



Pinal County Workforce Development Board – Program Year (PY) 2021

Pinal County Workforce Development Board Monitoring Youth Program Corrective Action Plan – PY 2021

NAME OF ORGANIZATION: Central Arizona College
PROGRAM NAME: Youth

Finding #1 Delayed Case Closures

Cases remained open beyond the time period when services were being provided. Case notes indicated that participants could not be reached for several months in a row, but services remained open on the Service & Training (S&T) Plan in the AJC system. The dates on the S & T plan must reflect the actual start and end dates of each service provided. Since a number of the performance measures are “exit based” – it is critical that services be ended timely and accurately for reporting integrity.

Action Steps	Responsible Lead	Start Date	Target Completion Date	Status
Close all services on last date of contact when there has been no contact for 30 days.	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Open and close one-time services on the same day	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Open and close services to reflect actual service dates	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Monthly internal auditing of 1-2 case files to support CPs and confirm CAP compliance	Director and Asst. Director	07/01/2022	06/30/2023	Document created and implemented to conduct internal file reviews. Any findings addressed with CP



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Finding #2 Case notes not unique to the participant/ Case notes listed services not provided to the participant

Case notes indicate services were provide that were not provided. Case notes were not unique to the participant.

Action Steps	Responsible Lead	Start Date	Target Completion Date	Status
Discontinue use of template, instead use a list of requirements (scaffolding, not replicating) for each note to ensure all requirements are met and each note is unique to the participant	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure and the scaffolding list has been created
Services will not be case noted until the CP can confirm that the services was utilized by the participant	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Monthly internal auditing of 1-2 case files to support CPs and confirm CAP compliance	Director and Asst. Director	07/01/2022	06/30/2023	Document created and implemented to conduct internal file reviews. Any findings addressed with CP



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Finding #3 Services listed on the S & T Plan in the AJC system were not provided.

Services that were not provided were added to the S & T Plan in the AJC system. Additionally, dates on the S & T Plan did not reflect the actual service dates. Services must not be added to the S & T Plan until the service is provided. For example, supportive services must be added on the day that the supportive service is provided, and closed the same day.

Action Steps	Responsible Lead	Start Date	Target Completion Date	Status
Services will not be added until CP can confirm that the service was utilized by the participant	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Dropout recovery services will be added the first day a participant receives academic supports	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Dropout recovery services will be closed when the participant is no longer	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure



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receiving academic supports whether it is due to goal completion or stopping out				
Services will be opened and closed on the dates that reflect service	Career Planner	07/01/2022	On-going program procedure	All staff has been trained on this procedure
Monthly internal auditing of 1-2 case files to support CPs and confirm CAP compliance	Director and Asst. Director	07/01/2022	06/30/2023	Document created and implemented to conduct internal file reviews. Any findings addressed with CP

In addition to the Corrective Action Plan outlined above, the program has created and implemented a Pre-CAP plan. This plan outlines the observations mentioned in monitoring letters for the past two years and creates a framework for addressing the issues prior to them becoming findings. The team has created deadlines, identified responsible parties, and implemented internal procedures to tackle issues of documentation of work and clarity of purpose as highlighted in the monitoring letter.

In addition, 25% of applicant approvals will be audited for accuracy and completion at time of requested approval.

The purpose of these guides is to support the program as they continue their efforts to assist participants and develop innovative ways to address these challenging during ever-changing times. The Pre-CAP plan will be updated as needed and discussed at staff meetings bi-weekly as will the results of all internal monitoring.