

UNIVERSITY ACAD CHARTER-08008060 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised system-wide.

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Certification and Benefit Issuance	Certification and Benefit Issuance (On-Site Assessment Tool) (124H)	UNIVERSITY ACAD CHARTER-08008060	126	06/05/2024	CAP Accepted
<p>Corrective Action Plan: Accepted by Genel Cook-Wright 06/10/2024 03:32 PM</p> <p>CAP Accepted</p> <p>Corrective Action Plan: Submitted by ERIE LUGO 05/31/2024 09:40 AM</p> <p>Corrective Action Plan for Certification and Benefit Issuance</p> <p>Issue Identified: During the on-site review, the State Agency (SA) found four application errors among the selected applications for free and reduced-price benefits. The specific issues were:</p> <ol style="list-style-type: none"> 1. Missing Social Security Number (SSN) 2. Incorrect case number format 3. Missing application 4. Incorrectly determined eligibility <p>Correction and Preventive Measures:</p> <ol style="list-style-type: none"> 1. Immediate Corrective Actions: <ul style="list-style-type: none"> ◦ Date of Correction: May 7, 2024 ◦ Identify and correct each specific application error: <ul style="list-style-type: none"> ▪ Missing SSN: Contacted the family and obtain the missing SSN and update the application with the provided information. ▪ Incorrect Case Number Format: Contacted the mother by phone and received the correct Case# C207272009 and updated the application with the correct number format. ▪ Missing Application: Student is not missing an application he is listed as a sibling on another student's application and should remain Reduced. This was overlooked and not realized until just after the reviewer finished the site-visit. ▪ Incorrectly Determined Eligibility: Re-evaluate the eligibility determination process for the affected application. Corrected the errors in the determination and updated the application status accordingly. Audit letter was sent to the parents on 5/7/24 notifying them of the change of the status from reduced to paid, effective 5/21/24. 2. Training and Staff Development: <ul style="list-style-type: none"> ◦ Date of Implementation: June 1, 2024 ◦ Conduct a mandatory training session for all staff involved in the certification and benefit issuance process. This training will 					

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Corrective Action History

cover:

- Proper procedures for completing and reviewing applications.
- How to accurately determine eligibility based on income, case numbers, and other relevant criteria.
- Common errors and how to avoid them, including missing information and incorrect formats.

- Include practical exercises and case studies to reinforce learning.
- Schedule follow-up training sessions quarterly to ensure ongoing compliance and knowledge retention.

3. Revised Application Review Procedures:

- **Date of Implementation: June 15, 2024**
- Implement a two-step review process for all applications:
 - **Initial Review:** Conducted by the primary reviewer who completes the initial determination.
 - **Secondary Review:** Conducted by a different staff member to verify the accuracy and completeness of the initial review.
- Use a standardized checklist to ensure all required information is included and correctly formatted before finalizing eligibility determinations.

4. Enhanced Recordkeeping and Tracking:

- **Date of Implementation: June 30, 2024**
- Develop a digital tracking system for applications that includes:
 - A database to log and track the status of all applications.
 - Alerts for missing information or incorrect formats.
 - Documentation of all corrections made and the date of correction.
- Ensure that all applications are scanned and stored digitally as a backup to paper records.

5. Regular Audits and Monitoring:

- **Date of Implementation: July 1, 2024**
- Establish a routine internal audit process to review a random sample of applications monthly:
 - Identify any errors or discrepancies.
 - Document findings and corrective actions taken.
- Quarterly reports will be submitted to the SFA director summarizing audit results and actions taken.

6. Ongoing Communication and Feedback:

- Maintain open lines of communication with all staff members involved in the certification and benefit issuance process.
- Encourage staff to report issues and suggest improvements.
- Hold regular meetings to discuss any recurring problems and update procedures as needed.

Follow-Up:

- A follow-up review will be conducted by the SA within six months to ensure the corrective actions have been successfully implemented and the SFA is in full compliance with certification and benefit issuance requirements.
- The SFA will provide documentation of all corrections made without identifying student names, as required.

By adhering to this corrective action plan, the SFA commits to ensuring accurate and complete certification and benefit issuance processes, thereby maintaining compliance with federal and state regulations and preventing recurrence of these issues in the future.

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Reporting and Recordkeeping	Flagged by Genel Cook-Wright 05/13/2024 12:22 PM				
	<p>Incomplete and/or incorrectly determined applications were found during the State Agency review of the selected applications. Errors were recorded on the Eligibility Certification and Benefit Issuance Worksheet (SFA-1 and/or SFA-2.) The SFA must indicate the date of correction for all application errors. Do not identify the students' names when providing the documentation under the SFA comments.</p> <p>During the on-site review, 4 application errors were found with a missing SSN, incorrect case number format, missing application and incorrectly determined.</p>				
Reporting and Recordkeeping	Reporting and Recordkeeping (On-Site Assessment Tool) (1500H)	UNIVERSITY ACAD CHARTER-08008060	1501	06/05/2024	CAP Accepted
	Corrective Action Plan: Accepted by Genel Cook-Wright 06/10/2024 03:32 PM				
	CAP Accepted				
	Corrective Action Plan: Submitted by ERIE LUGO 05/31/2024 09:40 AM				
	<p>Corrective Action Plan for Recordkeeping Compliance</p> <p>Issue Identified: During the on-site review, the School Food Authority (SFA) was unable to provide one of the selected applications for the State Agency (SA) to review. The issue occurred because the student was listed as a sibling of another student on their application, which was not realized until after the review.</p> <p>Correction and Preventive Measures:</p> <ol style="list-style-type: none"> Immediate Corrective Action: <ul style="list-style-type: none"> The SFA will locate and provide the missing application to the SA immediately. All relevant staff members will be informed about the correct way to file and retrieve applications, ensuring that each application is properly documented and easily accessible. Training and Staff Development: <ul style="list-style-type: none"> Date of Implementation: June 1, 2024 Conduct a comprehensive training session for all staff involved in the recordkeeping and application process. This training will include: <ul style="list-style-type: none"> The importance of accurate and complete recordkeeping. Procedures for correctly filing applications, including handling siblings' applications. Steps to verify and cross-check applications to ensure all are accounted for and properly linked to individual students. A refresher training session will be held bi-annually to reinforce proper procedures and update staff on any changes in requirements or best practices. Revised Recordkeeping Procedures: 				

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Corrective Action History	<ul style="list-style-type: none"> ◦ Date of Implementation: June 15, 2024 ◦ Implement a standardized filing system where each student's application is stored individually, even if siblings are on the same application. This system will use unique identifiers to cross-reference siblings without compromising the individual accessibility of each application. ◦ Introduce a digital recordkeeping system as a backup to paper records. All applications will be scanned and stored electronically in a secure database, which allows for easy retrieval and reduces the risk of misplacing documents. <p>4. Regular Audits and Checks:</p> <ul style="list-style-type: none"> ◦ Date of Implementation: July 1, 2024 ◦ Establish a routine audit process where records are reviewed monthly to ensure compliance with the retention policy. A designated staff member will be responsible for conducting these audits and reporting findings to the SFA director. ◦ Any discrepancies or missing documents identified during these audits will be addressed immediately, with corrective actions documented and reviewed by the SFA director. <p>5. Monitoring and Continuous Improvement:</p> <ul style="list-style-type: none"> ◦ The SFA will set up a monitoring system to ensure ongoing compliance. This includes: <ul style="list-style-type: none"> ▪ Quarterly meetings to discuss recordkeeping practices and address any issues that arise. ▪ Continuous feedback mechanisms where staff can report problems and suggest improvements. ▪ Regular updates and refresher courses on recordkeeping policies and procedures to keep all staff informed of any changes. <p>By implementing these corrective actions and preventive measures, the SFA aims to ensure that all program records are retained correctly for 3 years after the final claim reimbursement for the fiscal year or until the resolution of any audits, thereby preventing recurrence of this issue in the future.</p> <p>Follow-Up: A follow-up review will be conducted by the SA within six months to ensure that the corrective actions have been successfully implemented and that the SFA is in full compliance with recordkeeping requirements.</p> <p>By adhering to this corrective action plan, the SFA commits to maintaining meticulous records and ensuring compliance with federal and state regulations.</p> <p>Flagged by Genel Cook-Wright 05/13/2024 01:45 PM</p> <p>SFA must retain program records for 3 years after the final claim for reimbursement for the fiscal year or until resolution of any audit findings. Explain in detail, how the finding will be corrected and the measures taken to ensure that it will not reoccur in the future. Indicate the date of implementation.</p> <p>During the on-site review, the SFA was unable to provide one of the selected applications for the SA to review.</p>
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Report Selections

Flagged, CAP Submitted, CAP Rejected, CAP Accepted, CAP Removed, Problem resolved, Re-Flagged