

CORRESPONDENCE AND REPORTING

Purpose: The purpose of this component is to identify the methods of correspondence and the reporting structure of the monitoring activities.

CORRESPONDENCE

All written communications will be directed to the Provider/Agency Head and copied to the designated contact person. Electronic mail may be used for communication between the Provider and the Department.

REPORTING

Interim Reporting The daily debriefings between the provider and the monitoring team leader during a monitoring activity may address issues of concern or potential findings. The exit conference may also provide such information to the agency. Where findings are absolute, such information will be shared with the agency at the exit conference. It is also possible that the declaration of potential findings will not be made until further review of documentation is completed at the Bureau (Grants Administration and Compliance) level.

Draft Report Once the monitoring activity is completed, the team leader will develop a draft report to be reviewed by the Director of Quality Assurance and sent to the provider contact within 20 business days after the monitoring activity. The draft report will indicate whether the grantee is in compliance with appropriate laws, regulations and circulars, state statutes and rules governing the grants monitored. The provider contact may submit questions and/or comments to the monitoring team leader regarding the draft report within five (5) business days after receiving the draft report. Questions or comments will be considered in developing the final report.

Final Report In the event a provider is out-of-compliance, a corrective action plan and/or a system improvement plan will be developed by the provider with assistance from the monitoring team leader or other Bureau staff within a designated timeline. If corrections are completed and appropriate documentation submitted and approved, prior to the issuance of a final report, such activity will be reported in the final report document. Targeted technical assistance may be directed / provided by the Bureau. The final report will be sent to the provider contact within 15 business days after receipt of agency comments. Should findings require further fiscal or programmatic attention, the appropriate referrals may be made within the Department. A draft report format is provided below. Copies of the final report will be provided to the appropriate parties within the agency and the Department.

Timelines The size of the agency, the number of grants monitored, or other extenuating circumstances may affect the reporting timelines. Extensions of time may be designated or granted by the Director of Quality Assurance upon written request with supporting documentation.

Closure Notice The team leader will monitor and conduct follow-up activities to assure any item(s) in the action plan has/have been satisfactorily completed within the stated timelines. Once completed, the Bureau will issue a Closure Notice to the Agency Head and designated contact person. This notice will indicate all outstanding items have been completed.

FLORIDA DEPARTMENT OF EDUCATION



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Lucy D. Hadi, Chancellor
Division of Workforce Education



Date

Name

Title

Address

Dear Superintendent:

The purpose of this letter is to inform you of our plan to conduct an onsite monitoring visit to your district's Career and Technical Education Grant Program. In addition, Career and Technical Education Grants may be reviewed by our Quality Assurance Team. We will be in contact with Name, Administrative Title, to coordinate this visit. You will be notified of any additional programs in your area that may be reviewed during the visit.

The Division of Workforce Education, through the Bureau of Grants Administration and Compliance, has made significant changes to its monitoring procedures. The Bureau received input from the Quality Assurance Advisory Council representative of providers from school districts, community colleges, colleges and universities and community-based organizations in making these revisions. The revisions were designed to align Florida's monitoring process with federal regulatory requirements.

As required by 34 CFR 80.40(a) of the Education Department General Administrative Regulations (EDGAR), the Florida Department of Education is required to monitor programs administered by the state to ensure the sub-grantee or provider-supported activities are in compliance with applicable Federal and State requirements including the Adult Education and Family Literacy Act of 2006 and the Carl D. Perkins Act of 2006.

Specific review activities to be conducted for each grant program will be determined closer to the time of the visit and will be based on review and analysis of the most current data related to the program(s) listed above.

Director/Coordinator
August 6, 2008
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Key activities of the monitoring process include, but are not limited to, the following:

- targeted review of student, personnel and financial records
- district- and school-level interviews
- classroom observations at selected programs
- review of selected district forms
- daily debriefings with the program's director or designee, as needed
- additional activities as determined appropriate by the Bureau

A team leader will be assigned for each monitoring visit. A series of conference calls will be held to discuss the logistics and monitoring process. The Quality Assurance Policies, Procedures, and Protocols were distributed to each agency and may be located on the Workforce Education web site at <http://www.fldoe.org/workforce/compliance.asp>. In the meantime, if you have questions regarding this process, please contact Eileen L. Amy, Director of Quality Assurance. Mrs. Amy may be reached at (850) 245-9031, or via electronic mail at Eileen.Amy@fldoe.org.

We look forward to working with you and appreciate your ongoing efforts and commitment to Florida's students.

Sincerely,

Lucy D. Hadi
Chancellor

LDH/eah

Cc:

**Quality Assurance Monitoring Report
Draft**

The following is a DRAFT of a report on a monitoring strategy conducted by the Quality Assurance Team. Changes to the format and content may be appropriate as specific reports are completed.

I. PURPOSE

The Florida Department of Education (FLDOE), Division of Workforce Education (Division), in carrying out its roles of leadership, resource allocation, technical assistance, monitoring and evaluation, is required to oversee the performance and regulatory compliance of recipients of federal and state funding. The Quality Assurance section of the Bureau of Grants Administration and Compliance (Bureau) is responsible for the design, development, implementation and evaluation of a comprehensive system of quality assurance including monitoring. The role of the Quality Assurance System is to assure financial accountability, program quality and regulatory compliance. As stewards of federal and state funds, it is incumbent upon the Division to monitor the use of workforce education funds and regulatory compliance of providers on a regular basis.

II. AUTHORITY

The Florida Department of Education receives federal funding from the US Department of Education for Career and Technical Education (CTE). FDOE awards sub grants to eligible providers to administer local programs. FDOE must monitor providers to ensure compliance with federal requirements, including Florida's approved state plans for CTE. Each State shall have procedures for reviewing and approving applications for sub grants and amendments to those applications, for providing technical assistance, for evaluating projects, and for performing other administrative responsibilities the State has determined are necessary to ensure compliance with applicable statutes and regulations (34 CFR 76.770). The Florida Department of Education, Division of Workforce Education is required to oversee the performance of district school board in the enforcement of all laws and rules (Sections 1001.03(8) and 1008.32, Florida Statutes (F.S.)).

For the Federal awards it makes, a pass-through entity shall monitor the activities of sub recipients as necessary to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and that performance goals are achieved. OMB Circular, A-133§___.400

Each state agency and the judicial branch as defined in §216.011, F.S. shall establish and maintain management systems and controls that promote and encourage compliance; economic, efficient, and effective operations; reliability of records and reports; and safeguarding of assets. Accounting systems and procedures shall be designed to fulfill the requirements of generally accepted accounting principles. §215.86, Florida Statutes (F.S.)

III. STATE PLANS

Reference the appropriate plan.

The State Plan for Career and Technical Education (Perkins IV) programs is an agreement between the State of Florida and the federal government to assure that the administration of such programs is consistent with the state's goals, policies and objectives, and with federal laws and regulations. As stated in the Plan, the Compliance Monitoring Team (Quality Assurance Team) has the responsibility of monitoring and conducting program compliance and performance evaluations to adequately assess progress toward achieving stated goals and objectives.

IV. PROVIDER SELECTION

Various sources of data are used throughout the implementation of the Quality Assurance System. The monitoring component of the system is risk-based. *Include a short discussion of the data that raised the level of concern for the agency.*

Risk Assessment Process-Career and Technical Education (Note process for CTE provider)

All providers are subject to the Risk Assessment process to determine appropriate monitoring strategies. Providers are ranked on performance indicators and operational risk factors are assessed by using a Risk Matrix. The results of the Risk Assessment Process are used to determine the appropriate monitoring strategy (ies) to be implemented. The providers with the highest risk assessment scores may be subject to onsite monitoring. In the initial selection process, (number) providers were ranked in the lowest quartile of performance in Career and Technical Education and therefore, were identified as targeted providers. **Use the actual scores for the identified provider.**

Performance data utilized for CTE: 2006-07 CTE performance

Risk Assessment Score - totals the following factors for targeted providers to provide separate scores for Career and Technical Education:

$$\begin{aligned} &\text{Performance Score} + \\ &\text{Operational Risk Factors Score} = \\ &\text{TOTAL Risk Assessment Score} \end{aligned}$$

Performance Score - a scale based on quartile of performance (from highest to lowest performance) for Career and Technical Education:

- First quartile Tier 1 = 5 points
- Second quartile Tier 2 = 10 points
- Third quartile Tier 3 = 15 points
- Fourth quartile Tier 4 = 20 points

Operational Risk Factors Score

- The following operational risk factors are used:
 - Total amount of agency funding for 2006-07
 - Number of grants for 2006-07
 - Number of grants with 10% or more of unexpended funds for 2006-07
 - Audit and/or monitoring findings relevant to internal control weaknesses during three (3) previous years for provider
 - Change in director within the past two (2) years
- A value is assigned for each of these operational risk factors
- The value is multiplied by the risk factor weight, resulting in a total number of points for the specific operational risk factor
- The risk factors are added for an Operational Risk Factors Score

Example: Provider A is a targeted provider because this agency was in the lowest quartile, (Tier 4) for Career and Technical Education performance. The Quality Assurance team proceeds to complete the risk assessment process:

<u>CTE Risk Assessment Score</u>	<u>Points</u>
Performance Score - lowest quartile+	20
<u>Operational Risk Factors Score – Risk Matrix=</u>	<u>100</u>

Once a risk assessment is completed for a targeted provider, additional programs operated by the provider may be reviewed.

VI. PROVIDER DEMOGRAPHICS

Using available data identify the provider’s unique characteristics including:

- Type of Agency*
- Number, amount and purpose of Grants awarded*
- Number of enrolled students*
- Sites where programs are located*
- Data related to performance indicator(s)*

VII. MONITORING ACTIVITIES

Monitoring Strategy

The monitoring strategy for *(name of agency)* was determined to be *(onsite, desk review, plan etc.)*. Notification was sent to *(agency head)* on *(date)*. The monitoring activities included *(name activities such as entrance call or conference; interviews with administrators, teachers, students; observations; record review; exit call or conference; etc)*.

The onsite visit to the agency was conducted *(name dates)* by *(number)* Bureau staff members. A listing of these staff is included in appendix ___. Onsite visits were made to the following programs and locations:

List of programs and locations

Summary of Activities:

Write short narrative regarding activities the team engaged in to determine compliance vs. non-compliance.

Use table to identify Activity, Resource, and Numbers, if appropriate

Activity	Resource	Number
Interviews	Administrators	3
	Teachers	10
	Students	<u>4</u>
	Total	17
Record Reviews	Financial	100
	Student	30
	Personnel	<u>20</u>
	Total	150
Observations	Classrooms	10
	Events	<u>2</u>
	Total	12

VIII. FINDINGS

The following draft format may be used to identify findings and the sources of information used to determine non-compliance. “No findings” will also be identified in the appropriate modules.

A. Identify the Module and Authority

FINDINGS	SUPPORTING EVIDENCE	COMMENTS
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	Interview	Records Review	Observation	
1. The provider failed to	How finding substantiated.	How finding substantiated.	How finding substantiated.	Requires corrective action; identify concern; and need for improvement; etc.
2.				

Continue with Module B etc.

IX. RESOLUTION ACTIVITIES

System Improvement Plan

When a provider is unable to meet the projected level of performance on specific indicators, a System Improvement Plan is required. Should program areas already require a plan, (§123 of Perkins) duplication is not required; however, the approved form shall be used. The purpose of the plan is to target specific indicators for improvement. The following components shall be included in the plan:

- A statement of the purpose/goal of the plan
- Most current data applicable to the target indicator
- Strategies the provider will implement to assure it is reaching the target
- Person(s) responsible for implementation of the strategy(ies)
- Evidence of change to enable any party to identify the effectiveness of the strategy(ies) and achievement of the desired outcome

The System Improvement Plan is available in this document as Appendix___. Quality Assurance staff shall work in concert with other Division staff to ensure consistency with the requirements, review, and approval of Improvement Plans.

Corrective Action Plan

Once a Bureau monitoring activity is conducted, items of non-compliance are identified. In order to ensure the correction of those items, a Corrective Action Plan is developed. The Corrective Action Plan must identify the finding, and the specific activities the provider will implement to ensure corrective action has been completed. Dates of completion are expected. The Bureau may work with the provider to ensure that the Plan is comprehensive and timely. All Corrective Action Plans must be approved by the Bureau. The following components shall be included in the plan:

- A statement of the finding
- Action(s) by the provider to correct the finding and ensure full compliance
- Person(s) responsible for implementation of the corrective actions
- Evidence of change to enable any party to identify the effectiveness of the actions taken to ensure full compliance

The Corrective Action Plan is available in this document as Appendix___.

Failure to develop or implement approved resolution plans may be addressed through enforcement activities.

Targeted Technical Assistance

As areas of non-compliance are identified, targeted technical assistance may be provided to support full compliance and systemic change for program improvement.

Targeted technical assistance addresses specific areas of identified need for an individual provider. This need may be identified through federal or state reviews and/or audits that demonstrate repeated issues of non-compliance thus, the need for systemic change. Targeted technical assistance may be provided as a result of a monitoring finding to ensure that the

resolution is consistently and adequately interpreted and addressed. Targeted technical assistance may be provided by the Quality Assurance Team, other division or department staff, or through other sources outside the department.

Specific topics of targeted technical assistance may be suggested or required.

IX. PROMISING PRACTICES

While the purpose of a monitoring activity is to assess compliance with grant requirements, during the review process, the Quality Assurance Team may identify strengths or promising practices that produce measurable, high quality results that may be helpful to other providers. When these practices are identified, the Quality Assurance Team should obtain provider cooperation to describe the process used and the result generated and the provider's permission for this information to be shared with others; the Quality Assurance Team may request a summary of the promising practice or activity.

Provide a list of practices observed or reference the provider's promising practice summary provided in an appendix to this report.

X. REPORTING

When completing the reporting process, specific dates must be included as well as the responsible party.

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