

June 2, 2022

Program Year 2021-2022

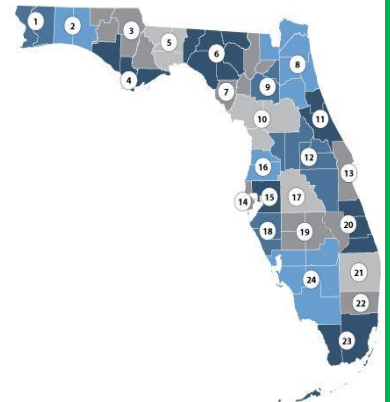
# Quality Assurance Report

*Programmatic and Financial  
Compliance Monitoring Review  
for*



CareerSource  
CENTRAL FLORIDA

Local Workforce Development Board - 12



*Prepared and Issued By:*



*Division of Workforce Services  
and  
Division of Finance and  
Administration*

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## Executive Summary/Overview

During the period of January 24 to January 28, 2022, the Department of Economic Opportunity (DEO) conducted a joint programmatic and financial monitoring review of CareerSource Central Florida's (the "LWDB") workforce programs. Programmatic and financial monitoring was conducted by DEO's Bureau of One-Stop and Program Support (OSPS) and Bureau of Financial Monitoring and Accountability (FMA) staff via a remote desktop review analysis. This allowed for collaboration in the evaluation of both programmatic and financial data by a comprehensive monitoring review team.

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 contract or agreement terms. Monitoring also included sample testing of randomly selected participant case file records from each of the workforce programs reviewed.

Programmatic and financial management issues identified in the report 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 the LWDB has the systems in place to perform the broad management, operational, and financial functions required to operate the workforce programs; however, deficiencies in case file documentation requirements and operational and management practices in several program review areas were identified. The programmatic monitoring review resulted in seven findings and 10 other noncompliance issues (ONI). The financial compliance review did not result in any findings or issues of noncompliance; however, an observation is noted and technical assistance was provided. While no material issues or weaknesses came to the reviewers' attention other than those contained in the report, there is no assurance that other issues do not exist.

Note: As subrecipients of authorized funds administered by DEO, LWDBs are accountable for failing to correct performance, programmatic and financial deficiencies found during compliance monitoring reviews. To reduce programmatic or financial deficiencies observed and to increase program integrity at the local level, corrective action by the LWDB is required to be taken.

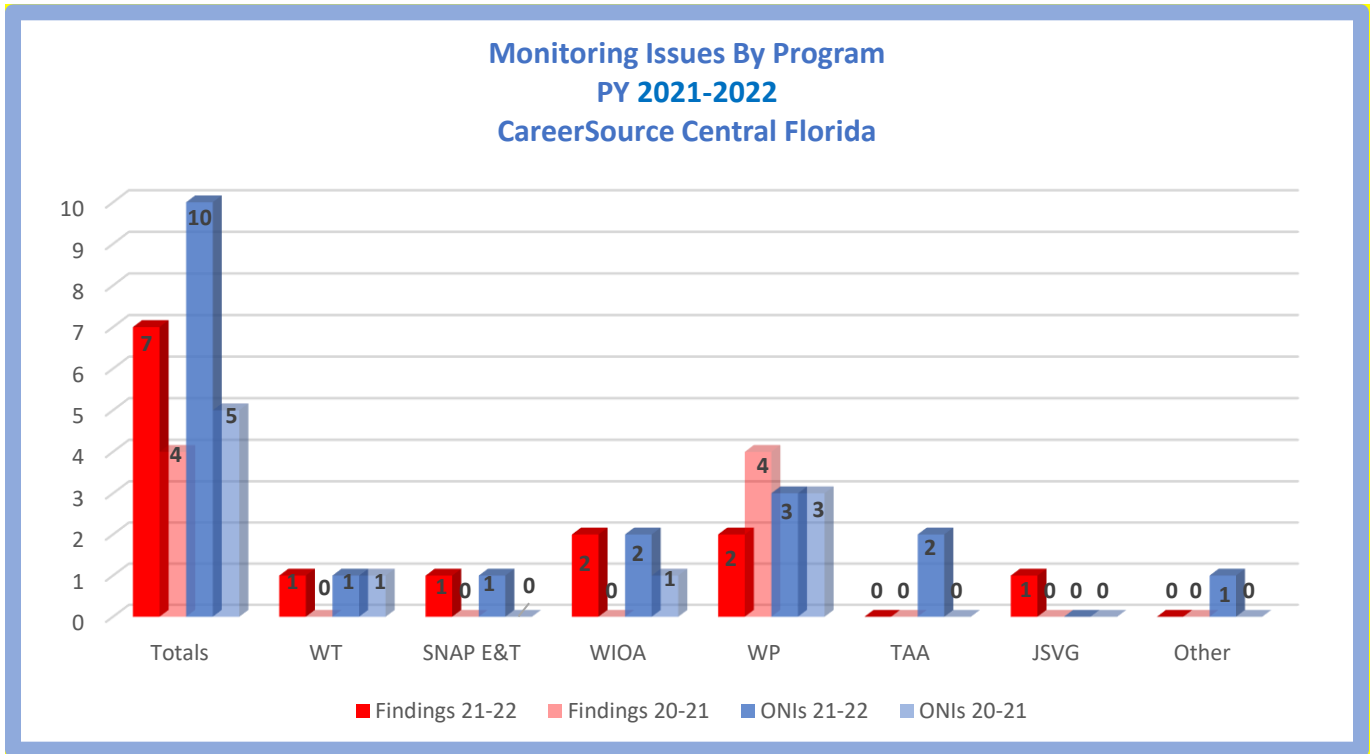
The results of each of the LWDB's workforce programs are summarized in the following charts by program and category. For additional programmatic and financial monitoring information and resources, click here: [Monitoring Overview](#).

## SUMMARY TABLE OF PROGRAMMATIC MONITORING RESULTS

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

PY 2021-22 Programmatic Monitoring Results					
Workforce Program	Issue	Prior Year Finding	Current Year Finding	Prior Year Other Noncompliance Issue	Current Year Other Noncompliance Issue
WT	An initial assessment was not completed within 30 days of an individual becoming eligible for cash assistance during the review period.	N	Y		
	The penalty process for one participant was not initiated or requested in the One-Stop Service Tracking system in a timely manner.			Y	Y
<b>WT TOTALS</b>		<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>
SNAP E&T	A participant was not assigned to 80 hours in work activities.	N	Y		
	The initial appointment 590-status code for one participant did not end within two business days.			N	Y
<b>SNAP E&amp;T Totals</b>		<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
WIOA Adult/DW	Training agreements were not executed prior to the start of the training activity.	N	Y		
WIOA Youth	Several credential attainments recorded in Employ Florida and documented in the files did not meet the definition of a nationally recognized credential.	N	Y		
	An Individual Service Strategy found in a participant's case file was not recorded in Employ Florida.			N	Y
<b>WIOA Common Issue</b>	Measurable Skills Gains were not recorded in Employ Florida for several participants.			Y	Y
<b>WIOA Totals</b>		<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>
TAA	The Individual Employment Plans recorded in Employ Florida were incomplete and lacked sufficient objectives, goals, and action steps.			N	Y
	Several training benchmarks were not reviewed every 60 days and documented in the participants' TAA Program Application in Employ Florida.			N	Y
<b>TAA Totals</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
WP	A couple of Migrant and Seasonal Farmworkers were incorrectly coded in Employ Florida.	Y	Y		
	A few services recorded in Employ Florida did not meet the definition of a service or were inadequately documented.	Y	Y		
	A few job orders did not document that multiple placements met Florida's minimum wage rate requirements.			Y	Y
RESEA	A participant was not provided specific Labor Market Information.			N	Y
	The Red Flag Drop-Off Report contained a participant that was not managed by staff within 90 days.			Y	Y
<b>WP Totals</b>		<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>
JVSG	Several case files did not have the required case notes recorded to support the POS 189 activity code entered in Employ Florida.	N	Y		
<b>JVSG Totals</b>		<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Other	There were no policies and procedures in place related to the collection of demographic information on participants or for sector strategy initiatives.			N	Y
<b>Other Totals</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Results-All Programs		2	7	4	10
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Note: The above chart reflects a two-year comparison of the number of monitoring issues (PY 2020-21 and PY 2021-22).

### **DEFINITIONS APPLICABLE TO PROGRAMMATIC MONITORING**

1. **Finding** – A high risk issue that directly impacts the integrity or effectiveness of program operations 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, has the appearance of fraud or abuse, possibility of non-conforming services provided to participants, potential 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 deviation from process 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 that is intended to offer constructive comments and an opportunity to improve current local practices, processes and procedures that result in positive program outcomes. Observations are not expected to be responded to in the CAP except when requested.

## SUMMARY TABLE OF FINANCIAL MONITORING RESULTS

PY 2021-2022 Financial Monitoring Results				
Category	Repeat of Prior Year	Reference(s)		
Prior Year Corrective Action Follow-Up	No	There were no Findings or Issues of Noncompliance in the prior year.		
Category	Findings	Issues of Non-Compliance	Observations	Technical Assistance Provided
General Ledger and Cost Allocation Statistics: (MOUs/IFAs missing required elements).			1	
Subawarding/Subrecipient Monitoring (Agreements missing required information and compliance provisions).				1
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>

### **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 LWDB staff.

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

**I. DESCRIPTION OF MONITORING APPROACH**

**Review Purpose and Scope**

Monitoring consisted of a joint programmatic and financial review of the LWDB's workforce programs. The purpose of the monitoring review was to assess compliance with applicable federal and state program statutes, regulations, and programmatic and fiscal administrative requirements. The scope primarily involved a review of participant case file data entered in the State's Management Information Systems (MIS), a review of participant case file documentation provided by the LWDB from the randomly selected file samples, and a review of local plans, procedures, reports, records, and other abstract information. In some instances, interviews were conducted with LWDB staff, employers, and participants to gather information about program processes and service delivery strategies.

The review scope also included 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, cost allocations, payroll, personnel activity report (PAR) testing, disbursement testing, and reporting of program data in the MIS to determine if appropriate processes, procedures, and controls were in place and properly implemented.

**Type of Review**

Due to COVID-19 restrictions, a remote desktop review was performed in lieu of an on-site visit for both programmatic and financial monitoring, with the selected sampled items provided via upload to DEO's SharePoint monitoring system or access to the LWDB's document storage system.

**Compliance Review Abstract Information**

- Programmatic and Financial Monitoring Review Dates: January 24 to January 28, 2022
- Programmatic and Financial Sample Review Period dates: January 1, 2021 to September 30, 2021

Note: Entrance/Exit conference attendees are listed in Section IX of this report.

**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)
- Jobs for Veterans State Grant (JVSG)
- Any identified special projects operational during the review period
- Financial management practices, record keeping, safeguards and reporting

## **Monitoring Review Tools**

DEO's PY 2021-2022 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.

## **II. FINANCIAL MONITORING RESULTS**

FMA performed financial monitoring procedures based on the elements described in the PY 2021-2022 Financial Monitoring Tool. 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 January 1, 2021 to September 30, 2021; however, the following observation is noted:

### **Observations**

#### **Observation FMA #12.22.01**

#### **Category: 7.0 General Ledger and Cost Allocation:**

Condition: The LWDB's Memorandums of Understanding & Infrastructure Funding Agreements with AARP Foundation and the Florida Division of Blind Services do not address all of the infrastructure elements stated in 20 CFR 678.755 and the Grantee-Subgrantee Agreement such as identification of the chief local elected officials, and the steps the Board, chief local elected officials, and career center partners used to reach consensus, or an assurance that the local area followed the guidance for the State funding process.

Criteria: The Grantee-Subgrantee Agreement, section 5., *The Board's One-Stop Delivery System*, states in part that:

- a. "The following infrastructure elements, set forth specifically in 20 CFR 678.755, must be incorporated into the period of time in which the infrastructure funding agreement is effective.
- c. Identification of all career center partners, *chief local elected officials*, and Board participating in the infrastructure funding arrangement. [emphasis added]
- d. Steps the Board, chief local elected officials, and career center partners used to reach consensus or an assurance that the local area followed the guidance for the State funding process."

#### Recommendation:

The LWDB must ensure the infrastructure elements stated in 20 CFR 678.755 and in the Grantee-Subgrantee Agreement are included in the Memorandums of Understanding & Infrastructure Funding Agreements. The LWDB should review and amend, as necessary, all of its Memorandums of Understanding & Infrastructure Funding Agreements.

#### Resource:

[Administrative Policy Number 106 Memorandums of Understanding and Infrastructure Funding Agreements, 02/20/2020 \(floridajobs.org\).](https://www.floridajobs.org/02/20/2020)

**Technical Assistance FMA #12.22.01**

**Category: 12.0 Subawarding/Subrecipient Monitoring**

Condition: The LWDB’s subaward agreements with Impower, Inc., and Career Team, LLC do not address all of the pass-through entity requirements and compliance provisions from 2 CFR 200. The following items were not addressed in the subaward agreements:

- Federal Award Identification Number (FAIN), 2 CFR § 200.332;
- The pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number (formerly CFDA) at time of disbursement, 2 CFR § 200.332;
- Statutory and national policy requirements, 2 CFR § 200.300.

Criteria:

2 CFR § 200.332 - Requirements for pass-through entities states in part that: “All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward. Required information includes:

(1) Federal Award Identification.

(iii) Federal Award Identification Number (FAIN);

(xii) Assistance Listings number (formerly CFDA) and Title; *the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement;*” [emphasis added]

2 CFR § 200.300 Statutory and national policy requirements states in part that:

“(a) The Federal awarding agency must manage and administer the Federal award in a manner so as to ensure that Federal funding is expended and associated programs are implemented in full accordance with the U.S. Constitution, Federal Law, and public policy requirements: Including, but not limited to, those protecting free speech, religious liberty, public welfare, the environment, and prohibiting discrimination. The Federal awarding agency must communicate to the non-Federal entity all relevant public policy requirements, including those in general appropriations provisions, and incorporate them either directly or by reference in the terms and conditions of the Federal award.

(b) The non-Federal entity is responsible for complying with all requirements of the Federal award.”

Recommendation: The LWDB must ensure the pass-through entity requirements in 2 CFR 200.332 are included in the subaward agreements. The LWDB is encouraged to review the Financial Monitoring Tool which identifies the required subaward requirements and contract provisions and cites the specific federal regulations. The most recent Financial Monitoring Tool is posted on DEO’s website or can be accessed using the following link:

- [2021-22 Financial Monitoring Tool \(floridajobs.org\)](http://floridajobs.org)

Corrective Actions Taken: The LWDB updated its contract template to include 2 CFR 200.300 Statutory and national policy requirements.



### III. 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 for improvement.

**NOTE:** The following general CAP requirements must be submitted with each Finding and Other Noncompliance Issue identified in the report. Additionally, a separate CAP response must be submitted for any additional program specific issues identified in each section of the report.

#### **General Program CAP Requirements**

- A specific plan of action outlining the reasons for noncompliance as well as efforts taken to prevent future occurrences.
- A copy of a monitoring schedule showing timeframes and the activities and services that will be monitored.
- Documentation showing staff training or refresher training has been or will be provided. Documentation must include training date(s), a training roster, and an agenda listing training topics.
- Documentation of written communication to staff informing them of the requirements.

### WELFARE TRANSITION (WT)

*The sample size consisted of 18 participant case files. The following issues were identified:*

#### **Finding Number WT 12.22.01**

##### **Initial Assessment**

Applicable Reference(s): 45 CFR 261.11-12, and 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.

Of the 11 mandatory case files reviewed that were required to have an initial assessment completed within 30 days of the individual becoming eligible for cash assistance, one (9.1 percent) participant did not have an initial assessment completed.

**Recurring Issue from Previous Year:** No.

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

**Required Action:** In addition to the general required CAP actions, the LWDB must provide an assurance that all documentation must be provided of the LWDB's attempts to retrieve and/or develop the missing assessment if the case file is still active. Additionally, the LWDB must include documentation and/or a plan that staff will review all future assessments in OSST to ensure completion of the assessment including all required elements within 30 days of the case becoming mandatory.

**ONI Number WT 12.22.01**

**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.*

Of the 10 case files reviewed of participants who did not comply with work requirements or failed to comply with his/her signed IRP, penalties and sanctions for three (30.0 percent) participants were not requested or ended timely in the system. 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 Issue from Previous Year:** Yes (Prior year CAP reviewed and 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:** In addition to the general required CAP actions, documentation must be provided showing that LWDB staff have case noted the reason(s) why pre-penalty and sanction protocols were not followed. Because this is a repeat issue, the LWDB must reevaluate the cause of continuing problems (e.g., lack of specific guidelines for staff to follow, whether the errors made are common to specific program staff, insufficient staff training, etc.) and improve upon its course of action from the previous year to resolve this finding. The LWDB must also make an attempt to contact the participants to explain adverse actions which may be taken for noncompliance and enter the counseling case notes in OSST if the case files are still active. Additionally, the LWDB must submit a plan of action detailing efforts to prevent a recurrence of this issue in the future.

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)**

*The sample size consisted of five participant case files. The following observation was noted:*

**OBSERVATION**

The case file review revealed that a couple of Summer Youth Employment Program (SYEP) participants had additional benchmarks entered in OSST that were not in the DEO SYEP Reporting Instructions. Moving forward, LWDB staff must ensure that all data for youth enrolled in the SYEP is entered in OSST using the codes/benchmarks as provided in the SYEP Reporting Instructions (Guidance). A copy of the Reporting Instructions was provided to the LWDB.

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

*The sample size consisted of 17 participant case files. The following issues were identified:*

**Finding Number SNAP 12.22.02**

**Assignment of Activity Hours:**

*Applicable reference(s): 7 CFR 273.7(e)(4)(ii); 7 CFR 273.24(a)(1)(i) and the SNAP E&T State Plan.*

Federal law and state guidance require participants to be engaged in qualifying components (i.e., education, work experience, job search training, etc.) for the required number of hours.

Of the 17 case files reviewed, one (5.9 percent) participant was not assigned to 80 hours per month in required components.

**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:** In addition to the general required CAP actions, documentation must be provided that the case file has been updated with the correct number of assigned hours if the case is still active. A plan of action outlining the LWDBs efforts to prevent a recurrence of this issue in the future must also be provided with the CAP.

#### ONI Number SNAP 12.22.02

##### **Initial Engagement Process (OSST 590-Code)**

*Applicable reference(s):* 7 CFR 273.7(c)(2); SNAP E&T State Plan; DEO Supplemental Nutrition Assistance Program Employment and Training Memorandum dated January 5, 2017.

Of the five case files reviewed where a 590 – appointment setting code was entered in OSST, three (60.0 percent) did not have their initial appointment status selected within two business days of completion of the appointment or “No show” as required.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** 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:** In addition to the general required CAP actions, the LWDB must provide an assurance that all initial appointments will be entered in OSST timely. A plan or process for preventing a recurrence of this issue in the future including routine monitoring, staff training, and written notification to staff informing them of the requirements must also be submitted with the CAP.

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

### WIOA ADULT AND DISLOCATED WORKER PROGRAM

*The sample size consisted of 22 Adult and Dislocated Worker participant case files (12 Adults and 10 Dislocated Workers). The following issue was identified:*

#### Finding Number WIOA 12.22.03

##### **On-the-Job Training (OJT) and Incumbent Worker Training (IWT) Agreements**

*Applicable references:* WIOA Sec.122 (h) and Sec. 134(c)(3)(A) and (H), 20 CFR 680.770-840, TEGL 13-15, Local Workforce Services Plan and Administrative Policy 009.

Of the six participants enrolled in an OJT or IWT activity, the agreements for three (50.0 percent) participants were not executed prior to the start of the OJT/IWT activity.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Failure to provide an executed agreement prior to placing the participant in the OJT activity could lead to potential questioned costs if funds were expended.

**Required Action:** In addition to the general required CAP actions, documentation must be provided that the LWDB has taken steps to ensure that agreements have been properly executed prior to the begin date of training, as well a plan or process for preventing a recurrence of this issue in the future. The LWDB must also review all open OJT and IWT case files to ensure the contracts were executed prior to the start of the training activity and make necessary adjustments if the contracts are still active.

## WIOA YOUTH PROGRAM

*The sample size consisted of 13 Out-of-School Youth participant case files. The following issues were identified:*

### Finding Number WIOA 12.22.04

#### **Recording Nationally Recognized Credentials**

*Applicable reference(s):* Federal Data Validation Requirements TEGL 10-16 Change 1, WIOA Sec. 3(52), WIOA Sec. 129(c) (1) (C) (i).

Of the 13 youth participant case files that had a credential attainment recorded in Employ Florida, all 13 case files recorded a "Safe Staff" certificate as a recognized credential.

Note: The Safe Staff certificate is a general skills certificate that does not document measurable technical or industry/occupational skills necessary to gain employment or to advance within an occupation. Therefore, it does not meet the definition of a nationally recognized credential and does not count in the primary indicator of performance for credential attainment.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Failure to enter and accurately record credential attainment information in Employ Florida negatively impacts performance results.

**Required Action:** In addition to the general required CAP actions, the LWDB must ensure that credentials recorded in Employ Florida meet the definition of a nationally recognized credential. Documentation to support the credential attainment must be retained in the participant's case file or made available upon request. The LWDB must provide a plan of action with the CAP outlining efforts taken to prevent future occurrences including routine monitoring, staff training, and written notification to staff informing them of the requirements. The CAP must also include documentation showing that staff will review and monitor all files that opened subsequent to the review period to ensure credential attainments meet the requirement of a recognized credential and are recorded correctly in Employ Florida.

### ONI Number WIOA 12.22.03

#### **Individual Service Strategy Activity Code**

*Applicable reference(s):* WIOA Sec. 129 (c) (1) (B) and (c) (2); 20 CFR 681.420(a)(2);430;440, 540 and 600.

Of the 13 youth participant case files reviewed, one (7.7 percent) did not have the Individual Service Strategy (ISS) activity code recorded in Employ Florida.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Failure to maintain documentation to support the ISS may not result in an opportunity for participants to receive services needed to obtain or retain employment.

**Required Action:** In addition to the general required CAP actions, documentation must be provided that the ISS activity code has been recorded in Employ Florida. Documentation must also be provided that the participant's ISS activity will be updated as activities and goals are achieved if the case file is still open and active. A plan or process for accomplishing this in the future must be provided with the CAP. An IEP helps to support the need for training services and ensures the participant's success in the WIOA program.

## WIOA SPECIAL PROJECTS

*The sample size consisted of 15 participant case files for the following special projects: Sector Strategies Hospitality, Tourism and Construction, Apprenticeship USA, Hurricane Maria, Fostering Opioid Recovery and America's Promise.*

### COMMON ISSUE

*The following common issue was identified in the WIOA Adult/Dislocated Worker and Youth programs, and the WIOA Special Projects.*

#### ONI Number WIOA 12.22.04

##### **Recording of Measurable Skill Gains (MSG)**

*Applicable reference(s): 20 CFR Part 677.155 (a)(v), WIOA Sec. 116 and TEGL 10-16 Change 1.*

- Of the 22 WIOA Adult/Dislocated Worker case files reviewed of participants enrolled in an education or training program, three (13.6 percent) did not have an MSG recorded within the applicable program year. Additionally, several case files did not have documentation to support or match the MSG recorded in Employ Florida.
- Of the 10 WIOA Youth case files reviewed of participants enrolled in an education or training program, three (30.0 percent) did not have an MSG recorded within the applicable program year. Additionally, one case file did not have documentation to support the MSG recorded in Employ Florida.
- Of the seven WIOA Special Project case files reviewed of participants enrolled in an education or training program, two (28.6 percent) did not have an MSG recorded within the applicable program year.

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

**Risk Impact:** Failure to enter and accurately record MSG information in Employ Florida negatively impacts performance results.

**Required Action:** In addition to the general required CAP actions, the LWDB must provide an assurance with the CAP that MSGs will be documented and recorded by the applicable program year. The LWDB must also review its internal policies, processes, and procedures to ensure that MSG activities are recorded correctly and carried out in accordance with guidance. Additionally, the LWDB must provide training to all staff and ensure they understand the requirements and intent of MSGs, including how to review and timely record results. Because this is a repeat issue, the LWDB must reevaluate the cause of continuing problems and provide a plan or process for preventing a recurrence of this issue in the future.

## TRADE ADJUSTMENT ASSISTANCE (TAA) PROGRAM

The sample size consisted of five participant case files. The following issues were identified:

### ONI Number TAA 12.22.05

#### Individual Employment Plan (IEP)

Applicable reference(s): 20 CFR 617.20, 20 CFR 618.600-665, TEGs 22-08, 10-11, 7-13, 05-15 and Administrative Policy No. 107, Employ Florida.

The case files reviewed had IEPs that were incomplete or lacked sufficient objectives, action steps, and completion dates to assist the participants in achieving their occupational goals.

Note: In accordance with 20 CFR 618.860(f)(2), Administrative Policy 101, 107, and TEG 18-20; all IEPs are to be based on a comprehensive assessment, including short-term and long-term goals, and the action steps needed to accomplish the goals. The LWDB must also explore and resolve any relevant barriers that may hinder the participant's ability to successfully complete training and enter suitable employment. The IEPs must be signed by the participant and reviewed every 60 days.

If the Form 2100A needs to be updated, then the original form shall be used and uploaded to Employ Florida with the revisions clearly noted. A revised form will not contain a new approval and signature date.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Absence of specific action steps on the IEP reduces staff's ability to work effectively and efficiently with participants in delivering services, tracking employability goals, and determining what the participant is required to do to attain the long-term occupational goals.

**Required Action:** In addition to the general required CAP actions, the LWDB must provide documentation that staff have or will review all future IEPs recorded in Employ Florida to ensure case notes have been recorded identifying all required elements of the service(s) provided. Documentation must also be provided of attempts to contact and develop the missing goals for the identified participants if the applications are still open and active in Employ Florida. A plan of action outlining the LWDB's efforts to prevent a recurrence of these issues in the future must also be provided with the CAP.

### Finding Number TAA 12.22.06

#### Recording of TAA Training Benchmarks

Applicable reference(s): TEGs 10-11, 7-13, 05-15; 20 CFR 618.600-665, and Administrative Policy No. 107.

The training benchmarks for several participants were not reviewed every 60 days as required for updates as goals were reached and documented on the TAA Program Application in Employ Florida.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Failure to create, review, and accurately update benchmarks in Employ Florida may negatively impact performance results as well as participant completion of planned training services and activities.

**Required Action:** In addition to the general required CAP actions, documentation must be provided that the LWDB has reviewed, verified, and documented the benchmarks of the participants identified showing ongoing progress and satisfactory participation in approved training activities if the case files are still active. The Local TAA

Coordinator must be reminded to review benchmarks in intervals no greater than 60 days beginning on the training start date and record the benchmark reviews in the participant's Employ Florida TAA program application training benchmark section. Supporting documentation such as grades, test scores, instructor's communication or school progress reports, attendance, class drops, changes, other income from grants, and any resulting employment must also be verified and uploaded to Employ Florida. A plan or process for accomplishing this in the future must also be provided with the CAP. Please see [Administrative Policy 107](#) for more information.

## WAGNER-PEYSER (WP) PROGRAM

**The sample size consisted of 50 participant case files (20 job seekers, 15 job orders, 10 job order placements, and five RESEA). The following issues were identified:**

### Finding Number WP 12.22.05

#### **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. Of the three job seekers coded as MSFWs, two (66.7 percent) were incorrectly identified as MSFWs.

Note: Although LWDB staff identified the incorrect designation during routine quality assurance checks, the job seekers that self-identified as MSFWs were missing documentation of previous employment in farmwork in the 12 months prior to program participation.

**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:** In addition to the general required CAP actions, the LWDB must provide an assurance that staff will review all future MSFW applications to verify and determine if they meet the MSFW designation prior to entering a service code in Employ Florida that triggers participation. Because this is a repeat issue, the LWDB must reevaluate the cause of continuing problems and provide a plan of action with the CAP to resolve this issue including routine review of MSFW applications, staff training, and written notification to staff informing them of the requirements.

### Finding Number WP 12.22.06

#### **Wagner-Peyser Job Seeker Services and Activities**

*Applicable reference(s):* 20 CFR 651.10, TEGL 10-16, DEO Administrative Policy 099 and 115, and Employ Florida Service Code Guide.

Of the 20 job seekers reviewed, three (15.0 percent) had specific service codes entered in Employ Florida (125 – Job Search/Placement Assistance, Including Career Counseling and 119 –Recruitment Event); however, case notes entered in the files did not meet the requirements for the services recorded.

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

**Risk Impact:** Errant, undocumented, or non-staff assisted services provided to job seekers which prolong participation will result in inaccurate reporting of state and federal performance numbers and could also lead to inflated participation numbers and fraudulent claiming of placements or services.



**Required Action:** In addition to the general required CAP actions, the LWDB must document efforts to review and monitor entry of WP job seeker services in Employ Florida to ensure the services fit the description of the service code(s) recorded and documented in Employ Florida. Documentation must also be provided of the LWDB's efforts to case note verification that actual and valid services were provided for the identified job seeker. Additionally, an assurance must be provided that LWDB staff will review the service codes recorded for job seekers with open applications in an effort to verify and document whether the service(s) should trigger or continue participation. A plan of action to correct and prevent recurrence of this issue in the future must also be provided with the CAP.

#### ONI Number WP 12.22.07

##### **Job Order Placement and 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.

Of the eight job orders reviewed with multiple job seeker hires, three (37.5 percent) did not have documentation of each job seeker's placement wage rate recorded on the job order.

**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:** In addition to the general required CAP actions, the CAP must include documentation of the LWDB's efforts to verify and record on the job orders in Employ Florida the wages paid for each job seeker placement on the job order reviewed if the job orders are still open. Documentation must also be provided that LWDB staff have or will review all job orders with multiple placements recorded subsequent to the review and ensure case notes on the job orders contain a wage rate for each individual to prevent a recurrence of this issue. Because this is a repeat issue, the LWDB must reevaluate the cause of continuing problems and provide a plan of action with the CAP to prevent a recurrence of this issue in the future.

#### 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 in returning to work faster by connecting claimants/participants with in-person assessments, and reemployment services and opportunities to further their reemployment goals and successful employment outcomes.

**The sample size consisted of five participant case files. The following issue was identified:**

#### ONI Number WP 12.22.08

##### **RESEA Labor Market Information (LMI)**

Applicable reference(s): UIPL 8-20 and 13-21; and DEO Administrative Policy 068.

The federal grant requires every RESEA participant be referred to at least one additional work search activity (WSA). Work search activities must be unique to the participant's needs and recorded and resulted in the Employ Florida event calendar module. Participants must also be provided specific LMI for the chosen occupational field.



Of the five RESEA case files reviewed, one (20.0 percent) participant did not have documentation of the provision of specific LMI based on the participant's education/employment experience, skills, and desired occupation.

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Not accurately recording or providing specific LMI reduces staff's ability to effectively determine what the claimant is required to do to assist in their reemployment service needs which may adversely affect the claimant's benefits.

**Required Action:** In addition to the general required CAP actions, the LWDB must document efforts to ensure LMI recorded for participants are clearly documented and are specific to the individual. Documentation of attempts to contact the participant and provide the missing LMI information based on the participant's education/employment experience, and skills and desired occupation must also be provided with the CAP if the case file is still active. A plan or process for accomplishing this in the future must also be provided with the CAP.

#### ONI Number WP 12.21.09

##### **RESEA Red Flag Drop-off Report**

*Applicable reference(s):* DEO Administrative Policy 068.

The Red Flag report contains all RESEA participants who have not received all required services or those who have not had their attendance status changed. Required services for RESEA participants must be provided and recorded in Employ Florida within 90 days of the scheduled appointment date. If not managed and recorded, the participant will appear on a Red Flag Report and after 90 days, will automatically be deleted from the Red Flag Report and will be considered as a "drop-off".

During the review period, a participant was identified as not being managed and appeared on the "Red Flag Drop-Off" report.

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

**Risk Impact:** Having outstanding red flag issues impact RESEA reporting and may adversely affect a claimant's RA benefits.

**Required Action:** In addition to the general required CAP actions, the LWDB must include documentation that staff have or will review the Red Flag report regularly to ensure participants have been or will be managed within 90 days of being on the Red Flag Report. A plan of action to correct and prevent a recurrence of this issue in the future must also be provided with the CAP

#### CAREER CENTER CREDENTIALING

The career center credentialing review focused on ensuring administrative requirements and records were posted and maintained, that front-line staff had completed all required Tier I certification and continuing education courses, and that an Employment Service Complaint System was in place to process any complaints received.

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

## JOBS FOR VETERANS STATE GRANT (JVSG) PROGRAM

*The sample size consisted of 13 participant case files. The following issues were identified:*

### Finding Number JVSG 12.21.07

#### **Priority of Service Code (POS)**

*Applicable reference(s): 20 CFR 1010, DEO Administrative Policy 096, 102, and 111.*

Of the 13 veteran case files reviewed, the following issues were identified:

- Two (15.4 percent) did not have a POS 189 or 089 code recorded in Employ Florida.
- Five (38.5 percent) had a manually entered POS code 089 but did not have documentation of the provision of the service recorded in a case note in Employ Florida.

**Recurring Issue from Previous Year:** N/A

**Risk Impact:** Noncompliance has an impact on veteran service delivery and may result in a negative federal review of the Veterans Program.

**Required Action:** In addition to the general required CAP actions, the LWDB must provide documentation that staff have made or initiated contact to verify veteran status and to ensure POS was provided if the cases are still active. The LWDB must also record the appropriate service code and case notes in Employ Florida to document this action if no automated 089 service code is present. A plan to prevent a recurrence of these issues in the future must also be provided with the CAP.

### OBSERVATION

The case file review also revealed that several veteran POS 189 activity codes entered in Employ Florida did not have corresponding case notes attached to each individual veteran documenting the provision of POS. The case notes associated with all veteran services and activities were aggregated in activity code 205. Although the case notes were inclusive of the entitlements and services available to veterans within the career center as well as other educational programs, they should be separated by activity to ensure a frame of reference to support the specific service or activity provided. For future reference, it is recommended that case notes be separated and attached to the specific POS service code entered for the veteran in Employ Florida.

## IV. FINANCIAL DISCLOSURE REVIEW

The Financial Disclosure review focused on determining the LWDB's compliance with financial disclosure requirements as referenced in Chapters 112.3145 and 445.07, Florida Statutes; and DEO's Final Guidance FG-075.

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

## V. COLLECTION OF DEMOGRAPHIC DATA

The Demographic Data review is to determine the LWDB's compliance with the nondiscrimination and equal opportunity provisions of 29 CFR Part 37, and DEO's Guidelines for Compliance with Section 188 of the Workforce Innovation and Opportunity Act regarding Collection of Demographic Data.

*See common issues under the Management Review Process section below:*

## VI. MANAGEMENT REVIEW PROCESS

The purpose of this review is to determine whether the LWDB is implementing requirements associated with local merit staffing responsibilities for DEO staff assigned to work under the functional supervision of the LWDB, local sector strategy implementation, and local board governance activities.

*The following common issues were identified in the Demographic and Management Review Process sections:*

### ONI Number 12.22.10

#### **Collection of Demographic Data:**

*Applicable reference(s):* 29 CFR 38.41; DEO Guidelines for Compliance with Section 188 (nondiscrimination) of the Workforce Innovation and Opportunity Act: Collection of Demographic Data; Grantee – Subgrantee Agreement.

- The LWDB did not have any policies, procedures, or guidelines in place related to the collection of demographic information on participants.

#### **Sector Strategies:**

*Applicable reference(s):* 20 CFR 678.435 and Local Plan; Grantee – Subgrantee Agreement.

- The LWDB did not have any policies, procedures, or guidelines in place to address the LWDB’s local sector strategy initiatives and collection of data.

Note: Although a general section on sector strategies is included in the local plan, LWDBs must also have a plan in place for supporting the sustainability of its sector strategy efforts which includes establishing measures for “tracking” the impact of these efforts. The plan should specifically detail how goals will be properly tracked and measured, including the number of individuals trained in the respective targeted sectors. Additional information on sector strategies can be found at the following link:

[https://floridajobs.org/docs/default-source/lwdb-resources/programs-and-resources/wioa/2019-wioa/sector-strategy-toolkit.pdf?sfvrsn=42b67fb0\\_2](https://floridajobs.org/docs/default-source/lwdb-resources/programs-and-resources/wioa/2019-wioa/sector-strategy-toolkit.pdf?sfvrsn=42b67fb0_2)

**Recurring Issue from Previous Year:** No.

**Risk Impact:** Not having policies and procedures in place to address the collection of demographic information and local sector strategy initiatives could result in the LWDB’s inability to track performance and collect data which reduces staff’s ability to measure the effectiveness of goals and skews performance results.

**Required Action:** The LWDB must develop local policies, procedures, and/or processes to address how sector strategy initiatives will be sustained and tracked. LOPs related to the collection of demographic information must also be developed. Having LOPs and a system in place related to the collection of information and data on participants provides a consistent approach to administering workforce programs across all career centers. A copy of the LOPs or a plan of action setting forth a timetable for completion of the LOPs must also be submitted with the CAP.

## VII. MANAGEMENT INFORMATION SYSTEMS (MIS)

The MIS security check focused on the effectiveness of the LWDB’s information security controls and whether a business process and policy are in place that protects DEO data and information technology resources and

complies with DEO's Information Technology (IT) guidelines and the DEO/LWDB Grantee/Subgrantee agreement requirements.

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

## VIII. TRAINING AND TECHNICAL ASSISTANCE

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

- WT - [WTProgram@deo.myflorida.com](mailto:WTProgram@deo.myflorida.com)
- SNAP - [SNAPETProgram@deo.myflorida.com](mailto:SNAPETProgram@deo.myflorida.com)
- WIOA - [WIOA@deo.myflorida.com](mailto:WIOA@deo.myflorida.com)
- TAA - [TAA@deo.myflorida.com](mailto:TAA@deo.myflorida.com)
- WP - [Wagner.Peyser@deo.myflorida.com](mailto:Wagner.Peyser@deo.myflorida.com)
- RESEA - [RESEA@deo.myflorida.com](mailto:RESEA@deo.myflorida.com)
- FLC - [H-2A.JobOrder@deo.myflorida.com](mailto:H-2A.JobOrder@deo.myflorida.com) and [H-2B.JobOrder@deo.myflorida.com](mailto:H-2B.JobOrder@deo.myflorida.com)
- MSFW – [State Monitor Advocate \(via direct email\)](#)
- JVSG - [VETS@Deo.MyFlorida.Com](mailto:VETS@Deo.MyFlorida.Com)

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

## CORRECTIVE ACTION PLAN REQUIREMENTS

A CAP is required to address how the LWDB will correct any programmatic and financial management findings and other noncompliance issues identified in the report. For the noted deficiencies, recommendations and suggestions have been provided to help respond to the issues identified, help develop and implement processes that result in positive program practices and performance outcomes, and also help to improve the quality and integrity of the data collected.

## IX. ENTRANCE AND EXIT CONFERENCE ATTENDEES:

A joint programmatic and financial monitoring entrance conference with LWDB staff was conducted on January 24, 2022. The programmatic exit conference was conducted on January 28, 2022; however, the financial monitoring exit conference was conducted on February 4, 2022. The entrance/exit conference attendees are listed below:

Name	Agency	Entrance Conference	Exit Conference
Sanchez Emanuel	DEO (Review Lead)	X	X
Andy Windsor	DEO	X	X
Sharon Saulter	DEO	X	X
Sharmarie Gray	DEO	X	X
Terry Wester-Johnson	DEO	X	X
Morena Owens	DEO	X	X
Barbara Walker	DEO	X	X
Pamela Lightbourne	DEO	X	X

Amber Sloniker	DEO	x	x
Minerva Figueroa	DEO	x	x
Exit Smith	DEO	x	x
Christina Omran	DEO	x	x
Delaine Arrington	DEO	x	
Isabelle Potts	DEO	x	x
Pam Nabors	LWDB	x	x
Mimi Coenen	LWDB	x	x
Leo Alvarez	LWDB	x	
Kristi Vilardi	LWDB	x	
Peter Puterbaugh	LWDB	x	
Gina Ronokarijo	LWDB	x	x
Maura King	LWDB	x	x
Ada Rodriguez	LWDB	x	x
Janee Olds	LWDB	x	x
Karl Allen	LWDB	X	x
Gustavo Henriquez	LWDB	x	x
Victor Alvarez	LWDB	x	x
Annemarie O'Brien	LWDB	x	x
Mayra Nunez	LWDB	x	x
Eneydi Rivera	LWDB	x	x
Shinara Hughes	LWDB	x	x
Arlene Maza	LWDB	x	
Earnest Alston	LWDB		x
Yaralise Colon	LWDB		x
Nilda Blanco	LWDB		x
The financial monitoring exit conference was conducted on February 4, 2022. The entrance/exit conference attendees are listed below:			
Delaine Arrington, FMA	DEO	x	x
Pam Nabors, CEO/President	LWDB	x	x
Leo Alvarez, CFO	LWDB	x	x
Kristi Vilardi, Controller	LWDB	x	x
Peter Puterbaugh, Sr. Manager Procurements and Contracts	LWDB	x	x