

COMMUNITY ACTION PARTNERSHIP of KERN
BOARD OF DIRECTORS
AUDIT & PENSION COMMITTEE MEETING
5005 Business Park North
April 6, 2017
12:00 p.m.

AGENDA

1. Call to Order

2. Roll Call

James Camp
Craig Henderson

Mike Maggard

Yolanda Ochoa

3. Approval of Agenda

4. Public Forum: *(The public may address the Committee on items not on the agenda. Speakers are limited to 3 minutes. If more than one person wishes to address the same topic, the total group time for the topic will be 10 minutes. Please state your name before making your presentation.)*

5. New Business

- a. Brown Armstrong Plan for the 2016-17 Audit – Christine Anami, Director of Finance – **Info Item (p. 1-10)**
- b. Employee Pension Plan Quarterly Update Mutual America – Michele Nowell, Director of Human Resources – **Info Item**
- c. Discussion of Pension Plan Benchmark Study – Michele Nowell, Director of Human Resources – **Info Item**
- d. Review of Prior Year Audit Recommendations and Corrective Actions – Christine Anami, Director of Finance – **Info Item (p. 11)**
 - Brown Armstrong's Agreed Upon Conditions Report **(p. 12-15)**
 - Agreed Upon Condition 1 – Payroll Testing **(p. 16-19)**
 - Agreed Upon Condition 2 – Child Care Development Grant, Eligibility **(p. 20-60)**
 - o Application Certification Process Policy
 - o Training Evidence
 - o Documentation for Process in Use
 - Agreed Upon Condition 3 – Child Care Development Grant, Reporting **(p. 61-75)**
 - o Monthly Center Monitoring Checklist Procedure
 - o Monthly Center Monitoring Checklist
 - o Monthly Due Date Calendar
 - o Center Director Monitoring Reminder
 - o Program Manager Monitoring Reminder

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- o Agenda for March 2017 Center Director Meeting
 - o Center Director Meeting Sign-in Sheets
 - o Monthly Monitoring Binder Review Form
 - e. State CSD Monitoring Report of the Energy Program – Emilio Wagner, Director of Operations – ***Info Item (p. 76-104)***
 - CSD 2016 Monitoring Report – Energy
 - CAPK's Corrective Action Plan on Monitoring Report Findings
 - CSD Response Letter to CAPK's Corrective Actions
 - f. Upcoming Program Reviews – ***Info Item***
 - HS CLASS Review (completed on March 10, 2017)
 - CSD 2016 DOE Review Scheduled for May 2017
 - CSD 2017 CSBG Review Scheduled for June 2017
6. **Committee Member Comments**
7. **Next Scheduled Meeting**
- Audit Committee Meeting
Thursday, August 3, 2017
12:00 p.m.
5005 Business Park North
Bakersfield, California 93309
8. **Adjournment**

This is to certify that this Agenda notice was posted in the lobby of the CAPK Administrative Office at 5005 Business Park North, Bakersfield, and online at www.capk.org by 12:00pm on April 3, 2017. Sylvia Ortega, Compliance Coordinator.



Brown Armstrong
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Contacts: Andrew Paulden, CPA
Brooke Baird, CPA

BROWN ARMSTRONG
Certified Public Accountants¹

April 6, 2017

We are pleased to have the opportunity to present to you our plan for the audit of the Community Action Partnership of Kern (CAPK) for the year ending February 28, 2017.

This presentation has been prepared to discuss the scope of the audit.

We look forward to presenting this information, addressing your questions and discussing any other matters of interest to the Audit Committee and Management of CAPK.

Best Regards,

Andrew Paulden, Partner
Brooke Baird, Manager
Brown Armstrong Accountancy Corporation

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The Engagement Team



Scheduled Dates of Fieldwork

- Interim
 - Set-up– Week of May 8th
 - Fieldwork at Client's Office– Weeks of May 15th and May 22nd
- CAPK Defined Contribution Plan– Week of June 12th
- Final
 - Set-up from Brown Armstrong Office: Week of September 18th
 - Fieldwork at Client's Office– Weeks of September 25th and October 2nd

Our Audit Objectives

We are responsible for auditing the statements of financial position of CAPK as of February 28, 2017, and related statements of activities/operations and cash flows for the period then ended. Additionally, following supplementary information accompanying the financial statements will be subjected to the auditing procedures applied in our audit of the financial statements:

- Schedule of expenditures of federal and state awards;
- California Department of Community Services and Development– Supplemental schedules of revenue and expenditures;
- Grant/Contract closeout schedules; and
- Statements of functional expenses

We will perform the additional services as specified by our audit agreement for fiscal year ended February 28, 2017:

- Single Audit in accordance with Uniform Guidance for federal grants;
- Financial and compliance audit of special purpose financial statement to comply with the reporting requirement specified in the agreement with the CDE for the year ended June 30, 2017.
- Compliance and financial audit for the First 5 programs;
- Limited scope audit of CAPK's Defined Contribution Plan; and
- Preparation of the organization's federal and state information returns.

In accordance with the engagement letter our primary objective is the expression of an opinion on CAPK's financial statements in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, which includes:

- Obtaining reasonable assurance as to whether the financial statements are prepared in accordance with U.S. generally accepted accounting principles and are free of material misstatements, whether caused by error or fraud; and
- Obtaining reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects.

Audit Strategy

Phase I	Phase II	Phase III	Phase IV
Audit Planning	Interim Field Work	Final Field Work	Completion
Familiarize ourselves with any changes in CAPK's operating environment	Assess Internal control environment through client interview and test of controls	Plan and perform substantive audit procedures on financial statement balances	Perform completion procedures
Perform risk assessment procedures	Perform SAS 99 (Fraud evaluation) procedures	Complete any outstanding procedures from interim	Draft internal control management letter comments
Determine planning materiality for financial statements audits and individual federal grants	Identify internal control strengths and weaknesses	Audit of DC plan	Draft Reports
Perform preliminary analytical review	Evaluate design and implementation of selected controls	Conduct final analytical review	Draft management representation letter and have signed
Develop Audit Plan	Test controls over financial reporting and administration	Consider Audit Evidence Sufficiency	Issue auditor's reports and management letter
Identify significant audit areas	Understand accounting and reporting activities	Conclude on critical accounting matters	Presentations
Determine nature and extent of audit procedures for each of the significant audit areas	Perform federal and CDE compliance audits and the First 5 program audit.		
Reevaluate the progress of the audit and make any changes on audit approach and procedures, if necessary			
Confirmation of account balances, using client prepared confirmations			

Significant Audit Areas

Based on the results of prior year's audit, we have identified the following as our most significant audit areas:

- ▶ Expenses for Program and Supporting Services, Accounts Payable and Accrued Liabilities
- ▶ Program Revenue, Receivables and Deferred Revenue
- ▶ Property and Equipment
- ▶ Inventory
- ▶ Long Term Debt

Reports to be Issued

- ▶ Consolidated financial statements and the related consolidated statements of operations and cash flows for the year than ended February 28, 2017:
 - Independent Auditor's Report;
 - Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statement Performance in Accordance with Government Auditing Standards;
 - Report on Compliance with Requirements Applicable to Each Major Program and on Internal Control Over Compliance in Accordance with the Uniform Guidance;
 - Report on Compliance with Requirements Applicable to First 5 programs in Accordance with the Program Specific Audit Option Under the Uniform Guidance; and
 - Consolidated schedule of findings and questioned cost.
- ▶ Defined Contribution Plan
 - Independent Auditor's Report
 - Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statement Performance in Accordance with Government Auditing Standards;
- ▶ Special Purpose Financial Statements
 - Independent Auditor's Report
 - Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statement Performance in Accordance with Government Auditing Standards; and
 - Consolidated schedule of findings and questioned cost.

Questions

We are looking forward to working with the CAPK team to complete the audit.

Thank you!

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Audit and Pension Committee

From: *Christine Anami*
Christine Anami, Director of Finance

Date: April 6, 2017

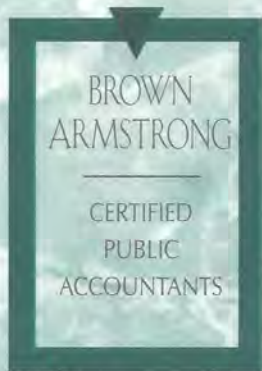
Subject: *Agenda Item 5d: Review of Prior Year Audit Recommendations and Corrective Actions – Info Item*

At the January 25, 2017 board meeting, Brown Armstrong, CPA's presented the results of the 2016 audits. Although CAPK received an unmodified "clean" opinion and no deficiencies or material weaknesses were noted, the auditors issued an agreed upon conditions report designed to increase efficiency, internal controls, and/or financial reporting. The report included three conditions and recommendations on (1) payroll accuracy, (2) state child eligibility and (3) Head Start/State center monthly monitoring reporting.

The board requested that staff update the Audit and Pension Committee on the three conditions at the April 6, 2017 meeting to provide assurances to the board that corrective actions have been taken and adequate oversight is in place to prevent the conditions from occurring again.

In addition to Brown Armstrong's Agreed Upon Conditions Report, attached is documentation from the Human Resources Division and Head Start/State Child Development Division describing the actions staff has taken to address the conditions and recommendations.

Attachments: 1. Brown Armstrong's Agreed Upon Conditions Report
2. Condition Update – Payroll Testing
3. Condition Update – Eligibility, Child Care Development Block Grant
4. Condition Update – Reporting, Child Care Development Block Grant



BROWN ARMSTRONG

Certified Public Accountants

AGREED UPON CONDITIONS REPORT DESIGNED TO INCREASE EFFICIENCY, INTERNAL CONTROLS, AND/OR FINANCIAL REPORTING

To the Board of Directors
Community Action Partnership of Kern

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We have audited the financial statements of the Community Action Partnership of Kern (the Organization) for the year ended February 29, 2016, and have issued our report dated November 9, 2016. In planning and performing our audit of the financial statements of the Organization, we considered its internal control structure over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. In addition, because of inherent limitations in internal control, including the possibility of management override of controls, misstatements due to error or fraud may occur and not be detected by such controls. We did not identify any deficiencies in internal control that we considered to be material weaknesses.

Current Year Agreed Upon Conditions and Recommendations

Agreed Upon Condition 1 – Payroll Testing

During our payroll testing of the Defined Contribution Pension Plan, we noted that one of the forty participants tested was incorrectly paid out of their sick hours rather than their accrued vacation hours.

Potential Effects

The potential effect is incorrect tracking of employee vacation accruals, along with misstating accrued liabilities on the financial statements due to errors made during payroll entry.

Recommendations

We recommend that the Organization perform diligent reviews of the timecard entry into the payroll system, by a secondary person who did not enter the data, to avoid future errors.

Views of Responsible Officials:

The Organization strives to pay employees all wages due promptly and accurately. In early 2015, the Payroll department implemented the recommendation as suggested, assigning a staff member to review the pay data who did not calculate time on the paper timecard or enter data into the Pay Data worksheet. Due to the volume of employees, it did take several hours and had to be performed during weekend hours so the review was complete by Monday morning to meet payroll transmission deadlines. Despite performing this review, the error was missed and not corrected for the actual payroll and was not reported to Payroll by the employee.

While this review was effective in many cases, it was understood that a better, long-term solution should be found to manage time collection. The Organization has replaced the manual method of time collection and data entry with an electronic timekeeping solution, collecting real-time timestamps via secure means and using automated pay calculation of worked hours and accrued hours taken. This calculated data is then validated and reconciled prior to transmission to ADP for pay processing. The Organization implemented this electronic process only a few weeks after the audited paper record. The processes presently in place have eliminated the possibility of this type of data entry error.

Agreed Upon Condition 2 – Child Care Development Block Grant, Eligibility

Condition:

During our testing, we noted that two of the 64 samples tested used the wrong information when calculating the income verification and calculation fee. In one instance, the income used to calculate the child's fees was the total hours worked by the parent and not the total gross earned on the pay stub. In the second instance, the staff wrote down the income amount incorrectly.

Criteria:

Under Section V of the Migrant Child Care (CMIG) program requirements, the fee assessment is to be made using the family's adjusted monthly family income and size compared against the approved California Department of Education (CDE) fee schedule.

Cause of Condition:

Employee error and lack of oversight.

Potential Effects

The potential effect of using the incorrect data is that family could be charged the wrong fee, and a child who is not income eligible could be accepted into the program.

Recommendations

We recommend that a more diligent review be completed by a person other than the preparer.

Views of Responsible Officials:

The ERSEA department has in place a monitoring system for verification of family income. A family's adjusted monthly income is determined at the time the application is completed by the Family Service Worker II as part of the California Department of Education Confidential Application for Child Development Services and Certification of Eligibility CD-9600 form, otherwise referred to as the "State Application." Family income is reviewed for accuracy by the ERSEA Specialist prior to certification of State services. In the absence of the Family Service Worker II, the ERSEA Specialist would complete the State Application and the review is completed by the ERSEA Manager prior to certification of State services. The ERSEA Manager conducts quarterly file reviews to identify training needs for the ERSEA team and Family Service Worker IIs.

For the two samples tested, the errors were not identified at the time of the review as a result of staff oversight. Additional training will be provided using these two samples as examples to ensure compliance during the review of family income for accuracy. Additionally, the program will strengthen its quarterly monitoring. Three samples per region (12 in total) of the State files will be reviewed by the ERSEA Manager each quarter. The results of the review will determine if additional training is needed for the department and center staff.

Agreed Upon Condition 3 – Child Care Development Block Grant, Reporting

Condition:

During our testing of monthly center monitoring reports, we noted that three of the five samples tested were missing monthly monitoring reports. It was also noted that the monthly monitoring report for the month of October 2015 was not completed for one of the five centers tested.

Criteria:

Special Tests and Provisions – Part 3.2 – Awards Made/Changed On or After December 26, 2014, Compliance Requirements indicates “Lead Agencies must certify that procedures are in effect (e.g., monitoring and enforcement) to ensure that providers serving children who receive subsidies comply with all applicable health and safety requirements.”

Cause of Condition:

The cause of the condition was a lack of oversight.

Potential Effects:

Monitoring reports are set in place to ensure the safety and health of the children attending these centers. If these reports are missing then there is no assurance that all of the safety and health procedures are being followed to ensure the safety of the children.

Recommendations:

We recommend that a more diligent review be completed by a person other than the preparer.

Views of Responsible Officials:

The Monthly Center Monitoring Report system will be strengthened to include more clearly defined due dates, reminders and utilization of our electronic capabilities including scanning and storage on a shared drive.

The Center Director completes this report monthly, with a copy submitted to the Program Manager. Due to the sudden vacancy of a Program Manager position during the 15/16 school year, we were unable to locate copies of this report for some centers. Existing procedures will be strengthened to clearly identify responsibility for receipt of and follow up on these reports, and include the use of technology to store copies of the reports in a location accessible to staff assigned to monitor and/or follow up on health and safety conditions.

Prior Year Agreed Upon Conditions and Recommendations

None.

This communication is intended solely for the information and use of the Board of Directors and management of the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.

BROWN ARMSTRONG
ACCOUNTANCY CORPORATION

*Brown Armstrong
Accountancy Corporation*

Bakersfield, California
November 9, 2016

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Christine Anami, Director of Finance

From: Michele Nowell, Director of Human Resources
Eric Kelley, Payroll/HRIS Manager

Date: April 6, 2017

Subject: Update to Agreed Upon Condition 1 – Payroll Testing

In follow-up to our meeting on February 3, 2017, please find attached the update on Agreed Upon Condition 1 – Payroll Testing.

Payroll practices have changed significantly since the end date of the audit period, February 29, 2016. The following practices have been implemented to ensure efficient, accurate payroll processing:

- Electronic collection of time worked; and automatic rules-based calculation of pay data and leave accruals, using:
 - o Electronic, real-time devices to collect time worked from the beginning to the end of an employee's shift.
 - o Configuration of a rules-based time calculation engine to ensure hours worked/unworked and hours of leave have been earned and taken to meet agency, union, and overtime pay compliance.
 - o Automatic calculation of employee's leave balance to ensure paid time off does not exceed an employee's accrued balance.
 - o Online audited workflow or supervisor timecard edit to review and approve paid/unpaid time off.
- Training of payroll specialists on different classes of pay (pay codes), and their subsequent impact on an employee's hourly accruals and leave/pay/union benefit eligibility.
 - o Payroll specialists are encouraged to request clarification when suspected errors are presented.
 - o All entries and edits to time data are recorded and auditable. Edits are reviewable by the employee and signed off by a program supervisor and payroll staff.

- Mandatory employee and supervisory review and approval of all reported time prior to payroll processing.
 - o Real-time data of time worked is visible to HR and payroll staff.
 - o Sign-off of submitted time for pay does not begin until necessary approvals are in place.
- Payroll staff review all time card data and correlation of time reported with employee's job classification.
 - o Employees are grouped by job classification (for example, hourly full-time benefited, hourly non-benefited, exempt, etc) and their weekly hours are validated accordingly.
- All valid and approved time submitted to the timekeeping system is compiled using a software-based data transfer tool, eliminating the need for manual data entry. This ensures that coded pay data is posted and calculated in the payroll engine as it was reviewed and approved in the time keeping system.
- Use of a preview reporting feature to reconcile transferred data to ensure complete and accurate transfer of information during the payroll process.
 - o Validation process ensures that all pay data was transferred correctly.
 - o Validation process includes producing a summary report from each system after time has been transferred and while the time keeping system is locked from further edits.
 - o Summary reports are compared to ensure totals of each class of pay data (pay codes) match. Further, individual pay data amounts are easily viewed within each system and can be compared at the detail level.

Attachment:

Payroll Procedure: Biweekly Payroll Processing – ADP Time Reconciliation with ADP Payroll Pay Data Grid

PAYROLL PROCEDURE Effective Date 4-1-17

SUBJECT: Biweekly Payroll Processing – ADP Time Reconciliation with ADP Payroll Pay Data Grid.

OBJECTIVE: To describe the method of collection and validation of time data in ADP Time and the transfer of time data to the ADP Payroll Pay Data system.

RESPONSIBILITY: Payroll Technicians, Payroll/HRIS Manager

PROCEDURE:

Payroll is processed biweekly. Each pay period ends on alternating Sundays.

Employees and managers are advised to review and approve timecards before the standard payroll deadline: the first business day after the last Sunday of the pay period by 10:00 AM. This is generally every other Monday but may vary depending on the Agency holiday schedule.

Payroll takes two technicians approximately two business days to review all time data and to submit. Transmission of payroll is adjusted to be no later than Wednesday of the week if pay day is Friday. Ideally the transmission occurs by Tuesday for Friday payday, to ensure adequate time to distribute paper paychecks.

In preparation of the biweekly payroll process, daily review of HR-initiated status changes occur by both payroll technicians. All system changes are anticipated to be provided to Payroll in the form of a hardcopy status change form or alternate written method. Payroll staff reviews and initials hardcopy status indicating review of status changes daily. All maintenance documents are batched by pay period and undergo a duplicate review by a second technician or supervisor.

Additionally, technicians maintain a spreadsheet list of manual check/maintenance items which must be excluded from the payroll process because they were paid through A/P. Manual check statement details are transmitted along with the regular payroll data each pay period to bring the employee's pay record up to date. The source of that data has been entered into a special manual check interface and must not be duplicated from pay data that has been entered into ADP Time. The spreadsheet list is used to log the data that must be removed from the payroll data grid at processing. There is a sum of hours amounts that is maintained on the spreadsheet report that can be reconciled when edits are made to the payroll pay data grid.

Payroll Process Day 1:

Review process assumes two payroll technicians are available. Two parallel processes occur throughout payroll processing day 1.

One technician will use the ADP Time interface to batch related timecards together, i.e. WIC, Part-Year Head Start, Exempt, etc. and review similar timecards one at a time in a batch process. This ensures like timecards are reviewed for consistency and helps highlight errors. Timecards are reviewed for:

- complete time pairs
- total weekly hours, depending on employee status
- proper calculation of overtime
- approval of timecard by employee and supervisor
- appropriate cost center allocation

The technician is empowered to investigate and question data on timecards and reach out to supervising managers and/or employees and/or HR staff for clarification as needed.

When an individual timecard is reviewed and deemed complete and correct, the reviewing technician will sign off timecard electronically, preventing it from further editing.

Community Action Partnership of Kern
Human Resources
Payroll Procedure
Page 2 of 2

The second technician performs a review of all hardcopy maintenance items that have been completed during the current pay period and physically signs off that the status change was complete. The technician notes any issues and questions are resolved as they occur. The first technician will assume the second technician's tasks and the second technician will assume the first technician's tasks as time permits to ensure a second review of all data entry.

This work generally takes both technicians 8 hours. Payroll staff also provide on-call support to supervisory staff regarding timekeeping and related issues throughout the pay period and during processing.

Payroll Process Day 2:

Both technicians complete their review process throughout the morning of the second day. As the second pass through of maintenance items is completed, that technician will ensure the manual check spreadsheet is up to date and ready for use after time is imported into ADP payroll.

When timecard review is complete, payroll staff will confer to determine if any further maintenance item or timecard questions exist. All questions are resolved before moving on with the payroll process.

When ready, one technician will produce a pay data export report which summarizes each pay code's totals from the ADP Time system. The filters used to produce this report (pay period range, employees with pay data) are the same as those that are used to produce the export file for import into payroll from Time. This report is summarized by hours and is used to compare against the pay data file that is imported into ADP payroll to ensure all records are completely loaded.

One technician imports the pay data file and ensures it is complete by comparing the totals available in the payroll system with the totals from ADP Time. Once the import is complete and verified, the reconciliation report is signed off by payroll supervision. The technician then proceeds to modify the pay data grid to remove any manual check hours amounts. The total of the edits is reconciled with the totals from the manual check spreadsheet.

When the grid is complete, the batch is balanced and totals reviewed and verified by the second technician and payroll supervision.

Additional batches (i.e. accrual balances, GTL, and other accumulators) are loaded and totals are reconciled with their source file totals.

When all files are completely loaded and verified, the payroll may be submitted in preview mode in order to produce payroll reporting. This payroll reporting will include actual gross to net amounts. The reports are reviewed by both technicians and payroll supervision to ensure manual checks data is incorporated but not duplicated with Time pay data and that the supporting batch file data has been incorporated correctly.

When the reports totals and detail review is complete, payroll is submitted and Finance is notified of the payroll amounts to be paid. Finance should be notified in advance anytime there is unusual payroll activity also, for example excessive vacation payouts, retroactive payments, or increases or decreases in the number of pays or pay rates.

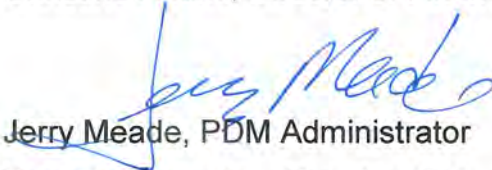
In the event an error is determined to have occurred after payroll has been submitted, a correcting entry with retroactive pay calculation can be incorporated into the next payroll process to adjust and correct the error.

Permanent payroll records are delivered after payroll is submitted and those reports are stored and select reports printed and kept for reference for 7 years.

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Christine Anami, Director of Finance

From:  Jerry Meade, PDM Administrator
 Yolanda Gonzales, Director of Head Start/ State Child Development

Date: April 6, 2017

Subject: Update to Agreed Upon Condition 2: Child Care Development Grant, Eligibility

In response to the Audit's *Agreed Upon Conditions*, the Head Start and State Child Development division's ERSEA department has strengthened their monitoring process. Attached to this memo you will find three key areas demonstrating the changes. They include: the revised procedure, evidence of trainings provided, and examples of recent monitoring completed with the strengthened process.

Procedure

The latest revised procedure was effective March 8, 2017. We strengthened the monitoring of State Child Enrollment files by increasing the monthly sample size to be reviewed. A monitoring section of the procedure titled "Support and Monitoring" was revised to include a monthly due date, use of compliance report, as well as an increased frequency of monitoring.

Training

Correspondence and meetings were held with the ERSEA team to discuss the changes. Documents attached identify the participants of the training.

Monitoring

An example of the monitoring tool is attached to share the outcomes of the latest monitoring of the State Child Enrollment files.

Attachments: Application Certification Process Policy
Evidence of Training
Example of Process in Use

Head Start/Early Head Start

POLICIES AND PROCEDURES

Performance Standards, Relates to CFR# (s): Title V 18082			Forms: CD9600 State File Monitoring Form Monthly State File Monitoring Form
Effective Date: 11-8-2016	Revised Date: 4-3-17	Policy Approved By:	
Reference:			

SUBJECT: Application Certification Process

OBJECTIVE: Child files are reviewed at the time of initial certification, recertification and updates of family size and income to ensure the files are complete and properly document the need to charge a family fee for services.

RESPONSIBILITY: ERSEA Technician, ERSEA Specialist, ERSEA Manager, Family Service Worker II, Center Director, Program Manager, and Fiscal Specialist.

PROCEDURE:

Initial Certification

When the next eligible child is selected from the wait list for full day services, ERSEA will notify the FSW II to contact the family. When the family accepts the vacant slot, the FSW II will schedule an appointment to issue a 5- day notice for state required documentation to be provided for family certification.

In the event that the state application cannot be completed within the 5 days as required by the 5- day notice the FSW II will notify the ERSEA Specialist to determine what additional support from the program is needed to ensure the application is complete with all required documentation. If it is determined that the program has provided all needed support, but the family does not provide the documentation, the child will be offered a home base or a part day slot (Pre-K only) up to 6 hours Monday through Friday.

Recertifications

Title V requires all families receiving services in the full day program to be recertified at least once every 12 months (6 months for active CPS Plans). The FSW II will track the recertification dates with support from ERSEA Specialist on a monthly basis for upcoming recertification dates.

The FSW II will issue a 5-day notice to the family on the first day of the 10th month, requesting documentation for recertification. When the 5-day notice is given, the FSW II will also provide a NOA terminating State services in 19 days if the documents are not provided, as requested within the 5 day notice.

Once the documentation is received for recertification, the FSW II will complete the appropriate paper work. The entire recertification application is due to ERSEA no later than 5 days before the 11th month following date of initial certification. ERSEA will review and certify the application before the recertification date ensuring all documentation is in NOHO. Once the certification is complete, ERSEA Specialist will notify the FSW II, Fiscal Specialist, Center Director and Program Manager.

Updates

Updates are required for families as changes occur. For updates such as variable schedules, with additional monitoring from the ERSEA Specialist, the FSW II will track updates and review monthly reports to ensure that updates are being completed when due. The FSW II will work with the parent to obtain the needed paperwork. Once the paperwork has been completed, the FSW II will ensure that the documentation is provided to the ERSEA Specialist 5 days prior to the update due date. The ERSEA Specialist will review the provided documentation to ensure accuracy before the deadline.

Head Start/Early Head Start

POLICIES AND PROCEDURES

Support and Monitoring:

The ERSEA Specialist and/or ERSEA Technician will monitor certifications, recertifications and update dates.

The ERSEA Specialist and/or ERSEA Technician will monitor monthly reports for upcoming recertifications, and updates.

The ERSEA Specialist will make center visits as needed to gather documentation, support staff with completion of applications and updates or review applications.

In the case where the ERSEA Specialist completes the State Application, the ERSEA Manager will review the state Application prior to certification of state services.

The ERSEA Manager will conduct Monthly File Reviews (due by the 15th of each month) utilizing the State File Monitoring Form to review files and identify training needs for the ERSEA Team and Family Service Worker IIs. Manager will utilize the Monthly State File Monitoring form to track files reviewed. In the absence of the ERSEA Manager the PDM Administrator will conduct the monthly monitoring reports.

Four (4) samples per region, Sixteen (16) in total of the State Files will be reviewed by the ERSEA Manager each Month. When there are errors noted on an application, a compliance report will be created in NOHO. The compliance report will indicate the FSWII (identified as specialist in NOHO) who completed the application, the compliance type of error, the task that was completed inaccurately, the status will be moved to Incomplete, as well as the due date (not to exceed 2 business days) for the correction/s to be completed. Compliance report will be shared with staff via email with a cc to the Center Director. Report may be faxed if email is unavailable. Once the non-compliance area has been corrected, ERSEA Specialist should be notified by email of the correction. Once the correction is verified by ERSEA Specialist, the annotation will be made in NOHO with a case note entry. Then both the FSWII and the Center Director will be notified. If the same error is identified on three consecutive applications, there will be training provided to the staff, by ERSEA Specialist with the correct procedure for the area of non-compliance. If errors continue after training is provided, disciplinary action may be initiated at the discretion of their manager.



**ERSEA Specialist Meeting
Wednesday, March 8, 2017
3:00-4:00 PM**

Accomplishments/Progress since last meeting

- 317 CSPP PY State Files were completed
- Reached full enrollment goal for February

Upcoming end of the year procedures

- 2030 Roll Over Reports
- Cleaning out waitlists for 2017-2018

Updates ERSAE Procedures

- State File assignments
- Strengthening Identification process for Full Day
- Monitoring Procedure~ compliance reports in NOHO

Concerns/Comments/Questions

**Community Action Partnership of Kern
Child Education and Development Services Division**

Training Title: Specialist Meeting

Content Area: ERSEA Updates

Date: Wednesday, March 8, 2017

Start/End Time: 3:00 pm -4:00 pm

Sign-In Sheet

[illegible]

Agenda MUST be Attached

Number of Attendees: _____

Number of Training Hours: _____

Erika Arias

Subject: Specialist Meeting
Location: Erika's Office

Start: Wed 3/8/2017 3:00 PM
End: Wed 3/8/2017 4:00 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Erika Arias
Required Attendees: Kimika Porter; Ceresa Robinson; Theresa Priest; Norma Bautista

Please come prepared with the following information to discuss at our meeting:

End of the year procedures, reports, task, that need to be accomplished

Any concerns or questions that you currently have. Make sure that you ask your technician if there is anything they would like addressed prior to compiling your list.

We will be going over

- State file assignments when family is spilt up in different centers
- Identification of families for State process
- Termination of children from EHS, HS and State Programs
- New monitoring procedure that we will implement to support our turn around process and staff awareness of errors.

Monthly State File Monitoring

Region One					Evidence of Compliance		
Center Name	Child	Findings	No findings	Staff Involved	Due Date:	Completion Date:	Initials
East California	Julian Mendoza		✓				
Franklin	William Polk		✓				
Stine EHS	Cinsere Pettus		✓				
Stine EHS	Akaden Pantoja		✓				

Region Two					Evidence of Compliance		
Center Name	Child	Findings	No findings	Staff Involved	Due Date:	Completion Date:	Initials
Martha Morgan	Xyla Granados		✓				
Pacific	Matthew Ojeda		✓				
Pacific	Aylin Castro Perez		✓				
Sterling EHS	Alfonoso Torres III		✓				

Region Three					Evidence of Compliance		
Center Name	Child	Findings	No findings	Staff Involved	Due Date:	Completion Date:	Initials
Delano	Melani Delgado		✓				
Pete Parra	Ramos Noemi		✓				
Pete Parra EHS	Calvin Brown		✓				
Shafter HS/EHS	Lexia Rios		✓				

Region Four					Evidence of Compliance		
Center Name	Child	Findings	No findings	Staff Involved	Due Date:	Completion Date:	Initials
Primeros Pasos	Ruby Diaz Rauda		✓				
Primeros Pasos EHS	Kayla Rodriguez		✓				
San Diego	Stephanie Lue		✓				
San Diego EHS	David Ortiz		✓				

ERSEA Manager: Cynthia GarciaDate: 3/21/17PDM Administrator: Steph MearnsDate: 3/22/17

Child's Name: Xyla Granados Child NOHO#: 34929 Center: Martha J. Morgan NOHO#: 31165			☐ CSPP - FD ☒ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
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State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		two parents	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income Elig.	
Need Status	✓		CSPP PY	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		4	
Income source				
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓		CSPP PY	
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: Laura Muñoz
Review Date: 3.16.17
Completed By: E. Arias

Contract hours: M-F 8am - 11:30am
☐ Variable ☒ Set
Fee: \$ 0

Notes:

Child's Name: Matthew Ojeda Child NOHO#: 36136 Center: Pacific NOHO#: 31665			☒ CSPP - FD ☐ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☐ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		two parents	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓		employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F. size 3	
Income source	✓			
9600 Pg. 2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: <u>Teresa Burrientos</u> Review Date: <u>3.16.17</u> Completed By: <u>E. Amas</u>	Contract hours: <u>M-F 6:30 am - 3:30 pm</u> ☐ Variable ☒ Set Fee: \$ <u>102</u>
Notes:	

Child's Name: Aylin Castro Perez Child NOHO#: 34984 Center: Pacific NOHO#: 31186			☐ CSPP - FD ☐ CSPP - FD/PY ☐ CCTR - EHS ☒ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		two parent	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status			income elig.	
Need Status	✓		employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F. Size 10	
Income source	✓		check stubs	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: <u>Teresa Barrientes</u> Review Date: <u>3-16-17</u> Completed By: <u>E. Arias</u>	Contract hours: <u>upto 12 hrs. 5am-5pm</u> ☒ Variable ☐ Set Fee: \$ <u>0</u>
Notes:	

Child's Name: Alfonso Torres III Child NOHO#: 36232 Center: Sterling EHS NOHO#: 31690			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income	
Need Status	✓		employed	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		3	
Income source	✓		employment check stubs	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓		on CD 9600	

FSW, II: Barbara Morgia
Review Date: 3-16-17
Completed By: E. Amas

Contract hours: M 8-2 T-F 7:30-2:30
☐ Variable ☒ Set
Fee: \$ 0

Notes:

Child's Name: Melanie Delgado Child NOHO#: 33148 Center: Delano NOHO#: 30319			☒ CSPP - FD ☐ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☐ Initial ☐ Recertification ☐ Update
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State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income	
Need Status	✓		employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F- Size 3	
Income source	✓		work check stubs	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: <u>Luisa Saldana Flores</u> Review Date: <u>3-16-17</u> Completed By: <u>E. Arayas</u>	Contract hours: <u>8.5 hr</u> ☐ Variable ☒ Set Fee: \$ <u>53</u>
Notes:	

Child's Name: Noemi Ramos Child NOHO#: 35316 Center: Pete H Parra NOHO#: 31327			☒ CSPP - FD ☐ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income	
Need Status	✓			
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F. Size 2	
Income source				
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓		P	
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: <u>Indra Ramirez</u> Review Date: <u>3-16-17</u> Completed By: <u>E. Arias</u>	Contract hours: <u>M, T, R 8:15 W F 9:30-5:30</u> ☐ Variable ☒ Set Fee: \$ <u>0</u>
Notes:	

Child's Name: Calvin Brown Child NOHO#: 33509 Center: Pete H Parra EHS NOHO#: 30503			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☐ Initial ☒ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓		School + work	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		2	
Income source	✓		employment	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓		0	
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: Christina Bustamante Review Date: 3.16.17 Completed By: E. Anias	Contract hours: 7:30 - 5:30 ☐ Variable ☒ Set Fee: \$ _____
Notes:	

Child's Name: Lexia Rios Child NOHO#: 34489 Center: Shafter HS/EHS NOHO#: 30958			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income eligible	
Need Status	✓		employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓			
Income source	✓		employment	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓		on CD9600	

FSW, II: Michele Holm Review Date: 3.10.17 Completed By: E. Aras	Contract hours: 9.5.30 ☐ Variable ☒ Set Fee: \$
Notes:	

Child's Name: Ruby Diaz Rauda Child NOHO#: 35512 Center: Primeros Pasos NOHO#: 31412		☐ CSPP - FD ☒ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
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State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓		CSPP PY	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		f- Size 3	
Income source	✓		SSI	
9600 Pg. 2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓		on CD 9600	

FSW, II: <i>Marra Martinez</i> Review Date: <i>3-13-17</i> Completed By: <i>E. Arias</i>	Contract hours: <i>8-11:30am</i> ☒ Variable ☒ Set EA Fee: \$ <i>0</i>
Notes:	

Child's Name: Kayla Rodriguez Child NOHO#: 35307 Center: Primeros Pasos EHS NOHO#: 31323			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓		employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		f. size 5	
Income source	✓		employment + cash aid	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: <u>Maria Martinez</u> Review Date: <u>3-13-17</u> Completed By: <u>E. Arias</u>	Contract hours: <u>7:15 - 5:00</u> ☒ Variable ☐ Set Fee: \$ <u>0</u>
Notes:	

Child's Name: Stephanie Lue Child NOHO#: 32727 Center: San Diego NOHO#: 30117			☒ CSPP - FD ☐ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☐ Initial ☒ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓		S. employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F. size 4	
Income source	✓		employment.	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓		S. employment 1-25-17	
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓		S. employment Plan	
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓		on CD9600	

FSW, II: Elizabeth Cisneros Review Date: 3.13.17 Completed By: E. Arias	Contract hours: 8 - 1:45 PM ☒ Variable ☐ Set Fee: \$ 0
Notes:	

Child's Name: David Ortiz Child NOHO#: 34966 Center: San Diego EHS NOHO#: 31179			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☐ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		income elig.	
Need Status	✓		employment	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		f. size 3	
Income source	✓		Cash aid & employment	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓		90	
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓		on CD 9600	

FSW, II: Elizabeth Cisneros Review Date: 3.13.17 Completed By: E. Arras	Contract hours: 7.3.30 ☐ Variable ☒ Set Fee: \$ 0
Notes:	

Child's Name: Akaden Pantoja Child NOHO#: 35240 Center: Stine EHS NOHO#: 31293			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income eligible	
Need Status	✓		CPS	
Parent A. Employment	✓		NIA	
Parent B. Employment	✓		NIA	
Sec. 3				
Income/Family size	✓		3 Foster Siblings	
Income source	✓		Foster care	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓		NIA Foster	
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: Maria Castro
Review Date: 3.16.17
Completed By: E. Arias

Contract hours: M-F 10 am - 4 pm
☐ Variable ☒ Set
Fee: \$ 0

Notes:

Child's Name: Cinsere Pettus Child NOHO#: 36224 Center: Stine EHS NOHO#: 31689			☐ CSPP - FD ☐ CSPP - FD/PY ☒ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓		CB	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		1	
Income source			Foster care	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓		N/A Foster	
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: M. Castro

Review Date: 3-19-17

Completed By: E. Anas

Contract hours: M-F 8am-2pm

☐ Variable ☒ Set

Fee: \$ 0

Notes:

Child's Name: William Polk Child NOHO#: 32831 Center: Franklin NOHO#: 30165			☒ CSPP - FD ☐ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		Two Parent	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		Income elig.	
Need Status	✓			
Parent A. Employment	✓		incapacity & employment	
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F-Size 6	
Income source	✓		parent @ employment	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓			
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: <u>Susana Garcia</u> Review Date: <u>3.19.17</u> Completed By: <u>E. Amos</u>	Contract hours: <u>8:30 - 4:30 M-F</u> ☐ Variable ☒ Set Fee: \$ <u>0</u>
Notes:	

Child's Name: Julian Mendoza Child NOHO#: 33788 Center: East California NOHO#: 27732			☐ CSPP - FD ☒ CSPP - FD/PY ☐ CCTR - EHS ☐ CMIG	☒ Initial ☐ Recertification ☐ Update
---	--	--	--	--

State Application	Correct or N/A	Incorrect or Blank	Comments	Corrected/Completed by: signature/date
9600 Sec. 1				
Box ✓ for Single Parent	✓		single	
Parent A	✓			
Parent B	✓			
Address	✓			
FIPS code	✓			
Sec. 2				
Eligibility Status	✓		income	
Need Status	✓		CSPP PY	
Parent A. Employment	✓			
Parent B. Employment	✓			
Sec. 3				
Income/Family size	✓		F. Size 4	
Income source	✓		check stubs emp.	
9600 Pg.2 Sec. 4				
Child's name, sex, b-day	✓			
Adjust code, ethnic, race, lang. code, LEP	✓			
Program Code, Type of Care Code, Provider/Site	✓			
Hours of care	✓			
Sec. 5				
Signature/ relation to child, Date	✓			
Sec. 6				
Family Fee	✓			
Sec. 7				
Agency Rep. Sign, Date	✓			
9600A	✓			
NOA	✓			
Receipt of parent handbook	✓			
Address Verification	✓			
Work Verification	✓			
Income Worksheet	✓		CSPP PY	
Income Documentation	✓			
Job Search/Training/Incapacity	✓			
Birth Certificates/Foster/Adoption Letter	✓			
Absent Parent Verification IEP/IFSP	✓			

FSW, II: Ana Ramirez @ Delano Angel Perez @ E.
Review Date: 3.19.17
Completed By: E. Arras

Contract hours: M-F 8-11:30 am
☐ Variable ☒ Set
Fee: \$ 0

Notes: child transferred from Delano to East-CAL 1/17/17.

Family

Jaime Francisco Barrios

Family ID: 31379



Secondary Parent: Alma Barrios
Division: CAPK - State Programs

1st Served Date: 1/25/2017
Term. Date:

Specialist: Juarez, Lorena X 2634
Case Number:

Cert. Start Date: 2/1/2017
Cert. Stop Date: 1/1/2018

Reminders

Family Form Menu

Family Reports

History

Due Date

Completion Date

Specialist

Reminder

Tasks

3/15/2017

Lorena Juarez

FSW was notified by email on 3-13-17, of the issued non-compliance areas. Parent signature due date 3-15-2017.

5a. Parent Signature - Blank

example: if an error were noted.

Compliance Report

Specialist Name: Juarez, Lorena

Family Name: Barrios, Jaime Francisco
411 S Helena Street
Ridgecrest, CA, CA 93555-4653

Family ID: 31379
(818) 235-7636

Due Date: 3/15/2017

Completion Date	Task	Memo
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	5a. Parent Signature - Blank	
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COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Christine Anami, Director of Finance

From:  Pamela Pritchard, Assistant Director of Head Start/State Child Development
 Yolanda Gonzales, Director of Head Start/ State Child Development

Date: April 6, 2017

Subject: Update to Agreed Upon Condition 3: Child Care Development Grant, Reporting

In an effort by CAPK to address noted concerns regarding Monitoring Overview, CAPK has implemented the following system to strengthen the procedure and oversight of monitoring. These steps will help ensure that monitoring is completed and effective, thereby guaranteeing full compliance with current guidelines.

Procedures

The current Monthly Center Monitoring Checklist Procedure has been rewritten (see attached). Notable revisions include:

- Clarification as to when the Monthly Center Monitoring Checklist is to be completed and when it is to be sent to the Program Manager.
- Direction as to who is to sign the completed checklist and what steps are to be taken after completion.
- At the close of each month, the Program Manager will submit their Monthly Center Monitoring binder to the Compliance Coordinator for review.
- A Monthly Due Date Calendar (see attached) is to be sent to the Center Directors with important dates, including the date the Monitoring Checklist is due to the Program Manager.
- The Outlook Calendar System sends a Center Director Monitoring Reminder (see attached) providing the Center Directors with an electronic reminder each month to submit their Monitoring Checklist.
- Program Manager Monitoring Reminders (see attached) are sent electronically, reminding Program Managers to submit their binder for timely review.

Training

On March 13, 2017, during the monthly Center Director Meeting, Center Directors received initial training as well as an updated copy of the Monthly Center Monitoring Checklist Procedure. Training on a different component of the new procedure will be provided at each subsequent meeting. At all meetings, attendees will receive Meeting Agendas (see attached) and record attendance on Center Director Meeting Sign-in Sheets (see attached). Additional training can be provided on an as-needed basis.

Monitoring

According to the revised procedure, the Monthly Center Monitoring Checklist (see attached) will be signed and dated by both the Center Director and Program Manager to indicate that monitoring has been completed. The Program Manager will review any noted concerns with the Center Director to ensure that these are being addressed or have been resolved. During the month end review by the Compliance Coordinator, she/he will sign and date the Monthly Monitoring Binder Review Form (see attached) to show that the Checklists have been reviewed. Any outstanding concerns will be discussed with the Program Manager to ensure they are corrected.

Attachments: Monthly Center Monitoring Checklist Procedure
Monthly Center Monitoring Checklist
Monthly Due Date Calendar
Center Director Monitoring Reminder
Program Manager Monitoring Reminder
Agenda for March 2017 Center Director Meeting
Center Director Meeting Sign-in Sheet
Monthly Monitoring Binder Review Form

Head Start/Early Head Start

POLICIES AND PROCEDURES

Performance Standards, Relates to CFR# (s): 1302.100; 1302.101(b)(1); 1302.102(a)(4)(b)(1)(ii)(iv)			Notes:
Effective Date: January 1, 2015	Revised Date: March 13, 2017	Initials: PP	
Reference: Education Manual			

SUBJECT: Monthly Center Monitoring Checklist

OBJECTIVE: To ensure that each child care facility is meeting State licensing and Head Start Performance Standard requirements.

RESPONSIBILITY: Center Director, Program Manager, Compliance Coordinator

PROCEDURE:

- The Center Director or designee will conduct a site inspection every month using the Monthly Center Monitoring Checklist.
- Inspections are to be completed by the 15th of each month. The Checklist will be scanned and submitted to the appropriate Program Manager by the 18th.
- All health and safety concerns will be corrected immediately or the Center Director/ Program Manager will contact the appropriate staff or the Maintenance Supervisor.
- The Program Manager will discuss the results of the Checklist with the Center Director during the monthly Center Director meeting.
- After completion of the inspection the Checklist will be signed by the Center Director. When the Program Manager receives the Checklist, s/he will sign with the date of receipt.
- After completion of the inspection the Checklist, including any follow-up attachments for identified concerns which were submitted and/or completed, is to be filed in the monitoring binder at the center and with the Program Manager.
- The Program Manager will review current and past Checklists monthly for trends of non-compliance. Results of Checklists will be used to determine staff training and technical assistance and staff performance evaluations.
- By the 25th of each month the Program Manager will provide the monitoring binder to the Compliance Coordinator who will review all Checklists to ensure monitoring is being done and that any needed follow-up has been completed. If there are any outstanding concerns, the Program Manager will be contacted. The Compliance Coordinator will sign the Monthly Center Monitoring Binder Review form in the front of each binder indicating the Checklists were reviewed.

MONTHLY CENTER MONITORING CHECKLIST

Date: _____ Site Name: _____ Classroom: _____

YES	NO	N/A	OBSERVATION	PLAN OF ACTION AND PROPOSED COMPLETION DATE	DATE COMPLETED
LICENSING AND SAFETY REQUIREMENTS					
			Emergency Disaster Plan Posted. <i>LIC 101174; LIC Form 600; 1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		
			Emergency evacuation route, safety procedures & earthquake safety check list. <i>LIC 101174; 1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		
			Disaster Drills Practiced Monthly. <i>LIC 101174; 1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		
			Personnel Report. <i>LIC Form 500, LIC 101217(d)(i)</i>		
			Parents Rights in English and Spanish. <i>LIC 101217(d)(i)</i>		
			Children's rights are respected. <i>LIC 101223; 1302.1302.90(c)(1)(i-v)(2)</i>		
			Current Facility License. <i>LIC 101156</i>		
			Designated Administrative Responsibility. <i>LIC Form 308, LIC 101170(2)(A)</i>		
			Daily Schedule Posted. <i>1302.31(b)(1)(ii)(c)</i>		
			Exit Sign(s) in English & Spanish.		
			Emergency phone numbers at each phone. <i>LIC 101174; 1302.47(b)(4)(G)(7)(i)(8)</i>		
			Electrical outlets are covered. <i>1302.47(b)(1)(iv)</i>		
			Disaster kits are accessible. <i>LIC 101174; 1302.47(b)(4)(G)(7)(i)(8)</i>		
			Staff, Visitor, Community Volunteer Sign- in/Sign-out binder are completed regularly.		
			Child Sign In/Out records are completed daily.		
			Center staff implement zoning/scanning to ensure all children are supervised at all times. <i>LIC 101229; 1302.47(a)(b)(2)(iii)(5)(iii)</i>		
			Staff are available and responsive to meet each child's special needs. <i>1302.31(a)(b)(1, ii, iv); 1302.61(a-b)(c)(1)(i-v)</i>		
			Inside/Outside Daily Safety Checklists are completed daily. <i>1302.47(a)(b)(1)(i-ix)(2)(i-v)</i>		
HEALTH AND NUTRITION REQUIREMENTS					
			Hand Washing poster. <i>1302.47(a)(b)(6)</i>		
			Tooth Brushing poster. <i>1302.42(c)(1); 1302.43</i>		
			First Aid Booklet. <i>1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		

YES	NO	N/A	OBSERVATION	PLAN OF ACTION AND PROPOSED COMPLETION DATE	DATE COMPLETED
			Seat Belt Safety poster.		
			"Never Shake a Baby" poster.		
			Well supplied First Aid Kit is easily accessible & out of reach of children. <i>LIC 101326(d); 1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		
			Consent and Emergency Info and roster (in first aid kits) up-to-date. <i>LIC 101221; 1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		
			Policies on handling medical/health/dental emergencies are posted clearly & visible. (<i>i.e.</i> dental, choking & asthma attack) <i>1302.43; 1302.47(a)(b)(4)(i)(C)(D)(G)(J)(7)(i-vi)(8)</i>		
			Isolation area for illness. <i>LIC 101326(a)(1); 1302.47(b)(4)(i)(A)(7)(iii)</i>		
			Fire extinguisher is visible, current and indicates "PASS". <i>1302.47(b)(4)(i)(A-K)(7)(i)(8)</i>		
			Observe daily health check. <i>LIC 101326.1; 1302.47(b)(4)(i)(A)(7)(iii)</i>		
			All cleaning supplies are properly labeled, stored away from food and food service items & locked. <i>1302.47(a)(b)(1)(i-ix)(2)(i-v)</i>		
			Staff and volunteers wear nonporous gloves when in contact with blood or other visibly bloody bodily fluids. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		
			Spilled bodily fluids are immediately cleaned up and disinfected according to professionally established guidelines. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		
			Tools and equipment used to clean spills are promptly disinfected; and blood-contaminated materials are disposed of in a plastic bag with a secure tie. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		
			Staff, volunteers, & children wash their hands with soap and running water after the following: diapering & toilet use, before & after food related preparation/activity, after hands have become contaminated with blood or other bodily fluids, after handling pets or other animals, before & after giving medications and before & after bandaging a wound. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		
			Sanitation and hygiene procedures for diapering have been adopted and adequately protect the health and safety of children served by the program and staff. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		
			Diapers are disposed of in a safe and sanitary manner. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		
			Toilet training equipment is available for children being toilet trained. <i>1302.47(a)(b)(4)(i)(6)(i-iii)(7)(iii)</i>		

YES	NO	N/A	OBSERVATION	PLAN OF ACTION AND PROPOSED COMPLETION DATE	DATE COMPLETED
			EHS -Infant sleeping arrangements use firm mattresses and no soft bedding materials, such as comforters, pillows, fluffy blankets, or stuffed toys. <i>1302.47(b)(2)(i)(iii)(4)(B)(5)(ii)(iii)</i>		
			EHS -Infant toys are sanitized daily or sooner if needed. <i>1302.47(b)(2)(i-ii)(v)</i>		
			HS -Toys are sanitized weekly or sooner if needed. <i>1302.47(b)(2)(i-ii)(v)</i>		
			Medications are locked up, stored according to instructions and out of reach of children. <i>LIC 101326(c)(1)(A)-(C); 1302.47(a)(b)(4)(i)(A-K)(7)(i-vi)(8)</i>		
			Incidental Medical Services (IMS) Binder is available to staff and utilized according to procedure.		
			Menu and "Justice for All" poster on the wall. <i>CACFP, LIC 101227.5</i>		
			Refrigerator/freezer temperature log sheets recorded daily.		
			Children with special dietary needs and children with disabilities are served appropriately. <i>LIC 101227.6, 101227.8, 101227.23; 1302.44(a)(1); 1302.47(b)(7)(vi)</i>		
			The blue Allergy/Special Diet folder is easily accessible to staff. <i>1302.44(a)(1); 1302.47(b)(7)(vi)</i>		
FAMILY SERVICES AND GOVERNANCE REQUIREMENTS					
			Center community volunteers who volunteer more than 16 hours in a week have a DOJ clearance processed by CAPK, up-to-date immunizations and received orientation training that includes CPS and Universal Precautions. <i>Title 22 1596.871; 1302.50(a)(b)(4); 1302.53(a)(1)</i>		

Center Director Signature/Date _____

Program Manager Signature/Date _____

ADDITIONAL COMMENTS or N/A _____

March 2017

Mon

Tue

Wed

Thu

Fri

Recruitment push for upcoming program year begins this month

- ◆ Monthly Parent Meetings
- ◆ Facilitate School Readiness Parent Activities
- ◆ Begin updating families on the waitlist for the next program year
- ◆ Identify rollover children that wish to continue during the next program year
- ◆ Disaster drills completed by end of the month

1
In-kind due to Fiscal
Original Meal Count & SISO for 2/27-2/28 to ERSEA by 12:00

2
Mileage due to Fiscal
Read Across America



3 Pay Day

6
Part Day Staff Development

7
Original Meal Count & SISO for 2/27-3/3 to ERSEA by 12:00
PC Planning Sub-Committee Meeting, Jerry's Office, 5:30 p.m.

8

9

10
[Last day to complete Child Developmental Progress for Part-year-Winter](#)
[Last day to submit to submit financial documents for 2016-2017](#)

13
Part Day Staff Development
Center Director Meeting, 10:00 a.m., Board Room
Approve ADP Time cards by 10:00 a.m.

14
Original Meal Count & SISO for 3/6-3/10 due to ERSEA by 12:00

15
PRE, Board Room, 12:00 p.m.
All Full-day classrooms close at 12:00 p.m. (does not include 6.5 hour classes)

16
Nutrition Advisory Committee, Board Room, 12:00 p.m.
PC Budget & Finance Sub-Committee Meeting, Fiscal Office, 5:30 p.m.

17 Pay Day
Monthly Center Monitoring Report to be completed and sent to Program Managers

20
Part Day Staff Development

21
Original Meal Count & SISO for 3/13-3/17 to ERSEA by 12:00

22
B & F, Board Room, 12:00 p.m.

23

24
Safety meeting/self-inspection completed/ submitted to Laurie Sproule

Spring Break for California City, Mojave, Oasis and Rosamond.

27
Part Day Staff Development
CPR, 8:00 a.m., Board Room
Approve ADP Time cards by 10:00 a.m.

28
Original Meal Count & SISO for 3/20-3/24 to ERSEA by 12:00

29
Board of Directors, Board Room, 12:00 p.m.

30
Disabilities Transition Meeting, Board Room, 9:00 a.m.
Policy Council, Board Room, 5:30 p.m.

31 Pay Day
Fax Meal Count & SISO for 3/27-3/31 to ERSEA by end of day
Disaster drills to be completed by end of the month.

Head Start / State Child Development
Center Director Meeting
March 13, 2017

- ✿ Welcoming remarks and Congratulations
- ✿ Share CLASS Review Experiences and drawings
- ✿ Scanning Training – Jerry Meade
- ✿ Mentor Program – Pam Pritchard
- ✿ Licensing updates, i.e., zoning – Pam
- ✿ Calendar/Monthly Monitoring/Outlook Invites – Pam
- ✿ Nutrition Information – Nutrition
- ✿ My Teacher Wants to Know – Wellness
- ✿ ASQ Contact Notes – Disabilities
- ✿ Family Services Updates – Family Education Coordinator
- ✿ Break into regions



Head Start / State Child Development
Center Director Meeting
March 13, 2017
Region 1

9

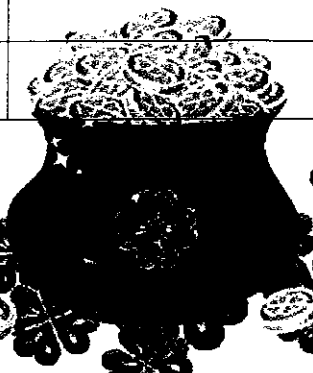
Print Name	Center	Signature
Shawna Marks	Stine EHS	Shawna Marks
Venardely	Stine	Venardely
Alicia Dugum	East Cal	Alicia
Diana Montoya	Franklin	Diana Montoya
Edilia Vega	Fairview	Edilia Vega
Rosa Johnson	Cast Loma	Rosa
Esther Reyes-Corzo	Plan 2	Esther Reyes-Corzo
Marie Galan	Alberta Dillard	Marie Galan
Kimberly Freiberg	Pioneer	Kimberly Freiberg



Head Start / State Child Development
Center Director Meeting
March 13, 2017
Region 2

11

Print Name	Center	Signature
Aurora Constanza	Fairfax	Aurora Constanza
Valenda Martinez	Virginia	Valenda Martinez
Simone Grz	Ruber Johnson	Simone Grz
Maria R. Alldredge	Pacific	Maria R. Alldredge
Marisol Cordero	Stella Hills	Marisol Cordero
Berta Rivera	Roosevelt	Berta Rivera
Angela Frazier	MJN	Angela Frazier
Maria Lynn	High Apple	Maria Lynn
LETTERMAN	Storing	LETTERMAN
Sharon Briggs	Wesley	Sharon Briggs
Cristina Herrera	Heritage	Cristina Herrera



Head Start / State Child Development
Center Director Meeting
March 13, 2017
Region 3

Print Name	Center	Signature
Sonia Moreno	Pete Parra	Sonia Moreno
Tommy Sue Cordova	Butterwillow	Tommy Sue Cordova
Rosa Rabago	Delano	Rosa Rabago
Veronica Ballesteros	Lost Hills	Veronica Ballesteros
Ursula Rios	McFarland	Ursula Rios
Mary A. Lopez	Shafter HS/ELLS	Mary A. Lopez
Jimmi H. Huete	701/CLL	Jimmi H. Huete
Monice Rogers	Taft	Monice Rogers
Esther Doda	PHP	Esther Doda
Rebecca Love	Shafter HS	Rebecca Love



Head Start / State Child Development
Center Director Meeting
March 13, 2017
Region 4

12

Print Name	Center	Signature
Debra Montoya	Alcanta	Debra Montoya
Arleen Bencomo	Oasis	Arleen Bencomo
Elia Guzman	CAI City	Elia Guzman
Pamala Roberts	Mojave	Pamala Roberts
Amy Willey	Tehachas	Amy Willey
Luz Adams	Clew Fork	Luz Adams
Tina Nunez	Rosamond	Tina Nunez
Gloria Jones	Primeros Pasos	Gloria Jones
Rosa Del Toro	San Diego	Rosa Del Toro
Leticia Lopez	Faith	Leticia Lopez
Nikki Jones	Willow	Nikki Jones
Laura Padilla	Williams	Laura Padilla



MONTHLY CENTER MONITORING BINDER REVIEW

By signing below, I verify that I have reviewed each Monthly Center Monitoring Checklist for the month specified. Each one is complete and, if applicable, have attached documentation showing the status of any health and safety concerns that were identified during monitoring. Any concerns that show as open have been discussed with the appropriate Program Manager.

MONTH	DATE REVIEWED	OUTSTANDING CONCERNS ADDRESSED WITH PROGRAM MANAGER YES OR N/A	SIGNATURE
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			

STATE OF CALIFORNIA
*Department
of
Community Services And Development*



January 19, 2017

Monitoring Report E-16-009

The Department of Community Services and Development (CSD) is responsible for the oversight of the Low Income Home Energy Assistance Program (LIHEAP), Low Income Weatherization Program (LIWP), and/or the Department of Energy Weatherization Assistance Program (DOE WAP). Hence, CSD is required to monitor the activities of Community Action Partnership of Kern County to ensure compliance with all contractual and statutory requirements.

INTRODUCTION

CSD conducted an onsite monitoring of Community Action Partnership of Kern County (CAPK) from September 12 to September 16, 2016. CSD reviewed Community Action Partnership of Kern County's 16B-4012, 15K-6006, and 15C-1012 contracts. Darrell Scheidegger, Field Representative conducted the onsite review in accordance with CSD's Energy and Environmental Services Division's Monitoring Scope.

The purpose of the onsite review is to ensure the Contractor meets the Administrative Requirements, Financial Requirements, Programmatic Requirements, Compliance Requirements, Certification and Assurances Requirements, and other applicable requirements as prescribed in the contract and referenced therein (OMB Supercircular §200.328; DOE WAP and LIHEAP Part II Subpart Article 10.3 A-E; and LIWP Part II Subpart D Article 11.3 A-E).

This monitoring report contains the following sections:

- I. Administrative Requirements
- II. Financial Requirements
- III. Programmatic Requirements
- IV. Certifications and Assurances: Federal and State Policy Provisions
- V. Onsite Monitoring Summary
- VI. Recommendations, Observations, and Findings

I. ADMINISTRATIVE REQUIREMENTS

The purpose of the Administrative Requirements review is to ensure that the Contractor is properly administering the Federal and/or State programs in accordance with CSD's contract requirements. The areas covered under the Administrative Requirements are Internal Controls Requirements, Record Maintenance Requirements, Travel and per diem, Codes of Conduct, Conflict of Interest, Procurement, Subcontracts, Complaint Management Policies and Procedures, Fair Hearing Process for Applications for Denial of Benefits by Contractor, and Fraud, Waste and Abuse.

Based on CSD Field Representative's review, CSD Field Representative did not identify any issues regarding Administrative Requirements.

II. FINANCIAL REQUIREMENTS

The purpose of the Financial Requirements review is to ensure that Contractor's financial management systems, including records documenting compliance with Federal and/or State statutes, regulations, and the terms and conditions of the Federal and/or State award, must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal and/or State statutes, regulations, and the terms and conditions of the Federal and/or State award. The areas covered under the Financial Requirements are Working Capital Advance and Major Purchase Advances: Interest on Advances, Program Income, Wood, Propane and Oil Returned Payments, Allowable Costs, and Reimbursement Guidelines.

Based on CSD Field Representative's review, CSD Field Representative did not identify any issues regarding Financial Requirements.

III. PROGRAMMATIC REQUIREMENTS

The purpose of the Programmatic Requirements review is to ensure that the Contractor is adhering to the programmatic requirements of the contract. The areas that was covered under the Programmatic Requirements are Program Policies and Procedures; Program Implementation; and Training, Licensing and Certifications.

PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

The purpose of this review is to confirm the agency is adhering to the Program and Procedures Requirements by maintaining records in accordance to the Record Keeping Responsibilities stated within the contracts. *(2016 LIHEAP Part II Subpart C Article 7 section 7.8; 2016 DOE Part II Subpart C Article 7 section 7.6; and 2015 LIWP Part II Subpart C Article 8 section 8.7)*

CSD Representative reviewed 26 client files and identified 20 files with the following issues (77% error rate):

- a) client notification not indicated on CSD 708: Lead-Based Paint Regulatory Compliance Form (12)
- b) certification doesn't match name on CSD 708: Lead-Based Paint Regulatory Compliance Form (9)

c) missing renovator signature/date on CSD 708: Lead-Based Paint Regulatory Compliance Form (2)

d) confusion between “minor envelope repair” and “limited home repair” (2)

The following issues were identified in only one (1) file each:

e) missing client signature/date on CSD 540: Dwelling Assessment Form

f) missing manager signature/date on CSD 515: Energy Service Agreement

g) incomplete CSD 540D: Mechanical Ventilation Assessment Form

h) missing CSD 540D: Mechanical Ventilation Assessment Form

i) floor furnace replaced with wall furnace

j) missing photos of wall furnace and evaporative cooler

k) discrepancy between forms of year built data

l) missing year built data.

The 2015 Monitoring Report (E-15-009) listed a client file error rate of 72%, and 2013 E-13-009 had a 75% error rate. The agency has not shown improvement in Quality Assurance relating to client files and is not in compliance with the Record Keeping Responsibilities as required in the contract.

PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

The purpose of this review is to confirm the agency is adhering to the Program and Procedures Requirements by maintaining records in accordance to the Record Keeping Responsibilities stated within the contracts. *(2016 LIHEAP Part II Subpart C Article 7 section 7.8; 2016 DOE Part II Subpart C Article 7 section 7.6; and 2015 LIWP Part II Subpart C Article 8 section 8.7)*

During Client File Review, CSD Representative found discrepancies between CSD 611: Post-Weatherization inspection Form and CAP 60 and agency forms (6 files).

Discrepancies identified:

	Client	Discrepancy
1	Garcia, R.	Mechanical Ventilation on CSD 611, but not on agency install form
2	Perla, M.	Cooling Source Replacement doesn't match with CSD 611 and other forms
3	Moreno, R.	Duct Register Repair on CSD 611, but not on agency install form
4	Velez, Z.	Duct Repair on agency install form, but not on CSD 611
5	Sackett, K.	Replacement Bulbs on agency install form and CAP 60, but not on CSD 611
6	Abundis, R.	CSD 611 and CAP 60 billing printout do not match

Those measures installed or services provided will be disallowed in whole or in part unless supporting documentation can be supplied by the agency showing that measures billed were installed.

PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

The purpose of this review is to confirm the agency is adhering to the Program and Procedures Requirements by maintaining records in accordance to the Record Keeping Responsibilities stated within the contracts. *(2016 LIHEAP Part II Subpart C Article 7 section 7.8; 2016 DOE Part II Subpart C Article 7 section 7.6; and 2015 LIWP Part II Subpart C Article 8 section 8.7)*

During Client File Review, CSD Representative found CSD 710: DOE Priority List Checklist Form missing from three (3) files.

Moreno, R.

Garcia, R.

Velez, Z.

Those files will be disallowed in whole or in part unless supporting documentation can be supplied by the agency showing that measures installed and services provided followed the priority list for type of dwelling and location in Climate Zones 13, 14, and/or 16.

PROGRAM IMPLEMENTATION: Energy Crisis Intervention Program (ECIP) Service Activity Guidelines: ECIP EHCS

The purpose of this review is to confirm that ECIP EHCS client files are in compliance with the ECIP EHCS federal statute and CSD's ECIP EHCS Policy. (42 U.S.C. § 8623(c)(1)-(3), and 2016 LIHEAP Part II Article 8 section 8.3. D.)

Title 42 of the United States Code section 8623(c)(1)-(3) states that energy crises must be resolved within 18 or 48 hours after a household applies for services; 18 hours if energy crisis and life-threatening, and 48 hours if energy crisis only.

CSD's ECIP EHCS Policy defines mitigation as an *"...immediate action taken in short-term to address the emergency. An agency may charge all emergency heating and cooling services, including the eventual repair and replacement of an HVAC or Water Heating appliance, when the following mitigation is provided:*

- a. Hazardous Conditions: For all hazardous conditions, the agency must, at a minimum, cap or disable the HVAC appliance within eighteen (18) hours;*
- b. Provide education (if not already accomplished by another entity);*
- c. Temporary Portable Devices: For all hazardous, nonexistent and inoperable HVAC appliances, the agency must offer to make available a temporary portable heating and/or cooling device to provide seasonally appropriate indoor climate control until the HVAC appliance is repaired or replaced, as follows:*
 - i. Such device shall be offered within eighteen (18) hours to any applicant with a qualifying "medical condition" as described above;*
 - ii. Such heating device shall be offered within eighteen (18) hours to any elderly or disabled applicant whose wood-burning stove is inoperable, or is operable but handling the fuel is a physical hardship;*
 - iii. Such device shall be offered within forty-eight (48) hours to all other applicants." (ECIP EHCS Policy and Procedure, at pp. 3-4.)*

CSD Field Representative reviewed six (6) ECIP EHCS client files and identified six (6) files (100% error rate) lacking documentation to support that the energy crisis was mitigated within 18 or 48 hours. CSD Field Representative reviewed the entirety of the client files, not limited to the required ECIP EHCS forms, to determine whether the required ECIP EHCS mitigation substantiation existed. As

a result of the lack of documentation, CAPK is not in compliance with the Federal mitigation timeframe requirements.

IV. CERTIFICATIONS AND ASSURANCES: FEDERAL AND STATE POLICY PROVISIONS

The purpose of this review is to ensure that the Contractor is in compliance with the Federal and State Policy Provisions as prescribed in the contract. The areas covered under the Certification and Assurances are Affirmative Action Compliance and Specific Assurances; American-Made Equipment/Products and Federal and State Occupational Safety and Health Statutes.

Based on CSD Field Representative's review, CSD Field Representative did not identify any issues regarding Certifications and Assurances.

V. ONSITE MONITORING SUMMARY

Training and Technical Assistance:

CSD Field Representative provided the following suggestions onsite:

- Use justification codes on CSD 540 (or explain in the comments section).
- Blank forms should be deleted from files or marked N/A.

Exit Conference & Discussion:

At the Agency's Exit Conference on Friday, September 16, 2016, CSD Field Representative provided an overview of the outcome of the onsite visit. The following were in attendance:

- Jeremy Tobias, Executive Director
- Romala Ramkissoon, Division Director
- Loretta Anrews, Assistant Energy Program Manager
- Christine Anami, Finance Director
- Jeff Looker, Assistant Finance Director
- William Richmond, Accountant II
- Jose Gomez, Wx Assistant Manager
- Darrell Scheidegger, CSD Field Representative

During the Exit Conference, CSD Representative discussed the client file issues (identified on pages 3-5 of this report) and provided T&TA (referenced above).

VI. RECOMMENDATIONS, OBSERVATIONS, AND FINDINGS

This section outlines the issues identified during the on-site monitoring. Those issues are categorized into three (3) categories and are Recommendation, Observation, and Finding.

Recommendation lack the physical backing of the Contract but are areas of deficiency that the Field Representative believes that the agency should be aware of; simply stated, 'Recommendations' are agency business practices that the agency should consider improving upon, as the current business practice may eventually lead to a future infraction or improvement in its current business practice. Please note that 'Recommendations' do not require a Corrective Action Plan response.

'Observation' is a minor breach of the Contract and any material referenced therein. A minor breach is a less severe infraction than a material breach and can be thought of as more of a 'warning' requiring immediate remedy. Thus, if the agency forsakes to remedy an 'Observation' by the agency's subsequent Monitoring Visits, the 'Observation' may then be elevated to a 'Finding' as it now carries material error. Please note that 'Observation' do not require a Corrective Action Plan response; however, the agency must immediately remedy the issue.

'Finding' is a material breach of the Contract, and any materials referenced therein, with consequences including (but not limited to) 'Disallowances', 'Stop Work Orders', and 'High-Risk Designations'. Please note that the concern must have Contract backing in order to be considered a 'Finding'. A material breach is defined as any issue which carries substantial financial, personnel, public, and/or agency/CSD ramifications; a material breach may or may not preclude the agency from further performance. Please note that 'Findings' require a Corrective Action Plan from the agency and other course of action as outlined in each topic.

OBSERVATIONS:

Observation 1: PROGRAM IMPLEMENTATION ECIP Service Activity Guidelines: ECIP EHCS

Summary: The ECIP EHCS files lacked sufficient documentation to substantiate compliance with the Federal and CSD ECIP EHCS requirements.

Reference: 42 U.S.C. §8623(c)(1)-(3); and 2016 LIHEAP Part II Article 8 section 8.3.D.

Action Required: The agency must immediately remedy this issue

FINDINGS:

Finding 1: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

Summary: Out of 26 client files reviewed, 20 were found to have issues resulting in a 77% error rate. The agency has not improved this error rate from 2013 (75%) and 2015 (72%) monitoring reviews.

Reference: 2016 LIHEAP 7.8, 2015 DOE WAP 7.6, 2015 LIWP 8.7

Action Required: The agency must submit a Corrective Action Plan outlining the steps it will take to prevent recurrence of this issue. The plan should identify the procedures that will be adopted to ensure accuracy in reporting, and should include an implementation date.

Finding 2: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

Summary: Discrepancies between the post-inspection form (CSD 611) and agency billing and install forms need to be corrected to verify that measures billed were installed (and vice versa).

Reference: 2016 LIHEAP 7.8, 2015 DOE WAP 7.6, 2015 LIWP 8.7

Action Required: The agency must provide supporting documentation to avoid disallowance of costs, and submit a Corrective Action Plan outlining the steps it will take to prevent recurrence of this issue. The plan should identify the procedures that will be adopted to ensure accuracy in reporting, and should include an implementation date.

Finding 3: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

Summary: CSD 710: DOE Priority Lists were missing from three (3) files and measures installed need to be verified that they correspond to the checklist.

Reference: 2015 DOE WAP 7.6

Action Required: The agency must provide supporting documentation to avoid disallowance of costs, and submit a Corrective Action Plan outlining the steps it will take to prevent recurrence of this issue. The plan should identify the

procedures that will be adopted to ensure accuracy in reporting, and should include an implementation date.

Community Action Partnership of Kern County must submit a written Corrective Action Plan addressing all of the Findings listed above no later than 30 days after the finalization of the report.



Community Action Partnership **of Kern**

Helping People. Changing Lives.

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Head Start Policy Council
Representative

EXECUTIVE DIRECTOR
Jeremy T. Tobias

February 14th, 2017

Darrell Scheidegger, Field Representative
State of California Department of Community Services & Development (CSD)
2389 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

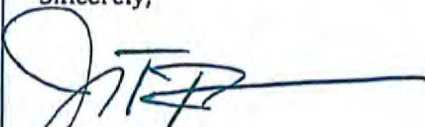
Re: Monitoring Report – E-16-009

Dear Mr. Scheidegger,

With regards to Monitoring Report E-16-009, attached is Community Action Partnership of Kern's Corrective Action Plan for the 3 findings mentioned in the report.

If you have any questions or need further information, please contact Romala Ramkissoo, Director of Community Services, at 661-336-5236 ext. 1177 or via e-mail at rramkiss@capk.org.

Sincerely,



Jeremy T. Tobias
Executive Director

5005 Business Park North, Bakersfield, CA 93309 (661) 336-5236 Toll Free (888) 445-0090 Fax (661) 322-2237
www.capk.org

Finding 1: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

Summary: Out of 26 client files reviewed, 20 were found to have issues resulting in a 77% error rate. The agency has not improved this error rate from 2013 (75%) and 2015 (72%) monitoring reviews.

Reference: 2016 LIHEAP 7.8, 2015 DOE WAP 7.6, 2015 LIWIP 8.7

Action Required: The agency must submit a Corrective Action Plan outlining the steps it will take to prevent recurrence of this issue. The plan should identify the procedures that will be adopted to ensure accuracy in reporting, and should include an implementation date.

Corrective Action Plan:

Many of the errors identified in the monitoring report centered on the completion of CSD 708 Lead Based Paint Regulatory form and Mechanical Ventilation (MV) forms (CSD 540D). These are forms that are completed by Assessors. Staff failed to fully complete the form meaning that certain areas were not checked or marked. Even though the forms were not fully completed the supporting documents to verify the necessary information were present in the client file. Regarding the MV forms (CSD 540D) the program recognized that staff were lacking the necessary training in MV and requested training from CSD. Trainer Tom Geoghegan provided training to staff in May 2016. Many of the files reviewed were completed prior to the training being provided.

To strengthen the Quality Assurance process for our files the program has/or will be implementing the following steps:

1. On-going training program – In July 2016, the program implemented an on-going training program for its weatherization staff (Assessors, Installers, Inspectors, Crew Leader, Weatherization Coordinator). These trainings are provided every Tuesday at 8am by staff Abran Gonzalez. Mr. Gonzalez is a senior staff who is knowledgeable on the Weatherization Installation Standards (WIS) Manual and the requirements of the weatherization program. Staff is required to sign in at the beginning of each training. These trainings cover many areas including: updates to the WIS; changes to policies and procedures; areas that have been identified as needing more training.
2. Assessor Training – The findings of the 2016 Monitoring report were discussed with the Assessors at a training provided on January 16, 2017 (see attached sign-in sheet). Each finding was reviewed by the Supervisor with the Assessors and they were provided training on the completion of all Assessment forms including the CSD 708 and CSD 540 D (Mechanical Ventilation form).
3. The Weatherization Coordinator will continue to perform reviews on the Assessment forms prior to measures being installed. He will also continue to initial the forms once the review is completed. We have had staff changes in this position partially due to these oversight errors.
4. Hire a Quality Assurance (QA) Specialist by May 2017– The QA Specialists' main task will be to perform a final quality review on the files before submitting to Billing for invoicing. The QA Specialist will attend the basic weatherization, combustion appliance and duct/shell trainings provided by CSD. In addition, the QA Specialist will shadow the Assessors and Inspectors to learn the process of completing the CSD 540-Assessment form, CSD 611-

Agency Weatherization Inspection Report, CSD 708-Mechanical Ventilation Assessment form and the CSD 710-DOE Priority Checklist form.

5. Develop a quality review checklist

The quality review process will include the QA Specialist using the checklist, that identifies mandatory forms and documents that must be present in the client file. Once the home has been completed, which includes inspection, the client file will be submitted to the QA Specialist for review as follows:

- Using the checklist ensure mandatory forms and documents are present in the client file.
- Review all forms to ensure they are accurately completed and all necessary documents are included in the client file.
- If the file is complete and accurate, it will be submitted to the Billing Department for invoicing.
- If the file is incomplete, it will be returned to the Weatherization Coordinator for correction.
- After the file has been corrected, it will be returned to the QA Specialist for review and submission to the Billing Department.
- The QA Specialist will initial all files before forwarding to the Billing Department.

Finding 2: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

Summary: Discrepancies between the post-inspection form (CSD 611) and agency billing and install forms need to be corrected to verify that measures billed were installed (and vice versa).

Reference: 2016 LIHEAP 7.8, DOE WAP 7.6, 2015 LIHEAP 8.7

Action Required: The agency must provide supporting documentation to avoid disallowance of costs, and submit a Corrective Action Plan outlining the steps it will take to prevent recurrence of this issue. The plan should identify the procedures that will be adopted to ensure accuracy in reporting, and should include an implementation date.

Corrective Action Plan:

As highlighted in the monitoring report discrepancies were found between our Agency Billing and Install form (which mirrors EARS) and CSD Post inspection form (CSD 611). Some of these discrepancies were due to Inspectors not being thorough when completing the CSD 611. In other cases the discrepancy was due to differences in methodology between the CSD Monitor and program staff. For example, in one of the errors staff checked both heating and cooling on the CSD 611 since the client received a dual pak. In EARS the dual pak is reported under Heating Replacement. All measures invoiced/billed in the files reviewed were installed in the homes and are supported by documents in the files. The attached table summarizes the discrepancies identified and includes documentation, where applicable, to support costs invoiced for in EARS.

To strengthen the Quality Assurance process for our files the program has/or will be implementing the following steps:

1. On-going training program – In July 2016, the program implemented an on-going training program for its weatherization staff (Assessors, Installers, Inspectors, Crew Leader, Weatherization Coordinator). These trainings are provided every Tuesday at 8am by staff Abran Gonzalez. Mr. Gonzalez is a senior staff who is knowledgeable on the Weatherization Installation Standards (WIS) manual and the requirements of the program. Staff is required to sign in at the beginning of each training. These trainings cover many areas including: updates to the WIs; changes to policies and procedures; areas that have been identified as needing more training.
2. Inspector Training – the findings of the 2016 Monitoring reports were discussed by the Supervisor with staff at training provided on January 16, 2017 (see attached sign-in sheet). The training included thorough completion of the CSD 611; how to document measures, per recommendations from the CSD Monitor, such as the Dual Pak on the CSD 611; and the importance of making accurate notes on the form.
3. The Weatherization Coordinator will continue to perform reviews on the Inspection form (CSD 611). He will also continue to initial the forms once the review is completed. We have had staff changes in this position partially due to these oversight errors.
4. Hire a Quality Assurance (QA) Specialist by May 2017 – the QA Specialist's main task will be to perform a final quality review on the files before submitting to Billing for invoicing. The QA Specialist will attend the basic weatherization, combustion appliance and duct/shell trainings provided by CSD. In addition, the QAS will shadow the Assessors and Inspectors to learn the process of completing the CSD 540-Assessment form, CSD 611-Agency Weatherization Inspection Report, CSD 708-Mechanical Ventilation Assessment form and the CSD 710-DOE Priority Checklist form.
5. Develop a quality review checklist

The quality review process will include the QA Specialist using the checklist, that identifies mandatory forms and documents that must be present in the client file. Once the home has been completed, which includes inspection, the client file will be submitted to the QA Specialist for review as follows:

- Using a checklist ensure mandatory forms and documents are present in the client file.
- Review all forms to ensure they are accurately completed and all necessary documents are included in the client file.
- If the file is complete and accurate, it will be submitted to the Billing Department for invoicing.
- If the file is incomplete, it will be returned to the Weatherization Coordinator for correction.
- After the file has been corrected, it will be returned to the QA Specialist for review and submission to the Billing Department.
- The QA Specialist will initial all files before forwarding to the Billing Department.

Finding 3: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP EHCS Specific Client File Requirements

Summary: CSD 710: DOE Priority Lists were missing from three (3) files and measures installed need to be verified that they correspond with the checklist.

Reference: 2015 DOE WAP 7.6

Action Required: The agency must provide supporting documentation to avoid disallowance of costs, and submit a Corrective Action Plan outlining the steps it will take to prevent recurrence of this issue. The plan should identify the procedures that will be adopted to ensure accuracy in reporting, and should include an implementation date.

Corrective Action Plan:

Attached are the three (3) CSD 710 forms that were not found in the client file. Although the forms were not in the file, the DOE Priority list was followed prior to measures being installed.

It is the Weatherization Coordinator's responsibility to review all Assessment forms and documents before measures are installed. This includes ensuring that the CSD 710 – DOE Priority Checklist form has been completed and is in the file before measures are installed. The Weatherization Coordinator initials the file once the review is completed. We have had staff changes in this position partially due to these oversight errors.

To strengthen the Quality Assurance process for our files the program is hiring a QA Specialist – the QA Specialist's main task will be to perform a final quality review on the files before submitting to Billing for invoicing. The QA Specialist will attend the basic weatherization, combustion appliance and duct/shell trainings provided by CSD. In addition, the QA Specialist will shadow the Assessors and Inspectors to learn the process of completing the CSD 540-Assessment form, CSD 611-Agency Weatherization Inspection Report, CSD 708-Mechanical Ventilation Assessment form and the CSD 710-DOE Priority Checklist form.

The quality review process will include the QA Specialist using the checklist, that identifies mandatory forms and documents that must be present in the client file. Once the home has been completed, which includes inspection, the client file will be submitted to the QA Specialist for review as follows:

- Using a checklist ensure mandatory forms and documents are present in the client file.
- Review all forms to ensure they are accurately completed and all necessary documents are included in the client file.
- If the file is complete and accurate, it will be submitted to the Billing Department for invoicing.
- If the file is incomplete, it will be returned to the Weatherization Coordinator for correction.
- After the file has been corrected, it will be returned to the QA Specialist for review and submission to the Billing Department.
- The QA Specialist will initial all files before forwarding to the Billing Department.

Monitoring Report E-16-009

Finding 2: PROGRAM POLICIES AND PROCEDURES: Record Keeping Responsibilities: Wx and/or ECIP
EHCS Specific Client File Requirements

	Client	Discrepancy	CAP of Kern's response
1.	Garcia, R.	Mechanical Ventilation on CSD 611, but not on agency install form	CAP of Kern did not invoice for Mechanical Ventilation for this client.
2.	Perla, M.	Cooling Source Replacement doesn't match with CSD 611 and other forms.	Client received dual pak and Inspectors checked both heating and cooling on CSD 611. On Agency Install form Heating Source Replacement was selected See attached invoice for this client showing that dual pak was installed.
3.	Moreno, R.	Duct Register Repair on CSD 611, but not on agency install form.	The Inspector indicated on the CSD 611 that the measure was assessed for but not installed since the measure was in place. CAP of Kern did not invoice for this measure.
4.	Velez, Z.	Dust Repair on agency install form, but not on CSD 611	The duct work was performed by in-house by Installers. See attached document. Inspector failed to include this measure in CSD 611.
5.	Sackett, K.	Replacement bulbs on agency install form and CAP 60, but not on CSD 611.	The Inspector failed to include the LED bulbs in the CSD 611. See attached document showing LED bulbs were installed in home.
6.	Abundis, R.	CSD 611 and CAP 60 billing printout do not match	Inspector failed to include the Kitchen Exhaust damper on CSD 611. Please see attached document showing measure was installed.

COMMUNITY ACTION PARTNERSHIP OF KERN CHECK REQUEST FORM

COPY

5005 Business Park North

Bakersfield, CA 93309-1651

(661) 336-5236

FAX (661) 325-2169

DATE OF REQUEST: 3/07/2016

CHECK AMOUNT: \$ 9,841.25

DATE CHECK NEEDED

SAGE CODE: Please see below

REQUESTED BY:

NAME: Terry Flores

FUND: 122

ACTIVITY: 040

FUNCTION: 131

Supervisor/Manager Signature

VENDOR INFORMATION:

Name on W-9: Oasis Air Conditioning, Inc.

DBA

ADDRESS 1000 E. Truxtun Ave.

CITY Bakersfield STATE CA ZIP 93305

NEW VENDOR: YES ☐

NO ☒

ALL CHECKS WILL BE MAILED UNLESS OTHERWISE INDICATED

☐ Return to:

W-9 Attached:

YES

☐

NO

☐

☐ Hold for Pickup

REASON FOR REQUEST: Invoice # S34223 Date: 2/16/2016; Martha Perla 21 Beech St. Bakersfield

Rooftop; ductwork ; and Water Heater

L15-689

P. O. Number (if used
or overage on P.O.)

Employee Reimbursement ☐

Vendor does not accept P. O.'s ☐

Other (Explain): 6530-122-040-131-000-35-3-1= \$ 2,930.00

7110-122-040-131-000-35-3-1= \$6,791.25

7115-122-040-131-000-35-3-1= \$ 120.00

SIGNATURE BELOW CERTIFIES THAT THE PROPOSED EXPENDITURE IS ALLOWABLE AND WITHIN CONTRACT LIMIT(S).

Linda M. Brown 3/8/16
MANAGER / ADMINISTRATOR (UP TO \$15,000/\$25,000) DATE

For Finance Division Use Only

DIVISION DIRECTOR (OVER \$ 15,000/\$25,000)

DATE

DIRECTOR OF FINANCE (OVER \$75,000)

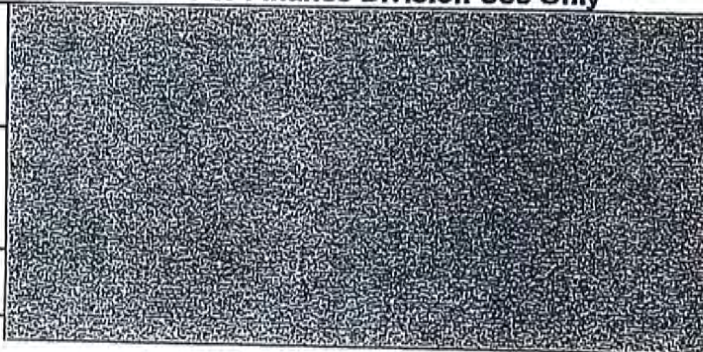
DATE

EXECUTIVE DIRECTOR (OVER \$100,000)

DATE

BOARD MEMBER (OVER \$200,000)

DATE



**Oasis Air Conditioning Inc.**1000 E Truxtun Ave
Bakersfield, Ca 93305(661) 322-2665
Fax (661) 322-6889
www.322cool.com**Invoice**

Number	Date
S34223	02/16/16

BILL TO: #KCE021COMMUNITY ACTION PARTNERSHIP/KERN
5005 BUSINESS PARK NORTH
BAKERSFIELD CA 93309**SERVICE PERFORMED AT:**21 BEECH ST
MARTHA PERLA
21 BEECH ST
BAKERSFIELD CA 93304Site #: L15-689 *L1 keep*

Return this portion with payment

Amount Paid: _____

Work Order Date	Call Slip Number	P.O. Number	Salesman	Terms	Contract #	Batch #
02/04/16	114978			30		

DESCRIPTIONBRAND [MODEL # / SERIAL #] SERVING AREA
RHEEM RGEA14042AJT08X / F311501257 RFTP
STATE GS640BCUTG400 / 1543J011146 40G HWHREMOVED WATER HEATER AND INSTALLED NEW. UPGRADED GAS
WATER LINE AND FLUE 100%. PERMIT FROM CITY OF BKFD.
REMOVED ROOFTOP HVAC SYSTEM AND INSTALLED NEW.
UPGRADED GAS, ELECTRICAL AND THERMOSTAT WIRE. ALL UP
TO CODE. HERS TESTED AND INSPECTED BY CITY OF
BAKERSFIELD.

INSTALLERS: VICENTE/MIKE G

CHARGES:

RFTP AC	DUCTWORK	WATER HEATER
PARTS \$4150.00	PARTS \$1100.00	PARTS \$900.00
TAX \$311.25	TAX \$82.50	TAX \$67.50
LABOR \$1000.00	LABOR \$1000.00	LABOR \$750.00
PERMIT \$60.00		PERMIT \$60.00
DUCT TEST \$180	TOTAL \$2182.50	
CRANE \$180.00		TOTAL \$1777.50

TOTAL \$5881.25

AS AGREED 9841.25

TOTAL \$ 9,841.25

Thank you for your business!

received
2/29/16

Duct Test Data Sheet

Agency/Contractor Community Action Partnership of Kern		Address 300 19th Street Bakersfield Ca 93301	
Customer: Last Name Velasquez		First Name Zulma	
Customer: Street Address 3418 Anderson St		Telephone Number (661) 431-9331	
Customer: City Bakersfield		ZIP Code 93307	

ESP (Economic Stop Parameters, Appendix E) and FAU System Airflow (Appendix F, Part 6) - Test Not Feasible/Refused—explain in "Comments" line.
Crew Persons: 1 • Duct ESP = 1-Hr. 53 CFM25, 1/2-Hr. 26.5 CFM25 • System Airflow = 1400 CFM
CEC Climate Zone: B • Duct Sealing is: ☒ CSD ☐ T-24 • Duct Tester Location: ☒ Return Grille ☐ FAU/Air Handler Inlet

☒ CSD Job—Start & Stop CFM25 • Total Leakage (with Duct Tester), ☐ Leakage to Outside (with Duct Tester & Blower Door)
START = (Airflow x 0.14) + 1/2-Hr ESP = 249 CFM25 • STOP = TARGET (Airflow x 0.14) = 196 CFM25 or ESP = 53 CFM25

☐ T-24 Job—Start & Stop CFM25 • Total Leakage (with Duct Tester), ☐ Leakage to Outside (with Duct Tester & Blower Door)
START = (Airflow x 0.15) = _____ CFM25 • STOP = (Airflow x 0.14) = _____ CFM25 or >60% Reduction = Below: _____ CFM25

PRE-Wx Tests Date: 1/11/16
☒ Calm, ☐ Windy: _____ mph
Duct Pre-Test Initial Duct Leakage (A): 810 CFM25 • Flow Ring: 0 1/2 3 • Time Avg: 1 Sec.
☐ "Can't Reach Pressure": Max Reached: _____ Pa (CRP Factor: _____) Reason: _____

POST-Wx Tests Date: 1/11/16
☒ Calm, ☐ Windy: _____ mph
Duct Post-Test Final Duct Leakage (B): 801 CFM25 • Flow Ring: 0 1/2 3 • Time Avg: 1 Sec.
☐ "Can't Reach Pressure": Max Reached: _____ Pa (CRP Factor: _____) Reason: _____

Leakage: Initial Leakage (A): 810 CFM25 • Final Leakage (B): 801 CFM25 • ESP Reached: ☒ Y N • Target Reached? Y ☒ N NO, Reason: (A - B) = Total Reduction (C) 9 CFM25 • (C ÷ A) x 100 = % Reduction (D): 1.1 % No other Leakage found

Duct Sealing Date: 1/11/16 • # Crew Persons: 2 • Duct Types: ☒ Plastic ☐ Metal • RIGID: ☒ Metal ☐ Fiberglass ☐ Building Cavity ☐ Wooden Platform
Hazardous Materials: ☒ Not present or Present at: ☐ Supply, ☐ Return • Comments: Part of groundwork, assessor doesn't have duct blaster

1st Work: Sealed Around Supply/Return on Roof Sealed @ Supply and Return in Attic and connected to duct and ground covers @ unit
Pre CFM25: 810 - Post CFM25: 801 = Reduction CFM25: 9 • Clock Hrs: 2 • ESP reached? Y N • Target reached? Y N

2nd Work: _____
Pre CFM25: _____ - Post CFM25: _____ = Reduction CFM25: _____ • Clock Hrs: _____ • ESP reached? Y N • Target reached? Y N

3rd Work: _____
Pre CFM25: _____ - Post CFM25: _____ = Reduction CFM25: _____ • Clock Hrs: _____ • ESP reached? Y N • Target reached? Y N

Test Name and First Initial of each Crew Member Conducting Test
Anderson
Barrington
Crew Leader's Signature
X [Signature]
Completion Date
1/11/16

*DG-700 automatically computes CRP—so CRP Factor is not used with DG-700.

Zulma Velez

Inspector's Proposed Improvements	Work Crew Improvements
Blanket: ☒ Needed MIP REF MLR MCBI: _____ Comments:	Water Heater Blanket: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: <u>HW is R-1b</u>
Water Pipewrap: ☐ Needed MIP MNN REF MLR <u>MCBI</u> <u>No Clearance</u> Comments:	Water Heater Pipewrap: ☐ Yes MIP MNN REF MLR <u>MCBI</u> <u>No Clearance</u> Comments:
Stove Exhaust Vent: ☐ Repair ☐ Replacement Size: _____ MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	Stove Exhaust Vent: ☐ Repair ☐ Replacement Size: _____ MIP <u>MNN</u> REF MLR MCBI: _____ Comments: <u>Recirculating</u>
INFILTRATION MEASURES/CATASTROPHIC LEAKS	
Glass: ☐ Single-Pane ☐ Dual-Pane ☐ Glass Co. Needed ☐ Catastrophic ☐ Infiltration MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	Glass: ☐ Single-Pane ☐ Dual-Pane ☐ Glass Co. Needed ☐ Catastrophic ☐ Infiltration MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
_____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane Windows: ☐ Glass Co. Needed ☐ Catastrophic ☐ Infiltration MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	_____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane Windows: ☐ Glass Co. Needed ☐ Catastrophic ☐ Infiltration MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
_____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane Doors: _____ Size: _____ X _____ X _____ Qty: _____ _____ X _____ X _____ Qty: _____ MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	_____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane Doors: _____ Size: _____ X _____ X _____ Qty: _____ _____ X _____ X _____ Qty: _____ MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
Cover Plate Gaskets: ☒ Needed MIP MNN REF MLR MCBI: _____ Comments: <u>14</u>	Cover Plate Gaskets: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
Switch/Outlet Cover Plates: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	Switch/Outlet Cover Plates: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
Drywall Patching: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	Drywall Patching: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
Duct Repair: ☐ Needed MIP MNN REF MLR MCBI: _____ Comments: <u>Please test @ groundwork</u>	Duct Repair: ☒ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
Duct Sealing: ☐ Needed MIP MNN REF MLR MCBI: _____ Comments: <u>Please test @ groundwork</u>	Duct Sealing: ☒ Yes MIP MNN REF MLR MCBI: _____ Comments: <u>both Baylark @ Plenum and ductwork</u>
Caulking: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	Caulking: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments:
Rigid Weather-stripping: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments:	Rigid Weather-stripping: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments:

Legend: MIP=Measure in Place,MNN=Measure Not Needed,REF=Refused,MLR=Maximum Level Reached,MCBI=Measure cannot be Installed

CSD DWELLING ASSESSMENT FORM

Section 1: Client/Dwelling Information

Client Name: <u>Kenneth L. Sackett</u>		Client Is: ☐ Owner ☒ Renter		Job Number: <u>216-150</u>	
Address: <u>830 Almond Ct. #104</u>					
City: <u>Wasco</u> <u>CA.</u>				Zip: <u>93280</u>	
Phone1: <u>(661) 758-2257</u>		☐ Home ☐ Work ☐ Cell		Phone2: () ☐ Home ☐ Work ☐ Cell	
Email:					
Sq Ft:		# Stories: <u>3</u>		Year Home Built: <u>2007</u> 	
Does Dwelling Have More Than One FAU? Y ☒ N		HPO #:		HUD Unit? Y ☒ N	
CEC Climate Zone: 1 2 3 4 5 6 7 8 9 10 11 12 ☒ 13 14 15 16					
Dwelling Type: ☐ SFD • ☐ Mobile • ☐ MUD (2-4 units) • ☒ MUD (5 or more units) • ☐ Unoccupied MUD • ☐ Shelter [# _____ Units # _____ Residents]					
Heating Type: ☐ Exterior Wall Direct Vent • ☒ Forced Air Unit (FAU) • ☐ Floor Furnace • ☐ Interior Wall Furnace • ☐ Package Unit • ☐ Wood Fueled Appliance • ☐ No Primary Heating • ☐ Other:					
Heat Fuel: ☒ Natural Gas • ☐ Propane (LP-Gas) • ☐ Electric • ☐ Wood • ☐ Fuel Oil • ☐ Kerosene • ☐ None • ☐ Fuel Change Req'd					
Cooling Type: ☒ Central AC • ☐ Wall AC • ☐ Window A/C • ☐ Evap Cooler Roof • ☐ Evap Cooler Wall • ☐ Evap Cooler Window • ☐ Fans • ☐ None • ☐ Other:					
Cooking Type: ☒ Range • ☐ Cooktop • ☐ None • ☐ Other:					
Cooking Fuel: ☒ Electric • ☐ Natural Gas • ☐ Propane • ☐ Wood • ☐ Fuel Oil • ☐ Kerosene • ☐ None • ☐ Other					
Water Heater Type: ☒ Conventional Storage • ☐ Instant-On Demand • ☐ Heat Pump • ☐ Ground Source Heat Pump • ☐ Integrated • ☐ Solar • ☐ None • ☐ Other:					
Water Heater Fuel: ☐ Electric • ☒ Natural Gas • ☐ Propane • ☐ Wood • ☐ Fuel Oil • ☐ Kerosene • ☐ None • ☐ Other					
Assessor / Auditor Printed Name:		1. <u>Horacio Romero</u>		Signature: 	
Time In:		<u>9:00</u>		Time Out: <u>11:00</u>	
Assessor / Auditor Printed Name:		2.		Signature:	
Time In:				Time Out:	
				Date: <u>4-18-16</u>	

Section 2: Diagnostic Tests & Lead-Safe Weatherization Requirements

Lead Renovator Req'd?	Pre-1978 home? Y ☒ N	Is home "Certified Lead Free"? Y ☒ N	Is Lead-safe Wx req'd? Y ☒ N
CAS:	Test Required? ☒ Y ☐ N	Pre-Test: N/A ☐ Pass ☐ Fail ☐	Post-Test: N/A ☐ Pass ☐ Fail ☐
Blower Door:	Test Required? Y ☒ N	Pre-Test: N/A ☐ Pass ☐ Fail ☐	Post-Test: N/A ☐ Pass ☐ Fail ☐
Duct Leakage:	Test Required? Y ☒ N	Pre-Test: N/A ☐ Pass ☐ Fail ☐	Post-Test: N/A ☐ Pass ☐ Fail ☐
Energy Audit:	Audit Required? Y ☒ N	Priority List: DOE Priority List Used? Y ☐ N	
Additional Forms Attached: CASIF ☐ Blower Door ☐ Duct Leakage ☐ Other ☐			

K. Sackett

CSD DWELLING ASSESSMENT FORM

Section 12: Infiltration Reduction—Shell Sealing, Continued

Walls	Y ☒ N	# Patches: _____	
Floors	Y ☒ N	# Patches: _____	
Damper	Y ☒ N	☐ Range hood, size: ☐ Fireplace, size:	
Other Weatherstripping		Qty Needed	Size / Type
Attic	Y ☒ N		
Crawlspace	Y ☒ N		
Appliance Door	Y ☒ N		
Other _____	Y ☒ N		
Notes on Infiltration Reduction – Shell Sealing:			

Section 13: Mechanical Ventilation

Existing?	Y ☒ N	Measured CFM	Type/Location:	Duct ok?	Y	N
Feasible?	Y ☒ N	Reason				
Required?	Y ☒ N	Required CFM	Type/Location:	Duct Material:		
Notes on Mechanical Ventilation:						

Section 14: Electric Baseload Measures

Measure	Qty Needed	Description / Location / Comments
Ceiling Fan	# 1	#1: at: <u>1-INSTALLED</u> Model: _____ Size: _____ ☐ Light Kit #2: at: _____ Model: _____ Size: _____ ☐ Light Kit
CFL Replacement Bulbs	# 6	# _____ Cluster Lighting, # _____ Others Sizes: _____ Locations: <u>9-23W-INSTALLED</u>
Fluorescent Torchiere Lamp	# 0	# Removed: _____ at: _____
Hard-Wired CF Fixture	# 0	#1: at: _____ Model: _____ ☐ Dry ☐ Damp ☐ Wet #2: at: _____ Model: _____ ☐ Dry ☐ Damp ☐ Wet
LED Night-Light	# 4	Location: <u>3 INSTALLED</u>
LED Replacement Bulbs	# 0	# <u>10 INSTALLED</u> Cluster Lighting, # _____ Others, at: _____ <u>10-25W-INSTALLED</u>
Microwave Oven	# 1	Ground OK? ☒ N • GFCI Needed? ☒ N • Extension Cord? ☒ N
Occupancy Sensor	# 0	Location: _____
Power Strip, Tier 2 Advanced	# 2	Location: <u>office / Living Room</u>
Water Heater Timer (Electric)	# 0	

1-MICROWAVE w/ MCD1311W
S# DJ15900512

CUSTOMER ASSESSMENT/WORK ORDER FORM

Name: Demigia R. Abundis

Tracking # L15.693

Address: 3525 Ridgemont St

Landlord/Manager Name
(if applicable)

Telephone:

Code: 9 3 3 1 3

Dwelling Type: Pre 1979 ☐ Yes ☒ No HUD-Funded ☐ Yes ☒ No Number of Units: 1
 Tenancy Status: ☒ Owner Occupied ☐ Rented ☐ Temporary/Group Shelter ☐ Residential Hotel
☐ Emergency Housing ☐ Farmworker Housing ☐ LIC Comm. Care Facility ☐ Vacant

Number of Occupants in Home: 3

Building Structure Type: ☐ Mobile Home ☒ Single Story ☐ Multi Story ☐ Wood ☐ Brick ☒ Stucco

Appliance Type: All Electric ☐ Yes ☒ No

Cooking: Energy: ☒ Gas ☐ Electric ☐ Propane ☐ Wood Other: _____

Heater: Operational Status: ☒ Operational ☐ Non Operational ☐ In Crisis ☐ Not Available
☐ Wall Furnace ☐ Forced Air Unit ☒ Package Unit ☐ Floor ☐ None Other: _____

Energy: ☒ Gas ☐ Electric ☐ Propane ☐ Wood ☐ Other: _____

Operational Status: ☒ Operational ☐ Non Operational ☐ In Crisis ☐ Not Available

Cooling: Air Conditioning: ☒ Central ☐ Wall ☐ Window ☐ None

Evaporative Cooler: ☐ Rooftop ☐ Wall ☐ Window ☒ None

Operational Status: ☒ Operational ☐ Non Operational ☐ In Crisis ☐ Not Available

Water Heater: Energy: ☒ Gas ☐ Electric ☐ Propane ☐ Wood ☐ Other: _____

Operational Status: ☐ Operational ☐ Non Operational ☒ In Crisis ☐ Not Available

Assessor: Henry Degarmon

Assessment Completion Date: 12-11-15

Assessor's Proposed Improvements

Work Crew Improvements

GAS APPLIANCE REPAIR/REPLACEMENT

Main Heating System: ☐ Repair ☐ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Thermostat: ☐ Manual ☒ Programmable

MIP MNN REF MLR MCBI: _____
 Comments: _____

Main Cooling System: ☐ Repair ☐ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Gas Range/Cooktop: ☐ Repair ☐ Replacement

Size: _____
 MIP MNN REF MLR MCBI: _____
 Comments: _____

Gas Water Heater: ☒ Repair ☐ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Electric Water Heater: ☐ Repair ☐ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Main Heating System: ☐ Repair ☐ Replacement

Filter Replaced: ☒ Yes Size 14 x 25

MIP MNN REF MLR MCBI: _____
 Comments: _____

Thermostat: ☐ Manual ☐ Programmable

Non Programmable
 MIP MNN REF MLR MCBI: _____
 Comments: did not have lithium batteries.
 during ground work.

Main Cooling System: ☐ Repair ☐ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Gas Range/Cooktop: ☐ Repair ☐ Replacement

Size: _____
 MIP MNN REF MLR MCBI: _____
 Comments: _____

Gas Water Heater: ☐ Repair ☒ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Electric Water Heater: ☐ Repair ☐ Replacement

MIP MNN REF MLR MCBI: _____
 Comments: _____

Legend: MIP=Measure In Place, MNN=Measure Not Needed, REF=Refused, MLR=Maximum Level Reached, MCBI=Measure cannot be installed

R. H. Bend is

Owner's Proposed Improvements					Work Crew Improvements				
Water Heater Blanket: ☒ Needed MIP REF MLR MCBI: _____ Comments: _____					Water Heater Blanket: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: <u>Hot Leaking? new HWH Present</u>				
Water Pipewrap: ☐ Needed MIP MNN REF MLR MCBI: _____ Comments: _____					Water Heater Pipewrap: ☐ Yes MIP MNN REF MLR <u>MCBI</u> <u>no clearance</u> Comments: _____				
Stove Exhaust Vent: ☒ Repair ☐ Replacement Size: _____ MIP MNN REF MLR MCBI: _____ Comments: <u>7" Damper</u>					Stove Exhaust Vent: ☒ Repair ☐ Replacement Size: <u>7" Damper installed</u> MIP MNN REF MLR <u>MCBI</u> <u>unit</u> Comments: <u>Wt of metal tank, and white caulk around vent pipe.</u>				
INFILTRATION MEASURES/CATASTROPHIC LEAKS									
Glass: ☐ Single-Pane ☐ Dual-Pane ☐ Glass Co. Needed ☒ Catastrophic ☐ Infiltration MIP MNN REF MLR MCBI: _____ Comments: _____ _____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane Windows: ☐ Glass Co. Needed ☐ Catastrophic ☐ Infiltration MIP MNN REF MLR MCBI: _____ Comments: _____ _____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane					Glass: ☐ Single-Pane ☐ Dual-Pane ☐ Glass Co. Needed ☒ Catastrophic ☐ Infiltration MIP MNN REF MLR MCBI: _____ Comments: _____ _____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane Windows: ☐ Glass Co. Needed ☐ Catastrophic ☐ Infiltration MIP MNN REF MLR MCBI: _____ Comments: _____ _____ X _____ X _____ X _____ X _____ X _____ X ☐ Sliding Glass Door ☐ Single-Pane ☐ Dual-Pane				
Doors: _____ X _____ X _____ Qty: _____ _____ X _____ X _____ Qty: _____ MIP MNN REF MLR MCBI: _____ Comments: _____ ☐ Catastrophic ☐ Infiltration Cover Plate Gaskets: ☒ Needed MIP MNN REF MLR MCBI: _____ Comments: <u>15</u>					Doors: _____ X _____ X _____ Qty: _____ _____ X _____ X _____ Qty: _____ MIP MNN REF MLR MCBI: _____ Comments: _____ ☐ Catastrophic ☐ Infiltration Cover Plate Gaskets: ☐ Yes MIP MNN REF MLR MCBI: <u>unit</u> Comments: <u>5 gaskets installed, others are in place</u>				
Switch/Outlet Cover Plates: ☒ Needed MIP MNN REF MLR MCBI: _____ Comments: <u>1</u>					Switch/Outlet Cover Plates: ☐ Yes MIP MNN REF MLR MCBI: <u>unit</u> Comments: <u>Single outlet cover behind refrigerator</u>				
Drywall Patching: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____					Drywall Patching: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____				
Duct Repair: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____					Duct Repair: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____				
Duct Sealing: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____					Duct Sealing: ☐ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____				
Caulking: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____					Caulking: ☒ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: <u>white caulk around Plumbing Penetrations, around stove vent, and garage threshold.</u>				
Rigid Weather-stripping: ☐ Needed MIP <u>MNN</u> REF MLR MCBI: _____ Comments: _____					Rigid Weather-stripping: ☒ Yes MIP <u>MNN</u> REF MLR MCBI: _____ Comments: <u>2 Kerf weatherstrip kits.</u>				

Legend: MIP=Measure in Place,MNN=Measure Not Needed,REF=Refused,MLR=Maximum Level Reached,MCBI=Measure cannot be Installed

Inspector's Proposed Improvements	Work Crew Improvements
☐ To obtain combustion air for this appliance: vents will be _____ installed at: _____ Clients Initials: _____	☐ To obtain combustion air for this appliance: vents will be _____ installed at: _____ Clients Initials: _____
☐ Gas leak is present in this location: _____ and it is _____ understood caution is required until leak is repaired. Clients Initials: _____	☐ Gas leak is present in this location: _____ and it is _____ understood caution is required until leak is repaired. Clients Initials: _____
☐ Because furnace flue pipe is close to evap. cooler vent cover(s) must be in place during heating season. Clients Initials: _____	☐ Because furnace flue pipe is close to evap. cooler vent cover(s) must be in place during heating season. Clients Initials: _____
☐ Fireplace damper must be open for gas log. Clients Initials: _____	☐ Fireplace damper must be open for gas log. Clients Initials: _____
MHR DESCRIPTION	
Detailed description of minor home repair work done: 1 Single outlet cover installed behind the refrigerator. A 7" damper was installed inside of the stove exhaust vent.	
Printed Name of Crew Member: <u>Taylor, Flores</u>	
Signature of Crew Member: <u>[Signature]</u>	<u>3-17-16</u>
Client Assurance: <u>[Signature]</u>	
Signature: <u>[Signature]</u>	<u>3-17-16</u>
I agree that the work described above has been performed satisfactorily and that the premises were left clean.	
Quality Assurance: <u>[Signature]</u>	
Signature: <u>[Signature]</u>	Date: <u>3-25-16</u>
The above materials have been installed according to the contract/installation standards.	
Contractor Certification: _____	
Signature: _____	Date: _____
I hereby certify that the above information is true. All proper documentation supporting this claim is on file available for audit.	

R. Abundis

CLIMATE ZONE	13
BUDG. TYPE	SFD POST-1950 WITH A/C

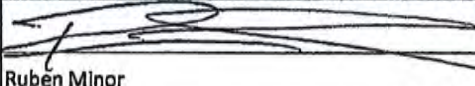
DOE PRIORITY LIST CHECKLIST

CLIENT INFORMATION					
CLIENT	Rolando A. Garcia			JOB #	DOE-007
ADDRESS	8408 Verona Dr.				
CITY/STATE	Bakersfield			ZIP	93313
AUDIT CONDUCTED REPAIRS ONLY (If Yes, check box)				Yes	☒ No
MEASURE INSTALLED IN SIR ORDER					
		FEASIBLE	ALREADY PRESENT	OTHER	EXPLANATION (OTHER)
PROGRAMMABLE THERMOSTAT	10.2		☒		
CEILING INSULATION (When R-0, increase to min. R-30; Max. R-38)	6.2		☒		
WALL INSULATION (R-11 TO R-13, based on type)	5.3		☒		
CEILING INSULATION (When R-12 to R-19, increase to min. R-30; Max. R-38)	1.3		☒		
CEILING INSULATION (When R-1 to R-11, increase to min. R-30; Max. R-38)	1.2		☒		
ASSESSOR SIGNATURE					
ASSESSOR NAME (PRINT)		Ruben Minor			
ASSESSMENT DATE		4/1/2016			

Feasible measures must be installed in SIR order.

CLIMATE ZONE	13
BLDG TYPE	SFD POST-1950 WITH A/C

DOE PRIORITY LIST CHECKLIST

CLIENT INFORMATION						
CLIENT	Rosa Malagon De Moreno			JOB #	DOE-005	
ADDRESS	926 Walnut Dr.					
CITY/STATE	Arvin			ZIP	93203	
AUDIT CONDUCTED BY (Client Representative Signature)				Yes	<u>No</u>	
MEASURE INSTALLED IN SIR ORDER		SIR	FEASIBLE	ALREADY PRESENT	OTHER	EXPLANATION (OTHER)
PROGRAMMABLE THERMOSTAT		10.2		✓		
CEILING INSULATION (When R-0, increase to min. R-30; Max. R-38)		6.2		✓		
WALL INSULATION (R-11 TO R-13, based on type)		5.3		✓		
CEILING INSULATION (When R-12 to R-19, increase to min. R-30; Max. R-38)		1.3		✓		
CEILING INSULATION (When R-1 to R-11, increase to min. R-30; Max. R-38)		1.2		✓		
ASSESSOR SIGNATURE						
ASSESSOR NAME (PRINT)		Ruben Minor				
ASSESSMENT DATE		1/13/2016				

Feasible measures must be Installed in SIR order.

CLIMATE ZONE	13
BLDG TYPE	SFD POST-1950 WITH A/C

DOE PRIORITY LIST CHECKLIST

CLIENT INFORMATION						
CLIENT	Zulma E. Velez			JOB #	DOE-003	
ADDRESS	3418 Anderson St.					
CITY/STATE	Bakersfield			ZIP	93307	
ASSESSMENT CONDUCTED BY C/A/ ONE (If not, list name)	Yes			No		
MEASURE INSTALLED IN SIR ORDER		SIR	FEASIBLE	ALREADY PRESENT	OTHER	NON-FEASIBILITY JUSTIFICATION EXPLANATION (IF ANY)
PROGRAMMABLE THERMOSTAT	10.2			✓		
CEILING INSULATION (When R-0, increase to min. R-30; Max. R-38)	6.2			✓		
WALL INSULATION (R-11 TO R-13, based on type)	5.3			✓		
CEILING INSULATION (When R-12 to R-19, increase to min. R-30; Max. R-38)	1.3			✓		
CEILING INSULATION (When R-1 to R-11, increase to min. R-30; Max. R-38)	1.2			✓		
ASSESSOR SIGNATURE						
ASSESSOR NAME (PRINT)						
ASSESSMENT DATE						

Feasible measures must be installed in SIR order.



LINNÉ K. STOUT
DIRECTOR

State of California-Health and Human Services Agency
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
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EDMUND G. BROWN JR.
GOVERNOR

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Audit Committee.*

March 3, 2017

Jeremy Tobias, Executive Director
Community Action Partnership of Kern County
5005 Business Park North
Bakersfield, CA 93309

Dear Mr. Tobias:

Thank you for your response to the Findings #1- 3 detailed in Monitoring Report E-16-009. Your agency's response submitted on February 21, 2017, does sufficiently address the Findings. Based on the review of your information, Field Operations Unit considers the Findings closed. However, your response and backup documentation is subject to a final review by CSD's Field Operations Unit during the next site visit.

Please refer to the report number, referenced above, in any future communication regarding this report. Please contact me at (916) 576-4356 or via email at Darrell.Scheidegger@csd.ca.gov if you have questions or concerns regarding this letter.

Thank you for your dedication and commitment to serve low-income individuals and families in our community. I look forward to working in partnership with you to develop innovative and effective programs as well as strengthen our capacity to improve the lives of those living in poverty and ultimately reduce poverty in California.

Sincerely,

DARRELL SCHEIDEGGER
Field Representative

cc: James Camp, Board Chair

