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Quality Assurance Report

Program Year 2015-16

**Programmatic Monitoring Results and
Recommendations**

FOR

LOCAL WORKFORCE DEVELOPMENT BOARD - 01



CareerSource Escarosa

Prepared By

**Department of Economic Opportunity
Division of Workforce Services
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**QUALITY ASSURANCE REPORT
 CAREERSOURCE ESCAROSA
 LOCAL WORKFORCE DEVELOPMENT BOARD (LWDB) 01**

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I. INTRODUCTION

This report was prepared as a result of a programmatic quality assurance review conducted June 6-10, 2016 for the following programs administered by CareerSource Escarosa (CSE):

- Welfare Transition/Temporary Assistance for Needy Families (WT/TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Workforce Investment Act (WIA)
- Wagner-Peyser (WP)
- Any special projects operational during the review period

There were no Trade Act Assistance (TAA) filings in the LWDB during the review period. Therefore, the TAA Program was not reviewed.

The review team consisted of: Andy Windsor (Team Leader), Barbara Walker, Terry Wester-Johnson, and Djuana Winston.

II. LOCAL WORKFORCE DEVELOPMENT BOARD PROFILE

Local Workforce Development Area	Escambia and Santa Rosa Counties
LWDB Number	01
Population (2015)	478,043

Unemployment/Major Industry Sectors	LWDB	State	National
Unemployment Rate (June 2016 – not seasonally adjusted)	5.1%	4.9%	5.1%
Individuals Unemployed (June-2016)	10,853	N/A	N/A
Average Annual Wage (2015)	\$39,621	\$46,237	N/A

Largest Major Industry Sector	Trade, Transportation, and Utilities – 31,535 Employed (December 2015)
Next Largest Major Industry Sector	Education and Health Services – 27,573 Employed (December 2015)
Fastest Growing Occupation	Glaziers
Occupation with Most New Jobs	Combined Food Preparation and Serving Workers, including Fast Food

Source: Florida Department of Economic Opportunity, Bureau of Labor Market Statistics.

III. DESCRIPTION OF MONITORING APPROACH

Purpose of Review

The purpose of the review was to assess CSE's program operations, management practices, and system protocols for the various workforce programs that were operational during the April 1, 2015 through March 31, 2016 review period. The goal is to determine if CSE operated in compliance with each of the programs' laws, regulations, State and local plans, policies and guidance, and any contract or agreement terms.

Scope of Review

The scope of the review consisted of a desk analysis and a remote review of CSE's electronic participant case file records. The desk analysis included a review of local operating procedures (LOP), 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 by CSE to DEO's Bureau of One-Stop and Program Support's (OSPS) SharePoint portal to allow the OSPS monitoring team access to view the files remotely.

Other tasks completed by the 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 LWDB staff 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 LWDB had implemented the actions proposed in their CAP to satisfactorily resolve any deficiencies cited in the report.
- A review of the LWDB's oversight and quality assurance process to determine if a system is in place to monitor local programmatic operations and practices.

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 LWDB 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.

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.

IV. ENTRANCE/EXIT CONFERENCE

Entrance Conference

An entrance conference was conducted by telephone on June 6, 2016 with CSE representatives Cliff Krut, Bill Barron, Maddie Davis, Desiree Antonelli, Jim Boyden, Phyllis Curl, Eric Flora, Julie Johnson, Carla Jones, Kathy Karshna, Susie Lewis, Neshida Murdock-Klein, Brett Rowell, Belinda Todd, and Deborah Walker-Bailes. The purpose of the entrance conference was to introduce the members of the monitoring team performing the review, identify the local contact person(s) with whom the reviewers would communicate, discuss CSE and DEO expectations, establish a timeline for daily updates, and identify/obtain documents requested in the monitoring review notification letter.

Daily Updates

The monitoring team provided daily telephone updates to CSE staff to keep them informed of the team's progress and to allow them an opportunity to provide supporting documentation to resolve any outstanding issues the team observed. Members of the review team also provided technical assistance to specific program staff during the review. Technical assistance covered topics related to several different program areas.

Exit Conference

An exit conference was conducted by telephone on June 10, 2016 with CSE representatives Cliff Krut, Bill Barron, Maddie Davis, Jim Boyden, Bob Childers, Phyllis Curl, Eric Flora, Carla Jones, Kathy Karshna, Susie Lewis, Brett Rowell, Belinda Todd, and Deborah Walker-Bailes. The review team provided a written exit report to CSE staff that included a summary of issues that were identified during the daily debriefings. The written exit summary was provided for the purpose of discussion and to allow CSE staff to take any additional corrective action and/or present backup documentation to resolve any of the preliminary summary findings. The review team also provided copies of the completed review tools at the time of the exit conference.

V. OVERVIEW OF MONITORING RESULTS

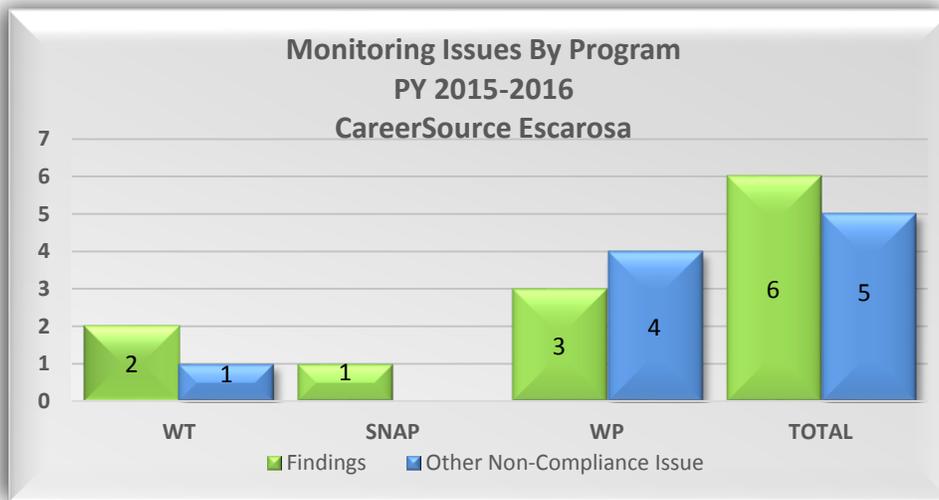
The outcome of the review is detailed in the following sections of the report identified by the respective program. Outcomes reflect issues noted by the monitoring team during the review and are classified in the report as Findings, Other Noncompliance Issues (ONI), and Observations. Recommendations 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 higher risk issues 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, questioned costs, etc.). Other Noncompliance Issues are expected to be responded to in the CAP.
- **General Program Comments** – are issues identified and corrected during the review or 10-day response period and do not potentially have an effect on performance reporting, data validation, or other qualifying performance or eligibility requirement. 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 LWDB 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.

SUMMARY TABLE OF MONITORING RESULTS

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

2015-2016 Monitoring Results					
WORKFORCE PROGRAM	ISSUE	Prior Year Finding	Current Year Finding	Prior Year Other Noncompliance Issue	Current Year Other Noncompliance Issue
WT/TANF	A participant was not allowed three working days to provide good cause for the second failure. Additionally, a verbal attempt to contact a participant during the 10-day counseling period was not conducted.	Y	Y		
	Documentation to support continuing eligibility for transitional services was not retained in a case file.	Y	Y		
	Employment documentation in one case file did not match the information recorded in OSST.			Y	Y
Totals		2	2	1	1
SNAP	Several participant case files did not contain documentation to support the JPR entries.	N	Y		
Totals		0	1	0	0
WP	Several job orders did not contain the required phrase "Position offered by no fee agency." Additionally, three job orders contained restrictive language.	N	Y		
	Several EFM data entry errors for multiple job seekers were identified such as errant, missing, or duplicative service codes.	N	Y		
	A counseling code (200) was recorded in EFM for several job seekers but there was no documentation to support the counseling service provided.			N	Y
	Several job orders contained staff referred applicants that did not meet the minimum job qualifications specified on the job order.			N	Y
	The O*Net code did not match the job order description for one job order.			N	Y
	A job development job order did not have the 123 code recorded in EFM for the job seeker.			N	Y
PREP/WP Common Issue	Initial assessments and vocational plans were either not conducted or did not contain all required information.	Y	Y		
Totals		1	3	0	4
Total Monitoring Results All Programs		3	6	1	5



SUMMARY CONCLUSION

Overall, the review revealed some deficiencies in case file documentation requirements and operational and system practices in several program review areas. While a number of issues were found, nothing observed during the review would lead the monitoring team to believe that CSE 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 were a few repeat issues and several new issues which could potentially affect program operations if not corrected.

VI. WELFARE TRANSITION (WT)

Description of Review Methodology

The WT team reviewed program processes and operational practices, participant case files, MIS data, State and local plans, and LOPs 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;
- a review of documentation in participant case files to support hours entered in the One Stop Service Tracking (OSST) system for participation credit, and the process for offering employment and support services; and
- a review of activities recorded in the OSST system to ensure participants are engaged in activities that meet federal requirements and definitions, and that the information matches documentation maintained in electronic scanned case files.

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 Welfare Transition 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 support CSE's monitoring activities.

Participant Case File Review

The sample size consisted of 51 participant case files.

The review of participant case files revealed that the files contained documentation of eligibility and other case management elements, and participant data recorded in OSST was determined to have been correctly entered. However, there were some concerns related to the following program review areas.

General Program Comment

The case file review revealed that several participants were left in open WT activities for an extended period of time without closing them out in a timely manner. When services and activities have been completed and/or are no longer being provided, program staff must ensure that the activities are closed out in a timely manner.

Finding Number WT 01.01

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 orally contact the participant is required during the 10-day counseling period.

Of the 24 participants that had a pre-penalty initiated, 23 (95.8 percent) had an attempt to orally contact the participant documented in the system and one (4.2 percent) did not. Additionally, one of the 24 participants was not allowed three working days to provide good cause for the second failure.

Recurring Issue from Previous Year: Yes.

Risk Impact: If participants are not notified of what they are required to do and program staff fails to make an oral attempt to contact the participant, it could potentially result in the participant filing a grievance and/or requesting a fair hearing for a sanction that should not have occurred.

Prior Year CAP Response: This deficiency is a repeat occurrence from the previous year's monitoring review cycle. CSE's prior year CAP stated that program staff would be formally trained on all pre-penalty and sanction processes to reduce and/or avoid further instances of noncompliance.

Recommendation: CSE must ensure that if a participant is not complying with the counseling process, an attempt to orally contact the participant is required. Case notes must be entered in the system to identify each interaction made with the participant during the penalty process. CSE must also focus and follow through on the plan identified in the prior year CAP. CSE's local quality assurance staff should monitor participant case files on a monthly basis and schedule post-monitoring review sessions with staff to review the results of the monitoring. Additionally, CSE should develop a checklist of items required to facilitate the pre-penalty and sanction process which will serve as a quick reference guide and reminder to staff of the steps required.

The LWDB must submit the following with the CAP: Although the number of occurrences has decreased, CSE must still evaluate the cause of continuing noncompliance and take additional steps to improve the sanction review process. CSE must provide with the CAP, documentation that refresher training has been provided to staff and that they have been made aware of all requirements regarding the pre-penalty process. Documentation provided must include written notification to staff informing them 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 WT 01.02

Transitional Service Eligibility

Applicable reference: 445.028-.32, F.S., 65A-4.218 and Transitional Childcare Guidance.

Five program participants were provided transitional services during the review period. Each case file was reviewed to ensure that the participant was eligible each time a "cash" benefit was received (such as a gas card or bus pass), was eligible the entire time (s)he was provided childcare based on the period childcare was

authorized on the authorization form, and that a Notice of Change in Childcare Status was mailed if the program participant was no longer eligible for transitional childcare services.

Documentation to support continuous eligibility could be determined in four (80 percent) of the five participant case files and could not be determined in one (20 percent) case file.

Recurring Issue from Previous Year: No.

Risk Impact: If continuing eligibility is not verified, funds could possibly be expended on ineligible participants which could possibly be viewed as potential questioned and/or disallowed costs if not corrected.

Recommendation: All participants receiving transitional services must remain eligible for the entire time services are offered. Program staff should be reminded that participants must provide documentation of continued employment to receive transitional services. Transitional customers must present proof of continued employment each time a transitional service is requested and the career counselor must collect the proof each time a transitional service is provided. The career counselor must also ensure that documentation is recent and relative to the time period in which the service is being provided. CSE staff should monitor participant case files each month to make sure that program participants who are receiving services continue to be eligible. Additionally, CSE should consider developing a quick reference guide outlining the specific requirements for use by staff when transitional services are requested.

The LWDB must submit the following with the CAP: CSE must provide a plan of action with their CAP which outlines steps they will take to correct this problem in the future. CSE must also provide documentation that the one participant continued to be eligible for assistance at the time (s)he received the transitional service. Documentation must include pay stubs or a letter and/or phone verification from the employer indicating the specifics of employment. CSE must also provide documentation with the CAP that program staff have been made aware of and trained on the requirements.

ONI Number WT 01.00.01

Employment Verification

Applicable reference: 445.010(f) F.S.

Federal law and State guidance require that engagement in work activities and participation hours must be documented and auditable. Eight participants had an employment activity recorded in the OSST system. Seven (87.5 percent) of the eight participant case files reviewed had case notes (documentation) recorded to verify the employment information entered in OSST and one (12.5 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.

Prior Year CAP Response: Lack of documentation in the employment verification process and/or incorrect employment data entry in OSST is a recurring issue from the previous year. CSE stated in their prior year CAP that training was conducted to ensure staff understands that the start date must be entered into OSST and not the hire date.

Recommendation: Program staff must take care to review each case transaction to verify the employment data provided by participants to make sure the information is accurate before entering the data in the OSST system. Additionally, each transaction should be case noted. CSE should also focus and follow through on the plan indicated in their prior year CAP. In addition to staff training, CSE should monitor case files on a monthly basis and hold post-monitoring review sessions with appropriate staff to discuss any concerns resulting from their internal monitoring. Monitoring and case managing participant files on a regular basis will ensure that program data needed to support employment (i.e. employer name and contact person, number of hours worked, hourly rate, etc.) is entered correctly.

The LWDB must submit the following with the CAP: Although the number occurrences decreased, CSE must still evaluate the cause of continuing noncompliance and provide a plan of action with the CAP on how they will mitigate and/or eliminate these occurrences in the future. Additionally, CSE must provide documentation showing that WT staff have been made aware of all employment verification requirements. CSE must also provide documentation that the one case file has been updated with current employment verification information. If training or technical assistance is needed, CSE should contact OSPS’s Program Management and Coordination Unit or the Training Unit.

OBSERVATION

Pre-penalties and sanctions are not being requested or ended in the system in a timely manner. It appears that program staff is allowing participants additional time to comply with program requirements without initiating the penalty process at the time of noncompliance. Additionally, the information is not entered in the system at the time the penalty process should be initiated or closed out.

Suggestion: Program staff should be reminded that the pre-penalty process must be initiated at the time the failure occurred and that program participants should not be given extra time to comply with program requirements. If the participant begins complying with work requirements, the pre-penalty should be ended in the system within the 10-day counseling period. If the participant fails to meet program requirements, a sanction should be requested. Program staff should further ensure that case notes are entered in the system to identify each interaction made with the participant.

VII. 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 program administration and management practices to determine whether services and activities carried out by the LWDB were in accordance with the State SNAP Plan, federal law and state guidance, and local operating procedures;
- reviewing the methods of assignment, participation in and completion of program activities, assigning activities and hours of participation, and issuing food stamp reimbursements (FSR);
- reviewing processes for managing caseload and/or case management levels; and
- verifying data entered in the OSST system with documentation maintained in participant case files.

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, including a process for increasing caseload size. However, CSE did not meet the performance benchmark level set for actively engaging participants in SNAP activities.

CSE indicated that six Full-Time Equivalent (FTE) staff positions are assigned to SNAP. A review of system records revealed that a monthly average of seven participants were served per FTE position during the review period. This number is well below the performance/benchmark level set by OSPS (at least 50 cases per staff position). This is also fewer than the number served during the prior year's review.

Recommendation: Because SNAP returned to a statewide mandatory program in January 2016, a CAP response is not required. The SNAP mandatory program will be reviewed during the next monitoring review cycle.

Participant Case File Review

The sample size consisted of 42 participant case files.

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

Finding Number SNAP 01.03

Documentation of Activity Hours

Applicable references: 7 CFR 273.7 (d)(4)(ii), (e)(1), (m) (3) (v) (A), and the SNAP State Plan.

Federal law and State guidance require that hours spent in an activity must be verified, entered on the OSST JPR screen, and documented in the individual's case file. Of the 25 participants engaged in activities with

participation hours entered on the JPR screen, 22 (88 percent) had case file documentation to support all hours recorded on the JPR screen and three (12 percent) did not.

Recurring Issue from Previous Year: No.

Risk Impact: Instances of missing documentation to support hours worked could potentially result in questioned costs since they are not auditable or reimbursable.

Recommendation: CSE must remind program staff to ensure that they accurately count and verify the hours before entering any information in OSST, and that timesheets used to support the hours are maintained in the participant case files. Additionally, CSE should train staff, routinely monitor case files, and hold post-monitoring conferences with staff to discuss any issues resulting from their monitoring reviews. This should help identify and correct issues as soon as possible.

The LWDB must submit the following with the CAP: CSE must submit a plan of action with the CAP that outlines efforts taken to prevent future occurrences including routine monitoring. Documentation provided must include written notification showing that staff have been made aware of and trained on all JPR documentation requirements. CSE must also provide documentation that the three files have been updated with correct hours or that appropriate case notes have been entered in OSST to explain the difference in hours. If training or technical assistance is needed, CSNEF should contact OSPS's Program Management and Coordination Unit or the Training Unit.

VIII. WORKFORCE INVESTMENT ACT (WIA)

WIA FORMULA-FUNDED ADULT AND DISLOCATED WORKER PROGRAM

Description of Review Methodology

The WIA formula-funded Adult and Dislocated Worker 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 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 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 or other training/retraining activity, 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 Program Year (PY) 2014-15 performance measures to determine if the LWDB accomplished their goals for the year.

Management Review and Operational Practices

Local policies and procedures are in place and it appears that staff are following appropriate processes in the administration of their programs. CSE also maintains an oversight and quality assurance process that examines programmatic operations. Copies of local monitoring reports and procedures were provided to support CSE's monitoring and oversight activities for the review period. CSE also met their Adult and Dislocated Performance measures for PY 2014-15. Overall, CSE's management practices appear to have been effective in accomplishing the desired adult performance outcomes.

Participant Case File Review

The sample size consisted of 34 Adult and Dislocated Worker participant case files (28 Adults and 6 Dislocated Workers).

Participant case files 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.

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

WIA FORMULA-FUNDED YOUTH PROGRAM

Description of Review Methodology

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:

- 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 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.
- A review of the processes and procedures used by the LWDB to manage and administer their youth program.

Management Review and Operational Practices

Administrative policies and procedures are in place to govern general program operations and practices. Regarding Youth Advisory Council activities, CSE 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. CSE also met their Youth Performance measures for PY 2014-15. Overall, CSE's management practices appear to have been effective in accomplishing the desired youth performance outcomes.

Participant Case File Review

The sample size consisted of 13 WIA Youth participant case files (5 Older Youth and 8 Younger Youth).

Case files 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 with the following general program comment.

The review did not reveal any Findings, Other Noncompliance Issues, or Observations. However, the following general comment is noted.

GENERAL PROGRAM COMMENT

During the case file review, a post-test assessment for a youth who was determined basic skills deficient was missing from the file. Additionally, the verification items recorded in the State MIS to support documentation of citizenship was not found in a couple of participant case files. However, case notes and other documentation

found in the case files were sufficient enough to resolve these issues. CSE staff also made the necessary data entry corrections in the State MIS. Going forward, CSE staff must ensure that verification items recorded in the State MIS match the documents maintained in participant case files.

IX. FINANCIAL DISCLOSURE REVIEW

The Financial Disclosure review focused on determining CSE'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 CSE board members and the Executive Director have filed a statement of financial interest 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 CSE's filing requirements and the Ethics Commission website was used to verify the information.

The Financial Disclosure Review Tool completed by CSE staff indicated that the Executive Director and all board members had fulfilled their financial disclosure filing requirements for the review period. The completed review tool also listed several new appointees to the board as well as a list of members who left the board during the review period. Additionally, the completed review tool indicated that the names and addresses of all current and former board members were timely provided to the Ethics Commission.

A review of the Ethics Commission's website confirmed that all but two CSE board members identified on the list had filed the required Financial Disclosure statements. Because the Ethics Commission website may not be updated with current information, the board members' names may not yet be posted. While the monitor could not verify whether the two board members had filed the necessary forms, CSE has a process in place to remind and/ or encourage board members of their responsibility. No problems were observed.

X. 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 management process review tool was used to gather information about CSE's practice of collecting demographic information. The completed review tool indicated that data is requested of an applicant via CSE's electronic sign-in system or through EFM if customers have not registered. CSE provided a screenshot of the computer sign-in page. The screenshot includes all necessary demographic information and also indicates that the information is voluntary and will be kept confidential. The review did not reveal any problems with the demographic analysis review.

XI. 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 LWDB 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 LWDB'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 LWDB's program administration and management practices including any policies and procedures in place, local plans, 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

CSE is in the process of enhancing their LOPs and SOPs to guide and administer the WP Program. CSE also 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 CSE's monitoring activities.

Participant Case File Review

The sample size consisted of 60 participant case files (30 job seekers, 20 job orders, and 10 PREP).

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

Finding Number WP 01.04

Job Order Language Restrictions

Applicable references: Title VII of the Civil Rights Act of 1964, as amended; Section 2000e-3 (Section 704); TEGL 31-11; The Immigration Reform and Control Act of 1986; Wagner-Peyser Act of 1933, as amended, Sec 13 (b)(1); and State and Local Plans.

The language in job orders posted in EFM are required to comply with specific requirements including all Equal Employment Opportunity (EEO) laws regarding use of discriminatory language and restrictions that are not bona fide occupational qualifications (BFOQ). Language in the job order description must ensure that exclusions in

job orders do not have an adverse impact on protected groups. Additionally, all positions offered by private staffing agencies must carry the phrase "Position offered by a no-fee agency". The following was observed:

- Three (15 percent) of the 20 job orders reviewed contained restrictive and exclusionary language. Two of the three job orders contained the phrase "Must be a U.S. Citizen." The third job order contained the phrase "...no felonies in past 7 years will be accepted."
- Three (37.5 percent) of the eight job orders placed by private/temporary employment agencies did not contain the phrase "Position offered by a no-fee agency".

Recurring Issue from Previous Year: No.

Risk Impact: The use of discriminatory and/or restrictive language in job orders and charging a fee for a referral and placement through the state employment security system could lead to complaints and legal actions against the employer and the department.

Recommendation: CSE staff must review all job order descriptions to ensure that the job order does not have language that will exclude protected classes of job seekers. When restrictive language is discovered in job orders, CSE staff must recommend alternative language to employers and make recommendations for changes such as "Background Check Required" or "U.S. Employment Eligibility Required" in lieu of other more restrictive language.

CSE must remind program staff to review all current job listings for staffing/private employment agencies to make sure the phrase "Position offered by no-fee agency" is in the job order description on all listings for the specific industry. CSE may want to consider creating a checklist for review of job orders to ensure that all language is in compliance and meets all requirements. For additional information and guidance, staff should review the requirements for BFOQs at http://wdr.doleta.gov/directives/attach/TEGL/TEGL_31_11_att3.pdf. EEO guidance for pre-employment and citizenship can also be found at https://www.eeoc.gov/laws/practices/inquiries_citizenship.cfm.

The LWDB must submit the following with the CAP: An outline of steps CSE will take to correct these deficiencies in the future must be provided with the CAP. Documentation must also be provided showing that staff responsible for reviewing or entering job orders in the system have been notified of these requirements and that training and monitoring of this activity will occur in the future. Documentation provided must include written communication to staff notifying them of these requirements.

Finding Number WP 01.05

Data Accuracy and Integrity of Reporting

Applicable references: Workforce Investment Act of 1998, TEGL 22-15, and State and Federal Performance Reporting Requirements.

When participant services and activities are scheduled and/or provided, the LWDB must ensure that timely, accurate, and valid data to support the services are entered into the State MIS. Additionally, the documentation used to support the services and activities provided must be maintained in the files. State and federal reporting for the various services and activities provided to specialized pools of job seekers and jobs, such as MSFWs and Veterans, will be affected by staff data entry omissions, duplications, and inaccuracies. Additionally, the federal data validation process could be subject to a higher level of failure with inaccurate EFM code entries by the LWDB.

A number of data entry errors and/or insufficient file documentation requirements were observed during the monitoring review of program elements including federal bonding, I-9/516 INS services, veteran case management services, EDPs, assessments, MSFW applications, issuance of required forms, placements, etc. Overall, 13 (32.5 percent) of the 40 EFM job seeker case files reviewed (30 WP and 10 PREP) were reported as having some form of data entry and/or case file documentation issues. Program staff indicated that a number of these codes were entered in error as the reason for no file documentation.

Recurring Issue from Previous Year: No.

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

Recommendation: All service codes entered into EFM, including events or staff-assisted services that generate automated service codes, must be reviewed for accuracy by CSE staff. Duplicate, errant, or inaccurate EFM service codes entered must be identified, corrected, and documented. To assist in this process, program staff and management should routinely review and monitor service and activity codes to ensure that individuals registering for services are coded appropriately. Post monitoring review conferences should also be held with staff to discuss the results of the reviews. This should help correct deficiencies much sooner. Peer review of files should also help to correct these deficiencies. Additionally, staff should be informed that if service codes are entered in error, they should void the service under that code and case note the error in a timely manner. Additionally, if a CSE staff member is entering inaccurate EFM codes, program management should consider reviewing a larger case file sample to ensure error-prone data entry is not systemic. Program staff entering EFM codes should also review the EFM WP jobseeker service codes guide located at <http://www.floridajobs.org/PDG/Memos/WPEFMServicesCodes.pdf>.

The LWDB must submit the following with the CAP: CSE must evaluate the reasons for noncompliance and submit a plan of action outlining steps they will take to correct these deficiencies in the future, including staff training and routine monitoring. CSE must also provide documentation with the CAP that staff have been informed, in writing, of the necessity for accurate EFM service code entry. If training or technical assistance is needed, CSE should contact OSPS's Program Management and Coordination Unit or the Training Unit.

ONI Number WP 01.00.02

Counseling

Applicable reference: Federal Definition of Counseling/UI Handbook-NO. 401-ETA/9048/DEO-FG00-016.

When a counseling service is provided, staff must provide supporting documentation which reflects the counseling service provided and identifies the problems being addressed such as occupational choice, change or adjustment. A plan to remedy the situation must also be documented.

Three (75 percent) of the four cases reviewed where a counseling service activity code (200 or 201) was recorded in EFM did not have a counseling plan to support the counseling services provided.

Recurring Issue from Previous Year: No.

Risk Impact: Use of the counseling code when actual counseling is not performed skews performance measure results. There must be documentation in the case notes or a hard copy file to support the counseling service entered in the system.

Recommendation: CSE must ensure that all counseling plans are documented, meet the proper definition of a counseling service, and a determination is made of what is required to address identified problems. CSE must also provide training to staff on the proper definition of a counseling service and what is required when a counseling service is provided. Monthly monitoring and follow-up with staff on issues found during the monitoring reviews should also take place to help reduce errors. Additionally, staff providing WP counseling services should read the DEO counseling guidance located at <http://www.floridajobs.org/pdg/guidancepapers/016%20Counseling%20Services.rtf> and become familiar with the requirements.

The LWDB must submit the following with the CAP: CSE must provide a plan of action with their CAP which outlines steps they will take to correct this problem in the future including routine monitoring. CSE must also provide documentation that staff have been notified of these requirements, in writing, and that staff training will be provided on the proper definition of a counseling service and what is required when a counseling service is provided.

ONI Number WP 01.00.03
<p>Quality Referrals</p> <p><u>Applicable reference(s): 20 CFR 652.3; DEO FG 03-035; and Wagner-Peyser Job Seeker Registration and Employer Services Procedures.</u></p> <p>Wagner-Peyser guidance requires that applicants be screened for job order qualifications prior to staff referral and referred only if qualified for the job. As required by federal definition, program staff referring job seekers to a job on the job orders are required to "facilitate the match" between an employer's job qualifications and the experience and education of the person that is referred.</p> <p>Of the 14 job orders reviewed that had staff referrals with minimum requirements, six (43 percent) were referred with unqualified applicants.</p>

Recurring Issue from Previous Year: No.
<p>Risk Impact: Referring job seekers who are not qualified reduces satisfaction for both job seekers and employers and can affect the job fill rate when unqualified job seekers are referred.</p>

Recommendation: CSE must remind staff that prior to referring a job seeker to a job, the job order must be adequately reviewed by staff to ensure that the job seeker meets the minimum job qualifications as specified on the job order. CSE must also remind program staff to not refer job seekers to a job if the job seeker does not meet the minimum qualifications. Job orders should accurately reflect all minimum requirements, preferences, or other substitutions the employer will consider when accepting job seeker referrals. Job seeker résumés, online applications, or other applicable documentation should meet the minimum job order qualifications at the time of referral. Program staff should be trained to better align job seeker qualifications with job order requirements and to only direct jobseekers to job opportunities suitable to their current skill level.

The LWDB must submit the following with the CAP: CSE must submit a plan of action with the CAP outlining steps they will take to correct this deficiency in the future including staff training. Documentation provided must include written notification to staff informing them of these requirements. CSE must also provide an assurance

with the CAP that they will monitor this activity in the future and take action to ensure that staff matches job order requirements with job seeker qualifications.

ONI Number WP 01.00.04

O*NET Coding
Applicable reference(s): 20 CFR 652.3.

In order to provide the most efficient job matching system, O*NET codes on job orders must be accurate and relevant to the listed position(s).

Of the 20 job orders reviewed, two (10 percent) did not have an accurate O*NET code to match the job description on the job order.

Recurring Issue from Previous Year: No.

Risk Impact: Differences between O*NET codes and job titles complicate the process of matching jobs to job seekers.

Recommendation: CSE must ensure that the O*NET code matches the job description on a particular job order. Using O*NET codes that do not correspond with the job description and/or job title makes the job matching process difficult. A training presentation is available at <http://www.floridajobs.org/pgd/TrainingPresentations/OnetCoding101205.pps> for further information and guidance.

The LWDB must submit the following with the CAP: CSE must provide documentation with their CAP that staff responsible for reviewing or entering job orders in the system have been notified of these requirements, and that training and monitoring of this activity will occur in the future. If training or technical assistance is needed, CSE should contact OSPS’s Program Management and Coordination Unit or the Training Unit.

ONI Number WP 01.00.05

Job Development
Applicable reference(s): DEO Final Guidance 03-035 revised May 2012.

A job development has specific steps that must be followed as required by federal law when offering a job development service. A job development service should be given when there is no suitable job order available on which to refer the job seeker. A job development job order is only written to take a placement credit when a job development contact has been made with an employer for a job seeker that was hired by the employer and the contact was properly documented.

One job order contained a staff referral for a job seeker who did not have a job development contact (code 123) recorded in EFM for the employer prior to the referral and placement.

Recurring Issue from Previous Year: No.

Risk Impact: Documentation of the job development contact (code 123) is critical to the job development process to provide proof that an actual job development contact led to a placement.

Recommendation: CSE must ensure that job development job orders are only created when a job development contact has been made with an employer for a job seeker that was hired by the employer and the contact was properly documented, including the name of employer. It is recommended that staff review the job development process to ensure that they are following proper procedures for job development job orders and contacts. A description of the job development process is located at <http://www.floridajobs.org/PDG/guidancepapers/WP03-035.pdf>.

The LWDB must submit the following with the CAP: An outline of the steps CSE will take to correct this deficiency in the future must be provided with the CAP including routine monitoring. Documentation must also be provided that staff have been notified of these requirements, in writing, and that staff training has been provided on the job development process.

OBSERVATIONS
<ul style="list-style-type: none">• Nine Employer Registrations were allowed to auto-enable by the system prior to being reviewed and approved by staff. Suggestion: CSE should monitor new Employer Registrations on a daily basis. Recommended guidelines for this process can be found on Attachment 5 of the DEO memo “Employ Florida Marketplace Enhancements and Employer Verification Procedures” issued 10/22/07.• Only one (11.1 percent) out of the nine job seekers on the “Referrals Pending Review” list had been reviewed which indicates that staff are not consistently working the list in a timely manner when job seekers request a referral on a suppressed job order. Suggestion: CSE staff need to work the “Referrals Pending Review” list on a daily basis and refer qualified job seekers to employers. Staff should also notify job seekers that they were either referred on the job order or not referred because the qualifications were not met as specified on the job order.

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.

Participant Case File Review

The sample size consisted of 10 participant case files.

COMMON ISSUES
<i>The following common issues regarding initial assessments and EDPs were identified in both the Wagner-Peyser and PREP Programs.</i>

Finding Number WP 01.06

Initial Assessments and Employability Development Plans (EDPs)

Applicable references: UI Handbook-NO. 401-ETA 9048; 20 CFR 651.10; 443.1317(1)(b) and 443.091 FS; FL Administrative Rule 73B-11.028; 20 CFR Part 1010; and State Veterans Program Plan of Service.

An initial assessment and vocational plan must be provided for all participants. The results of the assessment must evaluate/summarize the employment history, education, interests, skills, strengths, weaknesses, and barriers to employment to determine the need for additional services. EDPs must also be developed that describe the steps necessary to overcome barriers and build on the strengths of the applicant, including short and long-range occupational goals and the actions to be taken to place the plan into effect.

WP

- Of the 25 WP cases where an initial or objective assessment service was recorded in the system, three (12 percent) did not have all information required for an assessment such as services needed to obtain occupational goals and education.
- One (7.1 percent) of the 14 WP cases reviewed where an EDP service was recorded in the system did not have documentation to support that the service had been conducted. Additionally, six (42.9 percent) of the 14 EDPs did not contain all of the required elements needed for a proper EDP such as specific long-range occupational goals and the action steps needed to achieve the goals.

PREP

- One (10 percent) of the 10 PREP cases where an initial assessment service (code 102) was recorded in EFM did not contain documentation to support that the service had been conducted.

Note: CSE staff made some of the system corrections prior to the end of the review.

Recurring Issue from Previous Year: Yes – Assessment. No – EDPs.

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

Prior Year CAP Response: Some form of deficiency in the initial assessment processes has occurred over the past two years. CSE's prior year CAP stated, in part, that staff training had occurred. The CAP also indicated that an initial assessment template will be used to document all elements of the assessment process and that program specialists would conduct a monthly review of the files for continued compliance.

Recommendation: CSE must ensure that all assessments and EDPs are documented, meet the federal definition of an assessment and EDP, and are maintained in participant case files. The results of the assessment and EDP can be recorded by entering the information on the notes screen in EFM or in paper copy form in the file. Additionally, the EDPs must have specific action steps listed that assist the individual in attaining both short and long-range occupational goals. CSE should continue to focus and follow through on the actions proposed in their prior year CAP to correct these problems. In addition to monitoring, CSE should schedule post-monitoring review

sessions with appropriate staff to discuss the results of their monitoring. Program staff providing assessments and vocational plans should also review DEO counseling guidance located at <http://www.floridajobs.org/pdg/guidancepapers/016%20Counseling%20Services.rtf>.

The LWDB must submit the following with the CAP: CSE must evaluate the reasons for continuing noncompliance and submit a plan of action outlining additional steps they will take to correct these deficiencies in the future, including refresher training and additional monitoring. CSE must also provide documentation with the CAP that staff have been informed, in writing, of the requirements for initial or objective assessments and the completion and documentation of EDPs. If training or technical assistance is needed, CSE should contact OSPS's Program Management and Coordination Unit or the Training Unit.

CAREER CENTER CREDENTIALING

The Career Center credentialing review was conducted to determine compliance with program guidance. The methodology for conducting the review included self-certification by the LWDB that the following credentialing requirements had been met for the review period at each of the career center locations (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 also 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 CSE'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.

XII. MANAGEMENT INFORMATION SYSTEMS (MIS)

Description of Review Methodology

The MIS security check ensures that the LWDB 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 LWDB has an up-to-date list of persons who are authorized to use the MIS that a system is in place to remove users who are no longer authorized to have access, and that MIS security forms are maintained for all users.

CSE is responsible for terminating access permissions to DEO systems for employees who are terminated or are no longer employed. According to CSE's MIS Policy, when an employee or contractor is terminated, procedures will be followed to remove user access to all CSE MIS systems. CSE provided an up-to-date listing of all current MIS users as well as a list of individuals whose employment ended during the review period. The names of terminated users on CSE'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.

XIII. CONCLUSION

The results of the review of CSE's program processes and service delivery systems indicate that they appear "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 CSE has the systems in place to perform the broad management and operational functions that are required to operate their workforce programs. The review did reveal some deficiencies in case file documentation requirements and operational and system practices, but none that would substantially or materially affect program operations. However, there were a few repeat issues and several new issues found which could potentially affect program operations if not corrected.

A CAP is required to address how CSE 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.