

Quality Assurance Report

Program Year 2019-20

November 5, 2020

Programmatic and Financial Compliance Monitoring Review

Local Workforce Development Board-12



**Florida Department of Economic Opportunity
Division of Workforce Services
and
Division of Finance and Administration**



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**QUALITY ASSURANCE REPORT
 CAREERSOURCE CENTRAL FLORIDA
 LOCAL WORKFORCE DEVELOPMENT BOARD (LWDB) 12**

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I. INTRODUCTION AND OVERVIEW

The Department of Economic Opportunity (DEO) must perform annual monitoring of its subrecipient workforce entities as required by federal and state laws, rules, regulations and applicable DEO guidance. To accomplish DEO's monitoring goal, a joint programmatic and financial monitoring review of CareerSource Central Florida's (the "LWDB") workforce programs was conducted by DEO's Bureau of One-Stop and Program Support (OSPS) and Bureau of Financial Monitoring and Accountability (FMA) staff. The combined programmatic and financial monitoring strategy was designed to maximize resources and better coordinate the different elements of the review process.

The monitoring activities included assessing the LWDB's program operations, management practices, system protocols, internal controls, financial record keeping and reporting to determine if the LWDB operated in compliance with each of the programs' laws, regulations, state and local plans, policies and guidance, and any contracts or agreement terms. The monitoring was conducted via a desk review and onsite review to test participant case file records and financial activities and transactions.

A detailed description and analysis of the issues identified and the methodology each team used in its review of the programmatic and financial management elements are outlined further in this report. All programmatic and financial management issues identified are generally categorized as Findings, Issues of Noncompliance, and Observations based on a scale of high, medium and low risk probabilities. High, medium and low risk factors are used to separate those issues that present more of a threat to program operations than others including issues that may potentially impact the fiscal integrity or delivery of services within program operations.

The review revealed that the LWDB has the systems in place to perform the broad management, operational, and financial functions required to operate workforce programs. However, deficiencies in case file documentation requirements and operational and system practices in several program review areas were identified during the review. There were also several new and repeat issues found which may affect program operations if not corrected.

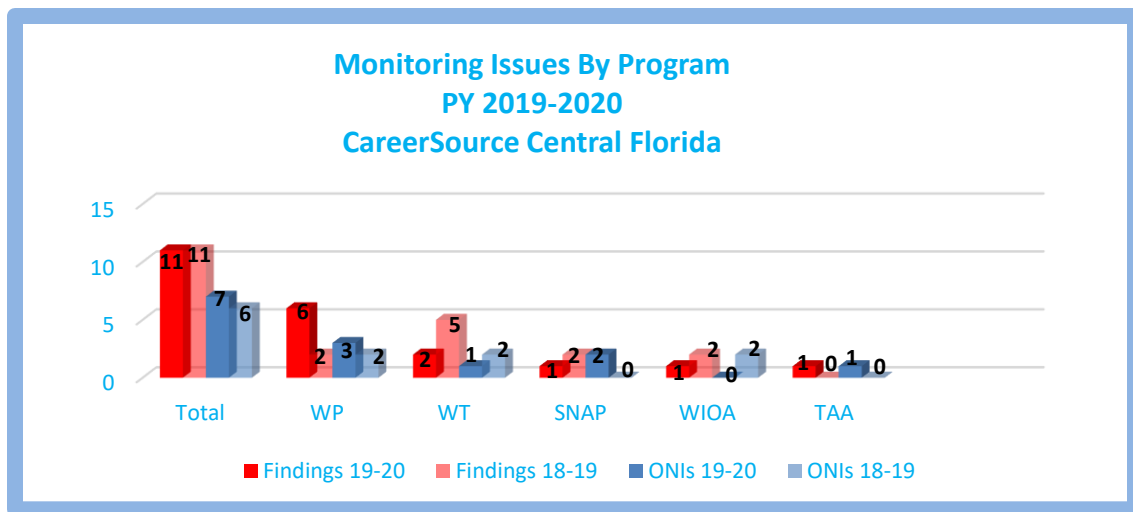
The results of each of the LWDB's workforce programs are summarized in the following chart by program and category.

SUMMARY TABLE OF PROGRAMMATIC MONITORING RESULTS

N=No. Y=Yes. N/A=Not Applicable.

2019-2020 Monitoring Results					
Workforce Program	Issue	Prior Year Finding	Current Year Finding	Prior Year Other Noncompliance Issue (ONI)	Current Year Other Noncompliance Issue
WT	Individual Responsibility Plans (IRPs) did not include safety plan elements for victims of domestic violence.	Y	Y		
	No attempt to contact several participants orally and in writing, missing forms notifying participants of two failures within 30 days, as well as delays in requesting penalties and sanctions.	Y	Y		
	IRPs did not include all required elements/components.			Y	Y
WT Totals		2	2	1	1

Workforce Program	Issue	Prior Year Finding	Current Year Finding	Prior Year Other Noncompliance Issue	Current Year Other Noncompliance Issue
SNAP E&T	Sanctions not requested when there was cause to do so.	N	Y		
	Participant engaged in Job Search activity more than 12 consecutive months.			Y	Y
	Initial appointment status codes not ended timely in OSST.			N	Y
SNAP E&T Totals		0	1	1	2
TAA	IEP was recorded the same day that the participant started training.	N	Y		
	Referral to support services not documented.	N	Y		
	Training benchmarks not documented and/or not conducted timely.			N	Y
TAA Totals		0	2	0	1
WP	Migrant and Seasonal Farmworkers (MSFW) incorrectly coded in Employ Florida.	Y	Y		
	Permission not documented to create Employ Florida registrations, job seeker referrals, and incomplete applications for participants.	Y	Y		
	Job orders and job seeker placements were missing several required elements and/or supporting documentation.	Y	Y		
	Verification of new employers not documented by staff.	N	Y		
	Wage rate for multiple placements not recorded on job orders.	Y	Y		
	The "Referral Pending Review" list had not been reviewed by staff within 72 hours.			N	Y
	Job seekers did not meet minimum job qualifications specified on job orders and/or documentation was missing to verify they met the qualifications.			Y	Y
	Staffing (private employment) agency job orders did not contain the phrase "Position offered by no-fee agency".			N	Y
MIS	Employees' access to OSST or Employ Florida had not been revoked and/or terminated following separation from employment.	N	Y		
WP Totals		4	6	1	3
Results-All Programs		6	11	3	7



Note: The above chart reflects a two-year comparison of monitoring issues (PY 2018-19 and PY 2019-20).

DEFINITIONS APPLICABLE TO PROGRAMMATIC MONITORING

1. **Finding** - A high risk issue which directly impacts the integrity or effectiveness of program operations and/or could potentially result in major program deficiencies (e.g., participant ineligibility, missing files, lack of fully executed contracts, issues indicative of systemic problems in program operations, appearance of fraud and/or abuse, non-conforming services provided to participants, questioned costs, etc.). Findings are expected to be responded to in the Corrective Action Plan (CAP).
2. **Other Noncompliance Issue (ONI)** - A medium risk issue that results in a deviation from process and/or practice not likely to result in failure of the management system or process but has a direct impact on program operations (data validity, timeliness of entering system information, missing program elements and employment plan information, failure to timely conduct follow-ups, etc.). ONIs could potentially be upgraded to a finding over time based on the nature of the deficiency (e.g., repeat violations, issues indicative of systemic problems in program operations, questioned costs, etc.). ONIs are expected to be responded to in the CAP.
3. **Observation** - A low risk issue intended to offer an opportunity to improve current local practices, processes and procedures that result in positive program outcomes. Observations, in certain instances, are expected to be responded to in the CAP.
4. **General Program Comment** - Issues identified and corrected during the review or 10-day response period. These resolved issues are referenced in the report as general comments. General comments may lead to an ONI or Finding in subsequent year reviews if the issue(s) persist.
5. **Notable Program Practice** - Informative statements that highlight and recognize positive program processes and practices.

SUMMARY TABLE OF FINANCIAL MONITORING RESULTS

2019-20 Financial Monitoring Results				
Category	Repeat of Prior Year	Reference(s)		
Prior Year Corrective Action Follow-Up	None	Prior year issues of non-compliance #12-19-01 and #12-19-02 resolved		
Category	Findings	Issues of Non-Compliance	Observations	Technical Assistance Provided
Property Management			1	
Disbursements			1	
TOTAL	0	0	2	0

DEFINITIONS APPLICABLE TO FINANCIAL MONITORING

1. **Finding** – Lack of compliance with federal or state laws, rules and regulations, administrative codes, or state guidance that may result in disallowed costs or impact the integrity of program operations. Findings are expected to be responded to in the CAP.
2. **Noncompliance** – Lack of compliance with federal or state laws, rules and regulations, administrative codes, or state guidance but may not result in disallowed costs or do not impact the integrity of program operations. Issues of Noncompliance are expected to be responded to in the CAP.
3. **Observation** – Informative statements or constructive comments to improve the delivery of services and to help ensure continued fiscal integrity of the LWDB. Observations are not expected to be responded to in the CAP.
4. **Technical Assistance** – Any assistance provided by the financial monitoring team to staff of the LWDB.

II. DESCRIPTION OF MONITORING APPROACH

Review Scope

The monitoring scope consisted of a programmatic and financial review of the LWDB’s workforce programs. Local operating procedures (LOP), program services and activities, local plans and reports, as well as financial management practices, record keeping, safeguards and reporting were reviewed to determine if appropriate processes, procedures and financial controls were in place and properly implemented. The monitoring review also included sample testing of participant case file records. To maximize resources and accomplish the review objectives, collaboration with program experts in the evaluation of both programmatic and financial data by a joint monitoring review team was conducted.

Programmatic Monitoring Review Methodology

The participant case file review sample consisted of randomly selected files from each of the workforce programs reviewed based on OSPS’s sampling methodology. The files were provided and reviewed through a secure transfer site provided by the LWDB to their electronic file management document storage system which allowed the monitoring team to review the files remotely. The files were reviewed to determine whether adequate

documentation was maintained to support participant eligibility and services rendered. The files were also reviewed and validated by checking the accuracy of management information system (MIS) records and comparing keyed entries made by LWDB staff against original source documents.

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 and captured by the MIS. 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 13 percent confidence interval.

Note: Programs reviewed, dates of review, entrance and exit conference attendees, and other logistics are outlined in the Appendix Section of this report.

Financial Monitoring Review Methodology

The financial monitoring review focused on all financial management systems to determine if the LWDB properly accounted for and correctly recorded and reported expenditures. During the financial review, an examination of the LWDB's accounting records, internal controls, and supporting documentation which included, but was not limited to, a review of cash management, general ledger and cost allocations, payroll and personnel activity report (PAR) testing, disbursement testing, and reporting of program data in the MIS was completed. A sample of participant records identified from the programmatic sample was also reviewed and tested for financial monitoring reporting and compliance by the financial monitoring team. The monitoring procedures used during the review are described in detail in the PY 2019-2020 Financial Monitoring Tool and Risk Assessment Plan.

The sample size and selections for each monitoring objective included, but was not limited to, a risk assessment performed by FMA staff and reviews of the monthly general ledger and cost allocation statistics. The risk assessment includes factors such as the LWDB's funding allocation, results of prior monitoring and audit reports, personnel and staffing changes, and organizational structure.

DEO's financial monitoring activities included the annual on-site visit to the LWDB's administrative offices which was conducted during the week of February 10, 2019. The FMA monitoring team assigned to the LWDB consisted of Tom Abney, Maureen Castaño and Janice Beahn.

Financial Management Entrance and Exit Conferences

A financial management entrance conference was conducted on-site on February 10, 2020, with Leo Alvarez, Chief Financial Officer, and Kristi Clendenin, Controller. The purpose of the entrance conference was to discuss the annual financial monitoring review process as well as other monitoring review topics. An exit conference was conducted at the conclusion of the financial review with Leo Alvarez, Chief Financial Officer. A summary of any issues to date was provided. These items are discussed further in the Monitoring Results section of the report.

Programmatic and Financial Monitoring Review Tools

DEO's programmatic and financial monitoring review tools were used to conduct the review. The tools were developed to provide a framework for monitoring activities performed by OSPS and FMA staff as well as the criteria used to monitor. The tools are designed to provide a comprehensive assessment of the processes and procedures used by LWDB staff to capture, manage, safeguard, account for and report data. Use of the monitoring tools also ensured that the review process followed a planned and consistent course of action that provided adequate verification of specific program data elements.

III. FINANCIAL MONITORING RESULTS

FMA performed financial monitoring procedures based on the elements described in the DEO 2019-20 Financial Monitoring Tool. The monitoring procedures performed included tests of transaction details, file inspections, and inquiries to (1) determine the status of recommendations from the prior year monitoring visit(s), and (2) to adequately support current year Findings, Issues of Noncompliance, Observations and Technical Assistance. The results of the financial monitoring testing are described below.

Findings and Issues of Noncompliance

There were no Findings or Issues of Noncompliance identified during the financial monitoring review period of April 1, 2019 – December 31, 2019.

Observations

Observation Number: FM 12-20-01

Category: Property Management

Condition: It could not be determined whether the property management system captures all the data elements required in 2 CFR 200.313(d)(1).

Criteria: 2 CFR 200.313(d)(1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN), who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the project costs for the Federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

Additionally, the CSCF Accounting Policy, Fixed Asset section states - "Assets purchased by CareerSource Central Florida with federal funds are managed in accordance with the property management requirements of 2 CFR 200."

Recommendation: The LWDB should review its property records to ensure it captures all required data elements which include:

- description of the property,
- serial number or other identification number,
- source of funding for the property (including the FAIN),
- who holds title,
- the acquisition date,
- cost,
- percentage of Federal participation,
- the location,
- condition of the property, and
- disposition data including the date of disposal and sale price.

Observation Number: FM 12-20-02

Category: 14.0 Disbursements

Condition: There were disbursements to three organizations who also had individuals serving on the LWDB’s board of directors:

- Lake Technical College - \$258,623
- Central Florida Electrical Joint Apprenticeship & Training Committee - \$62,200
- Community Based Care of Central Florida - \$17,333

There was no evidence the related party disbursements were approved by two-thirds vote of the board or reported to DEO as required by CareerSource Florida’s State and Local Workforce Development Board Contracting Conflict of Interest Policy, specifically, section III (e).

Criteria: Policy 2012.05.24.A.2 establishes criteria and procedures used to address potential conflicts of interest and ensure compliance with Public Law 113-128, Workforce Innovation and Opportunity Act (2014), section 445.007(1) and (11), Florida Statutes, and section 112.3143, Florida Statutes.

Policy 2012.05.24.A.2 and 445.007(11) Florida Statutes states - “A contract under \$25,000 between a local workforce development board and a member of that board or between a relative, as defined in s. 112.3143(1)(c), of a board member or of an employee of the board is not required to have the prior approval of CareerSource Florida, Inc., but must be approved by a two-thirds vote of the board, a quorum having been established, and must be reported to the Department of Economic Opportunity and CareerSource Florida, Inc., within 30 days after approval”.

Recommendation: It is recommended that the LWDB review all current contracts to ensure compliance with the State and Local Workforce Development Board Contracting Conflict of Interest policy. For the complete policy please visit <https://careersourceflorida.com/careersourceflorida-policies/>.

Technical Assistance

There was no technical assistance provided during the monitoring period of April 1, 2019 – December 31, 2019.

IV. PROGRAMMATIC MONITORING RESULTS

The outcome of the programmatic monitoring is detailed in the following sections of the report. The information presented describes the issues noted and, where appropriate, required corrective actions.

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 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) and the process for developing and assigning participants to work activities.
- A review of documentation to support hours entered in the One-Stop Service Tracking (OSST) system for participation credit, and to ensure participants are engaged in activities that meet federal requirements and definitions.

Participant Case File Review

The sample size consisted of 40 participant case files. Following are issues identified during the case file review:

Finding Number WT 12.01

Safety Plan

Applicable references: FG 02-026 (Domestic Violence Program Final Guidance Paper); section 414.065 F.S.

State guidance requires LWDBs to complete a safety plan and include the elements of the safety plan on either the IRP or the Alternative Requirement Plan (ARP) for individuals identified as victims of domestic violence.

The two domestic violence participant case files reviewed did not include the required elements of a safety plan.

Recurring Issue from Previous Year: Yes (Prior year CAP reviewed and verified but noncompliance continues to occur).

Risk Impact: Absence of a safety plan and failure to outline the elements of the safety plan on the IRP/ARP could place participants in potential danger by not knowing what safety resources are available to them or how to react in a confrontational situation.

Required Action: The LWDB must provide a plan of action with the CAP that outlines actions taken to prevent future occurrences including staff training and routine monitoring. The LWDB must also provide documentation showing staff have reviewed the two domestic violence participant case files and updated the IRPs/ARPs to include the elements from the safety plan, if the cases are still open. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

Finding Number WT 12.02

Pre-penalty and Sanction Process

Applicable reference(s): 45 CFR 261.10, 12-14; section 414.065, F.S.; Rule 65A-4.205, F.A.C.; and DEO FG 03-037.

Federal law and state regulations require the penalty process to be initiated if a participant refuses to comply with work requirements or fails to comply with his/her signed IRP. Of the 10 participant case files reviewed with a pre-penalty or sanction recorded in OSST, the following issues were identified:

- Three (30 percent) participants did not have an attempt made by staff to orally contact and/or counsel the participants documented in OSST.
- Two (20 percent) participants were not notified of what they were required to do to accomplish their goals prior to staff initiating the penalty process.
- In one (10 percent) case file, the Notice of Failure to Demonstrate Satisfactory Compliance form was missing.
- Penalties and sanctions for two (20 percent) participants were not requested or ended timely in the system.

Additionally, it appears that program staff are allowing some participants additional time to comply with program requirements without initiating the penalty process at the time of noncompliance.

Recurring Issues from Previous Year: Yes (Prior year CAP actions verified but noncompliance continues to occur).

Risk Impact: Not following appropriate procedures during the penalty process could potentially result in a sanction being requested which could lead a participant to file a grievance and/or request a fair hearing for a sanction that should not have occurred.

Required Action: The LWDB must ensure participants are made aware of what they are required to do to stay in compliance with program requirements prior to initiating the penalty process. When the penalty process is initiated, an attempt to orally contact the participant must be made by staff and required case notes entered in OSST documenting this action. Also, if the individual does not report “good cause” for a second failure within three working days, the LWDB must request a sanction, mail the DEO WTP 2292 form to the participant, and record the failure in the case file notes.

The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including staff training, routine monitoring, and written notification that staff have been informed of the deficiencies. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

ONI Number WT 12.00.01

Individual Responsibility Plans (IRP)

Applicable Reference(s): 45 CFR 261.11-14; Temporary Assistance for Needy Families (TANF) State Plan; DEO Memorandum dated October 22, 2014, titled Individual Responsibility Plan, Alternative Responsibility Plan, and Initial Assessment in OSST.

Federal regulations and Florida’s TANF State Plan require a signed and dated initial assessment of the participant’s employability, work history, and skills be completed within 30 days of becoming eligible and that information compiled from the initial assessment be used to design an IRP or a “road map” to self-sufficiency.

Of the 15 mandatory case files reviewed that were required to have an IRP completed including all required elements, five (33.3 percent) IRPs did not include the assigned weekly activities participants were required to complete.

Recurring Issue from Previous Year: Yes. (Prior year CAP reviewed and verified but noncompliance continues to occur).

Risk Impact: Absence of an IRP without all required elements could eventually lead to a participant being placed in activities not conducive to overcoming barriers leading to employment and self-sufficiency.

Required Action: The LWDB must ensure that an IRP is completed to include all required elements (i.e. employment goals, assigned weekly activities, and services provided to participants), and signed for all mandatory program participants who have met with program staff and have been assigned to an activity, or a deferral has been entered in the OSST system.

LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including staff training and routine monitoring. The CAP must also include documentation of written communication to staff informing them of these requirements. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for

noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training.) has been conducted.

WT/TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) SUMMER YOUTH EMPLOYMENT PROGRAM

The sample size consisted of 10 participant case files.

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - EMPLOYMENT AND TRAINING (SNAP E&T)

Description of Review Methodology

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

- Reviewing the methods of assignment, participation in and completion of program activities.
- Assigning activities and hours of participation and issuing food stamp reimbursements (FSR).
- Verifying data entered in the OSST system with documentation maintained in participant case files.

Participant Case File Review

The sample size consisted of 39 participant case files. Following are issues identified during the case file review:

Finding Number SNAP 12.03

Sanction Warranted but not Requested

Applicable reference: 7 CFR 273.7(c)(4) and (f)(1)(i).

Federal requirements state that as soon as program staff learns of an Able-Bodied Adult without Dependents (ABAWD) noncompliance with program requirements, a sanction must be requested. Of the 39 case files reviewed where a sanction was warranted, a sanction for one (2.6 percent) participant was not requested.

Recurring Issue from Previous Year: No.

Risk Impact: A participant’s failure to comply with program requirements may result in overpayment of food assistance benefits to an ineligible individual. Noncompliance could also affect statewide performance outcomes.

Required Action: When an ABAWD fails to meet SNAP E&T work requirements within the time periods established by federal law, the LWDB must report the noncompliance to the Department of Children and Families by entering a sanction request in OSST timely and documenting the reasons via case notes.

The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring and staff training. The CAP must also include a copy of a monitoring schedule showing timeframes and the activities and services that will be monitored as well as documentation showing training has or will be provided.

ONI Number SNAP 12.00.02

Assignment of Activity Hours:

Applicable reference(s): 7 CFR 273.7 (d)(4)(ii), (e)(1)(i), (m)(3)(v)(A), (m)(5)(B)(ii); 273.24(a)(3)(ii), and the SNAP E&T State Plan.

Federal law and state guidance require ABAWDs to meet certain participation requirements. For purposes of meeting these requirements, ABAWDs participating in job search (JS) or job search training (JST) should not be assigned to JS or JST for more than 12 consecutive months.

Of the 20 participant case files reviewed, one (5.0 percent) participant was engaged in the JS activity more than 12 consecutive months.

Recurring Issue from Previous Year: No.

Risk Impact: Instances of participants not being assigned to the required number of hours could result in overpayment of food assistance benefits and negatively impact performance.

Required Action: The LWDB must not assign or allow ABAWDs to participate in JS or JT activity more than 12 consecutive months. If the job search does not result in employment, placing the individual in a training or education component to improve job skills will be more productive. Additionally, program staff should routinely monitor cases open more than 12 consecutive months to ensure participants are not exceeding activity requirements.

The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring and staff training. The CAP must also include a copy of a monitoring schedule showing timeframes and the activities and services that will be monitored as well as documentation showing training has or will be provided.

ONI Number SNAP 12.00.03

Initial Engagement Process (OSST 590-Code)

Applicable reference: SNAP E&T State Plan and Memorandum dated January 5, 2017 – Able-Bodied Adults without Dependents Initial Engagement Process Changes.

The initial engagement process is a required activity for newly referred or reopened referrals for ABAWDs who have not attended orientation within the previous 12 months and/or when significant changes have been made to the program.

Of the 34 ABAWD case files reviewed where a 590 – Appointment Setting Code was entered in OSST, one (2.9 percent) did not have their initial appointment status recorded within two-business days of completion of the appointment or “No show”.

Recurring Issue from Previous Year: No.

Risk Impact: Noncompliance with the initial engagement process and failure to expedite the assignment of and participation in qualifying SNAP activities affects performance reporting and could potentially result in overpayment of food assistance benefits to an ineligible individual.

Required Action: The LWDB must remind staff that initial appointments must be entered in OSST. Once an appointment (590 code) is generated in OSST, case managers must select the correct appointment status outcome from the dropdown menu within two-business days of the participant’s appointment or no-show date. This

requirement is intended to encourage immediate case manager interaction with ABAWDs and speed up the process of assignment and participation in qualifying components.

The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as efforts taken to prevent future occurrences including routine monitoring, verification of staff training, and written notification to staff informing them of the requirements.

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

WIOA FORMULA-FUNDED ADULT AND DISLOCATED WORKER PROGRAM

Description of Review Methodology

The WIOA Adult and Dislocated Worker formula-funded review focused on compliance with federal, state, and local guidelines. The review included, but was not limited to, the following:

- A review of program and operational processes to ensure all case files contained evidence participants were eligible, enrolled in allowable activities, and 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 Employ Florida, and if follow-ups were performed at the required intervals.
- If employed workers were participating in skills upgrade or other training/retraining activities, the reviewers checked to see if training was provided in response to the employer’s assessment that the training was required for the workers referred.

Participant Case File Review

The sample size consisted of 27 Adult and Dislocated Worker participant case files (14 Adults and 13 Dislocated Workers).

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

WIOA FORMULA-FUNDED YOUTH PROGRAM

Description of Review Methodology

The WIOA Youth formula-funded review focused on compliance with federal, state, and local guidelines and requirements to ensure 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 participant case files substantiate program participation information recorded in Employ Florida.
- A review of processes and procedures used by the LWDB to manage and administer the WIOA youth program, including whether youth met the requirements for their respective customer groups and whether an objective assessment of academic and skill levels was provided indicating the service needs of each participant.

- Whether attainment data on credentials/certifications were recorded accurately in Employ Florida and all youth exiting the program received required follow-up services.

Participant Case File Review

The sample size consisted of 13 Out-of-School Youth participant case files.

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

WIOA ADULT/DISLOCATED WORKER SPECIAL PROJECTS

The sample size consisted of four participant Hurricane Irma participant case files.

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

TRADE ADJUSTMENT ASSISTANCE (TAA)

Program Description

The TAA program is designed to assist eligible trade-affected workers who have been laid off as a result of foreign competition with retraining and reemployment services. The review focused on verifying eligibility of trade-affected workers who qualify for training. The worker must be permanently laid off, hours reduced, or received a threat of job loss. Also, the potential separation date must be within the impact and expiration date of a certified petition, and the worker must meet the six program criteria to be entitled to training services.

Participant Case File Review

The sample size consisted of five TAA participant case files. Following are issues identified during the case file review:

Finding Number TAA 12.04

Individual Employment Plan (IEP)/Service Strategy

Applicable reference(s): DEO Memo Trade Adjustment Assistance Individual Employment Plan Reporting Dated 12/6/18; 20 CFR 617.20; and TEGLs 22-08, 10-11, 7-13, and 05-15.

Federal and state guidance require that all TAA participants enrolled in TAA-funded training receive an IEP that describes the needed benefits and services tailored specifically to the participant’s employment goal(s). State guidance also requires the IEP to be completed prior to the date the participant entered into training.

Of the three participant case files reviewed, the IEP (service code 205-Develop Service Strategies) in one (33.3 percent) participant case file was recorded in Employ Florida on the same day the participant started training.

Recurring Issue from Previous Year: No.

Risk Impact: Failure to complete the IEP prior to the date the participant entered into training could cause the local area to not meet performance objectives and costs because of eligibility issues.

Required Action: The LWDB must ensure that an IEP is developed and recorded prior to the participant’s first day of training.

The LWDB provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training and notification to staff making them aware of the issues discovered during the monitoring review and requirements.

Finding Number TAA 12.05

Referral to Support Services
Applicable reference(s): 20 CFR 617.10, and TEGLs 22-08, 10-11, 7-13, and 5-15 Change One.

Federal and state guidance require LWDBs to refer TAA participants to available supportive services if they are participating in training.

None of the three (100 percent) files reviewed contained a referral to support services for participants enrolled in training.

Recurring Issue from Previous Year: No.

Risk Impact: Failure to refer TAA participants to available services could possibly impact performance reporting and reduce available resources to the participant.

Required Action: The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring and staff training. The LWDB must also provide documentation with the CAP showing that staff have reviewed all active files for TAA participants and made appropriate referrals and offers of supportive services to participants enrolled in training services.

ONI Number TAA 12.00.04

Training Benchmarks
Applicable reference(s): TEGLs 10-11, 7-13 and 5-15.

Training benchmarks must be created that address academic standing and on-schedule completion of training. The benchmarks must also be accurately recorded in the state’s MIS and documentation to support the services and activities retained in participant case files.

None of the three (100 percent) files reviewed contained training benchmarks and/or the benchmarks were not completed timely for participants enrolled in training.

Recurring Issue from Previous Year: No.

Risk Impact: Not accurately documenting and recording required information and data in Employ Florida will affect performance reporting as well as participants completing planned training services and activities.

Required Action: The LWDB must ensure that training benchmarks are established with participants that outline a structured and relevant training plan for reemployment.

The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training and notification to staff making them aware of the issues discovered during the monitoring review.

Observation

The TAA certified workers who were enrolled in training were not co-enrolled in partnership with the WIOA Adult/Dislocated Worker program. While not mandated by legislation, it is highly recommended to co-enroll all eligible TAA participants to leverage resources and potentially enhance program outcomes.

WAGNER-PEYSER (WP) PROGRAM

Description of Review Methodology

The Wagner-Peyser review focused on compliance with the Wagner-Peyser 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 if the WP program was following applicable rules and regulations, and if appropriate services were provided to the general public.
- A review of whether the LWDB complied with the federal definition of a placement, job development, counseling, and Equal Employment Opportunity regulations regarding discrimination based on race, creed, gender, national origin, and age. This included a review of Veteran and Migrant and Seasonal Farmworker (MSFW) services.
- A review of system data to ensure information was recorded accurately and required services were provided and documented.
- A review of the local career centers' credentialing process and Reemployment Services and Eligibility Assessment (RESEA) program for adherence to state rules and program guidelines.

Participant Case File Review

The sample size consisted of 68 participant case files (30 job seekers, 20 job orders, 15 job seeker placements and three RESEA).

The following issues were identified as a result of the participant case file review:

Finding Number WP 12.06

Migrant and Seasonal Farmworker (MSFW) Identification

Applicable reference(s): 20 CFR 653 and DEO FG 03-040.

Each career center must determine whether WP applicants are MSFWs. Through the registration and application process, LWDBs must evaluate and review job seekers' Employ Florida applications or service history for information such as a meaningful and/or adequate history of prior farm work employment as required by federal law for MSFW determination.

Of the three job seekers identified as MSFWs, two (66.7 percent) were incorrectly identified and coded as MSFWs. The job seekers did not have documentation recorded in Employ Florida of previous employment in farmwork in the last 12 months. Additionally, one (33.33 percent) was not referred to supportive services.

Recurring Issue from Previous Year: Yes (Prior year CAP reviewed and verified but noncompliance continues to occur).

Risk Impact: This issue impacts MSFW service delivery and performance reporting. It may also limit job and training opportunities and lead to possible farmworker civil rights violations.

Required Action: The LWDB must continue to ensure all staff assisting jobseekers are adequately trained on all requirements for MSFW applications to correctly identify MSFWs and accurately code them in Employ Florida. The LWDB must also ensure jobseekers identified as MSFWs receive supportive services.

The LWDB must provide a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including staff training, routine monitoring, and actions taken when staff fail to follow the requirements. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

Finding Number WP 12.07

Job Seeker Permission for Registration, Referrals and Requirements for Participation

Applicable reference(s): 20 CFR 651.10, TEGL 19-16, and DEO Administrative Policy 096 and 099 (rev. 5/24/2019).

Staff registration of a new job seeker in Employ Florida and referral to job orders by staff have specific guidelines that must be followed. LWDB staff must obtain the job seeker's permission prior to creating and entering a new registration in Employ Florida and referring a job seeker to a job order. Each new registration and staff referral must be documented in a case note on the Employ Florida activity history/service screen. Job seekers must also have a full application in Employ Florida prior to receiving a service that initiates or triggers participation.

The following issues were noted:

- Of the 21 job seekers reviewed with a staff entered registration after 5/24/2019, five (23.8 percent) were missing documentation to support permission to create the new account in Employ Florida.
- Of the 24 job seekers reviewed with a service after 5/24/2019 which initiated participation, 15 (62.5 percent) did not have a full application documented in Employ Florida when WP participation was initiated.
- All eight job seeker placements reviewed with staff-entered job seeker referrals after 5/24/2019 were missing documentation of permission to refer the job seeker.

Recurring Issue from Previous Year: No.

Risk Impact: Noncompliance with job seeker registration and placement guidance has an impact on performance reporting and measurements. Failure to document permission of staff registrations, staff referrals, or obtaining a full application before participation can lead to erroneous or fraudulent job seeker entry of invalid or false registrations.

Required Action: The LWDB must ensure permission is granted by job seekers prior to the creation of staff entered accounts and staff assisted referrals in Employ Florida. The LWDB must also ensure that staff registration and referrals are documented in case notes on the job seeker's Employ Florida account. Additionally, the LWDB must ensure full applications for job seekers are completed and entered prior to participation.

The LWDB must submit a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training, and notification to staff

making them aware of the issues discovered during the monitoring review. The LWDB must also document efforts made by staff to subsequent to the review to contact and verify the job seeker's permission to create an Employ Florida registration, staff referrals, and a full application, if the cases are still open.

Finding Number WP 12.08

Job Order and Placement Verification

Applicable reference(s): 20 CFR 651.10, 20 CFR 680.170, TEGL 19-16, and DEO Administrative Policy 099.

A placement is a form of capturing job seeker employment and has specific guidelines that must be followed by staff. The LWDB must ensure placements on job orders include a case note containing the job seeker's name, a reliable source of verification, and the job start date.

Of the 15 job seeker placements reviewed, two (6.67 percent) were missing one or more of the following: job seeker name, source of verification, employer name, and job seeker start date. Additionally, one (6.6 percent) placement was missing the job start date and nine (60 percent) were missing documentation to verify the wage rate.

Recurring Issue from Previous Year: No.

Risk Impact: Noncompliance with placement guidelines has an impact on performance reporting (Monthly Management Report and other staff reports), as well as erroneous information being recorded in the system if placements are not valid.

Required Action: The LWDB must ensure all placements are verified and case notes including the jobseeker start date, the source of verification, the employer, and the customer's name are recorded in Employ Florida.

The LWDB must submit a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training, and notification to staff making them aware of the issues discovered during the monitoring review. The CAP must also include documentation that staff have or will review all placements opened subsequent to the review and verify that the open job orders have accurate wage information, including employer-entered job orders.

Finding Number WP 12.09

New Employer Account Verification

Applicable reference(s): 20 CFR 651.10 and DEO Administrative Policy 098.

LWDB staff must conduct an independent verification of a newly registered employer account in Employ Florida within two business days of the registration and prior to enabling the account or releasing the new employer's job orders to job seekers. The verification of registration must be documented in a case note and contain specific information validating the employer's account.

Of the two job orders reviewed with new employers during the review period, one (50 percent) did not have documentation that LWDB staff verified the employer account. The job order was also missing the name and title of the employer's contact, the method of employer contact, and the registration status in the state's appropriate website.

Recurring Issue from Previous Year: No.

Risk Impact: Failure to verify new employer accounts can lead to companies entering job orders in Employ Florida with the intent to defraud job seekers or acquiring job seekers personal protected information.

Required Action: The LWDB staff must ensure all new employers are verified within two business days of the employer’s initial registration. Employer verification must be documented in a case note and must contain, at a minimum, the method of contact, the name and title of the contact (if applicable), whether the employer is registered in the appropriate state corporation’s website, and the method used to verify the employer before the account may be enabled in the system.

The LWDB must submit a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training, and notification to staff making them aware of the issues discovered during the monitoring review.

Finding Number WP 12.10

Job Order Wage Rate Verification

Applicable reference(s): Fair Labor Standards Act of 1938 as amended, 29 U.S.C. section 206; 20 CFR 680.170; section 448.01, F.S.; TEGL 19-16 and DEO Administrative Policy 099.

Unless a job order is exempt by the Fair Labor Standards Act, the compensation for jobs must be greater than or equal to the federal or state minimum wage. Job orders listed in Employ Florida may have a wage rate listed below the minimum wage; however, the employer must attest that the position pays at least the minimum wage. Verification of the attestation must be documented in the job order case notes.

Of the 11 job orders with a wage rate listed below the federal or state minimum wage, nine (81.8 percent) did not have documentation that staff verified the employer would pay at least the state’s minimum wage.

Recurring Issue from Previous Year: Yes (Prior year CAP reviewed and verified but noncompliance continues to occur).

Risk Impact: Allowing an employer to advertise or hire a job seeker at a wage rate that is less than the minimum wage could lead to minimum wage compensation violations.

Required Action: If an employer chooses to list a wage rate on a job order, the LWDB must ensure the wage rate is equal to or higher than the Florida minimum wage at the time the job order is displayed, unless otherwise exempted by the FLSA. The LWDB staff must also ensure a case note is entered on the job order documenting the verification of the job order wage rate.

The LWDB must submit a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training, and notification to staff making them aware of the issues discovered during the monitoring review. Documentation that staff have reviewed, verified and entered case notes on all job orders opened subsequent to the review with wage rates less than the Florida minimum wage must also be provided. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

ONI Number WP 12.00.05

Job Seeker Referrals Pending Review

Applicable reference(s): DEO Administrative Policy 099.

Employ Florida is programmed in such a way when a job seeker attempts to apply for a job which the employer has requested staff screening, the job seeker is given a message that career center staff will contact them within

72 hours. A list of these job seekers appears on the “Manage Labor Exchange” section of Employ Florida under “Referrals Pending Review”.

One job seeker had a pending referral not reviewed by LWDB staff within the required 72-hour period.

Recurring Issue from Previous Year: No.

Risk Impact: Failure to review and approve job seeker referrals in a timely manner may cause the job seeker to potentially miss an employment opportunity if he/she is qualified and not referred to the position prior to the position’s closing date.

Required Action: The LWDB must ensure staff notify job seekers within 72 hours of their entry on the “Referrals Pending Review” list to indicate the referral status based on the match between the job seekers’ qualifications and the job order requirements. The LWDB should also review the “Referrals Pending Review” list on a daily basis.

The LWDB must submit a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training and notification to staff making them aware of the deficiencies and requirements.

ONI Number WP 12.00.06

Job Referrals

Applicable reference(s): 20 CFR 652.3(c) and DEO Administrative Policy 099.

State guidance requires job seekers be screened for job order qualifications prior to staff referral and referred only if qualified for the job.

Of the 12 job orders reviewed with minimum job requirements that had staff referrals, five (41.6 percent) job orders had staff referrals with unqualified job seekers. In addition, five of the job orders did not have sufficient information in Employ Florida to determine if the job seekers met the minimum requirements of the job order.

Recurring Issue from Previous Year: Yes (Prior year CAP reviewed and verified but noncompliance continues to occur).

Risk Impact: Referring job seekers who are not qualified reduces satisfaction for both job seekers and employers and can affect the job order fill rate when unqualified job seekers are referred.

Required Action: The LWDB must remind staff that prior to referring a job seeker to a job, the job order must be adequately reviewed to ensure the job seeker meets the minimum job qualifications specified on the job order. Program staff referring job seekers to a job order are required to facilitate the match between an employer's job qualifications and the experience and education of the job seeker referred.

The LWDB must submit a plan of action with the CAP outlining the reasons for noncompliance as well as specific efforts taken to prevent future occurrences including routine monitoring, staff training, and timelines and actions taken when staff fail to follow the requirements. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

ONI Number WP 12.00.07

Staffing (Private/Temporary Employment) Agencies

Applicable reference(s): Wagner-Peyser Act of 1933, as amended, Sec. 13(b)(1); Administrative Policy 99; DEO Memorandum entitled "Job Orders from Private Employment Agencies" dated June 31, 2007.

The Wagner-Peyser Act specifically states that job seekers are not to be charged a fee for referral and placement through the state employment security system. State guidance further requires all positions offered by staffing (private/temporary employment) agencies to carry the phrase "Position offered by no-fee agency" in the job description section of the job order.

Of the five job orders reviewed from staffing (private/temporary employment) agencies, one (20 percent) did not contain the phrase "Position offered by no-fee agency" in the job description section.

Recurring Issue from Previous Year: Yes (Prior year CAP reviewed and verified but noncompliance continues to occur).

Risk Impact: Noncompliance may lead to possible complaints and other issues if the job seeker is charged a fee for referral and placement.

Required Action: The LWDB must continue to ensure program staff review all current job orders for private/temporary employment agencies to make sure the phrase "Position offered by no-fee agency" is indicated in the job description on all job orders for the specific industry.

A plan of action must be submitted with the CAP outlining the reasons for noncompliance as well as specific efforts taken to both remedy and prevent future occurrences including routine monitoring, staff training, and timelines and actions taken when staff fail to follow the requirements. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA) PROGRAM

The RESEA program review focused on the LWDB's compliance with the requirements of the grant to assist reemployment assistance (RA) claimants return to work faster. The purpose of the review is to ensure the LWDB connected claimants/participants with in-person assessments and reemployment services and opportunities to further their reemployment goals and successful employment outcomes such as providing employment plans, labor market information (LMI), identifying job skills and prospects, and reviewing a claimant's continued RA benefit eligibility.

Participant Case File Review

The sample size consisted of three participant case files

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

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 reviewed the LWDB’s Employment Service Complaint System to ensure that a system is in place to process any complaints received.

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

V. FINANCIAL DISCLOSURE REVIEW

Description of Review Methodology

The Financial Disclosure review focused on determining CSCF’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 CSCF 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). Additionally, state guidance requires that all board meeting minutes be posted to the LWDB’s website.

The management process review tool was used to gather information about CSCF filing requirements and the Ethics Commission’s website was used to verify the information.

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

VI. 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 Innovation and Opportunity Act regarding Collection of Demographic Data.

The management process review tool was used to gather information about CSCF’s practice of collecting demographic information. It is recommended CSCF update its LOPs to detail their collection practices.

VII. MANAGEMENT INFORMATION SYSTEMS (MIS)

The MIS security check is designed to evaluate the effectiveness of the LWDB’s information security controls and whether a business process and policy is in place that complies with DEO’s Information Technology (IT) guidelines and the DEO/LWDB Grantee/Subgrantee agreement requirements. The business process and policy must ensure the LWDB has appropriate physical, technical, and administrative security controls and processes that protect DEO data and information technology resources.

The management process review tool was used to gather information about the LWDB's IT security protocols. Additionally, the monitor reviewed the LWDB's local user access and termination procedures for the review period. The LWDB 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 the LWDB'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. A review was also made to determine if background screenings were conducted for staff hired during the review period.

The following issue was identified:

Finding Number WP 12.11

Management Information System Security

Applicable reference(s): Section 435.03435.04(2) F.S.; Grantee/Subgrantee Agreement – Exhibit D; and DEO Security Protocol 5.05.02.11, Access Control.

The LWDB is responsible for terminating access permissions to DEO systems for employees who are terminated or are no longer employed by the LWDB.

It was discovered during the review that two former employees' access to OSST or Employ Florida had not been revoked and/or terminated following separation from employment.

Recurring Issue from Previous Year: Yes (Prior year CAP verified but noncompliance continues to occur).

Risk Impact: Allowing former employees to continue to have access to personal/sensitive/confidential information is a potential legal liability for the LWDB and State.

Required Action: The LWDB must ensure business practices contain appropriate termination checklists and forms are in place and completed and processed timely. The RSO or other designated staff should periodically review user privileges and modify or deactivate access when required. The LWDB staff must ensure DEO Security Guidelines are followed.

The LWDB must submit a plan of action with the CAP indicating controls they will take to prevent future occurrences including routine monitoring and staff training. Documentation that the LWDB staff have removed access for the terminated staff must also be submitted with the CAP. Because this is a repeat issue, the CAP must also include documentation that an evaluation of the cause or reasons for noncompliance (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) has been conducted.

VIII. TRAINING AND TECHNICAL ASSISTANCE

For questions and/or technical assistance in any of the program review areas, CSCF should contact OSPS at the following email addresses:

- WT - WTPProgram@deo.myflorida.com
- SNAP - SNAPETProgram@deo.myflorida.com
- WIOA - WIOA@deo.myflorida.com
- TAA - TRA@deo.myflorida.com
- WP - Wagner.Peyser@deo.myflorida.com
- RESEA - RESEA@deo.myflorida.com

- FLC - H-2A.JobOrder@deo.myflorida.com and H-2B.JobOrder@deo.myflorida.com
- MSFW - [Senior Monitor Advocate \(via direct email\)](#)

Additional training can be requested by sending a [Training Request Form](#) to WFSTraining@deo.myflorida.com.

IX. CONCLUSION

The results of the review of CSCF's program processes and service delivery systems indicate they appear "generally" to be following 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 CSCF has the systems in place to perform the broad management and operational functions required to operate their workforce programs. The review did reveal, however, deficiencies in case file documentation requirements and operational and system practices. Some of these deficiencies were also repeat issues from the prior year review which, if left unresolved, could potentially affect program operations.

A CAP is required to address how CSCF will correct the findings and other noncompliance issues identified in this report. For the noted deficiencies, the monitors have provided recommendations and suggestions to help respond to issues identified in this 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.

X. APPENDIX

COMPLIANCE REVIEW BACKGROUND INFORMATION/MONITORING ACTIVITIES

LWDB Name: CareerSource Central Florida (LWDB 12)

Review Dates: February 10 – February 19, 2020

Review Period (Time Period for Data Covered in the Review): January 1, 2019 – December 31, 2019

Programs Reviewed

- Welfare Transition (WT)
- Supplemental Nutrition Assistance Program - Employment and Training (SNAP E&T)
- Workforce Innovation and Opportunity Act (WIOA)
- Trade Adjustment Assistance (TAA)
- Wagner-Peyser (WP)
- Any special projects operational during the review period

Entrance and Exit Conference Attendees:

The entrance conference with LWDB staff was conducted on February 10, 2020. The exit conference was conducted on February 19, 2020. The entrance/exit conference attendees are listed below:

NAME	Agency	Entrance Conference	Exit Conference
Sharon Saulter	DEO (Review Lead)	x	x
Mary Blake	DEO	x	x
Sanchez Emmanuel	DEO	x	x
Dacia Roberts	DEO	x	x
Brenda Gause	LWDB	x	
Cheryl Goebel	LWDB	x	x
Bethany Hamm	LWDB	x	x
Christina Sowers	LWDB	x	x
Jose Mendoza	LWDB	x	x
James Flaherty	LWDB	x	
Adrian Villa	LWDB	x	x
Mary White	LWDB	x	x
Diana Herman	LWDB	x	x
Dawn Hawkins	LWDB	x	x
Tammy Delaine	LWDB	x	
Stacey Fussell	LWDB		x
Brandy Taylor	LWDB		x
Ania Williams	LWDB		x
Lenore Oshiro	LWDB		x
Tracie Entler	LWDB		x