Review and Operational Practices

It appears that administrative policies and procedures are in place to govern general program operations and practices. Regarding Youth Advisory Council activities, region staff indicated that the local youth council is involved in the selection of youth service providers. Staff provided copies of minutes of Youth Council meetings held during the review period to support the council's involvement in youth activities. Additionally, CSE met all of their youth performance standards for the program year ending June 30, 2014. Overall, the region's management practices appear to have been effective in accomplishing the desired youth performance outcomes.

Participant Case File Review

The sample size consisted of 16 WIA Youth participant case files (11 younger youth and five older youth).

Most files reviewed contained documentation of eligibility and other case management elements, and participant data recorded in EFM was determined to have been entered correctly based on case file documentation requirements. However, there were some concerns related to the following program review areas.

Common General Program Comment

During the review of participant case files, an issue was identified in both the WIA Adult and Youth programs regarding citizenship documentation. The documents in the file that were used to verify citizenship status for a couple of participants did not match the information entered in EFM. However, the OSPS monitor was able to use other documents found in the case files to verify citizenship. The region corrected the entries in EFM to match the other documents found in the case files. Although this issue was resolved during the monitoring review, CSE staff must ensure that required documentation to support all required elements is accurately recorded in the system.

FINDING

Finding Number WIA 01-03

Post-Test Assessments

Applicable reference: TEGL 17-05 and FG 062.

Federal and State guidance require all youth participants be assessed for basic skills sufficiency/deficiency and the results of the assessments accurately recorded in the State's MIS. Youth determined basic skills deficient (BSD) as a result of the initial pre-test assessments must also be post-tested by their anniversary date or prior to exit from the youth program. The assessment scores must be recorded in the Literacy/Numeracy table in EFM and a copy of the test results must be retained in the participant case files.

Of the 10 youth who were required to be post-tested, nine (90 percent) files contained documentation that a post-test assessment was completed and one (10 percent) did not. Additionally, a BSD youth was not timely post-tested by the anniversary date of their first youth activity and a pre-test assessment was not maintained in another participant's case file.

Recurring Issue from Previous Year: No.

Risk Impact: Failure to administer a post-test to a BSD youth participant by the anniversary date or prior to exit negatively impacts Federal/State performance measures and federal data validation outcomes.

Recommendation: CSE must ensure that program staff is made aware of the need to post-test BSD youth, record the assessment results timely in the system before or by the youth's anniversary date, and retain a copy of the post-test results in the case file. Recording of pre and post-test assessment information in the Literacy/Numeracy table in EFM positively impacts the RWB's and the State's Literacy/Numeracy Gains performance measure. To assist in this process, program staff could perhaps establish some type of tracking system or set a case-to-do in the automated system to remind staff of when the participant is due a post-test assessment.

CSE must submit a plan of action with their CAP that outlines efforts taken to prevent future occurrences. Additionally, documentation must be provided showing that training will be provided and that all staff have been informed, in writing, of these requirements. If technical assistance, training or guidance is needed, CSE should contact OSPS's Program Management and Coordination Unit or the Training Unit.

OBSERVATION

In a couple of participant case files, younger youth goals were not set beyond the initial year of participation.

Suggestion: Program staff should be reminded that a minimum of one youth goal must be set for each year of participation. Setting younger youth goals relating to reading comprehension and math computation can ultimately lead to youth reading and computing math at sufficient levels. If youth do not demonstrate proficiency in math and reading on the most recent post-test assessment results, an additional basic skills goal should be set. Once a youth participant is no longer basic skills deficient, goals other than basic skills should be set for each year of participation.

FINANCIAL DISCLOSURE REVIEW

The Financial Disclosure review focused on determining the board's compliance with financial disclosure requirements as referenced in Sections 112.3145 and 445.07, Florida Statutes, and DEO's Final Guidance FG-075. The purpose of the review is to ensure that board members and the board's Executive Director have filed a statement of financial interest for 2012 with the local supervisor of elections for reporting to the Florida Commission on Ethics (Ethics Commission). The management process review tool was used to gather information about the RWB's filing requirements and the Ethics Commission website was used to verify the information.

The Financial Disclosure Review Tool completed by the region indicated that CSE board members and the Executive Director had fulfilled the financial disclosure filing requirements for the review period. CSE also provided a list of several new appointees to the board as well as a list of members who left the board during program years 2013 and 2014. A review of the Ethics Commission website confirmed that the board members identified on the list had filed the required Financial Disclosure statements with a few exceptions. Because the Ethics Commission website may not be updated with current information, the members' names may not yet be posted.

While the monitor could not verify whether all current and former members had filed the necessary forms, it is recommended that the board coordinator or other designated staff member routinely monitor and make contact with any current or former board members who may have not filed and encourage them to file the required forms and, if already filed, check to make sure that the local Supervisor of Elections Office and/or the Ethics Commission have received them.

COLLECTION OF DEMOGRAPHIC INFORMATION

Federal regulations require the collection, recording, and maintenance of demographic information about an individual's race/ethnicity, gender, age, and, where known, disability status for every applicant and registrant. The purpose of this section of the review is to determine compliance with the nondiscrimination and equal opportunity provisions of Section 29, Part 37 of the Code of Federal Regulations, and DEO's Guidelines for Compliance with Section 188 of the Workforce Investment Act regarding Collection of Demographic Data.

The monitors reviewed program processes, operational practices and local operating procedures to determine compliance with applicable program requirements regarding the collection and maintenance of demographic data. The management process review tool was used to gather information about CSE's practice of collecting demographic information. CSE indicated that they ask customers to provide demographic information at the initial point that they enter the career centers. According to region staff, the information is collected via the region's sign-in computer system. Staff stated that once logged in, the sign-in system prompts the individuals to provide demographic information such as name, date of birth, gender, race/ethnicity, and disability status. CSE staff provided a screenshot of the computer sign-in page which displays the individual's name and other required demographic information. The screenshot also includes a statement informing the participant that providing demographic information is voluntary and is kept confidential as provided by law. No problems were observed with the demographic analysis review.

WAGNER-PEYSER PROGRAM (WP)

Description of Review Methodology

The Wagner-Peyser (WP) review focused on compliance with the WP Act, as amended, and federal guidelines that mandate the operation of the public labor exchange system. The review included, but was not limited to, the following:

- A review of the public labor exchange system to verify that the WP program was in compliance with rules and regulations and that appropriate services were provided to the general public.
- A review of whether the region complied with the federal definition of a placement; job development; and EEO regulations regarding discrimination based on race, creed, gender, national origin and age. This included a review of the RWB's electronic records of job orders, job seeker services including veterans and Migrant and Seasonal Farmworkers (MSFW), job placements, job developments and counseling services.
- A review of the activities, services and processes of the region's program administration and management practices including any policies and procedures in place, local plans, interviews with staff, required staff training and MIS security protocols.
- A review of system data to ensure that information was recorded accurately and required services were provided. Based on the review of system records, if any data fields or case notes were missing, scanned participant file records were reviewed to ensure that services were provided and documented.
- A review of the local Career Centers' Credentialing process and Priority Reemployment Planning (PREP) program for adherence to State rules and program guidelines.

Management Review and Operational Practices

LOPs are in place to guide and administer the WP Program. Regarding monitoring and oversight, CSE maintains an oversight and quality assurance process that examines programmatic operations and practices. Copies of local monitoring reports were provided to the DEO monitor to support the region's monitoring activities.

Participant Case File Review

The sample size consisted of 50 participant case files (30 job seekers and 20 job orders).

The following issues were identified as a result of the client case file review.

FINDINGS

Finding Number WP 01-04

Alien Labor Certification H-2B Job Orders

Applicable reference: Immigration Reform and Control Act, 09-01 Clarification to the Communiqué on Referral Procedures for H-2B Job Orders issued January 23, 2009; Federal Regulations 8 CFR 274a.6; and U.S. Citizenship and Immigration Services I-9 Employer Handbook.

Federal law and State guidance require career center staff to complete both an I-9 and 516 INS form for staff referrals on all H-2B job orders. Additionally, the 516 INS form is to be signed in the presence of the employer and the original Form I-9 and a copy of the 516 INS stay on file at the issuing career center. The one staff referred H-2B job order did not have the required I-9 and 516 forms completed and on file.

Recurring Issue from Previous Year: Yes.

Risk Impact: Failure to verify employment eligibility of customers referred on H-2B job orders or when taking credit for completion of an I-9 creates compliance issues with federal regulations and State guidelines. Also, not completing or the absence or mishandling of I-9 and 516 INS forms could result in a potential fine for noncompliance.

Recommendation: This is the fourth consecutive year that the region has been cited for issues related to H-2B job orders and not completing I-9 and 516 forms. CSE indicated in their prior year's CAP that staff had been reminded of the importance of processing I-9 AND 516 forms, that staff training will be provided, and all H-2B job orders will routinely be monitored. However, the monitor could not determine whether CSE implemented the plan as outlined. Because the problem continues to exist, the region should consider implementing a more thorough internal review process, in addition to the training and monitoring referenced in the prior year's CAP. In addition to monitoring, CSE should consider having staff keep a checklist of all H-2B job order requirements as a quick reference guide.

CSE is reminded of the importance of completing and processing I-9 and 516 INS forms properly and timely. The region must verify information submitted on job orders coded as H-2B to ensure they are handled appropriately and all accompanying forms are completed as required. It is recommended that staff review the 07-18 Communiqué and the presentation on processing I-9's located on the DEO website at <http://www.floridajobs.org/workforce-board-resources/professional-development-and-training/training-materials> and the U.S. Citizenship and Immigration Services I-9 Handbook located at <http://www.uscis.gov/files/form/m-274.pdf> for additional information and guidance on completing and processing I-9 and 516 INS forms.

The region must evaluate the cause of continuing noncompliance and submit a plan of action with the CAP that outlines additional efforts taken to prevent future occurrences, including following through on the prior year's plan of action. Documentation must also be provided showing that refresher training has been, or will be, provided to program staff on identifying H-2B job orders and proper completion and retention of both the I-9 and 516 INS form. Documentation provided must include time and dates of training, as well as written communication to staff notifying them of these requirements. If training or technical assistance is needed, CSE should contact the State's Senior Monitor Advocate or the Training Unit.

Finding Number WP 01-05

Initial Assessments

Applicable references: UI Handbook-NO. 401-ETA 9048, and Federal Regulation 20 CFR 651.10.

An initial assessment must be documented with the barriers, strengths, weaknesses, skills, etc., on the notes screen in EFM or on a paper copy document. Of the 14 instances where an initial assessment service was recorded in the system, 13 (92.9 percent) had documentation in the case notes or in paper copy form to support the initial assessment services given and one (7.1 percent) did not.

Recurring Issue from Previous Year: No.

Risk Impact: Absence of an assessment reduces staff's ability to work effectively and efficiently with job seekers in delivering services. Without an assessment, there is no way to develop a plan of action to determine what the individual is required to do to attain his/her goals.

Recommendation: The region must ensure that all assessments are documented, maintained in the files, and meet the federal definition of an assessment. The results of the assessment can be recorded by entering the information on the notes screen in EFM or on a paper copy document in the file. Program staff providing assessments should review the DEO employment counseling guidance, titled [Final Guidance Employment Services](#), located on the DEO website for additional information. The region must also provide documentation with the CAP that staff has been informed, in writing, of these requirements. If training or technical assistance is needed, CSE should contact OSPS's Program Management and Coordination Unit or the Training Unit.

Finding Number WP 01-06

Migrant and Seasonal Farmworker (MSFW) 511N Forms

Applicable references: 20 CFR 653.103 and DEO FG 03-040.

DEO Guidance requires that MSFWs be provided with information on the services available through the career centers and given a DEO 511N form acknowledging that the services have been discussed. The one file coded as a MSFW job seeker did not have documentation to support that a 511N form had been explained and issued.

Recurring Issue from Previous Year: No.

Risk Impact: Having a signed 511 N form ensures that participants are aware of the services and opportunities available to them. Having a signed and dated 511N form would also support the RWB if a customer filed a grievance or requested a fair hearing. Not completing the 511N form may limit job and training opportunities and may impact performance reporting.

Recommendation: CSE program staff must ensure that documentation is maintained that the DEO 511N form has been discussed with, and a copy given to, the MSFW job seeker. This ensures that MSFW job seekers have been made aware of the services available to them. CSE must provide documentation with the CAP that program staff has been made aware of the requirements, in writing, and that they will monitor this activity to prevent future occurrences.

PRIORITY REEMPLOYMENT ELIGIBILITY PROGRAM (PREP)

The PREP Program is a federally mandated program for claimants who are in their fourth week of a claim and have received their first payment. The program is intended to target those who are most likely to exhaust their claim and requires that they receive an orientation to career center services and an initial assessment to determine what additional services are necessary or required to help them re-enter employment.

The review did not reveal any Findings, Other Noncompliance Issues or Observations.

CAREER CENTER CREDENTIALING

CSE's Career Center credentialing review was conducted to determine compliance with program guidance. The methodology for conducting the review included self-certification by the region that the following credentialing requirements had been met for the review period at each of the career center locations in the region (posters, signage and resource room verification). All other administrative requirements and records (listing of front-line

staff, continuing education hours attained, complaint system information, etc.) were reviewed remotely by the monitor.

The monitor reviewed the administrative documents provided to determine whether all “front-line” staff members had completed their required Tier I Certification courses and the 15 hours of continuing education courses in related subjects. As part of the credentialing process, the monitor also reviewed the region’s complaint system to ensure that a system is in place to process any Wagner-Peyser complaints received.

The review did not reveal any Findings, Other Noncompliance Issues or Observations. However, the following General Program Comment is provided.

General Program Comment

During the review, CSE was unable to provide adequate documentation to support completion of the 15 hours of continuing education hours for several staff members. However, during the 10-day response period, CSE provided additional documentation to verify that the staff members had completed their 15 hours of continuing education. Going forward, CSE must ensure that documentation is maintained and made readily available at the time of the review to support completion of the 15 hours of continuing education courses for all from-line staff.

MANAGEMENT INFORMATION SYSTEMS

The MIS security check ensures that the region has a business process and policy in place that monitors and safeguards MIS user access and termination to and from the system. The business process and policy must ensure that the region has an up-to-date list of persons who are authorized to use the MIS, has a system in place to remove users that are no longer authorized to have access, and that the region maintains MIS security forms for all users.

The region has policies and procedures in place to ensure that individuals who are no longer employed in the region are promptly removed from having access to the MIS. According to region staff, the regional security officer is notified in a timely manner whenever a person needs access or their access needs to be revoked. The region provided an up-to-date listing of all current MIS users, as well as a list of individuals whose employment with the region ended during the review period. The names of terminated users on the region’s list were matched with user staff accounts maintained by DEO’s Internal Security unit to determine whether any of those individuals still had access to the system and/or if their privileges had been revoked/terminated.

The review did not reveal any Findings, Other Noncompliance Issues or Observations.

CONCLUSION

The results of the review of CSE's program processes and service delivery systems indicate that the region appears "generally" to be in compliance with established federal and State laws, program guidance, and applicable policies and procedures. The programs also appear to have met the intent of funding requirements to provide meaningful training and work opportunities to eligible clients. It also appears that the region has the systems in place to perform the broad management and operational functions that are required to operate their workforce programs. The review did, however, reveal some deficiencies in case file documentation requirements and operational and system practices, but none that would substantially or materially affect program operations.

A CAP is required to address how the board will correct the findings and other noncompliance issues identified in this report. For the noted deficiencies, the reviewers have provided recommendations and suggestions in an effort to help respond to the issues identified in the report, help develop and implement processes that result in positive program practices and performance outcomes, and help to improve the quality and integrity of the data collected.