

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Contra Costa County Economic Opportunity Council (EOC) to a majority of members of the EOC less than 96 hours prior to that meeting are available for public inspection at 1470 Civic Ct. Suite 200, Concord, CA 94520 during normal business hours.

Agenda

Group/Meeting Name: EOC Business Meeting

Date: 12/14/2023 **Time: From:** 6:00 p.m. **To** 7:30 p.m.

Location: **In-person:** 1470 Civic Court, Suite 200, Conf. Room #207, Concord

On-line/Call-in PUBLIC ACCESS: The public may attend this meeting in person at the above location. The public also may attend this meeting remotely via Zoom or call-in. Login information and call-in information is provided below. For Public Comment Instructions, please refer to the bottom of this agenda.

On-line/Call-in ZOOM: <https://cccouny-us.zoom.us/j/84263440280?pwd=9vMY9TLNqDOyOJHBqBZjlGEonEuVsZ.1>

Password: 119756
Meeting ID: 842 6344 0280
Call In: 1-888-278-0254
Conference Code: 812185
Password: 119756

HOW TO PROVIDE PUBLIC COMMENT: refer to the bottom of this agenda.

Meeting Leader: Renee Zeimer, Chair

Purpose: To Conduct EOC Business Meeting

The Economic Opportunity Council will provide reasonable accommodations for persons with disabilities planning to participate in EOC meetings. Please contact staff at least 24 hours before the meeting at rward@ehsd.cccounty.us or creich@ehsd.cccounty.us. Persons who wish to address the EOC during the public comment or with respect to an agenda item may email their comments rward@ehsd.cccounty.us or creich@ehsd.cccounty.us before or during the meeting, or should join the teleconference meeting prior to the meeting to state their intent to provide public comments and will be limited to two minutes. All votes taken during a teleconference will be by roll call. The Board Chair may reduce the amount of time allotted per speaker at the beginning of each item or public comment period depending on the number of speakers and the business of the day. Your patience is appreciated.

By the end of this meeting, we will:

1. Understand the desired outcomes and ground rules.
2. Receive any public comments.
3. **Action:** Review and approve the draft November 9, 2023 EOC Business Meeting minutes.
4. Receive Fiscal Reports
5. **Action:** Review and approve the 2024 CSBG Budget for Contract #24F-3007
6. Receive 2023 CSD Desk Audit Report and Discuss Next Steps
7. Receive 2023 Monitoring Plan Update and Training on Monitoring Process
8. Receive Update on RFP 1204 and Training on Scoring Applications
9. Receive CSB staff and EOC Member reports.
10. Identify next steps.
11. Evaluate the meeting.

Agenda

What

How

Who

Time

1. Review Desired Outcomes & Meeting Rules	Present Clarify Check for Understanding	Volunteer	2 Minutes
2. Public Comment	Present	Members of the Public	3 Minutes
3. Action: Review and approve the draft November 9, 2023 EOC Business Meeting minutes.	Present Clarify Check for Understanding	Renee Zeimer	5 Minutes
4. Fiscal Reports: <ul style="list-style-type: none"> CSBG Expenditure Report for October for Grant #23F-4007 Statuses on demands received, paid, and pending for Program Year 2023-2024 Grant #23F-4007 	Present Clarify Check for Understanding	Michael Morris & Roshunda Ward	5 Minutes
5. Action: Review and approve the draft 2024 CSBG Budget for Contract 24F-3007	Present Clarify Check for Understanding	Michael Morris & Roshunda Ward	15 Minutes
6. Receive 2023 CSD Desk Audit Report and Discuss Next Steps	Present Clarify Check for Understanding	Christina Reich	10 Minutes
7. Receive 2023 Monitoring Plan Update and Training on Monitoring Process	Present Clarify Check for Understanding Check for Approval	Christina Reich	15 minutes
8. Receive Update on RFP 1204 and Training on Scoring Applications <ul style="list-style-type: none"> NOTE: RFP AD HOC meeting on January 11, 2024 at 6pm to decide who is funded! 	Present Clarify Check for Understanding Check for Approval	Christina Reich	15 Minutes
9. Reports: <ul style="list-style-type: none"> CSB Director <ul style="list-style-type: none"> Head Start Update CSB Staff Chair <ul style="list-style-type: none"> AB 817 Update Other member reports <ul style="list-style-type: none"> Measure X 	Present Clarify Check for Understanding	Group	15 Minutes
10. Next Steps	Present Clarify Check for Understanding	Melissa Molina	3 Minutes
11. Meeting Evaluation	Plus/Delta	Melissa Molina	2 Minutes

HOW TO PROVIDE PUBLIC COMMENT:

Persons who wish to address the EOC during public comment on matters within the jurisdiction of the EOC that are not on the agenda, or who wish to comment with respect to an item on the agenda, may comment in person, via Zoom, or via call-in. Those participating in person should come to the podium when called upon. Those participating via

*Zoom should indicate they wish to speak by using the “raise your hand” feature in the Zoom app. Those calling in should indicate they wish to speak by pushing *9 on their phone.*

All public comments will be limited to 2 minutes per speaker.

For assistance with remote access contact: (925) 608-8819

Public comments may also be submitted before the meeting by email at creich@ehsd.cccounty.us or by voicemail at (925) 608-8819. Comments submitted by email or voicemail will be included in the record of the meeting but will not be read or played aloud during the meeting



Economic Opportunity Council (EOC) Business Meeting Minutes

Location: 1470 Civic Court, Suite 200, Conf. Room #207, Concord



Date: 11/9/2023

Time Convened: 6:08 pm

Time Terminated: 7:42 pm

Recorder: Melissa Molina

Meeting attendees: Renee Zeimer, Devlyn Sewell, Ajit Kaushal, LaTonia Peoples-Stokes, Alison McKee, Monisha Merchant, Patricia Campbell, Tim Barrow, Desire Medlen

Absentees: Matt Rogers

Staff: Christina Reich, Roshunda Ward, Melissa Molina, Michael Morris

Guest: none

Quorum: Yes

TOPIC	RECOMMENDATION / SUMMARY
Review desired outcomes and ground rules.	<ul style="list-style-type: none">Chair Zeimer called the meeting to order at 6:08 pm and reviewed the desired outcomes and meeting rules.
Public Comment	<ul style="list-style-type: none">None
Action: <ul style="list-style-type: none">➤ Approve the draft of October 26, 2023 Informational Business Meeting minutes	A motion to approve the draft October 26, 2023 EOC Informational Meeting minutes was made by Campbell and seconded by Merchant. Minutes approved by acclamation.

TOPIC	RECOMMENDATION / SUMMARY
<p>Action:</p> <ul style="list-style-type: none"> Ratify recommendations made on October 26, 2023 EOC Informational Meeting due to lack of quorum. 	<p>Reich explained that because we did not achieve quorum at the October meeting, all actions taken much be ratified via a formal approval process.</p> <p>Merchant made a motion to formally approve recommendations taken at the 10/26/23 EOC informational meeting:</p> <ul style="list-style-type: none"> To approve the appointment of Victor Tiglao to the EOC. To approve the appointment of Dr. Karen Coleman to the EOC. To approve the Business Meeting Minutes of 6/13/23 as written. To approve Amendment #2 for Grant #23F-4007 using Option #3 as presented. To approve the 2024-2026 CSBG RFP as presented. To approve Renee Zeimer as Chairperson. To approve Devlyn Sewell as Vice Chair. To approve Tim Barrow as Secretary. To approve Monisha Merchant as EOC Community Representative to the Head Start Policy Council. <p>The motion was seconded by Campbell.</p> <p>The motion passed with EOC members voting as follows: Ayes: 9 Nays: 0 Abstentions: 0 Absent: 1</p>
<p>Fiscal Reports:</p> <ul style="list-style-type: none"> CSBG-Expenditure Report for September for Grant #23F-4007 	<ul style="list-style-type: none"> Morris presented the September 2023 expenditure report. Reich stated that footnotes will be added to the expenditure report on the next packet. Ward advised members that demands are pending at the ACO's office for payment; she is following up on a weekly basis. Reich reported to members that we had a subcontractor meeting regarding demands. The process has been streamlined and Roshunda created a single budget form for subcontractors to use and they are very happy. Ward explained how demands are processed and the turnaround time for each step in the process. Reich explained we have a new system called Workday that started in April, which caused delays. However, things are moving more quickly now.

TOPIC	RECOMMENDATION / SUMMARY
<p>Action:</p> <ul style="list-style-type: none"> Review and approve the Phase I of the Triennial Review Survey 	<ul style="list-style-type: none"> Reich advised members that this Triennial Review covers 2020, 2021 and 2022 and is due on 12/1/2023. It was emailed to all members by Reich once it was approved at the executive meeting for further input. Kaushal found a correction that needs to be made on page 10 and Reich made the correction in real time. Reich reviewed the report and all the items that were changed since the last meeting. The issue of not meeting quorum was addressed in the report. Members were reminded that quorum must be met in person, not via zoom. Two new members have been appointed who will start in December; this will bring us up to 12 members. Reich explained that we have two BOS vacancies for Supervisor Gioia, District 1 and Supervisor Glover, District 5 and they are doing a great job recruiting. <p>A motion to approve the triennial review survey was made by Barrow and seconded by Peoples-Stokes.</p> <p>The motion passed with EOC members voting as follows: Ayes: 9 Nays: 0 Absentions:0 Absent: 1</p>
<p>Action:</p> <ul style="list-style-type: none"> Review and approve the EOC Annual Report to the Board of Supervisors 	<ul style="list-style-type: none"> Reich spoke about the Annual Report and that it's due every year in December. This report covers January 2023 through December 2023. The activities, accomplishments, attendance/representation, training/certification, and proposed work plan/objectives for next year were reviewed. Reich reiterated the importance of members completing all three training courses by 11/15/2023 so we can include training certifications in our submission. <p>A motion to approve the EOC Annual report for 2023 was made by McKee and seconded by Merchant.</p> <p>The motion passed with EOC members voting as follows: Ayes: 9 Nays: 0 Absentions:0 Absent: 1</p>
<p>Discussion:</p> <ul style="list-style-type: none"> Discuss and Sign Up for 2023 CSBG Onsite Monitoring 	<ul style="list-style-type: none"> Reich stated that there will be two parts to this year's onsite monitoring. Vice Chair Sewell asked to combine an outreach activity with the onsite monitoring, outreach funds are available. There is a list of subcontractors; staff are required to monitor the effectiveness and requirements that they said they will provide and will be accompanied by an EOC member.

TOPIC	RECOMMENDATION / SUMMARY
	<ul style="list-style-type: none"> • There will be a tool used for observations, staff will stay longer to review 3 random files to ensure income eligibility and that case plans are in place. • All 9 members selected a subcontractor to monitor. • Molina will work with each member and the agency for what best time works. • All onsite monitoring must be done by the end of January 2024. • Vice Chair Sewell would like to provide outreach materials to sub-contractors for their clients. Last year's backpacks included socks, snacks, first aid supplies and the cost were approx. \$75.00 each and she would like to repeat it this year. • Staff will work with Sewell on what's needed for the backpacks. <p>A motion to approve spending the unobligated outreach balance for purchasing back packs and additional items to include in each one was made by Campbell and seconded by Sewell.</p> <p>The motion passed with EOC members voting as follows: Ayes: 9 Nays: 0 Absentions:0 Absent: 1</p>
Reports: <ul style="list-style-type: none"> • CSB Director • CSB Staff • EOC Chair • EOC Members 	<ul style="list-style-type: none"> • Director Report: Interim Director Robb unable to attend due to her limited work hours as a retiree. Reich gave the director's report stating that CSB is in the process of recompeting for its Head Start/Early Head Start grant. A federal review was done at the end of July 2023 due to governance, fiscal and health safety issues. CSB made all the corrections and that was the purpose of the review in July. However, the report normally takes 6 weeks, but CSB has not heard back. Due to these issues, it placed CSB in recompetition for 29 million dollars in Head Start funding, which will go out for bid, and anyone can apply to run our program. If we don't pass the review from July, we will not be able to apply for any grants, but it will be appealed very strongly. Our teachers have job security due to the national teacher shortage. Therefore, if any program takes over their jobs will be secure. Our 5-year grant ends at the end of 2023, but it was extended until 06/30/2024. Barrow asked if Reich can provide a status at our next meeting, per Reich, she will bring it up at every business meeting. • Staff Report: Reich shared a handout with information about why we had to do an RFP instead of an RFI this year and reviewed the CSBG RFP 1204 Timeline. EOC will review and evaluate the applications which will be delivered directly to their home between December 20 and 23, along with the score

TOPIC	RECOMMENDATION / SUMMARY
	<p>sheets. We will need a decision on who will be funded by 01/12/2024. We will talk about this in our December 2023 meeting. We will conduct the negotiations via an AD HOC meeting in lieu of our January 11, 2024 business meeting, which requires a quorum but allows us to teleconference.</p> <ul style="list-style-type: none"> • Chair Report: Chair Zeimer has been talking to Assemblymember Blanca Pacheco and legislative members and is working on getting a hearing on AB 817 regarding Brown Act reform. Zeimer stated that CalCAPA conference went well; she enjoyed the sessions and spending time with Molina and Ward. • McKee: The library is asking for 1.5 million in Measure X funds for staffing to support low-income families. There is a position for example for the adult literacy program to bolster the English learners program. There is a position in the collection's development department. There is also a position for someone to work with all the 19 local school districts for every student to have a library account using their school ID's. This will go to the BOS for approval. Zeimer suggested that EOC members can help by writing a letter to support, therefore McKee will send the information that she shared with the commission with Molina to send it out to all the EOC members. On 11/15/2023 the library will be launching their first early literacy van at Monument Crisis Center from 2pm to 4pm. The measure X funds are designated for the librarian and driver.
Next Steps	<p><u>Next Steps</u></p> <ul style="list-style-type: none"> • Molina to follow up with McKee and Sewell regarding their training. • Staff will contact Sewell for outreach ideas and will place orders for outreach supplies. • Melissa will connect with members to schedule monitoring visits.
Evaluate the Meeting	<ul style="list-style-type: none"> • Plus – everything went well. • Delta – none.

Community Services Block Grant											
Monthly Expenditures											
2023 Contract # 23F-4007											
Term: Jan 1, 2023 through May 31, 2024											
Revised to Include Amendment 2											
				35%	41%	47%	53%	59%	35%	65%	
Line		sub	Original	Jun	Jul	Aug	Sep	Oct	YTD		
Item	Description	object	Budget	2023	2023	2023	2023	2023	Total	Balance	% Spent
	ADMINISTRATIVE COSTS:										
1	Salaries and Wages	1011	16,609	-	-	3,803.86	2,603.36	-	6,407.22	10,201.78	39%
2	Fringe Benefits		12,125	883.08	-	2,623.33	1,767.78	37.22	5,311.41	6,813.59	44%
3	Other Costs-Indirect Costs		72,000	19,613.73	-	4,465.18	1,893.22	1,966.87	27,939.00	44,061.00	39%
	Total Administrative Costs		100,734	20,496.81	-	10,892.37	6,264.36	2,004.09	39,657.63	61,076.37	39%
	PROGRAM COSTS:										
1	Salaries and Wages	1011	272,826	11,596.29	18,536.68	15,485.59	7,202.16	11,600.27	64,420.99	208,405.01	24%
	Student Interns		113,057	481.01	2,873.53	4,257.92	1,507.23	1,579.00	10,698.69	102,358.31	9%
2	Fringe Benefits		124,245	6,925.59	10,504.84	5,352.13	3,244.89	5,590.52	31,617.97	92,627.03	25%
3	Operating Expenses		20,503	6,084.45	1,178.39	5,488.68	320.71	1,719.65	14,791.88	5,711.12	72%
	Office Expense*	2100/00	6,365	4,742.49	1,122.28			(185.01)	5,679.76	685.24	89%
	Communications	2110	1,535	241.31		793.48	263.70	27.10	1,325.59	209.41	86%
	Tel Exchange Service	2111	1,725	44.77	56.11	56.27	57.01	56.21	270.37	1,454.63	16%
	Membership Dues	2200	6,650	-		4,495.00		-	4,495.00	2,155.00	68%
	Local Travel Coferences	2300/00	4,228	1,055.88		143.93		1,821.35	3,021.16	1,206.84	71%
	Supplies for Outreach/Homeless	150/24	11,043	1,082.14	1,443.36	1,114.43			3,639.93	7,403.07	33%
4	Out-of-State Travel		7,119	-	-	-	3,495.00	-	3,495.00	3,624.00	49%
5	Subcontractor Services		409,000	80,762.19	6,078.04	35,907.00	11,816.65	35,526.98	170,090.86	238,909.14	42%
1	Opportunity Junction, Inc	2310	36,000	6,000.00	3,000.00	3,000.00		3,000.00	15,000.00	21,000.00	42%
2	GRIP	2310	26,000	20,161.85		6,543.13			26,704.98	(704.98)	103%
3	The Contra Costa Clubhouse Inc	2310	35,200	-		-			-	35,200.00	0%
4	CC Interfaith (Hope Solutions)	2310	36,200	8,082.25		2,334.16			10,416.41	25,783.59	29%
5	White Pony Express	2310	37,000	-		-		16,266.00	16,266.00	20,734.00	44%
6	Bay Area Legal Aid (BALA)	2310	29,000	9,894.00		4,515.00			14,409.00	14,591.00	50%
7	STAND!	2310	33,000	-	1,201.44	1,016.13		1,098.31	3,315.88	29,684.12	10%
8	Loaves and Fishes of Contra Costa	2310	27,000	-		6,098.00	11,816.65	7,104.78	25,019.43	1,980.57	93%
9	Monument Crisis Center	2310	33,200	-		-			-	33,200.00	0%
10	St. Vincent de Paul	2310	26,200	16,623.77	1,876.60	-			18,500.37	7,699.63	71%
11	Lao Family Community Developmer	2310	32,200	5,364.54		2,176.04		5,839.02	13,379.60	18,820.40	42%
12	Bay Area Community Resources	2310	30,000	7,363.93		7,412.69			14,776.62	15,223.38	49%
13	Rising Sun Center For Opportunity	2310	28,000	7,271.85		2,811.85		2,218.87	12,302.57	15,697.43	44%
	Total Program Costs		844,736	106,450.66	37,741.31	63,347.83	26,079.41	54,437.42	288,056.63	556,679.37	34%
	Total Expenditures		945,470	126,947.47	37,741.31	74,240.20	32,343.77	56,441.51	327,714.26	617,755.74	35%

*Note that Office Expenses were increased for this contract to cover costs that could not be included in the prior year contract (22F-5007).

Community Services Block Grant					
Monthly Expenditures					
2024 Proposed Budget - Draft - Confidential					
				Proposed	
Line		sub	2023	2024	
Item	Description	object	Budget	Budget	Difference
	<u>ADMINISTRATIVE COSTS:</u>				
1	Salaries and Wages	1011	16,609	16,599	(10)
2	Fringe Benefits		12,125	10,125	(2,000)
3	Other Costs-Indirect Costs		72,000	70,000	(2,000)
	Total Administrative Costs		100,734	96,724	(4,010)
	<u>PROGRAM COSTS:</u>				-
1	Salaries and Wages	1011	272,826	275,030	2,204
2	Fringe Benefits		124,245	129,006	4,761
3	Operating Expenses		31,546	25,710	(5,836)
4	Out-of-State Travel		7,119	10,000	2,881
5	Subcontractor Services		409,000	409,000	-
1	Opportunity Junction, Inc	2310	36,000		
2	GRIP	2310	26,000		
3	The Contra Costa Clubhouse Inc	2310	35,200		
4	CC Interfaith (Hope Solutions)	2310	36,200		
5	White Pony Express	2310	37,000		
6	Bay Area Legal Aid (BALA)	2310	29,000		
7	STAND!	2310	33,000		
8	Loaves and Fishes of Contra Costa	2310	27,000		
9	Monument Crisis Center	2310	33,200		
10	St. Vincent de Paul	2310	26,200		
11	Lao Family Community Development	2310	32,200		
12	Bay Area Community Resources	2310	30,000		
13	Rising Sun Center For Opportunity	2310	28,000		
	Total Program Costs		844,736	848,746	4,010
	Total Expenditures		945,470	945,470	-

November 29, 2023

VIA ELECTRONIC MAIL ONLY

Marla Stuart, Executive Director

SUBJECT: 2023 DESK REVIEW REPORT- C-23-008

Dear Ms. Stuart:

The Department of Community Services and Development (CSD) conducted a Monitoring Desk Review of your agency for CSBG contracts 22F-5007 & 23F-4007, (Regular and Discretionary). The desk review included a review of your administrative, board governance, prior monitoring reports, fiscal and programmatic documents.

Desk Review Results:

For the 2023 program year, the result of the desk review identified the following areas of improvement for your agency. Please complete the following action(s) to maintain compliance with contractual requirements and applicable federal and state laws.

Finding(s)

Finding 1: Long-Term Board Vacancies

Vacancies exceeding 12 months. The agency has not filled board vacancies in a timely manner.

The board roster dated September 11, 2023, indicates the following board vacancies:

Date of Vacancy	Sector	Length of Vacancy
6/30/20	Low-income	39 months
3/1/21	Low-income	31 months
7/13/21	Private	26 months
6/21/22	Public	15 months
6/30/23	Low-income	3 months
6/30/23	Public	3 months

Corrective Action:

To address this finding agency must:

1. Develop a strategy and plan that will be reviewed by CSD to recruit new members to its Board in order to fill the cited vacancies; and
2. Complete required TAP in Organizational Standards for Standard 5.5.

Please note: Agency must submit CSD 188 to Field Representative within 30 days of any changes to the roster.

Response/Resolution Due Date:

1. Submit the plan no later than December 31, 2023. Agency must submit quarterly updates to CSD according to the schedule below outlining efforts to fill open board seats until filled:
 - December 31, 2023
 - March 31, 2024
 - June 30, 2024
2. Submit updated TAP within eGov report hub no later than January 31, 2023. This finding will be closed once agency demonstrates that all outstanding board vacancies have been filled through the submission of an updated CSD 188 board roster. Agency should work to fill all current vacancies no later than June 30, 2024.

Please Note: New board members are required to complete orientation within six months of being seated per Organizational Standard 5.7, Category 5 (Vision and Direction).

Finding 2: Untimely EARS Report Submission

A review of the Expenditure Activity Reporting System (EARS) monthly reports indicates expenditure reports have not been submitted in a timely manner during 3 or more reporting periods since agency's last monitoring review. Agency is required to submit monthly expenditures for open contracts on or before the 25th calendar day following the report period in accordance with current reporting requirements. (CPN-C-22-01, 1.0 CSBG Reimbursement Policies and Procedures, 1.1 Financial Reporting - EARS Invoice Due Date).

Corrective Action:

To address this finding, Agency must:

1. Perform an evaluation of its internal accounting and expenditure reporting practices to determine the cause for the untimely submission of monthly expenditure reports and identify efficiencies that will allow for the timely submission of future expenditure activity reporting.
2. Submit monthly expenditures for open contracts on or before the 25th calendar day following the report period in accordance with current reporting requirements. (CPN-C-22-01, 1.0 CSBG Reimbursement Policies and Procedures, 1.1 Financial Reporting - EARS Invoice Due Date).

This Finding will be closed upon submittal of three consecutive months of on-time EARS submittals from November 2023 to January 2024. This finding will be reassessed on March 31, 2024.

Observation(s)

Observation 1: Untimely Submission of CSBG CARES Annual Report

Agency did not submit the 2023 CSBG Annual Report by the due date as required by the Annual Agreement (2023 CSBG Contract Agreement Article 7.3.4).

Corrective Action:

To address this observation:

1. Agency must assess the causes of the untimely submission of the CSBG Annual Report and CSBG CARES Annual Report including any operational and administrative capacity deficiencies.
2. Agency shall submit the 2023 CSBG Annual Report by the prescribed due date as required by the Annual Agreement (2023 CSBG Contract Agreement Article 7.3.4 and 2020 CSBG CARES Contract Agreement Article 7.3.4).

Response/Resolution Due Date:

This observation will be reviewed on March 31, 2024, and closed following the submission of the agency's 2023 annual report on or before February 1, 2024.

Observation 2: Untimely Contract Execution and Deliverables Submission

Contra Costa failed to complete contract execution and deliverable submission within 45 days of receipt of their annual contract. (2023 CSBG Contract Agreement Article 2.1.1).

The following contract was submitted after the contractually prescribed due date:

Contract	Due Date	Execute Date
23F-4007	1/7/23	3/16/23
23F-4007 Disc.	6/30/23	9/11/23

Corrective Action:

To address this observation Agency must take the following actions:

1. Agency must review its written policies and procedures to ensure the timely, efficient, and accurate execution of future contracts and amendments and the completion of future contract deliverables.
2. Agency must inform CSD in advance of any challenges which will impact future contract related submissions.

Response/Resolution Due Date:

Agency must submit the 2024 CSBG Contract Agreement and all associated contract deliverables within the timeframe prescribed by the Annual Agreement. (2023 CSBG Contract Agreement Article 2.1.1).

Observation 3: Unspent Contract Allocation for 2022 CSBG Contract

Agency did not fully expend the 2022 CSBG allocation for contract 22F-5007. The agency expended \$807,311.65 of the \$894,483 main contract allocation.

Corrective Action:

To address this observation agency must:

1. Assess the causes of the Department's inability to fully expend its CSBG allocation including any fiscal or subcontractor oversight policies which prevented the early identification of the spending shortfalls and potential alternative service and program options.
2. Fully expend 2023 CSBG contract allocation no later than May 31, 2024.

Response/Resolution Due Date:

This finding will be closed following the timely completion of the closure of the Department's 2023 CSBG contract reflecting full expenditure of the contract allocation and the submission to CSD of the action plan, progress report, policies, and procedures described above.

Thank you for your continued dedication and commitment to serve low-income individuals and families in your local area. If you have any questions concerning the Desk Review, please contact me at (916) 594-2327 or email jennifer.milovina@csd.ca.gov

Sincerely,

Jenny Milovina,

Associate Governmental Program Analyst

C: Wilmer Brown Jr., Manager
CSBG Field Operations Unit

Agency Information

Agency Name Contra Costa County Community Services Department

Agency Abbreviation CCC CSD

Agency Type Public

Report # C-23-008

CSD/Field Representative Patrick Kane

Initial Contact with Agency September 8, 2023

Date Report Completed November 17, 2023

Open Contract and Expenditure**Progress Review:**

Contract #	Program Term	Amount	Percent Expended to date:	Contract Type
22F-5007	1/1/22-5/31/23	\$894,483	90.25%	Annual CSBG
22F-5007 Disc.	6/15/22-5/31/23	\$31,000	99.49%	CSBG Discretionary
23F-4007	1/1/23-5/31/24	\$927,194	29.26%	Annual CSBG
23F-4007 Disc.	n/a	n/a	n/a	CSBG Discretionary

Prior Monitoring

Type of Monitoring Report Modified On-Site

Date of Report 4/15/2022

Report Number C-22-008

Prior Corrective Action Status

Finding 1: Subcontractor Review EPLS verification
Update: Corrective action has been closed as of June 30, 2022, following the submission of new CSD form 163.

Finding 2: Subcontractor monitoring (gift card policy & controls)
Update: Corrective action closed, as of June 30, 2022, following the submission of revised monitoring policy.

Observation 1: Inadequate documentation of client eligibility

Update: Corrective action closed as of June 30, 2022, following the correction of annual report data.

Board Composition

According to the agency's bylaws dated September 11, 2018, the Tripartite Board is composed of 15 members. In addition, the bylaws state that, a "quorum of 51% of current Executive Committee members, excluding vacancies, will be required to make a program recommendation on behalf of the general membership." The board roster dated September 21, 2023, indicates the Board is composed of nine (9) members: 2 public sector members, 2 low-income members, and 5 private sector members with 6 board vacancies:

Date of Vacancy	Sector	Length of Vacancy
6/30/20	Low-income	39 months
3/1/21	Low-income	31 months
7/13/21	Private	26 months
6/21/22	Public	15 months
6/30/23	Low-income	3 months
6/30/23	Public	3 months

Please Note: Organizational Standard 5.5 will be deemed unmet for any Agency that has a long-standing Board vacancy(ies). Long-standing Board vacancies are defined as Board seats vacant longer than 1 year.

Board Minutes

Agency submitted approved minutes for its board meetings to CSD within thirty days of approval as required in the annual contract agreement (2023 CSBG Contract Agreement Article 4.1.4).

Board Meeting Minutes

Date of Board Meeting	Date Minutes Approved by the Board	Date Minutes Submitted to CSD	Minutes submitted within 30-day requirement (Y/N)	Minutes reflect Board Involvement (Y/N)	Quorum? (Y/N)
5/11/23	6/13/23	6/14/23	Y	Y	Y
4/13/23	5/11/23	5/18/23	Y	Y	Y
2/9/23	4/13/23	4/26 /23	Y	Y	Y

A review of the board minutes from May 11, 2023, April 13, 2023, and February 9, 2023 indicate that a quorum was met for each meeting. The information contained within the board minutes did provide the Field Representative with sufficient information to confirm the board's involvement in the development, planning, implementation, and evaluation of the program.

Expenditure Reporting

A review of the Expenditure Activity Reporting System (EARS) monthly reports from May 2022 to August 2023 indicated the expenditure reports have not been submitted in a timely manner.

Expenditure activity reports were submitted after the due date for the following contract(s)

Contract #	Expenditure Reporting Period	Due Date	Certification Date	No. of Days Overdue
22F-5007	5/1/22-5/31/22	6/25/22	9/9/22	76
	6/1/22-6/30/22	7/25/22	9/9/22	46
	7/1/22-7/31/22	8/25/22	11/21/22	88
	8/1/22-8/31/22	9/25/22	11/21/22	57
	9/1/22-9/30/22	10/25/22	12/12/22	48
	10/1/22-10/31/22	11/25/22	12/9/22	14
	1/1/23-1/31/23	2/25/23	3/3/23	6
	2/1/23-2/28/23	3/25/23	3/27/23	2
	4/1/23-4/30/23	5/25/23	6/2/23	8
	5/1/23-5/31/23	6/25/23	7/3/23	8
22F-5007	5/1/22-5/31/22	6/25/22	7/5/22	10
	6/1/22-6/30/22	7/25/22	8/26/22	32
	7/1/22-7/31/22	8/25/22	8/26/22	1
	8/1/22-8/31/22	9/25/22	11/21/22	57

Disc	9/1/22-9/30/22	10/25/22	11/21/22	27
	10/1/22-10/31/22	11/25/22	12/9/22	14
	1/1/23-1/31/23	2/25/23	3/3/23	6
	2/1/23-2/28/23	3/25/23	3/27/23	2
	4/1/23-4/30/23	5/25/23	6/2/23	8
	5/1/23-5/31/23	6/25/23	7/3/23	8
23F-4007	1/1/23-1/31/23	2/25/23	4/10/23	44
	2/1/23-2/28/23	3/25/23	4/10/23	16
	4/1/23-4/30/23	5/25/23	6/2/23	8
	5/1/23-5/31/23	6/25/23	8/30/23	66
	6/1/23-6/30/23	7/25/23	8/31/23	37
	7/1/23-7/31/23	8/25/23	9/21/23	27
	8/1/23-8/31/23	9/25/23	10/20/23	25
23F-4007 Disc	7/1/23-7/31/23	8/25/23	Not yet submitted	N/A
	8/1/23-8/31/23	9/25/23	Not yet submitted	N/A
	9/1/23-9/30/23	10/25/23	Not yet submitted	N/A

Please note: CPN-C-22-01 published March 7, 2022, requires all expenditure activity reports be submitted on or before the 25th calendar day following the reporting period. (*CPN-C-22-01, 1.0 CSBG Reimbursement Policies and Procedures, 1.1 Financial Reporting – EARS Invoice Due Date*).

Programmatic Reporting

Annual Report

Agency submitted the 2022 CSBG Annual Report to CSD past the due date on 2/14/2023

Agency submitted the 2022 CSBG CARES Annual Report to CSD past the due date on 2/10/2023

Organizational Standards

Due to the number of long-term board vacancies four(4), CSD is reassessing the agency's Organizational Standards score, Agency will have an unmet standard in the Board Governance domain.

Programmatic Performance and Alignment

The agency's current work plan is in alignment with the most recent CAP.

Contract Execution and Deliverables Submission

As a public agency, Contra Costa County Employment & Human Services Department/Community Services Bureau is required to complete contract execution and deliverable submission within 45 days of receipt (2022 CSBG Contract Agreement Article 2.1.1).

- Agency 2023 CSBG annual contract 23F-4007 and associated programmatic deliverables were due to CSD on or before January 7, 2023.
 - A review of the contract and deliverable submission tracking for this contract indicated the contract and programmatic deliverables were not submitted in a timely manner.

Contract	Due Date	Execute Date
23F-4007	1/7/23	3/16/23
23F-4007 Disc.	6/30/23	9/11/23

- Agency 2023 CSBG discretionary contract 23F-4007 and associated programmatic deliverables are due to CSD on or before June 30, 2023.
 - A review of the contract and deliverable submission tracking for this contract indicated the contract and programmatic deliverables were not submitted in a timely manner.

Corrective Actions

Findings

Finding 1: Long-Term Board Vacancies

Vacancies exceeding 12 months. The agency has not filled board vacancies in a timely manner.

The board roster dated September 11, 2023, indicates the following board vacancies:

Date of Vacancy	Sector	Length of Vacancy
6/30/20	Low-income	39 months
3/1/21	Low-income	31 months
7/13/21	Private	26 months

6/21/22	Public	15 months
6/30/23	Low-income	3 months
6/30/23	Public	3 months

Corrective Action:

To address this finding agency must:

1. Develop a strategy and plan that will be reviewed by CSD to recruit new members to its Board in order to fill the cited vacancies; and
2. Complete required TAP in Organizational Standards for Standard 5.5.

Please note: Agency must submit CSD 188 to Field Representative within 30 days of any changes to the roster.

Response/Resolution Due Date:

1. Submit the plan no later than December 31, 2023. Agency must submit quarterly updates to CSD according to the schedule below outlining efforts to fill open board seats until filled:
 - December 31, 2023
 - March 31, 2024
 - June 30, 2024
2. Submit updated TAP within eGov report hub no later than January 31, 2023.

This finding will be closed once agency demonstrates that all outstanding board vacancies have been filled through the submission of an updated CSD 188 board roster. Agency should work to fill all current vacancies no later than June 30, 2024.

Please Note: New board members are required to complete orientation within six months of being seated per Organizational Standard 5.7, Category 5 (Vision and Direction).

Finding 2: Untimely EARS Report Submission

A review of the Expenditure Activity Reporting System (EARS) monthly reports indicates expenditure reports have not been submitted in a timely manner during 3 or more reporting periods since agency's last monitoring review. Agency is required to submit monthly expenditures for open contracts on or before the 25th calendar day following the report period in accordance with current reporting requirements. (CPN-C-22-01, 1.0 CSBG Reimbursement Policies and Procedures, 1.1 Financial Reporting - EARS Invoice Due Date).

Corrective Action:

To address this finding, Agency must:

1. Perform an evaluation of its internal accounting and expenditure reporting practices to determine the cause for the untimely submission of monthly expenditure reports and identify efficiencies that will allow for the timely submission of future expenditure activity reporting.
2. Submit monthly expenditures for open contracts on or before the 25th calendar day following the report period in accordance with current reporting requirements. (CPN-C-22-01, 1.0 CSBG Reimbursement Policies and Procedures, 1.1 Financial Reporting - EARS Invoice Due Date).

Response/Resolution Due Date:

This Finding will be closed upon submittal of three consecutive months of on-time EARS submittals from November 2023 to January 2024. This finding will be reassessed on March 31, 2024.

Observations**Observation 1: Untimely Submission of CSBG CARES Annual Report**

Agency did not submit the 2023 CSBG Annual Report by the due date as required by the Annual Agreement (2023 CSBG Contract Agreement Article 7.3.4).

Corrective Action:

To address this observation:

1. Agency must assess the causes of the untimely submission of the CSBG Annual Report and CSBG CARES Annual Report including any operational and administrative capacity deficiencies.
2. Agency shall submit the 2023 CSBG Annual Report by the prescribed due date as required by the Annual Agreement (2023 CSBG Contract Agreement Article 7.3.4 and 2020 CSBG CARES Contract Agreement Article 7.3.4).

Response/Resolution Due Date:

This observation will be reviewed on March 31, 2024, and closed following the submission of the agency's 2023 annual report on or before February 1, 2024.

Observation 2: Untimely Contract Execution and Deliverables Submission

Contra Costa failed to complete contract execution and deliverable submission within 45 days of receipt of their annual contract. (2023 CSBG Contract Agreement Article 2.1.1).

The following contract was submitted after the contractually prescribed due date:

Contract	Due Date	Execute Date
23F-4007	1/7/23	3/16/23
23F-4007 Disc.	6/30/23	9/11/23

Corrective Action:

To address this observation Agency must take the following actions:

1. Agency must review its written policies and procedures to ensure the timely, efficient, and accurate execution of future contracts and amendments and the completion of future contract deliverables.
2. Agency must inform CSD in advance of any challenges which will impact future contract related submissions.

Response/Resolution Due Date:

Agency must submit the 2024 CSBG Contract Agreement and all associated contract deliverables within the timeframe prescribed by the Annual Agreement. (2023 CSBG Contract Agreement Article 2.1.1).

Observation 3: Unspent Contract Allocation for 2022 CSBG Contract

Agency did not fully expend the 2022 CSBG allocation for contract 22F-5007. The agency expended \$807,311.65 of the \$894,483 main contract allocation.

Corrective Action:

To address this observation agency must:

1. Assess the causes of the Department's inability to fully expend its CSBG allocation including any fiscal or subcontractor oversight policies which prevented the early identification of the spending shortfalls and potential alternative service and program options.
2. Fully expend 2023 CSBG contract allocation no later than May 31, 2024.

Response/Resolution Due Date:

This finding will be closed following the timely completion of the closure of the Department's 2023 CSBG contract reflecting full expenditure of the contract allocation and the submission to CSD of the action plan, progress report, policies, and procedures described above.

Recommendation(s)	<i>No recommendations to report.</i>
Technical Training Assistance(s)	On November 21, 2023, the Field Representative sent a formal referral (CSD 332) to CalCAPA on behalf of Contra Costa to obtain T/TA assistance regarding board vacancy recruitment to assist in filling their 6 identified board vacancies.
Please note:	<i>CSD may request additional information related to meeting/resolving Findings addressed in this report. Unresolved Findings may result in additional monitoring or a High Risk designation.</i>

2023 CSBG Onsite Monitoring Guidelines

- CSB staff will schedule the visit at a mutually agreed upon time with the agency and EOC member and will confirm the visit by email.
- Please be on time for the scheduled monitoring visit. Leave extra time to make sure can find the location as given to you by staff.
- Staff will bring to visit and will email out ahead of time to assigned EOC member:
 - Copies of the Monitoring Form (see attached)
 - Copies of the File Review Forms (see attached)
 - Copies of the 2023-24 Service Plan from the Contract describing the agreed upon deliverables
 - Copies of Demand Tracking Sheet Information for the Contractor to ensure proper spend-down of the contract by the provider
 - Copy of EOC/CSBG Mission Statement
- EOC Members will interview the agency staff and staff will record answers (using a laptop is best practice but not required).
- Agency will provide staff and EOC members with a tour of the facility.
- When the monitoring form is complete, EOC members will be excused, and staff will remain to conduct the file review due to confidentiality (see attached completed report as an example).
- Leave your business card with the Director and thank the agency staff for their time.
- Be prepared to briefly report to the EOC at the February 8 Business Meeting.

CSBG Site Monitoring Evaluation

Site Location:	Date of Visit: _____
Site Representative:	Title: _____
EOC Representative:	Time of Visit: _____
CSB Representative:	
Purpose of Facility _____	23-24 CSBG Amount _____

Attach Mission Statement or Brochure(s)

Does the Service Provider Mission Support the EOC Mission Statement? Yes ☐ No ☐

Site Program(s) (Check all Applicable Programs):

<input type="checkbox"/> Education	<input type="checkbox"/> Medical
<input type="checkbox"/> Job Training	<input type="checkbox"/> Probation
<input type="checkbox"/> Housing	<input type="checkbox"/> After School Program
<input type="checkbox"/> Emergency Shelter Childcare	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Transportation	<input type="checkbox"/> Others: skill-building

Population served (i.e., families, specific high-risk groups, neighborhood, etc.):

Interview Questions:

- How does your program receive referrals? (i.e., Religious Organization(s), Walk-in's, Outreach, Schools, Corrections, Self, Other)
- How many client(s) does the facility support? Daily: Weekly: Monthly: Annual:
- Number staff employed: Volunteers:
- Is staffing fully in place for your CSBG funded program? If not, why?
- What screening criteria are used to determine eligibility?
- What obstacles do your clients face before, during, and after your program? (i.e., unemployment, housing, etc.)
- In general, is your program well known and received positively in the community?
- What issues/barriers have you encountered as an organization? What specific actions are you taking to address these problems? Are any of these issue areas in which the EOC might provide assistance?
- Are there other issues or facets of your program of which you would like the EOC to be aware?

Environment Observation:

	Lowest			Highest	
1. Was the facility clean?	1	2	3	4	5
2. Was the staff professional and easily to be identified?	1	2	3	4	5
3. Was the facility organized and professional?	1	2	3	4	5
4. How were the clients interacting with staff?	1	2	3	4	5
5. What is your overall perception of the facility?	1	2	3	4	5

Contract Service Activities:

Activity:	Status:

Review of 2022-23 Closeout Budgets:

Did the Provider Spend Down Entire Contract?	If not, explain:

NOTES:

Improvement(s) / Recommendations:



File REVIEW Tool:

CSBG Client File Requirements

County/Staff Name: _____ **Name of Client:** _____ **Date:** _____

Program: _____ **Reviewed by:** _____

- ☐ Application for services (agency specific)
 - Collect demographics (CSBG Annual Report- Module 4 All Characteristics)
 - Income eligibility verified (See Federal Poverty Guideline)
 - File must have copies of income verification for eligibility confirmation and audit purposes
 - Residency verification (lives in the county) or homeless (hotel receipt or self-declaration/perjury statement)
NOTE: CSBG does not require legal status or legal residency for services to be provided
 - Copies of ID or verification of identity
- ☐ Intake Assessment
 - Based on Service Domain
 - Intake – Entrance to program date
 - Assessment period: Monthly or Quarterly
 - Exit- Upon completion of program (track outcomes)
 - Outcomes documented for CSBG Annual Report (Module 4)
- ☐ Case Notes
 - Completed when having any contact with the client in-person, by phone, by mail or referral(s) status/completion.
 - Case notes must follow clear history of service—all case notes will be reviewed by audit/monitoring by funder.
- ☐ Documents
 - Case plan and/or Goals (developed with client)
 - Copies of vouchers, passes, purchase orders, or other financial assistance documentation
 - Copies of referrals sent on behalf of client to other agencies/partners
 - Copies of case plan completion documents
 - Copies of income verification and changes during assessment periods
 - Track/Log of trainings, workshops or sessions attended by client/family to meet case plan
- ☐ Closed Cases
 - Completed assessment
 - Domain Outcomes captured
 - Quarterly Report & Annual Report Completed (data)
 - Enter data on system to reflect client exiting program/closing
 - Retain records/file for a 5-year period, after closing the case.

Quarterly Reviews

Thank you for all your hard work!

CSBG Site Monitoring Evaluation

Site Location:	Contra Costa Clubhouse	Date of Visit:	11-16-2022
Site Representative:	Tamara Hunter	Title:	CEO
EOC Representative:	Brendan Foley	Time of Visit:	1:30 pm
CSB Representative:	Christina Reich		
Purpose of Facility	Vocational Rehab for Members with Mental Illness	21-23 CSBG Amount	\$35,200

Attach Mission Statement or Brochure(s): See attached

Does the Service Provider Mission Support the EOC Mission Statement? Yes ☒ No ☐

Site Program(s) (Check all Applicable Programs):

<input type="checkbox"/> Education ★	<input type="checkbox"/> Medical ★
<input type="checkbox"/> Job Training ★	<input type="checkbox"/> Probation ★
<input type="checkbox"/> Housing ★	<input type="checkbox"/> After School Program
<input type="checkbox"/> Emergency Shelter Childcare	<input type="checkbox"/> Tutoring ★
<input type="checkbox"/> Transportation ★	<input type="checkbox"/> Others: skill-building ★

Population served (i.e. families, specific high-risk groups, neighborhood, etc): *Individuals with mental challenges, house-less, transitional age youth, older adults, LGBTQIA, BIPOC, Veterans, re-entry*

Interview Questions:

- How does your program receive referrals? (i.e. Religious Organization(s), Walk-in's, Outreach, Schools, Corrections, Self, Other) *Experiencing an unprecedented increase in referrals. Receive them from John Muir, Kaiser, CCRMC and its clinics, Behavioral Health, private providers, CBOs, word of mouth, board members, social media*
- How many client(s) does the facility support? Daily: Weekly: Monthly: Annual: *450+*
- Number staff employed: *12* Volunteers: *~42/day*
- Is staffing fully in place for your CSBG funded program? If not, why? *Yes*
- What screening criteria are used to determine eligibility? *18 and over, live in CCC, diagnosis, low-income*
- What obstacles do your clients face before, during, and after your program? (i.e. unemployment, housing, etc) *Housing insecurity – high need; most licensed board and care reserved for county via contract; food insecurity*
- In general, is your program well known and received positively in the community? *YES! See recognition on website and social media.*
- What issues/barriers have you encountered as an organization? What specific actions are you taking to address these problems? Are any of these issue areas in which the EOC might provide assistance? *Expanding to operate the Peer Connection centers has been a huge adjustment for the organization; currently undergoing rebranding and CSB/EOC can help spread the word. Also would appreciate more opportunities to partner. Attendance at Clubhouse events is one way to partner.*
- Are there other issues or facets of your program of which you would like the EOC to be aware? *After rebranding, EOC could help with outreach.*

Environment Observation:

	Lowest				Highest
1. Was the facility clean?	1	2	3	4	5
2. Was the staff professional and easily to be identified?	1	2	3	4	5
3. Was the facility organized and professional?	1	2	3	4	5
4. How were the clients interacting with staff?	1	2	3	4	5
5. What is your overall perception of the facility?	1	2	3	4	5

Contract Service Activities:

Activity:	Status:
See attached service plan.	On target with all activities.

Review of 2021-22 Closeout Budgets:

Did Provider Spend Down Entire Contract?	If not, explain:
88% of CARES Contract Spent 100% of CARES – Discretionary Spent Current contract on target	Challenges with new demand requirements and processes.

NOTES:

Tamara reports continued issues with getting demands through the approval process as six demands are on hold.

Improvement(s) / Recommendations:

Christina will work with the CSBG analyst and fiscal to address the issues regarding approval of demands.
Christina will assist Tamara with a system and tools to collect FPL income verification.



CSBG RFP SCORING TRAINING

EOC BUSINESS MEETING

DECEMBER 14, 2023

KEY PRINCIPLES TO RFP PROCESS

- **Confidentiality**
- **Transparency**
- **Fairness**
- **Efficiency**
- **Excellence**

INTEGRITY OF THE PROCESS IS CRITICAL

The process must be:

- **Complete** – Read each application and score it properly
- **Timely** – Turn in your application scoring sheets prior to participation in the proposal selection process. Staff will confirm receipt and copy the EOC Chair.
- **Defensible** – Justify your score by using the comments section and be prepared to negotiate if your score is over ten points out of range from the scores of others.



TOOLS FOR SCORING

National Performance Indicators

Scoring sheet



WRAP UP – TIMELINE!

<u>Event/Location</u>	<u>Date</u>
Legal Notice Released and RFP Posted on Website	November 2, 2023
Bidder's Conference/Informational Session held via Zoom	November 16, 2023
RFP Questions due to EHSD	Nov 27, 2023
Responses to RFP Questions Published by EHSD	Dec 1, 2023
RFP Proposal Response Submission Due Date	Friday, Dec 8, 2023
EHSD Compliance Review and Evaluation	Dec 11 – 12, 2023
EHSD Fiscal Review and Evaluation	Dec 13 – 19, 2023
Economic Opportunity Council (EOC) Review and Evaluation	Dec 20, 23 – Jan 12, 24
Award Letter Notification	January 17, 2024
Appeal Period (10 business days after Award Letter issuance)	Jan 18 - 31, 2024
Contract Negotiation and Processing	Jan - Feb 2024
Anticipated Contract Start Date	March 1, 2024

EOC will meet on ZOOM from 6 to 8:30 PM on January 11, 2024 – this will be an AD HOC Committee Meeting in lieu of our regularly scheduled January Business Meeting.

Request for Proposal (RFP) #1204 Evaluation Sheet

Breakdown of Selection Criteria

Evaluator's Name:			
Applicant's Name:		Project Title:	
Target Population:		# Served:	
Priority Area:		Service Area:	
Requested Amt.:		Leveraged Amt.:	
NPIs:			
Total Score:		Suggested Award Amt.	

A successful proposal will be based on scores earned in the evaluation phase.

For organizations/agencies that were awarded funding in fiscal year 2023-24, please consider whether the program achieved their proposed outcomes and if not, why not. Include any comments after each section.

Rater/Reviewer: Please review the RFI and score each section below. A list of National Performance Indicators (NPIs) are included to assist with your scoring. Place each score under the "Score" column and then total then total the section. **Use the following criteria: 1=unsatisfactory; 2=below average; 3=average; 4=good; 5=outstanding.**

Project Overview-15 points	Score
1. Description of the organization including mission statement, types of services provided, and client demographics is clear and aligned with the high priority areas and needs identified in the Community Action Plan.	
2. Proposal demonstrates proven success at providing high quality services and has proven performance in working effectively with low-income, program eligible participants or similar populations identified in the Letter of Interest.	
3. Proposed project has a realistic and detailed implementation plan for providing services.	
Total	
Comments:	

Program Budget, Narrative and Capacity Information-20 points	Score
1. Proposal clearly identifies and justifies the amount of CSBG funds requested.	
2. Total project cost is reasonable and includes an explanation of how full funding will be achieved.	
3. Itemized project budget and budget narrative is realistic and based on sound fiscal practice.	
4. Agency demonstrates overall organizational capacity to leverage and operate the program with guidance of a qualified and diversified board to raise funds, secure grants, and implement a sustainability plan in uncertain times.	
Total	
Comments:	

Project Description-25 points	Score
1. Priority Area(s) and National Performance Indicator(s) (NPIs) to be addressed by the project are clearly identified with qualitative and quantitative milestones.	
2. Project description outlined in the Letter of Interest including types of services to be provided and client demographics are expressed clearly with references containing detail, number and integration.	
3. Project Objective(s) are clearly identified and aligned with SMART goals.	
4. Sustainability Plan-what reasonable and actionable steps will the agency take if funding is reduced/eliminated?	
5. Proposal describes what outcomes will be achieved to address an identified need with explanation of how agency will partner with existing agencies to avoid duplication and maximize efficiency.	
Total	
Comments:	

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Outcome Goals and Objectives Table (Attachment B in the proposal packet)- 30 points		Score
1. Outcome statement clearly identifies community issue(s) being addressed.		
2. Documentation supports and describes the scope and scale of the community issue(s).		
3. Outcomes of programs and services described align with desired outcomes in the Community Action Plan.		
4. Outcome goals and objectives are Specific, Measureable, Action-Oriented, Realistic, & Time-bound (SMART) and are based on tested and validated best practices.		
5. Action plan is clear, concise and demonstrates how SMART steps are tracked and used to improve client and program outcomes.		
6. Project explains how low-income community members and clients participate in the project design.		
Total		
Comments:		

Proven Track Record of Proposed Services-10 points		Score
1. Qualifications of current knowledge and experience substantiated by letters and awards, client testimonials, etc, demonstrate the agency has a proven track record for providing high quality service delivery and outcomes. (List summary of documentation below)		
<i>**Please note that the max score for this question is 10</i>		
Total		
Comments:		

--

RFI Proposal Total Score	
	Total

NATIONAL PERFORMANCE INDICATORS

Use one or more of the below questions to develop each goal and objective in your RFI response.

Housing & Shelter

1. How many clients obtained and/or maintained safe and affordable housing?
2. How many clients have you assisted with Emergency Temporary Shelter?
3. How many clients have you assisted with Emergency Home Repairs (i.e., structural appliances, heating systems, etc.)
4. How many client have you assisted with Emergency Rent or Mortgage Assistance?
5. How many clients purchased their own home in their community?
6. What is the number of Housing Consortiums/Collaboration, both public and private your agency actively works with?
7. How many safe and affordable housing units in the community will be preserved or improved through the partnership with Contra Costa County Employment and Human Service Department Community Services Bureau?

Employment & Training

1. How many clients who are unemployed have obtained a job after visiting your agency?
 - A. Out of those clients, how many have maintained a job for at least 90 days?
 - B. Out of those clients employed, how many have obtained an increase in employment income and/or benefits?
2. How many clients have achieved “living wage” employment and/or benefits?
3. How many clients have obtained skills/competencies required for employment?
4. How many clients have completed ABE/GED and received certificate or diploma?
5. How many clients have completed post-secondary education program and obtained certificate or diploma?
6. How many accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post-secondary education will be preserved or improved through the partnership with Contra Costa County Employment and Human Service Department Community Services Bureau?
7. What is the number of Institutions of post-secondary education/training both public and private your agency actively works with?

Food & Nutrition

1. How many clients has your agency assisted in obtaining food assistance?
2. How many clients have you assisted with emergency food?
3. How many clients in your agency with infants and children have had an improvement on their health and development because of adequate nutrition?

Comprehensive Health Services

1. How many clients obtained health care services for themselves and/or family member?
2. How many clients had access to safe and adorable health care services/facilities?
3. How many clients received Emergency Medical Care?
4. How many clients had access to reliable transportation and/or driver's license?
5. How many clients received Emergency Protection from Violence?
6. How many clients received Emergency Clothing?
7. How many youths improved their health and physical development?
8. How many youths improved their social/emotional development?
9. How many parents and other adults learned and exhibited improved parenting skills?
10. How many parents and other adults learned and exhibited family functioning skills?

DRAFT

DRAFT

Use this worksheet to complete Section III. B. Outcome Goal and Objective

GOAL: Please state your goal in the box below. Choose one of the three priority areas and formulate a goal that describes how your program/project will impact the priority area.		
OBJECTIVES	METRICS – Quantifiable Results (Use NPIs in Attachment A)	TIMEFRAME (When will you complete task?)



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 eclkc.ohs.acf.hhs.gov

Program Performance Summary Report

To: Authorizing Official/Board Chairperson

Mr. John Gioia

Contra Costa County Community Services

1470 Civic Ct

Ste 200

Concord, CA 94520 - 5242

From: Responsible HHS Official

Date: 11/24/2023

Mr. Khari M. Garvin

Director, Office of Head Start

From July 24, 2023 to July 28, 2023, the Administration for Children and Families (ACF) conducted a monitoring review of Contra Costa County Community Services Head Start and Early Head Start programs to determine whether the previously identified findings had been corrected. The Office of Head Start (OHS) would like to thank your governing body, policy council, staff, and parents of your program for their cooperation and assistance during the review. This monitoring report has been issued to Mr. John Gioia, Authorizing Official/Board Chair, as legal notice to your agency of the results of the program review.

Based on the information gathered during this review, we have closed the previously identified findings which are included in this report. For any previous findings that are not included in this report and remain open, the recipient will receive a future follow-up review to determine the compliance status of those findings.

Please contact your Regional Office for guidance should you have any questions or concerns.

DISTRIBUTION OF THE REPORT

Copies of this report will be distributed to the following recipients:

Ms. Cynthia Yao, Regional Program Manager

Ms. Marla Stuart, Chief Executive Officer/Executive Director

Ms. Marla Stuart, Head Start Director

Ms. Marla Stuart, Early Head Start Director

Glossary of Terms

Compliant	No findings. Meets requirements of Head Start Program Performance Standard.
Area of Concern	An area for which the agency needs to improve performance. These issues should be discussed with the recipient's Regional Office of Head Start for possible technical assistance.
Area of Noncompliance	An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more area of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the recipient's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
Deficiency	<p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p>

Performance Summary

Service Area	Applicable Standards	Grant Number(s)	Primary Review Finding Status(s)	Timeframe for Correction	Follow-up Compliance Level
Program Management and Quality Improvement	1302.102(b)(1)(i-iv)	09CH010862	DEF	N/A	Corrected
Monitoring and Implementing Quality Health Services	1302.102(d)(1)(ii)	09CH010862	DEF	N/A	Corrected
Program Management and Quality Improvement	642(c)(1)(E)(ii)	09CH010862	ANC	N/A	Corrected
Monitoring and Implementing Fiscal Infrastructure	75.303(a)	09CH010862	DEF	N/A	Corrected



Program Management and Quality Improvement

Ongoing Monitoring and Continuous Improvement

The recipient does not use data to identify program strengths, needs, and areas needing improvement; evaluate progress toward achieving program goals and compliance with program performance standards; and assess the effectiveness of professional development.

Special 02/25/2022 DEF 1302.102(b)(1)(i-iv) Timeframe for Correction: 120 days

1302.102 Achieving program goals. (b) Monitoring program performance. (1) Ongoing compliance oversight and correction. In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must: (i) Collect and use data to inform this process; (ii) Correct quality and compliance issues immediately, or as quickly as possible; (iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and, (iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.

The recipient did not implement a system of ongoing oversight that ensured effective implementation of the program performance standards, including ensuring child safety and other Federal regulations. The recipient's system of ongoing oversight did not ensure its subrecipient--First Baptist Head Start--maintained compliance with Head Start regulations, including safeguarding Federal funds and maintaining safe environments. A review of the recipient's First Baptist Head Start whistleblower investigation findings from December 2021, along with a review of several licensing violations submitted to California Community Care Licensing (CCL), found the recipient's system of oversight did not lead to sustained compliance in both program and fiscal operations to prevent recurring concerns.

A review of the recipient's policies and procedures found that while the subrecipient, First Baptist Head Start, had internal ongoing monitoring procedures in place, the recipient was unable to produce documentation supporting effective oversight of subrecipient monitoring. In interviews, the executive director, division manager, department fiscal officer, and the chairperson of the Contra Costa County Board of Supervisors (Board) stated the monitoring of the subrecipient was based on trust. The Board chair stated that given First Baptist Head Start's excellent reputation in the community and the lack of concerns identified at the recipient level, the subrecipient did not warrant additional scrutiny. The department fiscal officer stated the recipient accepted a self-attestation of compliance in the form of a questionnaire completed by the subrecipient.

A review of monitoring forms completed by recipient staff found they did not include evidence of ongoing health and safety monitoring prior to the whistleblower complaint from September 2021. A review of a statement submitted by the recipient found it had not identified cleanliness concerns at First Baptist Head Start during a June 2021 observation nor were there any findings in the recipient's 2021 self-assessment, completed in May 2021; however, the recipient's internal investigation of the First Baptist Head Start whistleblower complaint substantiated allegations of inadequate janitorial services and unclean environments. In interviews, the management team stated in-person health and safety monitoring of the subrecipient's classrooms had not occurred since 2019, prior to the pandemic, although those classrooms were fully operational and serving children in person.

The recipient did not consistently provide support, conduct monitoring, or provide oversight of centers and classrooms to ensure safe environments for children. There were two supervision incidents and five child maltreatment incidents that occurred at recipient and subrecipient operated centers. For at least three of the incidents, the recipient did not report to the responsible Health and Human Services official immediately or as soon as practicable, with one incident reported 5 months after it occurred. In interviews, recipient management staff said there was a need for additional training, coaching, resources, and support to promote the well-being of teaching staff and ensure continuous supervision and the use of positive guidance. Although investigations were conducted and details were gathered regarding each incident, the recipient did not use the data to guide corrective actions. The recipient did not address identified issues timely nor did it fully implement procedures to prevent the recurrence of previously identified issues. In addition to the programmatic concerns, the subrecipient continued to contract with a janitorial provider that was found to be in violation of the recipient's conflict-of-interest policies. In interviews, the department fiscal officer stated the recipient's processes did not address all Head Start requirements, including conflicts of interest. In an interview, the department fiscal officer stated the delay in implementing corrective action regarding the conflict of interest was due to staff turnover and lengthy approval processes. A review of policies and procedures found the recipient had not implemented sustained internal controls for fiscal oversight.

Additionally, the recipient's complex organizational structure within a county administrative structure hindered the timely monitoring, effective reporting, and systems-building required to address issues, including those at the subrecipient level. In an interview, the Board chair stated the Board had not received formal training since 2019 and members of the Board family and human services subcommittee met only once per year with the executive director. A review of Board meeting minutes found reporting to the Board contained limited information about Head Start operations. Interviews with the county administrator, acting director of the employment and human services division (EHSD), and program-

level management found reports to the Board were funneled through several departments, from the Community Services Bureau to EHSD, and then to the County Administrators Office, before ultimately arriving on the Board consent item list, along with up to 150 other items for approval. Further, in an interview, the county administrator stated individuals responsible for fiscal oversight and reviewing contracts at the county level did not have adequate background experience in Head Start.

Through an internal investigation, the recipient substantiated several ongoing fiscal and programmatic concerns at the subrecipient level. These concerns that had gone unaddressed and unnoticed by the recipient's oversight process for undetermined amounts of time demonstrated the insufficient monitoring of subrecipient centers and fiscal practices.

The recipient did not implement a system of ongoing oversight that ensured effective implementation of the program performance standards, including ensuring child safety and other Federal regulations; therefore, it was not in compliance with the regulation.

Follow-up
Corrected

Timeframe for Correction: N/A

The recipient implemented a system of ongoing oversight that ensured effective implementation of the program performance standards.

A review of the Community Service Bureau (CSB) Monitoring Policy and Plan and CSB Monitoring Tools/Handbook found the recipient developed policies and procedures to ensure ongoing monitoring of program performance standards, including ensuring child safety, and the provision of comprehensive services. Additionally, in an interview, the quality assurance team described a multi-layered monitoring system and the utilization of new monitoring tools. The program developed health and safety monitoring tools, in the form of checklists and observation forms, that are completed on a regular schedule and submitted into the CLOUDS live data system for real-time monitoring of implementation.

A review of the recipient's CLOUD data system found the program generated reports and used data to understand program compliance with the performance standards as well as determine the status of the monitoring system. The recipient implemented a system to review and use ongoing data in the form of weekly monitoring data review meetings, quarterly monitoring reports, and semi-annual monitoring roll-up reporting. In an interview with the recipient's quality assurance team and review of meeting documentation, it was confirmed that weekly monitoring meetings were held and required the review of weekly, quarterly, and semi-annual data.

A review of training documents confirmed the recipient had provided training on the revised monitoring policies and procedures and monitoring tools to all management and center staff.

A review of the fiscal policies and procedures found the recipient modified the monitoring policies and procedures to include additional fiscal monitoring at the agency level, as well as additional requirements in the monitoring of Head Start Delegate sub-recipients. The procedures required the use of Appendix 15, Self-Monitoring Tool, to monitor the agency's compliance with its policies and procedures. A review of the EHSD Self-Monitoring Tool, dated 6/30/2023 found the agency implemented fiscal self-monitoring, with a first review period of February 2023- May 2023.

The recipient revised the Head Start Delegate fiscal monitoring to include quarterly onsite fiscal reviews. In an interview, the CFO and Division Director described the policy to ensure that the Head Start sub-recipient would be subject to quarterly onsite fiscal monitoring. A review of the EHSD Fiscal Monitoring of Subrecipients confirmed the agency updated the policy to specifically differentiate the fiscal monitoring of Head Start sub-recipients. A review of monitoring documentation found the recipient had implemented the updated monitoring procedures, monitoring the current subrecipient for four consecutive quarters.

The recipient implemented a system of ongoing oversight that ensured effective implementation of the program performance standards. This area of deficiency is corrected.

Program Governance

The recipient does not maintain a formal structure of program governance to oversee the quality of services for children and families and to make decisions related to program design and implementation.

Special

02/25/2022

ANC

642(c)(1)(E)(ii)

Timeframe for Correction: 120 days

Sec. 642 Powers and Functions of Head Start Agencies (c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following: (1) GOVERNING BODY-(E) RESPONSIBILITIES- The governing body shall(ii) adopt practices that assure active, independent, and informed governance of the Head Start agency, including practices consistent with subsection (d)(1), and fully participate in the development, planning, and evaluation of the Head Start programs involved.

The recipient did not ensure its governing body adopted practices that ensured active, independent, and informed governance of the Head Start

agency, including fully participating in the planning and evaluation of the Head Start programs involved.

The Contra Costa County Board of Supervisors (Board) approved program and financial decisions without engaging in active and informed oversight of the Head Start and Early Head Start programs. In an interview, the Board chair stated the Board was not fully informed about the Head Start program, and that county departments held primary responsibility for informing the County Administrator's Office (CAO) and the Board about any program-level concerns. The Board chair stated she had been unaware of concerns regarding a subrecipient prior to receiving a whistleblower complaint about fiscal, governance, and management concerns at First Baptist Head Start. The employment and human services division provided program-level reports, including those related to Head Start, to the CAO. The CAO then provided the information to the Board and asked for action through a consent agenda. In an interview, the executive director stated he did not communicate directly with the Board, except for an annual meeting with the Board's family and human services subcommittee.

A review of Community Service Bureau (CSB) reports to the CAO from February 2021 through January 2022 found that although required Head Start financial, enrollment, and attendance information was included, there was very little programmatic information included in the report and no programmatic update was provided for March 2021. For example, though the recipient's continuation application was due to the Regional Office in October 2021; there was no mention of its submission or updates on the application planning process included in reports to the CAO and the Board. Additionally, there were no references to fiscal and programmatic concerns or corrective action regarding First Baptist Head Start, apart from an acknowledgment of an internal review taking place at the subrecipient noted in the September 2021 CSB report to the CAO.

Although the Board chair, the acting director of EHSD, and the county administrator shared the Board had been kept up to date on concerns regarding First Baptist Head Start, the recipient was unable to provide documentation of these updates. Further, a review of the First Baptist Head Start and CSB Corrective Action Plan did not indicate Board approval or involvement in corrective action.

In separate interviews, the Board chair and division manager confirmed the Board had not received governance training since 2019, and Head Start decisions were brought to the Board as consent items for approval, which did not require discussion. The Board chair further stated there may be as many as 150 consent items agency-wide that were presented at a given meeting. A review of Board meeting minutes from February 2021 through January 2022 confirmed all Head Start approvals, such as approvals for funding applications and hiring approval for the new Head Start director, were approved through consent versus discussion. The recipient did not provide meaningful information sharing between the Head Start program and the Board, hindering the Board's ability to provide sufficient program-level oversight and input.

The recipient did not ensure its governing body adopted practices that ensured active, independent, and informed governance of the Head Start agency, including fully participating in the planning and evaluation of the Head Start programs involved; therefore, it was not in compliance with the regulation.

Follow-up

Corrected

Timeframe for Correction: N/A

The recipient ensured that the governing body adopted practices that assure active, independent, and informed governance of the Head Start agency, including fully participating in the planning and evaluation of the Head Start programs.

Office of Head Start (OHS) interviews with board members and review of governing body documents confirmed that the Contra Costa County Board of Supervisors (Board) revised its governing structure to improve its oversight of the Head Start Program including the creation of an advisory committee to review, inform, and make recommendations on Head Start specific actions. The Board voted and approved Resolution No. 2023/274 entitled, Resolution of the Board of Supervisors Establishing the Formal Governance Structure for the Contra Costa County Head Start Program, on July 13, 2023. A review of the Resolution No. 2023/274 noted that the program governance structure outlined in the resolution will be in full effect and prevail over any policy conflicts that may exist with the provisions of the 2019-2021 Contra Costa County Community Services Bureau (CSB) Policies and Procedures Manual. It also indicated that this policy supersedes the Head Start Agency Governance Policy No. 22-60 and binds the Board to its legal and fiscal responsibilities, which included the development of a Head Start Oversight committee to the existing governing structure.

Resolution No. 2023/274 Section III: Policy of the Board of Supervisors outlined the Board's responsibilities and aligned with the Head Start Acts requirements for governance responsibilities. It also identified the monthly reports required for Board review and action. Section III(B) established the Head Start Oversight Committee and its purpose to advise and make recommendations to the Board on key responsibilities related to program governance and improvement of the Head Start program. It specified that the Board does not delegate to the Committee any of the Board's legal and fiscal responsibilities under the Head Start Act or Performance Standards.

A review of the monthly Board agendas, minutes, and packets from July 2022 through July 2023, found the Board received reports that included program and fiscal reports. For example, the Board meeting minutes dated August 9, 2022, found that the Board received the Head Start Program Performance Summary and was presented with the CSBs Quality Improvement Plan (QIP) to authorize board approval and signature. A review of the Board meeting materials also found they were presented with a Head Start update dated February 28, 2023. A review of the remaining Board packets found the Board received summary information of monitoring activities related to recipient and subrecipient operations. In addition to the Board packets, the Board also received, via email, the monthly Policy Council packets which included more detailed reports. In an interview with members of the Board, it was confirmed that they received monthly program and fiscal reports and held

ongoing discussions with the CSB management to inform them of corrective actions and progress with the QIP.

The Board resolution identified under Section III(A)(4) that the Board will receive, at a minimum, an annual governance training and newly seated Board members would receive training within three months after taking office. In interviews with the Executive Director and Board members, it was confirmed that the most newly seated Board member received governance training within three months from being seated. A review of the recipients' planning calendar found that the annual Board training was scheduled for September 2023. As of the time of the review, the annual governance training was scheduled but had not yet occurred.

The recipient ensured the governing body adopted practices that assure active, independent, and informed governance of the Head Start agency, including fully participating in the planning and evaluation of the Head Start programs involved. This area of noncompliance is corrected.



Monitoring and Implementing Quality Health Services

Safety Practices

The recipient does not implement a process for monitoring and maintaining healthy and safe environments.

Special02/25/2022DEF1302.102(d)(1)(ii)Timeframe for Correction: 120 days

1302.102 Achieving program goals. (d) Reporting. (1) A program must submit: (ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law.

The recipient did not report to the responsible Health and Human Services (HHS) official immediately or as soon as practicable, significant incidents affecting the health and safety of program participants. The recipient did not report three child health and safety incidents to the Regional Office immediately or as soon as practicable.

A review of documents found a discipline incident occurred on September 13, 2021, at the First Baptist Head Start Belshaw Center. A food service employee reported the incident to the site supervisor. The program's division manager stated she learned of the incident a few days later during a meeting with the subrecipient's new executive director and reported it to the Regional Office on September 20, 2021, 5 business days after the incident.

On September 22, 2021, a parent at the Ambrose Head Start Center voiced concerns to the site supervisor, questioning why their child was upset. The center's investigation determined the teacher assistant was non-nurturing and aggressive toward the child. Specifically, the teacher assistant did not help the child with their shoes and forcefully grabbed a book out of the child's hands. The recipient did not report the incident to the Regional Office until February 16, 2022.

On December 29, 2021, an associate teacher at the Contra Costa College Center allegedly used inappropriate words in the presence of children. A parent confronted the associate teacher and reported the incident to the site supervisor; however, the incident was not reported to the Regional Office until February 16, 2022.

In follow-up interviews, the recipient's managers stated they understood the requirements for reporting to child care licensing and to the Regional Office. The managers also stated that some of the incidents were reported to the Regional Office late due to internal ongoing investigations and pending review by state Community Care Licensing Division (CCL). A review of the reporting procedures indicated if the bureau director determined an incident had occurred, the bureau director or designee would notify the Regional Office as soon as possible but not later than 3 days. The program did not follow its procedures.

The recipient did not report to the responsible HHS official immediately or as soon as practicable, significant incidents affecting the health and safety of program participants; therefore, it was not in compliance with the regulation.

Follow-upCorrected

Timeframe for Correction: N/A

The grant recipient reported to the responsible Health and Human Services (HHS) official immediately or as soon as practicable any significant incidents affecting the health and safety of program participants as required by applicable law. The program created policies and procedures, strengthened monitoring, and provided staff training.

The recipient adopted policies and procedures to ensure timely reporting of incidents affecting the health and safety of program participants. In an interview, the recipient Head Start Director and Division Manager stated the recipient had developed a child health and safety injury and reporting workflow process and a child health and safety reporting timeline, to ensure incidents would be reported to the ACF Regional Office (RO) within 7 calendar days of occurrence. The document included language indicating who was responsible for making a report and how the report was to be made. The recipient also implemented an incident reporting policy for both the directly operated program and their subrecipient, which detailed follow-up steps and actions for different types of incidents. A review of the policies and procedures confirmed the Head Start Interim Director and Division Manager's statements. A review of the document Reportable Health Safety Incidents found the recipient had implemented their revised policies and procedures and begun tracking all reportable incidents for timely submission to both OHS and Child Care licensing.

The recipient revised reporting monitoring procedures. The Division Manager and monitoring support unit stated the program developed an internal monitoring form that included a section for documenting when a report was submitted to management, licensing, and the RO. The report was reviewed by the division managers daily. Based on the review of the recipient's procedures, and an interview with the Division Manager, it was confirmed the recipient's monitoring systems, including a sample of the incident alert system which tracked all reportable incidents and timely reporting had been implemented.

The recipient provided staff training. The Head Start interim director and Division Manager stated all staff, including upper-level management,

were trained on reporting requirements for child health and safety incidents. A review of staff training agendas for September 14, 2022, September 27, 2022, and January 11, 2023, found staff were trained on updated policies and procedures, reporting mandates and the monitoring process for health and safety incidents.

The grant recipient reported to the responsible HHS official immediately or as soon as practicable any significant incidents affecting the health and safety of program participants as required by applicable law. This area of deficiency is corrected.



Monitoring and Implementing Fiscal Infrastructure

Ongoing Fiscal Capacity

The recipient does not plan and implement a fiscal management system that supports the organization’s ongoing capacity to execute its budget over time and meet the needs of its organization.

Special 02/25/2022 DEF 75.303(a) Timeframe for Correction: 120 days

75.303 Internal controls The non-Federal entity must: a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in Standards for Internal Control in the Federal Government, issued by the Comptroller General of the United States or the Internal Control Integrated Framework, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The recipient did not establish a system of internal controls over assets acquired with Federal funds, ensure that Federal funds were used only for authorized purposes, or ensure compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

In several interviews, the recipient's executive director, deputy director, and the department fiscal officer were asked to describe the internal controls used to determine if costs reimbursed to its subrecipient were in compliance with cost principles; that procurements were free of real or implied conflicts of interest based on free and open competition; that employee and contractor relationships were free of conflicts of interest; and individuals contracted to provide services to the Federal award were qualified to perform their contracted roles. The recipient's senior officials were unable to articulate the internal controls used or provide documentation that reimbursements made to the subrecipient for costs incurred were in compliance with Federal statutes, regulations, and the terms and conditions of its award.

The recipient did not implement sufficient internal controls to confirm the subrecipient, First Baptist Head Start, recorded significant undocumented accrued liabilities at the end of the contractual year. The subrecipient had a process of holding contractual funds from one contractual year to the next. A review of the subrecipient's audit for the period ending June 30, 2018, found an audit finding related to deficiencies in internal controls over financial reporting that included a significant amount of expenses being accrued at the end of the contract year. The subrecipient changed auditors and subsequent audits did not have any findings. During interviews and follow-up discussions, the recipient's accounting staff confirmed the subrecipient followed the same accrual process for Fiscal Year 2020-2021 that was cited in the prior audit finding, obligating approximately \$180,000 in Federal funds without appropriate supporting documentation for all costs. A sampling of documents for the Fiscal Year 2021 year end found dummy invoices from S & L Enterprises, a company belonging to the subrecipient's assistant director's brother, were used as the basis to accrue \$31,471.05 of the estimated \$180,000. The recipient's accounting staff confirmed the assistant director stated these were invoices that did not represent services provided, but only prepared to obligate contractual funds so the funds could be kept by the subrecipient once the contract ended. The recipient did not have internal controls in place to prevent the subrecipient from taking these actions.

The recipient also did not have sufficient internal controls to identify conflicts of interest occurring at the subrecipient. For example, the subrecipient's assistant director conducted business with family members to provide janitorial, vehicle, and health services for the First Baptist Head Start program. The recipient investigated the subrecipient from September 27 through November 4, 2021, to examine allegations of conflicts of interest and mismanagement of Head Start funds. During interviews, the county certified public accountant, who conducted the investigation, stated the subrecipient's assistant director had agreed to use Head Start funds to pay three companies with whom she had a family relationship: D & J Janitorial, Inc.(son), health consultant services (sister), and vehicle services from S & L Enterprises (brother). A review of a consolidated general ledger from the subrecipient from 2019-2021, showed \$164,785.58 expensed for D & J Janitorial, Inc. services; \$2,246.00 expensed for health services; and \$4,663.29 expensed for vehicle services from S & L Enterprises. A review of a document provided by the recipient's departmental accounting consultant found \$221,274.77 of subrecipient bank payments for the period January 1 through December 9, 2020, were made to D & J Janitorial, Inc. In an interview, the recipient's executive director stated the subrecipient was still utilizing D & J Janitorial, Inc. services at Head Start facilities until a new vendor was selected.

Additionally, the recipient did not establish internal controls to ensure payments to an employee of its subrecipient were allowable as compensation. The subrecipient did not have a formal policy or clear documentation that outlined a process for compensating Head Start employees for additional job activities. A review of the recipient's investigation of the subrecipient found the First Baptist Head Start's assistant director received additional compensation in the amount of \$26,144. This additional compensation was provided because the assistant director assumed the role of the executive director position when that position was vacant. The recipient's department fiscal officer stated the subrecipient did not have a written compensation policy for employees to be paid for additional job activities. In response to a request for Board action (Board minutes, committee, or closed session) in lieu of a written policy, a statement was provided indicating approval was given in a closed session on September 21, 2020; however, no details supporting the calculations to determine the amount was provided. A review of the statement found the assistant director was unable to take off from work and would be paid for 25 days (200 hours) for her 2019 vacation days. A

review of the subrecipient's Employee Handbook, updated in August 2020, confirmed an employee could not exceed 96 hours of leave within a calendar year; therefore, it could not be carried forward.

The recipient's system of oversight and internal controls also did not ensure the subrecipient separated payments for the comprehensive insurance coverage for employees of First Baptist Head Start from that of First Baptist Church. During an interview, the recipient's accounting staff confirmed the subrecipient used the same insurance policy for employees of both entities. During an interview, the recipient's accounting staff confirmed insurance coverage was for both parties and the church would annually provide reimbursement to the Head Start fund account for its portion of the premiums. A review of documentation showed the church reimbursed the Head Start program \$26,863 on June 29, 2021, for church employees' 2020 insurance. In a follow-up interview, the recipient's accounting staff could not confirm if this was a retroactive payment, as it appeared to be. As part of the recipient's Corrective Action Plan, dated November 9, 2021, the insurance agency was to separate out the policy for each entity. A review of documentation provided from the insurance agency found the separation had not yet occurred. The recipient did not have internal controls or exercise sufficient oversight to ensure costs were appropriately charged or allowable.

Finally, the recipient did not implement sufficient oversight to ensure vehicles purchased with Head Start funds were licensed appropriately to secure fixed assets. A review of First Baptist Head Start's audit for the period ending June 30, 2021, found five vehicles valued in total at \$70,779 were titled to the subrecipient as Head Start vehicles. In an interview, the business systems manager stated the recipient's vehicle policy was to fund the subrecipient to purchase vehicles to avoid the lengthy county purchasing process. It was unclear if the recipient tracked equipment purchases or fixed assets for First Baptist Head Start, as interviews with recipient management found they were unaware the subrecipient had titled vehicles purchased with Head Start funds under its name.

Interviews with the recipient's Head Start executive director, deputy director, and department fiscal officer confirmed the recipient had not made changes to its internal control processes to ensure these issues did not reoccur. A review of the recipient's written policies and procedures confirmed changes had not been implemented.

The recipient did not establish or implement a system of internal controls and oversight over assets acquired with Federal funds or ensure Federal funds were used only for authorized purposes and did not ensure its subrecipient was in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award; therefore, it was not in compliance with the regulation.

Additional fieldwork may be required to determine the total amount of potentially unallowable costs charged to Head Start. The Office of Head Start will notify you in advance of a special review if one is required. This matter also may be referred to the Office of Administration, Administration for Children and Families, to determine whether a disallowance is appropriate.

Follow-up Corrected

Timeframe for Correction: N/A

The recipient established a system of internal controls over assets acquired with Federal funds, ensured that Federal funds were used only for authorized purposes, and ensured compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

In OHS's interview with the Board and Fiscal Department staff, it was stated that the recipient improved fiscal monitoring and oversight of its subrecipients' fiscal activities. A review of Board Resolution No. 2023/499 entitled, Resolution of the Board of Supervisors Establishing the Internal Controls that Apply to the Contra Costa County Head Start Program Funds, Assets, and Equipment found that the Board approved policies to improve internal controls on July 13, 2023. The Resolution No. 2023/499 established the internal control policies that apply to CSBs Head Start Program and described the internal controls procedures and the Board's resolve to comply with the Committee on Sponsoring Organizations (COSO) framework. Section II(A) of Resolution No. 2023/499 stated that the recipient will maintain fiscal integrity through implementation of internal controls by ensuring a system of budget management, control over current operations, and fiscal management. In addition to expectations that the management adhere to internal control policies and procedures, the Board resolution Section II(C) outlined the monitoring provisions it will implement, such as through monthly monitoring reports to the governing board that include summaries of financial statements, results of subrecipient monitoring activities, and results of self-monitoring activities. The resolution also included expectations that bi-monthly reports to the newly established Head Start Oversight Committee of the Board would include fiscal reports and activities.

OHS reviewed the Contra Costa Office of the County Administrator Administrative Bulletin Number 600.3 dated June 27, 2023, Section: Purchasing, described updated purchasing policy and procedures. The procedures included expectations for purchase of materials and supplies, service contracts as well as other procurement policies. The procedures identified the necessary documentation related to shipment receipts, e.g., date and time of inspection, shipment details, packing slips or invoices. It also described procurement policies and procedures for purchases and service contracts at or below \$25,000, above \$25,000/below \$100,000, and purchases over \$100,000. In addition, the procedures included steps for sole/single source justification and cooperative purchasing contracts including documentation and approval requirements. For service contracts exceeding \$200,000, the procedures required the approval of the Board of Supervisors, following the review by the Office of County Counsel and the County Administrator. It established the minimum standards of conduct for all procurement activities to ensure compliance with policies including federal and state grant requirements.

OHS reviewed the Departmental Fiscal Policy revised January 1, 2023 and effective May 10, 2023 entitled Fiscal Monitoring of Subrecipient, which outlined the recipient's fiscal monitoring activities and steps to resolve any fiscal monitoring findings. These steps included twenty standards in Pre-award, and Post-award stages, to comply with federal and other pass-through agencies. Examples of these standards included:

Standard 3: Evaluate risks posed by subrecipient applicants during RFP (Request for Proposal); Standard 5: Review subrecipient contract budget for reasonableness, allocability and allowability; Standard 10 Monitoring fiscal activities of the subrecipient to ensure subaward is used for authorized purposes, etc. A review of page 37 of the policy found a checklist entitled: Checklist to Review Budgeted Costs for Allowability, Allocability and Reasonableness and page 57 a template for Subrecipient Monitoring Plan. Section 25-130 found on page 60 the Guidelines to Review Subrecipient Monthly Financial Reports (Demands). The purpose of the policy was to ensure that demands include proper documentation, support, and approvals. It cited that in cases where subrecipient issues were detected, the fiscal monitoring of designated fiscal staff would occur including reviewing the monthly demands until noncompliance issues are resolved. This quality assurance method included reviewing the demand for completeness and accuracy.

From September 27 through November 4, 2021, the recipient investigated the whistleblower complaint and the fiscal concerns at First Baptist Head Start (FBHS), its subrecipient, which were identified in the OHS Program Performance Summary Report dated July 14, 2022. The results of the investigation were captured by the recipient's fiscal team and consultants in a report entitled FBHS Fiscal Activity Inspection Report. The report highlighted key findings of its investigation which substantiated some of the claims of misuse of funds and conflict of interest. The report provided recommendations of suggested corrective actions to be undertaken by the recipient. In a letter dated December 3, 2021, the recipient informed the FBHS Board of the allegations and key findings of the investigation. The recipient also informed the delegate that its delegate contract was expiring and up for renewal on January 1, 2022. CSB advised FBHS that it was publishing a Request for Proposals for the Head Start Program in January 2022 and that it would renew its contract through June 30, 2022. In OHS's interview with the Executive Director, it was confirmed that CSB put out a Request for Proposals but that FBHS did not apply. As a result, the recipient executed a new delegate contract with the YMCA of the East Bay and transitioned services from FBHS to YMCA of the East Bay on July 1, 2022.

Based on the review of the recipient's delegate contracts, subrecipients are contractually obligated to submit a monthly demand for payment, with supporting documentation, no more than 30 days following the last day of the month. In an interview, the recipient's Chief Financial Officer described that the internal procedure required a review of subrecipient demands, which included a review of invoices. A review of the FBHS demand found the subrecipient submitted for payment of June services for a total of \$202,264.49. The recipient implemented its review of supporting documentation and applied a credit to the invoice in the amount of \$116,087.50 for April-June 2022 advances. The recipient also identified a total of \$90,869.96 of unallowable expenses and deducted that amount from its payment to the subrecipient. A close-out operations demand was submitted to the recipient from FBHS on December 7, 2022, for a total of \$88,277.10 for contract expenses from July 1-September 30, 2022. A review by the recipient of the FBHS demands supporting documentation found calculation errors by the subrecipient by one cent. The subrecipient was issued a check on December 12, 2022, to pay the outstanding demands for a total of \$83,584.12 which accounted for the credit and adjustments of the June 2022 demand and the September 2022 close out.

A review of the recipient's February-March 2023 Self-Monitoring of Head Start Program Monitoring and Implementing Fiscal Infrastructure dated June 23, 2023, found the fiscal department described its monitoring objective was to ensure federal awards were expended only for allowable activities. It stated the fiscal department examined and monitored the accounts, records, and procedures of the recipient's fiscal unit monthly and moved to quarterly in April 2023. The report contained a summary of the fiscal review and findings and covered areas such as budget review, demand/invoice review, equipment, and Payment Management System (PMS) drawdowns. The report also provided suggested actions to correct the areas of noncompliance and improve internal controls. A review of an internal memorandum dated July 10, 2023 found the management's response to each of the findings contained in the June 2023 fiscal self-monitoring report. The recipient management team identified corrective actions and timelines, for example, to address the finding that each demand was not adequately documented by subrecipients, the CFD reached out to the Director of Financial Services of the subrecipient on June 16, 2023 to request additional documentation for monthly demand submissions. It also stated that additional review of documentation of subrecipients would be completed by the week of August 7, 2023.

The recipient implemented updated internal control and fiscal monitoring policies and procedures. The recipient adhered to the policies and implemented monitoring activities to ensure internal controls by conducting a review of subrecipient demands and supporting documentation to verify the allowability of costs charged to the federal award. It also conducted self-monitoring and addressed key findings identified in monitoring reports by reporting back on implemented corrections and/or improvements.

The recipient established a system of internal controls over assets acquired with Federal funds, ensured that Federal funds were used only for authorized purposes, and ensured compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. This area of deficiency has been corrected.

----- End of Report -----