Bureau for Private Postsecondary Education
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of December 1, 2015

Section 1 – Background and Description of the Bureau and Regulated Profession

Provide a short explanation of the history and function of the Bureau. Describe the occupations/profession that are licensed and/or regulated by the Bureau (Practice Acts vs. Title Acts).

Beginning January 1, 1998, regulation of private postsecondary educational institutions was carried out by the Bureau for Private Postsecondary and Vocational Education (BPPVE), within the Department of Consumer Affairs. On June 30, 2007, following criticisms of inadequate student protection and overly burdensome regulations, the Legislature and the Governor allowed the BPPVE to sunset. Between July 1, 2007, and December 31, 2009, private postsecondary educational institutions were unregulated.

Effective January 1, 2010, Assembly Bill 48 (Portantino, Chapter 310, Statutes of 2009) established the California Private Postsecondary Education Act (Act) and created the Bureau for Private Postsecondary Education (Bureau or BPPE) within the Department of Consumer Affairs (Department or DCA) to provide oversight of private postsecondary educational institutions operating in California. Specifically, the Act directs the Bureau to:

- Create a structure that provides an appropriate level of oversight, including approval of private postsecondary educational institutions and programs;
- Establish minimum operating standards for California private postsecondary educational institutions to ensure quality education for students;
- Provide students a meaningful opportunity to have their complaints resolved;
- Ensure that private postsecondary educational institutions offer accurate information to prospective students on school and student performance, thereby promoting competition between institutions that rewards educational quality and employment success;
- Ensure that all stakeholders have a voice and are heard in the operations of and rulemaking process by the Bureau; and,
- Proactively combat unlicensed institutions.

However, the Bureau was reestablished at a particularly difficult time because of the financial downturn and the subsequent State budget issues. While the Act went into effect on January 1, 2010, the Budget Act for 2010-11 was not enacted until October 8, 2010. This delay in appropriation for

staffing and funding the Bureau was further exacerbated by a hiring freeze. As applications for licenses and complaints were submitted to the Bureau, there was only a skeleton staff to handle them. Staffing issues are discussed further in Section 3- “Fiscal and Staff.”

Today the Bureau’s mission is to promote and protect the interests of students and consumers: 1) through the effective and efficient oversight of California’s private postsecondary educational institutions, 2) through the promotion of competition that rewards educational quality and employment outcomes, 3) through proactively combating unlicensed activity, and 4) by resolving student complaints in a manner that benefits both the complaining student and future students.

The Bureau oversees and has statutory authority over private postsecondary educational institutions operating with a physical presence in California except for those specifically exempted by the Act. Nevertheless, exempt institutions may seek Bureau approval. If they seek approval and are approved by the Bureau, they are then subject to the Bureau’s authority as any other non-exempt institution. The Bureau exercises its oversight authority through its various divisions. The Licensing Unit determines if an applicant has the capacity to meet the minimum operating standards. The Compliance Unit works to ensure that institutions maintain the required minimum operating standards. The Complaint investigations Unit works to resolve individual complaints against schools. Further student protections are found in the Student Tuition Recovery Fund (STRF), which serves to relieve or mitigate economic loss suffered by a student for various reasons, such as institutional or programmatic closure.

1. **Describe the make-up and functions of each of the Bureau’s committees (cf., Section 12, Attachment B).**

   California Education Code Section 94880 establishes the Bureau’s Advisory Committee. It was amended in 2014 and now has 14 members, to be appointed as follows:

   - Three members, who shall have a demonstrated record of advocacy on behalf of consumers, of which the Director of the Department of Consumer Affairs, the Senate Committee on Rules, and the Speaker of the Assembly shall each appoint one member.
   - Two members, who shall be current or past students of institutions, appointed by the director.
   - Three members, who shall be representatives of institutions, appointed by the director.
   - Two members, which shall be employers that hire students, appointed by the director.
   - One public member appointed by the Senate Committee on Rules.
   - One public member appointed by the Speaker of the Assembly.
   - Two nonvoting, ex officio members, one appointed by the chair of the policy committee of the Assembly with jurisdiction over legislation relating to the Bureau or designee appointed by the Speaker of the Assembly, and one appointed by the chair of the policy committee of the Senate with jurisdiction over legislation relating to the bureau or designee appointed by the Senate Committee on Rules.

The advisory Committee is tasked with advising the Bureau on matters relating to the Private Postsecondary Education Act and its administration, including reviewing the fee schedule, licensing, and enforcement provisions of the Act.

The Bureau is also tasked with seeking input from the Advisory Committee regarding the development of regulations for implementing the Act.

Table 1a. Attendance

Shawn Crawford, Institutional Representative, Chair			
Date Appointed: February 10, 2010			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	Y
Advisory Committee Meeting	August 12, 2014	Sacramento	Y
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	Y
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Margaret Reiter, Consumer Advocate, Vice Chair			
Date Appointed: March 10, 2010			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	Y
Advisory Committee Meeting	August 12, 2014	Sacramento	Y
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	Y
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Diana Amaya, Public Member			
Date Appointed: February 4, 2015			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	N
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Tamika Butler, Public Member			
Date Appointed: February 26, 2013			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	Y

Advisory Committee Meeting	August 12, 2014	Sacramento	Y
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	N
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Mitchell Fuerst, Institutional Representative			
Date Appointed: January 26, 2010			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	Y
Advisory Committee Meeting	August 12, 2014	Sacramento	N
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	N
Advisory Committee Meeting	May 12, 2015	Sacramento	N
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	N

Sylton Hurdle, Employer Member			
Date Appointed: February 18, 2015			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	May 12, 2015	Sacramento	Y
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Katherine Lee-Carey, Institutional Representative			
Date Appointed: January 25, 2010			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	Y
Advisory Committee Meeting	August 12, 2014	Sacramento	Y
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	N
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Ken McEldowney, Consumer Advocate			
Date Appointed: January 25, 2010			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	N
Advisory Committee Meeting	August 12, 2014	Sacramento	Y
Advisory Committee Meeting	November 12, 2014	Sacramento	Y

Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	Y
Advisory Committee Meeting	August 19, 2015	Sacramento	N
Advisory Committee Meeting	November, 10, 2015	Sacramento	Y

Assemblymember Jose Medina, Non-Voting, Ex Officio Member, Chair of the Assembly Committee on Higher Education			
Date Appointed: February 4, 2015			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	Y (Designee: Laura Metune)
Advisory Committee Meeting	August 19, 2015	Sacramento	Y (Designee: Laura Metune)
Advisory Committee Meeting	November 10, 2015	Sacramento	Y (Designee: Laura Metune)

Maria Roberts De La Parra, Past Student of Institutions			
Date Appointed: January 25, 2010			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	N
Advisory Committee Meeting	August 12, 2014	Sacramento	N
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	Y
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	Y

Patrick Uetz, Consumer Advocate			
Date Appointed: February 23, 2013			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	Y
Advisory Committee Meeting	August 12, 2014	Sacramento	Y
Advisory Committee Meeting	November 12, 2014	Sacramento	Y
Advisory Committee Meeting	February 18, 2015	Sacramento	Y
Advisory Committee Meeting	May 12, 2015	Sacramento	Y
Advisory Committee Meeting	August 19, 2015	Sacramento	Y
Advisory Committee Meeting	November 10, 2015	Sacramento	N

David Wood, Past Student of Institutions			
Date Appointed: February 18, 2015			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	May 12, 2015	Sacramento	N
Advisory Committee Meeting	August 19, 2015	Sacramento	N
Advisory Committee Meeting	November 10, 2015	Sacramento	N

Senator Jerry Hill, Non-Voting, Ex Officio Member, Chair of the Senate Committee on Business, Professions and Economic Development			
Date Appointed:	June 17, 2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	August 19, 2015	Sacramento	N
Advisory Committee Meeting	November 10, 2015	Sacramento	N

Maria R. Anguiano, Public Member – Removed (January 7, 2015)			
May 8, 2013			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Advisory Committee Meeting	December 13, 2013	Sacramento	N
Advisory Committee Meeting	August 12, 2014	Sacramento	N
Advisory Committee Meeting	November 12, 2014	Sacramento	N

Table 1b. Advisory Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)*
Shawn Crawford, Institutional Representative, Chair	February 10, 2010	N/A	N/A	DCA Director	Institutional Representative
Margaret Reiter, Consumer Advocate, Vice Chair	March 10, 2010	N/A	N/A	Senate Committee on Rules	Consumer Advocate
Diana Amaya, Public Member	February 4, 2015	N/A	N/A	Senate Committee on Rules	Public
Tamika Butler, Public Member	February 26, 2013	N/A	N/A	Speaker of the Assembly	Public
Mitchel Fuerst, Institutional Representative	January 26, 2010	N/A	N/A	DCA Director	Institutional Representative
Senator Jerry Hill Non-voting Member	June 17, 2015	N/A	N/A	Senate Committee on Rules	Ex Officio
Sylton Hurdle, Employer Member	February 18, 2015	N/A	N/A	DCA Director	Employer Member
Katherine Lee-Carey Institutional Representative	January 25, 2010	N/A	N/A	DCA Director	Institutional Representative
Ken McEldowney, Consumer Advocate	January 25, 2010	N/A	N/A	DCA Director	Consumer Advocate
Assemblymember Jose Medina Non-voting Member	February 4, 2015	N/A	N/A	Speaker of the Assembly	Ex Officio
Marie Roberts De La Parra Past Student of Institutions	January 25, 2010	N/A	N/A	DCA Director	Past Student
Patrick Uetz Consumer Advocate	February 26, 2013	N/A	N/A	Speaker of the Assembly	Consumer Advocate
David Wood Past Student of Institutions	February 18, 2015	N/A	N/A	DCA Director	Past Student
(Vacant) Employer Member	Vacant	N/A	N/A	DCA Director	Employer Member

*Statute requires the Advisory Committee members to be drawn from the postsecondary education community, and must include industry, student, and employer representation.

2. In the past four years, was the Bureau unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

The Bureau does not have a statutory requirement for a quorum expressed in the Act but the Advisory Committee is subject to the Bagley-Keene Open Meeting Act, therefore a quorum is a majority of its members. Because the Advisory Committee is advisory only, any lack of a quorum did not impact the Bureau's operations, and where there was less than a majority present, the Advisory Committee met as a subcommittee.

3. **Describe any major changes to the Bureau since the last Sunset Review, including:**

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

  While the staff size continues to grow, the general overall Bureau organization has not changed. The Bureau has not relocated, but has rearranged available space to accommodate the growing staff size. The Bureau's leadership has remained stable for the past two years. The Bureau is in the early stages of developing a new strategic plan.

- **All legislation sponsored by the Bureau and affecting the Bureau since the last sunset review.**

  The Bureau does not sponsor legislation; however the following legislation has had an impact on the Bureau and its activities.

  - AB 509 (Perea, Chapter 558, Statutes of 2015) exempts all bona fide organizations, associations, or councils that provide preapprenticeship programs on behalf of apprenticeship programs that are approved by the Division of Apprenticeship Standards from regulation by the Bureau of Private Postsecondary Education. In order to be exempt, programs must meet certain requirements.

  - AB 721 (Medina, Chapter 632, Statutes of 2015) expands the data related to student loans that public, private or independent postsecondary educational institutions, except the community colleges, are required to disclose to the public, if requested. Additionally, this bill requires institutions to inform students about all unused state and federal financial assistance, such as unused federal student loan moneys that may be available to the student.

  - AB 752 (Salas, Chapter 560, Statutes of 2015) requires the Bureau to review, by July 1, 2016, the examinations for ability-to-benefit students prescribed by the United States Department of Education. As part of this review, this bill requires the Bureau to determine whether the examinations are appropriate for ability-to-benefit students who possess limited English proficiency and approve an alternative examination if the Bureau decides the examinations are inappropriate.

  - SB 81 (Committee on Budget and Fiscal Review, Chapter 22, Statutes of 2015) includes numerous statutory changes intended to implement the Budget Act of 2015 related to postsecondary education. Among those changes is a provision that allows the Bureau to enter into a contract with any independent institution of higher education, as defined, to review and act on student complaints against the institution.

- SB 410 (Beall, Chapter 258, Statutes of 2015) redefines “Graduates” as “On-time graduates” for the purpose of the School Performance Fact Sheet (Fact Sheet).

- AB 834 (Williams, Chapter 176, Statutes of 2014) created an alternate process for American Bar Association accredited law schools to complete the Bureau’s School Performance Fact Sheet.

- AB 2099 (Frazier, Chapter 676, Statutes of 2014) stipulates new Title 38 veterans funding eligibility standards for postsecondary institutions in California. All institutions must provide license examination passage rates to students, and institutions that offer degrees must have institutional and programmatic accreditation. In addition, all postsecondary institutions, whether degree-granting or not, must be one of the following in order to be Title 38 eligible: a public school, a not-for-profit school, have approval to operate from the Bureau, or be regionally accredited.

- SB 845 (Correa, Chapter 120, Statutes of 2014) requires the Board of Governors of the California Community Colleges and Trustees of the California State University, and requests the Regents of the University of California and governing bodies of accredited private postsecondary educational institutions, to develop model contracts to be used when negotiating with financial institutions to disburse student financial aid awards and refunds.

- SB 1247 (Lieu, Chapter 840, Statutes of 2014) amended the Act by doing the following: 1) requiring Bureau approval in order for for-profit schools to be Title 38 veterans funding eligible; 2) requiring accreditation for degree-granting institutions; 3) mandating a number of legislative reports; 4) making substantive changes to the makeup and function of the advisory committee; 5) changing statutory eligibility requirements for the Student Tuition Recovery Fund (Fund); 6) mandating one announced and one unannounced compliance inspection for institutions every five years instead of two years; 7) establishing statutory criteria for prioritizing complaint processing; 8) making numerous necessary technical and clarifying updates to the Act; and 9) setting the sunset date of the Bureau at January 1, 2017.

- **All regulation changes approved by the Bureau the last sunset review. Include the status of each regulatory change approved by the Bureau.**
  - In process: STRF Regulations: This package rewrites the STRF regulations to bring them in compliance with provisions of SB 1247. This package adds program closure and awards ordered by the Bureau, the court, or an arbiter as grounds for a claim. Additionally, it provides that third party payer benefits can be part of a STRF claim and includes a new system for refunds based on that benefit.
  - In process: Prioritization of Complaint Investigations and Compliance Inspections Regulations: This package puts in place a priority system for investigating complaints and scheduling compliance inspections which includes the factors added to statute by SB 1247.
  - In process: Annual Reports and Performance Fact Sheets regulations: This package made changes to the requirements for Annual Reports and Performance Fact Sheets. Among the changes are a single deadline for both reports, definition of

"gainful employment," revising of other definition and terms to standardize the data, additions of various categories to be reported including those necessary for setting priorities for investigations and inspections. Most of the changes were required by SB 1247.

- In process: Accreditation of Degree Granting Institutions Regulations: This package will make permanent the regulations from the earlier emergency regulations. They provide that all degree granting programs must be accredited and incorporates deadlines for meeting the new requirement both for approved existing institutions and for new programs and institutions.
- In effect as of January 30, 2015: Emergency Regulations: Accreditation of degree granting institutions 2/1/2015. This package encompassed the emergency regulations required for raising the minimum operating standards for all degree-granting programs to be accredited. Currently this package is in effect as emergency regulations as of 2/1/2015.
- In effect as of January 1, 2015: STRF Assessment change 12/4/2014: This package changed the STRF assessment from $0.50 per $1000 to $0 per $1000, temporarily suspending the collection of STRF beginning 1/1/2015. This was necessary as the STRF fund had exceeded its statutory cap.

4. Describe any major studies conducted by the Bureau (cf. Section 12, Attachment C).

CPS HR Consulting conducted an independent review of Estimated Workload and Staffing Recommendations. CPS also looked at ways to make the existing processes more efficient where possible. Ultimately, this study resulted in three separate reports.

- **September 15, 2014**
  This was an interim report to provide the Bureau with a preliminary analysis based on the work completed by CPS from May 2014 through August 2014.

- **February 13, 2015**
  This was an interim report to provide the Bureau with quantifiable information related to the workload and staffing resources based on the "As Is" process configurations. This interim report provided the first glimpse of CPS staffing recommendations for improvement for the Licensing, Enforcement and Student Tuition Recovery Fund Units. This report was submitted by the Director of the Department of Consumer Affairs pursuant to Education Code section 94949 on March 15, 2015.

- **July 17, 2015**
  This is the final CPS report based on their research and analysis of information they compiled from May 2014 through July 2015.

Copies of each of these reports are included as Attachment C

5. List the status of all national associations to which the Bureau belongs.

The Bureau belongs to the National Association of State Administrators and Supervisors of Private Schools (NASASPS)

- **Does the Bureau's membership include voting privileges?**

  Yes, the Bureau has voting privileges with its membership in NASASPS.

- **List committees, workshops, working groups, task forces, etc., on which Bureau participates.**

  The Bureau Chief is a member of the Board of Directors for NASASPS.

- **How many meetings did Bureau representative(s) attend? When and where?**

  The Bureau Chief attended the annual conference in Little Rock, AR in April 2014 and the annual NASASPS Board meeting and annual conference in Savannah, GA in April 2015.

- **If the Bureau is using a national exam, how is the Bureau involved in its development, scoring, analysis, and administration?**

  The Bureau does not require an examination, national or otherwise, as it approves institutions, not individuals.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. **Provide each quarterly and annual performance measure report for the Bureau as published on the DCA website.**

   Quarterly and annual reports of *Performance Measures* provide stakeholders with the Bureau's progress in meeting its enforcement target goals. (See Section 12 Attachment E)

7. **Provide results for each question in the Bureau's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.**

   The Bureau includes a postage-paid customer satisfaction survey with every complaint closure letter. To date, the Bureau has not received any responses to the customer satisfaction survey.

   Additionally, the Bureau conducts one additional survey with compliance inspections and is in the process of developing a second survey to be completed by institutions after the completion of a compliance inspection. The institutional survey will be done in order to determine the level of customer service provided by the Bureau, the responsiveness of the analyst, the time it takes to complete the compliance inspection and adhere to Bureau policies and procedures by Bureau staff.

   The Bureau distributed 2,158 surveys to students during compliance inspections during FY 2013-14. The Bureau distributed 541 surveys to students during compliance inspections during FY 2014-15. Below are the questions and results of the student responses to the survey following a compliance inspection.

Q1) Before enrolling, were you given accurate information about the educational program?								
FY	Yes		No		N/A		No Response	
2013-14	2022	93.7%	35	1.6%	88	4.1%	13	0.6%
2014-15	458	84.7%	51	9.4%	0	0	32	5.9%
Q2) Did you receive a current catalog before enrolling?								

FY	Yes		No		N/A		No Response	
2013-14	1655	76.7%	201	9.3%	24	1.1%	278	12.9%
2014-15	493	91.1%	36	6.7%	0	0	12	2.2%
Q3) Did you receive a School Performance Fact Sheet before signing the enrollment agreement?								
FY	Yes		No		N/A		No Response	
2013-14	1666	77.2%	101	4.7%	337	15.6%	54	2.5%
2014-15	477	88.2%	0	8.9%	0	0	16	3.0%
Q4) Did you receive a copy of your signed enrollment agreement?								
FY	Yes		No		N/A		No Response	
2013-14	1364	63.2%	771	35.7%	19	0.9%	4	0.2%
2014-15	489	90.3%	36	6.6%	12	2.2%	4	0.74%
Q5) Were you promised or guaranteed employment upon graduation?								
FY	Yes		No		N/A		No Response	
2013-14	806	37.3%	1241	57.5%	75	3.5%	36	1.7%
2014-15	447	82.6%	54	10.0%	8	1.48%	32	5.9%
Q6) Before enrolling, were all tuition, fees and charges disclosed?								
FY	Yes		No		N/A		No Response	
2013-14	1648	76.4%	309	14.3%	59	2.7%	142	6.6%
2014-15	473	87.4%	40	7.4%	12	2.2%	16	3.0%
Q7) If you received financial aid, were all terms including loan repayment explained?								
FY	Yes		No		N/A		No Response	
2013-14	1054	48.8%	108	5.0%	963	44.6%	33	1.5%
2014-15	433	80%	52	9.6%	40	7.4%	16	3.0%
Q8) Did you receive a syllabus or course outline for each course?								
FY	Yes		No		N/A		No Response	
2013-14	1788	82.9%	175	8.1%	49	2.3%	146	6.8%
2014-15	488	90.2%	28	5.2%	5	0.9%	20	3.7%
Q9) Are instructors knowledgeable in the subject they teach?								
FY	Yes		No		N/A		No Response	
2013-14	2046	94.8%	34	1.6%	11	0.5%	67	3.1%
2014-15	521	96.3%	12	2.2%	4	0.7%	4	0.7%
Q10) Do instructors present class information and materials clearly?								
FY	Yes		No		N/A		No Response	
2013-14	1968	91.2%	60	2.8%	11	0.5%	119	5.5%
2014-15	525	97%	21	3.9%	0	0	0	0
Q11) Do instructors clearly answer your questions?								
FY	Yes		No		N/A		No Response	
2013-14	2040	94.5%	50	2.3%	20	0.9%	48	2.2%
2014-15	521	96.3%	30	5.5%	5	0.9%	0	0
Q12) Do instructors clearly explain the grading system?								
FY	Yes		No		N/A		No Response	
2013-14	1739	80.6%	159	7.4%	132	6.1%	128	5.9%
2014-15	506	93.5%	33	6.0%	7	1.3%	0	0
Q13) Is classroom equipment in good working order?								
FY	Yes		No		N/A		No Response	
2013-14	2022	93.7%	71	3.3%	24	1.1%	41	1.9%
2014-15	504	93.2%	32	5.9%	0	0	5	0.9%

Q14) Does the school use current equipment?								
FY	Yes		No		N/A		No Response	
2013-14	2018	93.5%	69	3.2%	32	1.5%	39	1.8%
2014-15	485	89.6%	44	8.1%	8	1.5%	4	0.7%
Q15) Is there enough classroom equipment for the students?								
FY	Yes		No		N/A		No Response	
2013-14	2000	92.7%	108	5.0%	27	1.3%	23	1.1%
2014-15	481	88.9%	60	11.0%	0	0	0	0
Q16) Are library and other resources available to complete required assignments?								
FY	Yes		No		N/A		No Response	
2013-14	1742	80.7%	203	9.4%	194	9.0%	19	0.9%
2014-15	463	85.6%	32	5.9%	36	6.7%	10	1.8%
Q17) Are library and other resources available when needed?								
FY	Yes		No		N/A		No Response	
2013-14	1735	80.4%	194	9.0%	213	9.9%	16	0.7%
2014-15	441	81.5%	40	7.4%	58	10.7%	2	0.4%
Q18) Are you satisfied with your decision to attend this school?								
FY	Yes		No		N/A		No Response	
2013-14	2012	93.2%	43	2.0%	25	1.2%	78	3.6%
2014-15	513	94.8%	12	2.2%	15	2.8%	0	0
Q19) Would you recommend this school to others?								
FY	Yes		No		N/A		No Response	
2013-14	2085	96.6%	34	1.6%	19	0.9%	20	0.9%
2014-15	516	95.4%	0	0	25	4.6%	0	0

Section 3 – Fiscal and Staff

Fiscal Issues

8. Describe the Bureau's current reserve level, spending, and if a statutory reserve level exists.

From 2010 to 2012, the fund balance reserve exceeded its six-month statutory cap (CEC section 94930(b)). During this time the Bureau was unable to become fully staffed and reverted a significant amount of savings. This was caused by a hiring freeze that was in effect from February, 2011 until October, 2011, as well as difficulty in filling limited term positions. In 2013, legislation (SB 71 Committee on Budget and Fiscal Review, Chapter 28, Statutes of 2013) suspended the six-month statutory cap for a period of one year (in lieu of lowering or suspending fees). At the end of FY 2014/15, the fund had a reserve of 7.5 months. However, the fund reserve has been falling and the Bureau projects to have a fund reserve of 2.9 months at the end of FY 2015/16 as the Bureau increases expenditures and adds more required staff.

9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the Bureau.

Bureau reserves are falling as the Bureau staff size increases to meet its current needs. Based on the current rate of expenditures and recent declining revenue, the Bureau's fund will become

insolvent in 2017-18. The Bureau is currently evaluating its declining revenue, which may be due in part from recent schools closures.

The current fee structure has been in place since 2010 and has not been adjusted since that time. Existing law authorizes the Bureau to adjust the fees if consistent with the intent of the Act. Given the likelihood of the fund balance experiencing fiscal pressure in the coming years, the Advisory Committee began analyzing the current fee structure at the August 2015 meeting. The Advisory Committee also discussed the fee structure at its November 2015 meeting. While the Advisory Committee has not made any formal recommendations to the Bureau at this time, several members have expressed willingness to restructure the fee schedule in order to make the revenue more equitable and reliable.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17*
Beginning Balance	$6,473	$8,350	$10,548	$11,462	$9,446	$3,730
Revenues and Transfers	$10,696	$9,928	$9,863	$9,371	$9,476*	$9,632
Total Revenue	$10,696	$9,928	$9,863	$9,371	$9,476*	$9,632
Budget Authority	$7,295	$8,147	$9,507	$11,440	$15,192	$15,475
Expenditures	$5,835	$7,731	$8,641	$11,387	$15,192*	$15,475
Loans to General Fund	-$3,000	$0	$0	$0	$0	$0
Accrued Interest, Loans to General Fund	TBD	TBD	TBD	TBD	TBD	TBD
Loans Repaid From General Fund	$0	$0	$0	$0	$0	3,000
Fund Balance	$8,334	$10,547	$11,462	$9,446	$3,730	$886
Months in Reserve	12.9	14.1	15.9	7.5	2.9	0.7

* Projected

10. Describe the history of general fund loans. When were the loans made? When have payments been made to the Bureau? Has interest been paid? What is the remaining balance?

A loan of $3.0 million was made from the Bureau to the General Fund in FY 2011/12. The loan is still outstanding with no payments or interest paid thus far. The loan is projected to be repaid in FY 2016-17.

11. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the Bureau in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

For FY 2014/15, Enforcement, which includes both complaint investigations and compliance inspections, accounted for 44.0% of the Bureau's expenditures, Licensing, which also includes Quality of Education, was 22.5% of Bureau expenditures, Administration represented 13.7% of the Bureau's expenditures, and the DCA Pro Rata was 19.9% of the Bureau's expenditures.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$2,094	$286	$2,471	$825	$2,081	$905	$3,370	$1,676
Examination	0	0	0	0	0	0	0	0
Licensing	$589	$80	$1,036	$279	$1,927	$622	$1,988	$599
Administration *	$981	$134	$1,036	$279	$1,079	$349	$1,210	$365
DCA Pro Rata	0	$1,498	0	$1,753	0	$1,683	0	$2,171
Diversion (if applicable)	0	0	0	0	0	0	0	0
TOTALS	$3,664	$1,998	$4,543	$3,136	$5,087	$3,559	$6,568	$4,811
*Administration includes costs for executive staff, bureau, administrative support, and fiscal services.								

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the Bureau.

Approvals are valid for five years if the applicant is applying for approval of an institution not accredited. Approvals that are based on an institutional accreditation are coterminous with the institution's accreditation.

The Bureau's fees have not changed since the fees were established in the Act. They are laid out as follows in statute:

Article 17 of the California Private Postsecondary Education Act of 2009 (California Education Code, Title 3, Division 10, Part 59, Chapter 8)

94930.
(a) All fees collected pursuant to this article, including any interest on those fees, shall be deposited in the Private Postsecondary Education Administration Fund, and shall be available, upon appropriation by the Legislature, for expenditure by the bureau for the administration of this chapter.
(b) If the bureau determines by regulation that the adjustment of the fees established by this article is consistent with the intent of this chapter, the bureau may adjust the fees. However, the bureau shall not maintain a reserve balance in the Private Postsecondary Education Administration Fund in an amount that is greater than the amount necessary to fund six months of authorized operating expenses of the bureau in any fiscal year.

94930.5.
Subject to Section 94930, an institution shall remit to the bureau for deposit in the Private Postsecondary Education Administration Fund the following fees, in accordance with the following schedule:
(a) The following fees shall be remitted by an institution submitting an application for an approval to operate, if applicable:
(1) Application fee for an approval to operate: five thousand dollars ($5,000).
(2) Application fee for the approval to operate a new branch of the institution: three thousand dollars ($3,000).

(3) Application fee for an approval to operate by means of accreditation: seven hundred fifty dollars ($750).
(b) The following fees shall be remitted by an institution seeking a renewal of its approval to operate, if applicable:
(1) Renewal fee for the main campus of the institution: three thousand five hundred dollars ($3,500).
(2) Renewal fee for a branch of the institution: three thousand dollars ($3,000).
(3) Renewal fee for an institution that is approved to operate by means of accreditation: five hundred dollars ($500).
(c) The following fees shall apply to an institution seeking authorization of a substantive change to its approval to operate, if applicable:
(1) Processing fee for authorization of a substantive change to an approval to operate: five hundred dollars ($500).
(2) Processing fee in connection with a substantive change to an approval to operate by means of accreditation: two hundred fifty dollars ($250).
(d) (1) In addition to any fees paid to the bureau pursuant to subdivisions (a) to (c), inclusive, each institution that is approved to operate pursuant to this chapter shall remit both of the following:
(A) An annual institutional fee, in an amount equal to three-quarters of 1 percent of the institution's annual revenues derived from students in California, but not exceeding a total of twenty-five thousand dollars ($25,000) annually.
(B) An annual branch fee of one thousand dollars ($1,000) for each branch or campus of the institution operating in California.
(2) The amount of the annual fees pursuant to paragraph (1) shall be proportional to the bureau's cost of regulating the institution under this chapter.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
New Institution	$5,000	$5,000	$468	$428.5	$379.3	$320.3	3.4%
New Branch – Non Accredited	$3,000	$3,000	$153	$49	$56.3	$56	0.6%
New Branch – Accredited	$750	$750	$75.3	$61	$70.6	$57.8	0.6%
Verification of Exemption	$250	$250	$40.3	$45	$52.8	$41.8	0.4%
Change in Education Objective	$500	$500	$42.5	$44.8	$25.3	$25.3	0.3%
Minor Change	$500	$500	$26.3	$31	$22	$19.8	0.2%
Change in Location	$500	$500	$18.8	$19.8	$10.8	$16	0.2%
Change of Name	$500	$500	$17.8	$8	$9.3	$7.5	0.1%
Change in Approval – Accreditation	$250	$250	$40	$61	$61.3	$59.5	0.7%
Change in Method	$500	$500	$7	$10.3	$8	$9.3	0.1%
Renewal – Main Campus	$3,500	$3,500	$752.8	$544.5	$231.6	$57.2	0.6%
Renewal – Branch	$3,000	$3,000	$24	$15	$42	$0	0%
Renewal – Accredited	$500	$500	$61.5	$71.8	$49.5	$31.7	0.3%
Annual Institution Fee	up to $25,000	up to $25,000	$8,531.1	$7,972.4	$8,115.8	$7,897.5	84.2%
Annual Branch Fee	$1,000	$1,000	$27.2	$186	$388	$398	4.2%

13. Describe Budget Change Proposals (BCPs) submitted by the Bureau in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1111-01L	13-14	AB 2296 Position	1.0 (AGPA)	1.0 (AGPA)	$81,000	$81,000	$0	$0
1111-01 SFL	13-14	Staff Augmentation: Licensing	8.0, 3.0-YR LT(Ed. Spec. and 5.0 AGPA)	8.0, 3.0 –YR LT (3.0 Ed. Spec. and 5.0 AGPA)	$725,000	$725,000	$128,000	$128,000
1111-08	14-15	Staff Augmentation: Enforcement	11.0, 3-YR LT AGPA	11.0, 3-YR LT AGPA	$986,000	$986,000	$306,000	$306,000
1111-002	15-16	Staff Augmentation: Enforcement and Licensing	10.0 (6.0 AGPA, 1.0 SSA and 3.0 OT) + 17LT to permanent	10.0 (6.0 AGPA, 1.0 SSA and 3.0 OT) + 17LT to permanent	$4.53 million	$4.53 million	$217,000	$217,000
1111-012-BCP-BR—2015-GB	2015-16	Staff Augmentation to Implement SB 1247	1.0 SSA, (PFT), 6 AGPA (PFT), 1 AGPA (LT), 1Ed Spec (PFT), 4 Ed Spec (LT), I Info Sys Analyst (PFT), I Attorney (PFT)	1.0 SSA, (PFT), 6 AGPA (PFT), 1 AGPA (LT), 1Ed Spec (PFT), 4 Ed Spec (LT), I Info Sys Analyst (PFT), I Attorney (PFT)	$1.4 million 15/16 and $1.4 million 16/17 and $944,000 ongoing	$1.4 million 15/16 and $1.4 million 16/17 and $944,000 ongoing	$482,000 15/16, $285,000 16/17, and $133,000 ongoing	$482,000 15/16, $285,000 16/17, and $133,000 ongoing

Staffing Issues

14. Describe any Bureau staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Bureau has had staffing challenges since it was reestablished in 2010. There was no appropriation in AB 48, the legislation establishing the Bureau, the budget for FY 2010/11 was historically late, not being signed until October, 2010 and the administration imposed a hiring freeze and furloughs which resulted in hiring delays. This delay caused backlogs in most divisions of the Bureau, which has required additional staff. The Bureau requested additional staffing in fiscal years 2013/14 and 2014/15 and received limited term positions. The limited term positions were difficult to fill as applicants are generally looking for full time permanent positions. The Bureau experienced serial vacancies as individuals filling limited term positions would leave as soon as they found a permanent position.

As the result of the audit conducted by the Bureau of State Audits in 2013/14 that found the Bureau was not meeting its statutory mandate, the Bureau contracted with a consultant, CPS HR Consulting, to review the Bureau's work processes and ascertain the Bureau's staffing needs. The report from CPS made several recommendations, particularly in the area of staffing. As a result, a BCP was submitted for FY 2015/16 and ongoing with the intention of bringing the

Bureau's staffing to an appropriate level to be able to work through the existing backlogs and handle the ongoing workload.

15. Describe the Bureau's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

Each new employee is given a training plan created specifically for that employee and the position the employee occupies. The training plan is to be completed, as practicable, by the end of the employee's probation period.

The Bureau conducts "all staff" training at least one time per year. During the all staff training every unit is assigned topics to present to the whole Bureau. The effort is key to having staff in all units apply the statute and regulations consistently which can become difficult when there is turnover.

The various units within the Bureau also hold specific training for staff. As an example, the enforcement division has contracted with the Attorney General's office for staff training in areas such as complaint investigation and report writing. The Bureau also sends new enforcement staff to Council on Licensure, Enforcement, and Regulation (CLEAR) training and DCA's Enforcement Academy. Enforcement and Licensing have contracted training for testifying as a witness. Each unit is also responsible for ensuring any new information is passed along to staff or any updates to training modules are presented to staff.

Additionally, Bureau staff attends Strategic Organization, Leadership, and Individual Development (SOLID) training at DCA headquarters. This training ranges from general topics such as "Basic Project Management" or "Excel 2010" to specific focus areas such as "Legislative Process" or "Hiring and Onboarding New Employees." Bureau staff has attended over 200 classes per fiscal year the past two fiscal years.

The Bureau has spent approximately $14,000 on outside staff training and development with the Attorney General and CLEAR.

Section 4 – Licensing Program

16. What are the Bureau's performance targets/expectations for its licensing[1] program? Is the Bureau meeting those expectations? If not, what is the Bureau doing to improve performance?

The target performance expectation is to have complete and compliant applications reviewed and approved within 30 days of receipt by the Bureau. However, the Bureau has a backlog of applications which has existed from the re-establishment of the Bureau because of staffing issues. Applications began being submitted in February of 2010; however, the FY 2010/11 budget wasn't passed until October 8, 2010. By the time staff was hired in November of 2010 a backlog of approximately 1,100 applications existed. As of October 31, 2015, there are approximately, 140 applications pending assignment that are considered "backlog"; these are applications that have been received but are not yet assigned to an analyst.

[1] The term "license" in this document includes a license certificate or registration.

In order to address the backlog, in late 2014, the Bureau began instituting significant internal changes in policy and process. Early changes have resulted in a noticeable decline in the total number of applications pending or under review, which has dropped from 1022 on June 30, 2014 to 576 as of October 31, 2015. In addition to the process changes, the Bureau, through the BCP process, has been granted authority to hire additional staff. With these two changes the Bureau currently estimates the backlog of licensing applications will be eliminated by July 1, 2018.

17. Describe any increase or decrease in the Bureau's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the Bureau to address them? What are the performance barriers and what improvement plans are in place? What has the Bureau done and what is the Bureau going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

Average time to process applications is decreasing due to new procedures and increasing staff knowledge. As is noted in the response to #16 above, the number of pending applications is decreasing.

A couple of processes have been implemented that have assisted the Bureau in reducing the number of applications in the backlog. The Bureau has begun offering workshops on "how to complete an application for approval to operate." The workshops review all required information and inform applicants about the best ways to present information and the most common errors seen in applications causing the applications to be delayed or denied. With the introduction of the workshops, the Bureau implemented a policy to provide only one deficiency notice to license applicants. Prior to the workshops and the new application procedure the Bureau provided up to five deficiency letters in an attempt to get the application complete and compliant with the law.

Previously the Bureau struggled to maintain staff in the limited term positions in the Licensing Unit. Staff turnover is critical when you consider that, because of the complexity of the law, and the variety of ways an institution may choose to operate, training of new staff is lengthy. It takes six months in most cases to prepare an analyst to effectively review an application for approval to operate an institution that is not accredited. It is expected that as staffing stabilizes because of the conversion of limited term positions to permanent/full time positions that was granted through the BCP process, the licensing backlog will continue to decrease.

18. How many licenses or registrations does the Bureau issue each year? How many renewals does the Bureau issue each year?

The Bureau approves about 100 new institutions per year and approves about 120 renewals per year. Additionally; the Bureau approves about 400 Applications for Substantial Change and around 130 Verifications of Exemption per year.

Table 6. Total Number of Approved Institutions

		FY 2011/12**	FY 2012/13	FY 2013/14**	FY 2014/15
Main Location	Active	N/A	954	N/A	930
	Active Referred to Specialist*	N/A	153	N/A	133
Branch Locations	Active	N/A	338	N/A	423
	Active Referred to Specialist*	N/A	2	N/A	11
Satellite Locations	Active	N/A	512	N/A	555

	Active Referred to Specialist*	N/A	1	N/A	3

* "Active Referred to Specialist" could mean that an institution has been flagged because the renewal came in late, but before the six month cut off that would require a new school application or that there are outstanding enforcement issues with the institution.
** The Bureau utilizes a different database (S.A.I.L.) than the majority of DCA entities which use the Consumer Affairs System (CAS), as such the Bureau does not have a date associated with the "Active" and "Active Referred to Specialist" fields that would show the status of each year. Therefore, we can only show institution data as of this date.

Table 7. Application Status					
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*
Approval to Operate a Non-Accredited Institution					
Received	106	93	77	61	12
Approved	70	39	35	32	18
Denied	6	12	14	28	9
Closed	7	14	24	24	17
Under Review	56	53	135	114	115
Pending Review	15	28	70	75	39
Approval to Operate an Accredited Institution					
Received	130	83	93	81	21
Approved	142	55	63	81	26
Denied	2	0	5	4	1
Closed	40	18	14	19	3
Under Review	5	41	55	27	19
Pending Review	0	0	2	0	0
Renewal of Approval to Operate a Non-Accredited Institution					
Received	203	144	66	19	3
Approved	28	23	40	57	17
Denied	2	11	15	14	11
Closed	3	6	17	14	6
Under Review	79	16	165	88	107
Pending Review	88	128	165	151	101
Renewal of Approval to Operate an Accredited Institution					
Received	98	134	100	64	16
Approved	36	95	77	70	21
Denied	0	2	1	1	2
Closed	32	26	13	10	1
Under Review	10	50	47	26	21
Pending Review	0	0	1	0	0
Application for Changes					
Received	519	519	407	479	132
Approved	462	414	364	544	144
Denied	10	18	16	27	14

Closed	36	57	66	73	24
Under Review	74	142	262	147	140
Pending Review	12	71	15	46	13
Verification of Exemption					
Received	161	173	210	172	65
Approved	150	72	128	121	42
Denied	66	40	58	99	31
Closed	34	11	9	13	2
Under Review	22	12	56	39	19
Pending Review	0	92	49	0	2

*Through October 31, 2015

19. How does the Bureau verify information provided by the applicant?

The Bureau requires the applicant to provide documentation for each section of the application. Additional documentation is requested from the applicant when necessary. An analysis of the documents is performed to verify compliance with the minimum operating standards. In addition to internet searches, analysts will conduct third party verification and/or meet with the applications when there are questions regarding the validity of the information contained in the application.

a. What process does the Bureau use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

For all new applicants, the Bureau conducts a database review of all listed owners to determine prior ownerships and disciplinary actions. All applications are reviewed to ensure that the financial data was overseen by a Certified Public Account. Bureau staff conducts additional research into the background of owners via Lexis Nexis if necessary. Owners must also sign under penalty of perjury that they have no criminal record.

b. Does the Bureau fingerprint all applicants?

No, the Bureau does not fingerprint applicants. The Bureau approves applicants which can be either a natural person or a business organization, irrespective of its form, per California Education Code sections 94816 and 94855.

c. Have all current licensees been fingerprinted? If not, explain.

The Bureau approves applicants which can be either a natural person or a business organization, irrespective of its form, per California Education Code sections 94816 and 94855.

d. Is there a national databank relating to disciplinary actions? Does the Bureau check the national databank prior to issuing a license? Renewing a license?

There is no national databank relating to disciplinary actions for institutions. However, the Bureau conducts a Web search to determine if the institution is/was operating in any other state(s). If the institution is found to have operated, or is operating, in another state and there are questions about the validity of any information included with the application, the Bureau may contact the other state(s) to determine if any actions were taken.

e. Does the Bureau require primary source documentation?

Depending on the type of application and level of income of the applicant institution, the Bureau requires applicants to provide either reviewed financial statements or audited financial statements. Reviews and audits must be completed by a Certified Public Accountant. The financial statements must show that the institution can meet minimum operating standards.

20. Describe the Bureau's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Bureau only has jurisdiction over institutions with a physical presence in the State of California. For institutions which maybe headquartered outside of California, there is a requirement that they provide a California contact with their California location.

21. Describe the Bureau's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

There are no experience or education requirements for an institution to be approved. The Bureau approves applicants which can be either a natural person or a business organization, irrespective of its form, per California Education Code sections 94816 and 94855.

a. Does the Bureau identify or track applicants who are veterans? If not, when does the Bureau expect to be compliant with BPC § 114.5?

The Bureau has developed a form to comply with this statute.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the Bureau?

There are no experience or education requirements for an institution to be approved.

c. What regulatory changes has the Bureau made to bring it into conformance with BPC § 35?

There are no experience or education requirements for an institution to be approved.

d. How many licensees has the Bureau waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on Bureau revenues?

The Bureau has not waived fees or requirements.

e. How many applications has the Bureau expedited pursuant to BPC § 115.5?

The Bureau has not expedited any applications.

22. Does the Bureau send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Bureau does not fingerprint applicants; therefore "No Longer Interested Notifications" are not necessary.

Examinations:

Not Applicable to the Bureau, as there is no examination for institutions to become approved.

Table 8. Examination Data				
California Examination (include multiple language) if any:				
	License Type	N/A	N/A	N/A
	Exam Title	N/A	N/A	N/A
FY 2011/12	# of 1st Time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
	# of 1st Time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
FY 2013/14	# of 1st Time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
FY 2014/15	# of 1st time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
	Date of Last OA	N/A	N/A	N/A
	Name of OA Developer	N/A	N/A	N/A
	Target OA Date	N/A	N/A	N/A
National Examination (include multiple language) if any:				
	License Type	N/A	N/A	N/A
	Exam Title	N/A	N/A	N/A
FY 2011/12	# of 1st Time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
FY 2012/13	# of 1st Time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
FY 2013/14	# of 1st Time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
FY 2014/15	# of 1st time Candidates	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A
	Date of Last OA	N/A	N/A	N/A
	Name of OA Developer	N/A	N/A	N/A
	Target OA Date	N/A	N/A	N/A

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

There is no examination for licensure of an institution.

24. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)*

There is no examination for licensure of an institution.

25. Is the Bureau using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

There is no examination for licensure of an institution.

26. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Within existing statutes which are specific to the Bureau, there are none which hinder the processing of applications. There is no examination.

School approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Bureau work with BPPE in the school approval process?

This Bureau is the BPPE. The Bureau has oversight of all non-exempt, private postsecondary institutions in California.

28. How many schools are approved by the Bureau? How often are approved schools reviewed? Can the Bureau remove its approval of a school?

As of June 30, 2015, the Bureau has approved 2,076 institutional locations throughout California, including 1063 main campus locations, 455 branch locations, and 558 satellite locations.

Institutional approvals are valid for five years if the institution is approved as a non-accredited institution. With every renewal period an institution is required to submit an application for reapproval which must be reviewed for compliance with the statute and regulations. Institutions that are approved based upon their accreditation must submit an application for reapproval in conjunction with their reaccreditation. Further, every institution is mandated to receive at minimum one announced and one unannounced compliance inspection every five years.

If, after an investigation by the Bureau, the Bureau determines the institution is not operating in compliance with the law, the Bureau may take disciplinary action against the institution which can include an action to revoke the institution's approval to operate.

29. What are the Bureau's legal requirements regarding approval of international schools?

The Bureau requires a school operating in California to have a California contact and a physical location in California.

Continuing Education/Competency Requirements

30. Describe the Bureau's continuing education/competency requirements, if any. Describe any changes made by the Bureau since the last review.

There is no continuing education requirement for institutions approved by the Bureau, thus items 30(a) through 30(i) are not applicable.

a. How does the Bureau verify CE or other competency requirements?

N/A

b. Does the Bureau conduct CE audits of licensees? Describe the Bureau's policy on CE audits.

N/A

c. **What are consequences for failing a CE audit?**

N/A

d. **How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?**

N/A

e. **What is the Bureau's course approval policy?**

N/A

f. **Who approves CE providers? Who approves CE courses? If the Bureau approves them, what is the Bureau application review process?**

N/A

g. **How many applications for CE providers and CE courses were received? How many were approved?**

N/A

h. **Does the Bureau audit CE providers? If so, describe the Bureau's policy and process.**

N/A

i. **Describe the Bureau's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.**

N/A

Section 5 – Enforcement Program

31. **What are the Bureau's performance targets/expectations for its enforcement program? Is the Bureau meeting those expectations? If not, what is the Bureau doing to improve performance?**

The Bureau utilizes the performance targets and expectations established by the Department of Consumer Affairs (DCA). The Consumer Protection Enforcement Initiative (CPEI) provides performance measures and targets for the various aspects of the enforcement process. Although the CPEI was initially established for the healing arts boards, the Bureau adopted this model and has set goals to complete investigations that do not involve formal discipline within 180 days.

The Bureau's average time to close a complaint has increased over the past four fiscal years. This is mostly a result of management investing significant time in training staff which has led to more thorough desk reviews and investigations.

The Bureau is utilizing the services of the DCA Complaint Resolution Program (CRP) to help resolve complaints that are considered routine in nature and do not have a potential for student harm.

Additionally, to achieve better results of desk reviews and investigations, all enforcement staff are required to attend the DCA Enforcement Academy and the National Certification for Investigators and Inspectors. In fiscal year 2014-15, the Bureau contracted with the Office of the Attorney

General to provide training specific to the investigation of complaints, how to write reports, and witness testifying.

32. Explain trends in enforcement data and the Bureau's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the Bureau done and what is the Bureau going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The Bureau has seen an increase in the number of complaints received since the last sunset report. The Bureau attributes this, in part, to the increase in the number of compliance inspections conducted by the Bureau as well as outreach events that the Bureau attends. The outreach the Bureau conducts provides more exposure to individuals that did not know the Bureau existed.

The Bureau was provided 11 Limited Term (LT) positions in the 2014/15 fiscal year. The recruitment of staff to fill these positions proved difficult, as often those with limited or no experience in investigations applied for these LT positions in order to begin their state service career. Retention of staff recruited for these positions proved difficult as staff left for permanent or more secure positions. Management and staff invested a significant amount of time training these individuals which took away from the processing and reviewing of complaints.

For the 2015/16 fiscal year, the Bureau submitted, and received approval for Budget Change Proposal (BCP 1111-002) to make the 11 LT positions permanent and to obtain more staff to work on the current backlog; as a result, the Bureau is currently in the process of advertising and filling those additional positions.

Effective January 1, 2015, Senate Bill 1247 mandated guidelines for the prioritization of complaints. California Education Code (CEC) 94941(e) states:

The bureau shall, in consultation with the advisory committee, adopt regulations to establish categories of complaints or cases that are to be handled on a priority basis. The priority complaints or cases shall include, but not be limited to, those alleging unlawful, unfair or fraudulent business acts or practices, including unfair, deceptive, untrue, or misleading statements, including all statements made or required to be made pursuant to the requirements of this chapter, related to any of the following:

(1) Degrees, educational programs, or internships offered the appropriateness of available equipment for a program, or the qualifications or experience of instructors.
(2) Job Placement, graduation, time to complete an educational program, or educational program or graduation requirements.
(3) Loan eligibility, terms, whether the loan is federal or private, or default or forbearance rates.
(4) Passage rates on licensing or certification examinations or whether an institution's degrees or educational programs provide students with the necessary qualifications to take these exams and qualify for professional licenses or certifications.
(5) Cost of an educational program, including fees and other nontuition charges.
(6) Affiliation with or endorsement by any government agency, or by any organization or agency related to the Armed Forces, including, but not limited to, groups representing veterans.
(7) Terms of withdrawal and refunds from an institution.
(8) Payment of bonuses, commissions, or other incentives offered by an institution to its employees or contractors.

The Bureau is in the process of developing regulatory guidelines to implement these provisions.

As noted earlier, the Bureau also contracted with CPS HR Consulting to perform a business process analysis. The Bureau has adopted these processes to make the work flow more efficiently.

Table 9a. Enforcement Statistics				
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*
COMPLAINT				
Intake (Use CAS Report EM				
Received	636	772	766	237
Closed	0	0	0	0
Referred to INV	636	772	766	499
Average Time to Close	0	0	0	0
Pending (close of FY)	0	0	0	0
Source of Complaint (Use CAS Report				
Public	Unavailable	Unavailable	Unavailable	Unavailable
Licensee/Professional Groups	Unavailable	Unavailable	Unavailable	Unavailable
Governmental Agencies	Unavailable	Unavailable	Unavailable	Unavailable
Other	Unavailable	Unavailable	Unavailable	Unavailable
Conviction / Arrest (Use CAS Report EM				
CONV Received	N/A	N/A	N/A	N/A
CONV Closed	N/A	N/A	N/A	N/A
Average Time to Close	N/A	N/A	N/A	N/A
CONV Pending (close of FY)	N/A	N/A	N/A	N/A
LICENSE DENIAL (Use CAS Reports EM 10 and 095)				
License Applications Denied	83	109	85	33
SOIs Filed	6	12	30	7
SOIs Withdrawn	3	7	12	11
SOIs Dismissed	0	0	12	0
SOIs Declined	0	0	0	0
Average Days SOI	156	288	245	129
ACCUSATION (Use CAS Report EM 10)				
Accusations Filed	1	0	4	3
Accusations Withdrawn	0	0	1	0
Accusations Dismissed	0	0	0	0
Accusations Declined	0	0	0	0
Average Days Accusations	337	0	1003	723
Pending (close of FY)	1	3	7	7

*Through October 31, 2015

Table 9b. Enforcement Statistics (continued)				
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*
DISCIPLINE				
Disciplinary Actions (Use CAS Report EM				
Proposed/Default Decisions	1	2	4	4
Stipulations	2	0	1	0

Average Days to Complete	413	638	1103	892
AG Cases Initiated	22	29	42	28
AG Cases Pending (close of FY)	18	32	44	58
Disciplinary Outcomes (Use CAS Report				
Revocation	1	1	3	4
Voluntary Surrender	1	0	2	0
Suspension	0	0	0	0
Probation with Suspension	0	0	0	0
Probation	0	0	0	0
Probationary License Issued	0	0	0	0
Other	1	1	0	0
PROBATION				
New Probationers	0	0	0	0
Probations Successfully Completed	0	0	0	0
Probationers (close of FY)	0	0	0	0
Petitions to Revoke Probation	0	0	0	0
Probations Revoked	0	0	0	0
Probations Modified	0	0	0	0
Probations Extended	0	0	0	0
Probationers Subject to Drug Testing	N/A	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A	N/A
Petition for Reinstatement Granted	N/A	N/A	N/A	N/A
DIVERSION				
New Participants	N/A	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A	N/A
Terminations	N/A	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A	N/A

*Through October 31, 2015

Table 9c. Enforcement Statistics (continued)				
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*
INVESTIGATION				
All Investigations (Use CAS Report EN				
First Assigned	636	772	766	270
Closed	503	540	673	280
Average days to close	179	250	363	380
Pending (close of FY)	707	949	1050	1016
Desk Investigations (Use CAS Report EN				
Closed	324	451	431	176
Average days to close	145	211	265	354
Pending (close of FY)	451	676	569	368
Non-Sworn Investigation (Use CAS Report EN				
Closed	179	66	242	104
Average days to close	242	413	537	403
Pending (close of FY)	256	252	481	648

Sworn Investigation				
Closed (Use CAS Report EM	6	21	11	2
Average days to close	200	758	379	365
Pending (close of FY)	19	9	4	4
COMPLIANCE ACTION (Use CAS Report 096)				
ISO & TRO Issued**	0	0	1	0
PC 23 Orders Requested	0	0	0	0
Other Suspension Orders	0	0	0	0
Public Letter of Reprimand	0	0	0	0
Cease & Desist/Warning	0	0	0	0
Referred for Diversion	N/A	N/A	N/A	N/A
Compel Examination	N/A	N/A	N/A	N/A
CITATION AND FINE (Use CAS Report EM 10 and 095)				
Citations Issued	16	14	116	36
Average Days to Complete	191	822	396	479
Amount of Fines Assessed	$459,208	$296,068	$748,005.00	$307,752
Reduced, Withdrawn, Dismissed	1	2	9	10
Amount Collected	$12,255	$10,000	$45,251.00	$123,320
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	0	0	0

*Through October 31, 2015
**Emergency decisions

	Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*	Cases Closed	Avera %
Attorney General Cases (Average %)							
Closed Within:							
1 Year	1	0	0	0	8	9	35%
2 Years	1	3	2	1	5	12	50%
3 Years	0	0	0	1	1	2	8.33
4 Years	0	0	0	0	0	0	0%
Over 4 Years	0	0	0	0	1	1	4.17
Total Cases Closed	2	3	2	2	15	24	100
Investigations (Average %)							
Closed Within:							
90 Days	266	223	191	223	95	998	39.82
180 Days	135	100	100	108	50	493	19.67
1 Year	77	95	96	103	39	410	16.36
2 Years	31	78	110	107	37	363	14.49
3 Years	1	7	34	86	30	158	6.3%
Over 3 Years	0	0	9	46	29	84	3.35
Total Cases Closed	510	503	540	673	280	2506	100

*Through October 31, 2015

33. What do overall statistics show as to increases or decreases in disciplinary action since last review.

Disciplinary Cases:

FY 2011/12 – 9
FY 2012/13 – 20
FY 2013/14 – 26
FY 2014/15 – 42

There has been a 110% increase since the last review (2012-13), but a 366% increase from FY 2011-12 to FY 2014-15.

34. How are cases prioritized? What is the Bureau's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

In 2014 the Bureau began drafting prioritization guidelines that were directly related to data available from the institutions and the trends that the Bureau identified in complaints and compliance inspections. However, with the passage of SB 1247 the Bureau was provided specific prioritization guidelines and a mandate to promulgate regulations in order to implement the guidelines. The Bureau has consulted with the Advisory Committee and is in the process of promulgating the regulations regarding prioritization. Prior to this the Bureau was using DCA's *Complaint Prioritization Guidelines for Health Care Agencies.*

While regulations are being promulgated, the Bureau has established a prioritization methodology that incorporates the Consumer Protection Enforcement Initiative and the statute to determine a risk assessment score for the complaints. The risk assessment score for complaints is based on the following criteria:

- Allegations of complaint
- Population of surrounding community (where institution is located)
- Number of open/closed complaints
- Age of complaint
- Institution status (active, expired, unapproved)

The risk score is then used to categorize the complaint. Complaints categories include:

- Urgent
- High
- Routine

The categories are used to prioritize the complaints. Urgent priority complaints are assigned to field investigators. High priority complaints are assigned to desk analysts and the routine complaints are assigned to the DCA Complaint Resolution Program and/or desk analysts.

35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the Bureau actions taken against a licensee. Are there problems with the Bureau receiving the required reports? If so, what could be done to correct the problems?

There is no mandated reporting in the Act.

36. Does the Bureau operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the Bureau's policy on statute of limitations?

The Act does not contain a statute of limitations or deadline for the Bureau to file an enforcement or disciplinary action. The Bureau's policy is to conduct thorough investigations and take disciplinary action as necessary to protect students.

For student claims under the former law, according to California Education Code (CEC) section 94809.5:

Notwithstanding any other provision of law:

(a) For any claims that a student had based on a violation of the Private Postsecondary and Vocational Education Reform Act of 1989 on or before June 30, 2007, the period of time from June 30, 2007, to December 31, 2009, inclusive, shall be excluded in determining the deadline or the statute of limitation for filing any claim with the bureau or a lawsuit based on any claim.

(b) All claims described in subdivision (a), except claims to the Student Tuition Recovery Fund, including those contained in a lawsuit or other legal action, shall be determined or adjudicated based on the law that was in effect when the violations or events took place, even though those provisions have become inoperative, been repealed, or otherwise expired.

For student claims to the Student Tuition Recovery Fund, CCR, title 5, section 76200(b) provides:

The application must be fully completed and received by the Bureau, with supporting documents that include, but need not be limited to, the enrollment agreement, promissory notes, if any, and any receipts, within two years from the date of the closure notice explaining the student's rights under STRF, whether provided by the institution or the Bureau, or a maximum of four years if the student receive no closure notice.

37. Describe the Bureau's efforts to address unlicensed activity and the underground economy.

The Bureau has established a team of staff that is responsible for researching unlicensed institutions in California. In addition, field investigators and compliance inspectors when in the field are cognizant of reporting possible unlicensed institutions observed.

Since the current Bureau was established in 2010, twenty-three citations have been issued for unlicensed activity.

FY 2010/11 – 0
FY 2011/12 – 2
FY 2012/13 – 9
FY 2013/14 – 6
FY 2014/15 – 6

Cite and Fine

38. Discuss the extent to which the Bureau has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the Bureau increased its maximum fines to the $5,000 statutory limit?

The Bureau utilizes its cite and fine authority to address violations of the law that do not warrant formal disciplinary action. Fine amounts range from $50 to $5,000 except for unlicensed activity where a fine can be up to $50,000.

The Bureau has four classes of citation:

"Class A" violation shall not be less than $2,501 or more than $5,000. A Class A violation is one that the Bureau, in its discretion, determined to be more serious in nature, deserving the maximum fine. A Class A violation may, in the Bureau's discretion, be issued to an institution that has committed one or more prior, separate Class B violations.

"Class B" violation shall not be less than $1,001 or more than $2,500. A Class B violation is one that the Bureau has, in its discretion, determined to be less serious in nature and may include, but is not limited to, a violation that could have resulted in student harm. Typically some degree of mitigation will exist. A Class B violation may be issued to an institution that has committed one or more prior, separate Class C violations.

"Class C" violation shall not be less than $501 or more than $1,000. A Class C violation is one that the Bureau has, in its discretion, determined to be a minor or technical violation, which may be directly or potentially detrimental to students or potentially impacts their education.

"Class D" violation shall not be less than $50 or more than $500. A Class D violation is one that the Bureau has, in its discretion, determined to be a minor or technical violation, which is neither directly or potentially detrimental to students nor potentially impacts their education.

39. How is cite and fine used? What types of violations are the basis for citation and fine?

Cite and Fine is used for cases where a violation of the law occurred and formal discipline is not warranted. See response above for examples.

40. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

Over the past four fiscal years, the Bureau has held forty-one (41) informal office conferences, sixty-six (66) citations were appealed and twenty-one (21) administrative hearings were requested.

41. What are the 5 most common violations for which citations are issued?

The five most common violations for which citations are issued:

1- CEC section 94910 Failure to meet minimum requirements for the School Performance Fact Sheet.
2- CEC section 94909 Failure to meet minimum requirements for the School Catalog.
3- CEC section 94911 Failure to meet minimum requirements for the Enrollment Agreement.
4- CEC section 94886 Approval to operate required
5- 5 CCR section 76130(b) Failure to collect and/or submit Student Tuition Recovery Fund assessments.

42. What is average fine pre- and post- appeal?

The average fine amount pre-appeal is $27,368.91 and post-appeal is $12,018.26.

43. Describe the Bureau's use of Franchise Tax Board intercepts to collect outstanding fines.

When a fine is levied against an institution, it is provided 30 days to respond or pay. If payment is not received within the specified time, three demand letters are sent to the institution/owner in 30 day increments. If payment is not received after the third demand letter, the Bureau works with DCA Accounts Receivable office to establish a Franchise Tax Board (FTB) account number and have the information submitted to FTB for collection. The FTB intercepts tax refunds and/or lottery winnings and forwards those funds to the Bureau. The account remains open until the fees are collected in full.

Cost Recovery and Restitution

44. Describe the Bureau's efforts to obtain cost recovery. Discuss any changes from the last review.

Cost recovery is requested for all accusations. Business and Professions Code section 125.3 provides cost recovery authority to boards/bureaus within the DCA. The Bureau refers disciplinary cases to the Attorney General's (AG) Office for the filing of an accusation. All Bureau accusations have the possibility of an order for cost recovery. An administrative law judge (ALJ) makes a proposed decision whether or not to grant the cost recovery. The amount of the cost recovery requested/ordered is based upon a certification of hours provided by the investigator.

45. How many and how much is ordered by the Bureau for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The Bureau has ordered $299,413.19 in cost recovery. To date, the Bureau has recovered $10,000 in cost recovery (Table 11). The Bureau is unable to recover the costs due to the final orders stating that the costs are due when/if the school/owner(s) apply for an approval to operate from the Bureau or any of its successors; the vast majority do not apply.

46. Are there cases for which the Bureau does not seek cost recovery? Why?

The Bureau seeks cost recovery whenever possible.

47. Describe the Bureau's use of Franchise Tax Board intercepts to collect cost recovery.

The process works the same as that used for citations. See above Item 43.

48. Describe the Bureau's efforts to obtain restitution for individual consumers, any formal or informal Bureau restitution policy, and the types of restitution that the Bureau attempts to collect, i.e., monetary, services, etc. Describe the situation in which the Bureau may seek restitution from the licensee to a harmed consumer.

The Bureau may seek restitution for an individual or groups of students through the administrative process, that is, when the Bureau is taking an administrative action against an institution or, issuing a citation, the Bureau may include restitution as part of the order. This is usually done when the Bureau has determined that harm has been done by an institution operating without approval or offering programs without approval. In those cases, the Bureau has sought a refund of all monies paid by the student to the institution.

The Bureau has a Student Tuition Recovery Fund that is used to relieve or mitigate economic loss suffered by a student while enrolled in an educational program at an institution that is not exempt from Bureau oversight, who at the time of enrollment, was a California resident or was enrolled in a California residency program, prepaid tuition and suffered an economic loss.

Table 11. Cost Recovery				(list dollars i	
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*
Total Enforcement Expenditures	$2,380	$3,296	$2,986	$5,046	$7,112
Potential Cases for Recovery **	1	4	2	3	0
Cases Recovery Ordered	1	4	2	3	0
Amount of Cost Recovery Ordered	$50,000	$71,653.42	$139,266.88	$38,492.89	0
Amount Collected	0	0	$10,000	0	0
*Through October 31, 2015 ** "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.					

Table 12. Restitution				(list dollars i	
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16*
Amount Ordered	0	$2,116,180.00	0	0	0
Amount Collected	0	0	0	0	0

Section 6 – Public Information Policies

49. How does the Bureau use the internet to keep the public informed of Bureau activities? Does the Bureau post Bureau meeting materials online? When are they posted? How long do they remain on the Bureau's website? When are draft meeting minutes posted online? When does the Bureau post final meeting minutes? How long do meeting minutes remain available online?

The Bureau maintains a website and social media presence, including Facebook and Twitter, along with utilizing E-blasts, emails regarding events affecting the Bureau and the industry. The Bureau posts meeting materials online at least ten days before an Advisory Committee Meeting. These postings remain on the website indefinitely. Furthermore, draft meeting minutes are posted with the meeting materials for the following meeting and the final minutes for a meeting are generally posted within a month of the meeting in which the minutes were approved by the committee. These minutes also remain posted indefinitely.

50. Does the Bureau webcast its meetings? What is the Bureau's plan to webcast future Bureau and committee meetings? How long to webcast meetings remain available online?

The Bureau has webcast every Advisory Committee meeting since 2012 and every Task Force meeting. It is intended that that all future meetings will likewise be webcast whenever possible. Webcasts of the meetings will remain online indefinitely.

51. Does the Bureau establish an annual meeting calendar, and post it on the Bureau's web site?

The Bureau establishes an annual meeting calendar in January of each year for the quarterly Advisory Committee Meetings. The schedule is posted on the Bureau's web site.

52. Is the Bureau's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the Bureau post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The Bureau's complaint disclosure policy is consistent with the DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*. The Bureau posts accusations and disciplinary actions consistent with the DCA's *Web Site Posting of Accusations and Disciplinary Actions*.

53. What information does the Bureau provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Bureau's website contains a directory of approved institutions which includes the programs the institution is approved to offer along with the institution's contact information. The website also has Annual Reports, School Catalogs and Performance Fact Sheets, along with Compliance Inspections, including results of the inspection, and disciplinary actions. Since October 2015 the Bureau has been posting on its website those schools that were denied approval to operate.

54. What methods are used by the Bureau to provide consumer outreach and education?

The Bureau uses its website and outreach calendar along with Facebook, Twitter, and E-mail blasts to keep the public informed of ongoing and upcoming events. The Bureau also attends events such as college fairs along with the California Student Aid Commission, which informs students of the Bureau and the resources available to them from the Bureau. Additionally, the Bureau provides workshops, including a licensing workshop and a compliance workshop, to help educate institutions and increase compliance.

When institutions close precipitously the Bureau sends staff to the institution or, if that is not possible, finds a nearby location in order to meet with students impacted by the closure and inform them of their rights as students and information on the Student Tuition Recovery Fund. The Bureau also provides information on closed school loan discharges when applicable.

Section 7 – Online Practice Issues

55. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the Bureau regulate online practice? Does the Bureau have any plans to regulate internet business practices or believe there is a need to do so?

The Bureau reviews distance education programs being offered by institutions with a physical presence in California for compliance with operating standards in conjunction with application processing and compliance inspections. The Bureau also reviews institutional websites for compliance with statute and regulation.

Section 8 –
Workforce Development and Job Creation

56. What actions has the Bureau taken in terms of workforce development?

The Bureau works with the Employment Development Department's Workforce Investment Board (WIA Board) to provide the information the WIA Board needs to determine compliance with its regulations. Further, the Bureau has been working with the Department of Industrial Relations to determine appropriate oversight of pre-apprenticeship programs.

57. Describe any assessment the Bureau has conducted on the impact of licensing delays.

The Bureau understands that having a backlog of applications for approval to operate creates delays in schools opening. The Bureau received additional staffing in fiscal year 15/16 and ongoing in order to address the backlog that was caused by the Bureau's inability to hire when it was created.

58. Describe the Bureau's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

In 2014 the Bureau introduced "Application Workshops." The workshops provide instruction on how to complete the "Application for Approval to Operate an Institution Not Accredited" and staff from the licensing unit provides instruction on how to best present material for Bureau review. Further, the workshops make Bureau staff available to applicants to address any questions they have.

59. Provide any workforce development data collected by the Bureau, such as:

a. Workforce shortages: The Bureau has formed a Task Force to review institutions that provide instruction in writing computer code and other high technology fields. Information on the Innovative Subject Matters Task Force is posted on the Bureau's website.

b. Successful training programs: The Bureau publishes the annual reports of the schools showing program outcomes including completion and placement rates.

Section 9 –
Current Issues

60. What is the status of the Bureau's implementation of the Uniform Standards for Substance Abusing Licensees?

Uniform Standards for Substance Abusing Licensees does not apply to the Bureau as the Bureau licenses applicants which can be either a natural person or a business organization, irrespective of its form, per California Education Code sections 94816 and 94855.

61. What is the status of the Bureau's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The Bureau sends monthly reports to the Department regarding its enforcement timelines. As discussed earlier, these are included as Attachment E

62. Describe how the Bureau is participating in development of BreEZe and any other secondary IT issues affecting the Bureau.

The Bureau is in Release III of BreEZe. However, Release III schedule has been changed and is currently To Be Announced. Other IT issues are discussed in more detail below in Section 10, Issue 2) "Outdated technology systems and the implementation of BreEZe."

Section 10 – Bureau Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the Bureau.
2. Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.
3. What action the Bureau took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the Bureau has for dealing with the issue, if appropriate.

There were 26 issues raised during the prior sunset review. Many of the issues were addressed in SB 1247 which extended the Bureau's sunset for two years. Some have not been addressed.

Prior Issue #1: Current Staffing and Allocation of Resources are Inadequate

Staff Recommendation: *The Bureau should advise the Committees what steps it is taking to ensure that licensing backlogs are reduced and enforcement timelines are improved. The Bureau should also identify what additional staffing and resources are necessary to deal with these delays.*

The Bureau informed the committee that a workforce study was underway and the results of the workforce study would be evaluated and implemented. In February, 2015, CPS HR Consulting Services issued the second of three reports. The second report recommended the Bureau convert limited term positions to permanent full time positions and add additional staff to address the backlog and ongoing workload. This position authority was intended to address ongoing workload and backlog reduction. The report also provided recommendations for process improvements. Those recommendations included creation of an "annual reports unit" that would be devoted to reviewing the documentation that is submitted with the annual report. The work done by this unit could be utilized by all units within the Bureau. The report recommended complaint prioritization, continuing the streamlining of the compliance inspection process (already in process) and eliminating or reducing the number of deficiency letters for licensing applications (already implemented).

As a result of the study, the Bureau moved forward with a Spring Finance Letter and ultimately received authority to convert 17 limited term positions to full time/permanent positions, add an additional 10 positions permanent/full time and additional funding for overtime, permanent/intermittent positions and temporary help.

In anticipation of approval of the request, the Bureau began the process to create the positions, draft the duty statements, acquire space for the additional staff, order the additional equipment necessary and develop training plans. As soon as possible after the required approvals, the positions were advertised and as of October 31, 2015, the positions have been filled. Sixteen of the seventeen

positions converted from Limited Term to Permanent are filled with the final position in the process of being filled.

Prior Issue #2: Outdated Technology Systems and the Implementation of BreEZe

Staff Recommendation: *The Bureau should provide an update of anticipated timelines, existing impediments and the current status of utilizing BreEZe, as well as any intermediate efforts underway intended to improve the Bureau's information collection and tracking systems.*

As the committees are aware, there has been and continues to be much discussion surrounding the BreEZe data system being developed by the DCA. The Bureau was scheduled to be in Release III of BreEZe.

The Bureau is working with a vendor to develop the requirement specifications and business flow documentation for an upgrade to the current system for institutional submission and bureau processing of the institutional Annual Report. The first planning phases and requirements gatherings are in process as of October, 31 2015 and the Bureau will be able to move to the next step in implementing the changes. The Bureau remains optimistic in the ability to get the changes made timely, and we continue to work toward an implementation date of December, 2016. Therefore, these intermediate efforts are intended to improve the Bureau's information and tracking systems by allowing the Bureau to automate the way it collects and utilizes institutional data which will integrate into the prioritization of compliance inspections and complaint investigations as required by SB 1247.

Prior Issue #3: Underutilized Advisory Committee

Staff Recommendation: *The Bureau may consider consulting Advisory Committee members more frequently and provide additional opportunities for Advisory Committee meetings to better include public dialogue to assist the Bureau in its work enforcing the Act and also as a means of solving some of the operational problems the Bureau currently faces.*

The Advisory Committee has met quarterly since November, 2014 with meeting dates set a year in advance. The Advisory Committee has provided input on every regulation package that the Bureau has brought forward with informed discussion on key points. Further, the Advisory Committee has been provided the Bureau's procedures for review and comment. The August, 2015 and November, 2015 meetings included the mandated discussion of the fee schedule.

Prior Issue #4: Insufficient Spending Authority

Staff Recommendation: *The Bureau should be granted additional spending authority to improve operations and increase efficiency through the hiring of appropriate staff, the ability to conduct regular staff trainings, the purchase of an enhanced data tracking system and other tools necessary for the Bureau to meet its consumer protection mandate, as well as provide quality regulation of private postsecondary educational institutions. The Committees may also wish to change the mechanism by which fees are reduced, when necessary, and delete the provision authorizing BPPE staff to decrease fees if it determines that the cost of regulation of an institution is less than the cost of fees.*

SB 1247 eliminated the alternative annual fee calculation and provided authorization for two additional staff and staff training. As a result of the mandates in SB 1247, the Bureau was able to submit and have approved two BCPs for 2015-16 and ongoing. The increased spending authority will allow for the hiring of 20 additional permanent full time staff, conversion of 17 existing limited term positions to permanent full time, one limited term position and additional resources upon approval from the Department of Finance for overtime, temporary help and permanent intermittent staff to address the Bureau's licensing and enforcement backlogs.

Moving forward, the Bureau feels there is sufficient spending authority to eliminate the backlogs and address the normal workload.

Prior Issue #5: Unaccredited Degree Granting Programs

Staff Recommendation: . *The Committees may wish to amend the Act to increase the quality of educational programs in California by requiring institutions offering* a *degree to be accredited in order to obtain BPPE approval to operate. The Committees may wish to provide* a *phase-in period for this requirement to allow unaccredited degree programs time to meet the accreditation requirement. The Committees may also wish to require that currently unaccredited degree granting programs either change their program to offer certificates or update the Bureau as to their plan for obtaining accreditation. The Committees may also wish to require new institutions applying to the Bureau as an unaccredited degree granting program to provide* a *similar plan for accreditation with their initial application for approval.*

With the provision in SB 1247 that all degree granting institutions be accredited by July 1, 2020, the Bureau has commenced the process of reviewing plans for accreditation that have been submitted by degree granting institutions and forming visiting committees in order to review institutional progress toward accreditation. During July 2015, the Bureau issued orders for automatic suspension of approvals to operate to eleven institutions that failed to provide the Bureau their plan for achieving accreditation by July 1, 2015. As of August 1, 2015 there are approximately 107 institutions that are unaccredited and offering degrees. Those institutions have submitted a plan to achieve accreditation by July 1, 2020. The Bureau is currently in the process of training staff to organize site visits to verify progress toward accreditation.

Prior Issue #6: Oversight by BPPE of Distance Learning

Staff Recommendation: *The Committees may wish to examine the issue of reciprocity . agreements further prior to authorizing the Bureau to enter into agreements. While SARA is the most frequently discussed option for reciprocity in distance education regulation, there may be other options and avenues in the future. The Committees may wish to establish standards for the reciprocity agreements BPPE enters into, if any, and basic protections that must be in place prior to California entering into an agreement.*

This issue was not addressed in prior legislation but legislation has been introduced to allow California to participate in SARA; however the bill failed to pass out of the Senate Committee on Education by the required deadline. At present approximately 27 states have joined SARA, but others have plans to join at some point in the future.

Prior Issue #7: Exemption of Regionally Accredited Schools

Staff Recommendation: *Students are best protected by* a *single system for regulation of private postsecondary institutions in California. A pathway exists currently for exempt institutions to maintain Title IV eligibility by voluntarily coming under the Bureau's jurisdiction. The Committees may wish to establish criteria other than the type of or lack of accreditation for the Bureau to focus its efforts. The Bureau should update the Committees on the number of regionally accredited institutions that have submitted applications or been granted licensure by the Bureau. The Bureau should explain to the Committees any challenges that could arise if some schools are only subject to some provisions of the Act while others were subject to all provisions.*

The Bureau response at the time was that there had been approximately ten non-WASC regionally accredited institutions that had submitted applications for approval to operate with the Bureau. As a result of the United States Department of Education requirements for state authorization and the requirement that was put in to place by SB 1247 that all institutions receiving funding for their veteran students must be approved by the Bureau, that number has grown to approximately 22 WASC and non-WASC accredited institutions that have applied for approval to operate with the Bureau.

Prior Issue #8: Transferability and the Requirement for Certain Types of Accreditation by DCA Entities

Staff Recommendation: *The Committees may wish to create uniformity for the accreditation of educational institutions attended by potential licensees of DCA boards. The Committees may also wish to establish* a *task force comprised of board representatives, students, faculty, higher education experts and representatives from accrediting agencies to provide advice on the issues of appropriate accreditation and options for transferability from certain institutions like those regulated by the Bureau to other segments of higher education in California. The Committees may wish to clarify required disclosures to students related to transferability to ensure that they are provided in easily understandable language and may wish to require that schools provide information about the institutions with which they have articulation agreements.*

This issue was not addressed in SB 1247 and the Bureau has no oversight of accreditation standards for other DCA Boards and Bureaus or transferability of educational credits.

Prior Issue #9: Relationship of the Bureau to Other Licensing Entities

Staff Recommendation: *The Bureau should describe the current MOUs it has with other entities and the MOUs it is currently working to establish. The Committees may wish to better understand the role of, and efforts by DCA to promote educational quality in workforce training programs approved, recognized or required by DCA boards for licensure. The Committees may wish to ensure that the Bureau establish partnerships and working relationships with DCA boards, but should be cautious about replacing Bureau responsibilities entirely by formally transferring school evaluation to licensing entities, as suggested in the BSA report. The Committees may wish to strengthen the Act to ensure that students are receiving training that allows them to become licensed when the intention of their enrollment is licensure.*

The Bureau has MOUs with three other licensing entities within the Department: the Board of Registered Nursing, the Board of Barbering and Cosmetology, and the Board of Vocational Nursing

and Psychiatric Technicians. Presently the Bureau is working on an MOU with the California State Approving Authority for Veteran Education (CSAAVE).

ISSUE #10: Massage Therapy Schools

Staff Recommendation: *The Committees may wish to amend the Private Postsecondary Education Act to clarify that the BPPE shall take into consideration either the approval or disapproval of* a *massage therapy school by the CAMTC and both entities should enter into* a *more formal MOU to delineate the role each entity has in approving massage therapy schools.*

SB 1247 did not address this issue; however, the Bureau meets and discusses common issues with the California Massage Therapy Council.

ISSUE #11: English Language Training Programs

Staff Recommendation: *It does not appear necessary to make statutory changes to ensure that ELTPs are qualified for exemptions from the Act and that their specific programs are defined to ensure that exemption. The Bureau should update the Committees on its continued outreach and communication with ELTPs solely offering ESL programs, subject to the requirements established by SEVP, and advise the Committees under what circumstances changes to the Act related to these institutions are necessary.*

The Bureau agreed that clarification in the Act may not be necessary; the matter could be resolved through regulation. Since the prior report, the Advisory Committee has discussed the possibility of amending regulations to provide certain English Language Schools (ESL) exemption from the law. However, the regulations mandated by statute have taken priority. Regulations regarding ESL schools may be promulgated sometime during 2016.

ISSUE #12: Flight Schools

Staff Recommendation: *The Committees may wish to amend the Act to ensure that flight schools exempt from the act are prohibited from collecting more than $2500 in prepayment from students, clarifying current law so* a *flight school actually charging*
$2500 or more up front is not able to be granted an exemption simply on the technicality that they do not require prepayment.

The Bureau supported such a proposal at the time and has implemented the changes made in SB 1247.

ISSUE #13: Coding Academies

Staff Recommendation: *The Committees may wish to evaluate whether students attending bootcamps should receive certain disclosures prior to enrollment and whether reporting of student outcomes are appropriate. The Committees may wish to consider whether it is appropriate to regulate bootcamps in the same manner and subject to the same provisions of the Act as other private training programs. The Committees may wish to allow for temporary approval of bootcamps under the Act or temporarily exempt bootcamps from the Act for one year (provided that bootcamps meet strict refund requirements)* , *and revisit the issue of appropriate state regulation, working collectively with stakeholders like the Bureau, bootcamp owners and operators, former students, employers, state*

agencies and higher education experts. The Committees may also wish to evaluate what steps the state and Bureau can take to generally promote the growth of high quality programs intended to train for jobs in the ever-growing high tech field.

SB 1247 mandated that the Bureau form a Task Force for high technology training schools. The Task Force was organized in early 2015, and the composition was announced at the February 18, 2015 Advisory Committee meeting. The Task Force has been meeting regularly and is on target to meet the deadlines for submission of the required report to the Advisory Committee by January 1, 2016.

ISSUE #14: Transitional Provisions

Staff Recommendation: *The Committees may wish to eliminate the de-facto approval for institutions that began operating during the sunset period to ensure that schools not approved by the Bureau are not open for business.*

SB 1247 eliminated the de-facto approval to operate for institutions that commenced operation during the sunset period.

ISSUE #15: Licensing Enhancements

Staff Recommendation: *The Committees may wish to consider amending the Act to create pathways for* a *streamlined licensing process when identified and available, ensuring that program integrity and student information are not negatively impacted.*

This was not addressed in SB 1247.

ISSUE #16: Compliance Inspections

Staff Recommendation: *There is already precedent for certain criteria such as cohort default rate, restrictions on accreditation and high program cost without* a *demonstration of aptitude prior to enrollment to be likely indicators of an institution's ability to comply with the Act. The Committees may wish to delineate certain criteria in statute that could assist the Bureau in prioritizing its inspections of institutions. The Bureau may also wish to consult its Advisory Committee on the criteria it can use to identify institutions that may require more immediate attention and those that may not need to·be inspected right away. The Committees may also wish to decrease the number of mandatory inspections to reflect* a *more workable number given the challenges the Bureau faces with staffing, workload and training, or eliminate* a *statutory timeframe altogether. The Committees may also wish to grant the Bureau flexibility in determining when to conduct announced and unannounced inspections based on an evaluation of any possible criteria used to prioritize the licensees that are inspected. The Committees may wish to require the Bureau to work with accrediting agencies to consolidate oversight visits to institutions.*

SB 1247 changed the amount of time the Bureau had to conduct compliance inspections from two years to five years. Further, prioritization criteria were outlined with a mandate to promulgate regulations in order to implement them. The regulations were discussed at the February 2015 Advisory Committee meeting and are presently going through the approval process. However, the Bureau has implemented prioritization metrics as a matter of policy where possible.

ISSUE #17: Unlicensed Activity

Staff Recommendation: *The Committees may wish to require the Bureau to establish* a *proactive program to identify unlicensed institutions, as recommended by BSA. The Committees may also wish to ensure that the Bureau takes proper action against unlicensed institutions, as recommended by BSA, by sanctioning these entities and tracking information related to enforcement. The Committees may also wish to amend the Act to allow the Bureau to post application denials on the Web site to make consumers aware in the event that an institution is operating without* a *license and has been denied by the Bureau. Given the significant consumer harm potential involved in operating an unlicensed school, the Committees may also wish to create stronger penalties for institutions operating without approval.*

SB 1247 requires the Bureau to post on its website denials that have exhausted the appeals process or not been appealed. The Bureau is in the process of posting all prior denials on the website. The Bureau had previously implemented processes for unlicensed activity.

ISSUE #18: Enforcement Improvements

Staff Recommendation: *The Committees may wish to clarify the Act to create consistent statutory language that ensures that approvals to operate are issued to institution owners and all disciplinary and enforcement actions are taken against institution owners. The Committees may also wish to review the due process implications of requiring an institution that has been denied a renewal to cease operations while an appeal is pending and working its way through the system toward a hearing. The Committees may wish to require the Bureau to have an investigative unit focused completely on deceptive marketing practices, given the severe nature of these violations and Bureau financial resources that could be dedicated to creating a unit staffed by experienced, trained investigators. The Committees may wish to allow the Bureau to whether an institution must close, depending on the seriousness of the violation and may wish to direct the Bureau to use the Emergency Decision pathway when students are at risk of harm.*

SB 1247 clarified that approvals are issued to “applicants,” who are persons (i.e., individuals or business organizations). This clarifies that disciplinary actions are taken against the person approved to operate the institution.

SB 1247 also clarified that persons approved to operate the institution that are denied their renewal to operate may continue to operate throughout the Administrative Procedure Process if the institution has appealed the denial. The Bureau does, however, require the institution to provide disclosures to current and prospective students that the institution has been denied its renewal to operate and may close if they are not successful with their appeal.

ISSUE #19: Complaints

Staff Recommendation: *The Committees may wish to ensure that the Bureau acquires additional, experienced investigative staffing in the appropriate classifications to effectively process complaints. The Committees may wish to ensure that Bureau staff receive more training in areas, as noted by* BSA, *like evidence-gathering techniques and knowledge about when they have sufficient evidence to advance or close complaints. The Committees may wish to amend the Act to outline a complaints process for the Bureau to follow, including criteria for determining the order in which complaints*

are addressed as well as the necessary documentation, information and resources that will assist in reviewing complaints, among other items.

SB 1247 mandated training for Bureau staff by the California Attorney General's office. To date, the Bureau has worked in conjunction with the Office of the Attorney General and conducted training for staff in the areas of evidence gathering, courtroom testifying and report writing. The Bureau is also working on additional training for understanding the statute and regulations and sufficiency of evidence. Further, SB 1247 provided prioritization guidelines that the Bureau is working to implement by promulgating regulations.

ISSUE #20: School Closures and STRF

Staff Recommendation: *The Bureau should update the Committees on its efforts . related to school closures and students impacted by school closures. The Bureau should continue to improve its administration of STRF and dedicate staff to ensuring that monies are properly collected, claims are swiftly processed and payouts are made in* a *timely fashion. The Bureau should update the Committees on its current efforts related to third-party payers and advise the Committees as to any statutory changes that could enhance STRF. The Committees may wish to expand the uses of STRF and evaluate the timelines under which students have to file* a *claim.*

SB 1247 expanded the scope of STRF to include students that attended unapproved institutions. SB 1247 mandated regulations which were discussed at the Advisory Committee meeting held in November 2014 and February 2015. The regulations are currently going through the approval process. These proposed regulations provide that third party payer benefits can be part of a STRF claim and includes a new system for refunds based on that benefit

During 2015 the Bureau experienced the largest school closure to date. Corinthian Colleges, which included Everest and WyoTech, institutions regulated by the Bureau, and Heald College, which was not regulated by the Bureau, announced abruptly on April 26, 2015 that they were closing their doors as of April 27, 2015. This closure impacted eleven Everest and two WyoTech campuses and their 4,000+ students that were enrolled at the time of the school closure. Additionally, Heald College enrolled 7,000+ students. The Bureau responded to this closure by deploying 26 staff members to the Everest and WyoTech locations in order to meet with students, provide them information on their rights under the Student Tuition Recovery Fund and to answer any questions they may have regarding the fund. Bureau staff also provided the telephone numbers for the Bureau in the event the student had any further questions. Overall, Bureau staff met with approximately 3,200 (80%) of the Everest and WyoTech students enrolled at the time of the school closure and has since responded to over 9,000 telephone calls and e-mail requests for additional information or transcripts. The Bureau has received over 280 applications for relief under the Student Tuition Recovery Fund and continues to accept and process applications as they are received.

ISSUE #21: Veterans Educational Benefits Oversight

Staff Recommendation: *The Committees may wish to require that any school in California receiving benefits administered by the VA and/or DOD must be approved by the Bureau and subject to the Act. The Committees may wish to specify that institutions accepting benefits administered by the VA and/or DOD provide students their associated money for living expenses and other costs within the timeframe established under federal law.*

SB 1247 mandated that institutions may not claim an exemption from the law and still receive veteran's education benefits unless they were "independent institutions" or met the terms of a very specific exemption under the law. The Bureau sent letters to all institutions that it could determine were exempt from Bureau oversight and receiving veteran education benefits to notify them of this change

ISSUE #22: Disclosures, Data, Student Outcomes, and Measuring Student Performance

Staff Recommendation: *The Committees may wish to authorize institutions receiving Title IV financial aid to report IPEDS data and data required under the Gainful Employment regulation to the Bureau on the School Performance Fact Sheet. The Committees may wish to require the Bureau to enter into an MOU with the Employment Development Department to gain access to the type of wage data available on Salary Surfer and* as a *means of verifying information reported by institutions. The Committees may also wish to require additional disclosures be made to potential students and reported to the Bureau such as information about any legal or administrative actions brought against an institution. The Committee may wish to enhance, simplify or substitute disclosures only in the event that students still receive the maximum amount of information to assist in making informed decisions about enrollment.*

SB 1247 mandated additional information be collected from institutions in conjunction with the Performance Fact Sheet and Annual Report. The Bureau is currently promulgating regulations to implement the changes that were made. In addition to the mandated regulatory changes, SB 1247 required the Bureau to perform a study on various disclosures in order to determine if there is a better way to disclose information and avoid duplication. The Bureau has opted to look for an individual or organization outside of the Bureau to conduct the study into disclosures and to that end requested bids for completion of the work. The Bids closed on September 15, 2015 and it is the hope of the Bureau that work on this important disclosure document commences as soon as possible after the bid process closes.

ISSUE #23: Law School Disclosures

Staff Recommendation: *The Committee may wish to amend the Act to authorize* a *law school accredited by the ABA, and owned by an institution operating under the Bureau, to satisfy the current disclosure requirements of the Fact Sheet by instead doing the following: complying with ABA disclosure requirements; reporting to the National Association for Law Placement; and making completion, Bar passage, placement, and salary and wage data available to prospective students prior to enrollment through the application process administered by the Law School Admission Council. The Committees may wish to ensure that any specific information required on the Fact Sheet that may help students make informed decisions is also disclosed by* a *law school under the Bureau's authority.*

AB 834 Williams (Chapter 176, Section 2, Statutes of 2014) effected this change. The bill was effective on January 1, 2015, and the Bureau is implementing this bill.

ISSUE #24: Private Right of Action

Staff Recommendation: *The Committees should not amend the Act to include* a *Private Right of Action. It does not appear as if a Private Right of Action would be in the best interest of students in regulating private postsecondary institutions. Instead, the necessary improvements to provide for* a

more robust regulatory structure and coordination more fully with the AGs office in pursuing legal action against schools which violate the Act should be an immediate priority. The Committees should also ensure that the DAGs most familiar with consumer protection in California are assigned cases referred by the Bureau.

No changes were made in statute in the area of private right of action.

ISSUE #25: Technical Changes May Improve Effectiveness of the Act and BPPE Background: Identified instances where technical clarification may be necessary:

- References in the Act to School Performance Fact Sheet but to Fact Sheet in the Bureau's regulations.
- Obsolete references to CPEC throughout the Act.
- Obsolete references to BPPVE throughout the Business and Professions Code.

Staff Recommendation: *The Committees may wish to amend the Act to include technical clarifications.*

The Bureau believes these technical changes were made.

ISSUE #26: Should the BPPE be Continued?
Staff Recommendation: *The Committees should seriously consider reconstituting the Bureau as an independent board comprised of members from the following categories: students who are or have attended schools regulated under the Act; individuals with a record of advocacy on behalf of consumers; representatives of private postsecondary education institutions; employers that hire institution graduates and; members of the public. Strong consideration should be made to include current Advisory Committee members as members of an independent board.*

While changes were made to the composition of the Advisory Committee, the Bureau remains a Bureau under the Department. The Bureau appreciates the continued support of the Committees.

Section 11 – New Issues

This is the opportunity for the Bureau to inform the Committees of solutions to issues identified by the Bureau and by the Committees. Provide a short discussion of each of the outstanding issues, and the Bureau's recommendation for action that could be taken by the Bureau, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

   The only outstanding issue the Bureau has identified is regarding the State Authorization Reciprocity Agreement (SARA). As noted earlier, legislation has been introduced to allow California to participate in SARA; however the bill failed to pass out of the Senate Committee on Education by the required deadline. If a bill to establish a pathway for participation in SARA was introduced, the Bureau would provide technical assistance.

2. New issues that are identified by the Bureau in this report.

The Bureau has raised the fiscal challenges that its fund is experiencing. The Advisory Group has begun discussing the current fee schedule and will likely make its recommendation(s) to the Bureau in early 2016.

3. New issues not previously discussed in this report.

   Currently, the Bureau is mandated to perform two compliance inspections of every approved institution within the five-year approval period. In the course of a compliance inspection, the inspector may find a number of violations that would indicate a larger investigation of the institution is necessary. Under current law, the Bureau cannot use the compliance inspection results as the investigation. Instead, an investigator must visit the institution a second time and confirm the violations discovered during the compliance inspection and gather evidence on that visit for use in the investigation. This is problematic for a couple of reasons. First, the Bureau is duplicating the effort, which is a waste of resources. Second, an institution may become aware of certain violations during the course of the compliance inspection and make an effort to hide those violations in any subsequent visit by an investigator conducting an investigation. Eliminating this cumbersome requirement would provide better consumer protection because the limited resources of the Bureau would be better utilized, and investigators could potentially spend less time gathering evidence and more time processing the existing evidence, allowing them to process and complete more investigations in a shorter amount of time. These investigators respond to both outside consumer complaints as well as Bureau generated complaints, so efficiency in processing complaints is critical.

4. New issues raised by the Committees.

   The Bureau is not aware of any new issues raised by the Committees at this time.

Section 12 – Attachments

Please provide the following attachments:

A. Bureau's administrative manual.

B. Current organizational chart showing relationship of committees to the Bureau and membership of each committee (cf., Section 1, Question 1).

C. Major studies, if any (cf., Section 1, Question 4).

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

E. Performance measure report as published on DCA website.

2013/2014 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	39	October		January		April	
August	70	November		February		May	
September	60	December		March		June	
Q1 Total	169	Q2 Total		Q3 Total		Q4 Total	
Convictions		Convictions		Convictions		Convictions	
Complaints	169	Complaints		Complaints		Complaints	

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October		January		April	
August	3	November		February		May	
September	3	December		March		June	
Q1 Avg	3	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	41	October		January		April	
August	127	November		February		May	
September	49	December		March		June	

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	262	October		January		April	
August	217	November		February		May	
September	207	December		March		June	
Q1 Avg	229	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	44	October		January		April	
August	29	November		February		May	

September	25	December		March		June	

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	357	October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg	357	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	1	October		January		April	
August		November		February		May	
September		December		March		June	

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2013/2014 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October	41	January		April	
August		November	73	February		May	
September		December	41	March		June	
Q1 Total		Q2 Total	155	Q3 Total		Q4 Total	
Convictions		Convictions		Convictions		Convictions	
Complaints		Complaints	155	Complaints		Complaints	

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October	3	January		April	
August		November	3	February		May	
September		December	3	March		June	
Q1 Avg		Q2 Avg	3	Q3 Avg		Q4 Avg	

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October	246	January		April	
August		November	188	February		May	
September		December	338	March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2013/2014 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	39	October	41	January	84	April	
August	70	November	73	February	49	May	
September	60	December	41	March	84	June	
Q1 Total	169	Q2 Total	155	Q3 Total	217	Q4 Total	
Convictions	N/A	Convictions	N/A	Convictions	N/A	Convictions	N/A
Complaints	169	Complaints	155	Complaints	217	Complaints	

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October	3	January	3	April	
August	3	November	3	February	3	May	
September	3	December	3	March	3	June	
Q1 Avg	3	Q2 Avg	3	Q3 Avg	3	Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	41	October	47	January	186	April	
August	127	November	58	February	78	May	
September	49	December	72	March	123	June	

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	262	October	246	January	226	April	
August	217	November	188	February	317	May	
September	207	December	338	March	272	June	
Q1 Avg	229	Q2 Avg	257	Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	44	October	33	January	45	April	
August	29	November	21	February	51	May	

September	25	December	41	March	80	June	

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	357	October	N/A	January	N/A	April	
August	N/A	November	N/A	February	N/A	May	
September	N/A	December	N/A	March	N/A	June	
Q1 Avg	357	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	1	October	N/A	January	N/A	April	
August	N/A	November	N/A	February	N/A	May	
September	N/A	December	N/A	March	N/A	June	

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2013/2014 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	39	October	46	January	86	April	75
August	70	November	73	February	50	May	83
September	62	December	44	March	84	June	60
Q1 Total	171	Q2 Total	163	Q3 Total	220	Q4 Total	218
Convictions	N/A	Convictions	N/A	Convictions	N/A	Convictions	N/A
Complaints	171	Complaints	163	Complaints	220	Complaints	218

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October	3	January	3	April	3
August	3	November	3	February	3	May	3
September	3	December	3	March	3	June	3
Q1 Avg	3	Q2 Avg	3	Q3 Avg	3	Q4 Avg	3
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	41	October	47	January	186	April	96
August	127	November	58	February	78	May	69
September	49	December	72	March	89	June	102

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	262	October	246	January	218	April	246
August	217	November	188	February	317	May	331
September	207	December	338	March	272	June	255
Q1 Avg	229	Q2 Avg	257	Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	43	October	31	January	44	April	50
August	27	November	21	February	46	May	53

September	24	December	37	March	81	June	65

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	357	October	N/A	January	688	April	N/A
August	N/A	November	N/A	February	N/A	May	588
September	N/A	December	N/A	March	N/A	June	N/A
Q1 Avg	357	Q2 Avg	N/A	Q3 Avg	688	Q4 Avg	588
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	1	October	N/A	January	1	April	N/A
August	N/A	November	N/A	February	N/A	May	1
September	N/A	December	N/A	March	N/A	June	N/A

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2014/2015 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	62	October		January		April	
August	41	November		February		May	
September	67	December		March		June	
Q1 Total	170	Q2 Total		Q3 Total		Q4 Total	
Convictions	N/A	Convictions	N/A	Convictions	N/A	Convictions	N/A
Complaints	170	Complaints		Complaints		Complaints	

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October		January		April	
August	3	November		February		May	
September	3	December		March		June	
Q1 Avg	3	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	78	October		January		April	
August	95	November		February		May	
September	198	December		March		June	

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	499	October		January		April	
August	387	November		February		May	
September	351	December		March		June	
Q1 Avg	412	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	57	October		January		April	
August	42	November		February		May	

September	55	December		March		June	

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	N/A	October		January		April	
August	N/A	November		February		May	
September	608	December		March		June	
Q1 Avg	608	Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	N/A	October		January		April	
August	N/A	November		February		May	
September	1	December		March		June	

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2014/2015 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	62	October	71	January		April	
August	41	November	58	February		May	
September	67	December	61	March		June	
Q1 Total	170	Q2 Total	190	Q3 Total		Q4 Total	
Convictions	N/A	Convictions	N/A	Convictions	N/A	Convictions	N/A
Complaints	170	Complaints	190	Complaints		Complaints	

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October	3	January	3	April	3
August	3	November	3	February	3	May	3
September	3	December	3	March	3	June	3
Q1 Avg	3	Q2 Avg	3	Q3 Avg	3	Q4 Avg	3
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	78	October	107	January		April	
August	95	November	69	February		May	
September	198	December	107	March		June	

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	499	October	427	January		April	
August	387	November	398	February		May	
September	351	December	186	March		June	
Q1 Avg	412	Q2 Avg	337	Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	57	October	64	January		April	
August	42	November	46	February		May	

September	55	December	31	March		June	

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	N/A	October	857	January		April	
August	N/A	November	N/A	February		May	
September	608	December	N/A	March		June	
Q1 Avg	608	Q2 Avg	857	Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	N/A	October	1	January		April	
August	N/A	November	N/A	February		May	
September	1	December	N/A	March		June	

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2014/2015 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	62	October	71	January	68	April	
August	41	November	58	February	45	May	
September	67	December	61	March	53	June	
Q1 Total	170	Q2 Total	190	Q3 Total	166	Q4 Total	
Convictions	N/A	Convictions	N/A	Convictions	N/A	Convictions	N/A
Complaints	170	Complaints	190	Complaints	166	Complaints	

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October	3	January	3	April	3
August	3	November	3	February	3	May	3
September	3	December	3	March	3	June	3
Q1 Avg	3	Q2 Avg	3	Q3 Avg	3	Q4 Avg	3
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	78	October	107	January	135	April	
August	95	November	69	February	123	May	
September	198	December	107	March	70	June	

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	499	October	427	January	180	April	
August	387	November	398	February	266	May	
September	351	December	186	March	341	June	
Q1 Avg	412	Q2 Avg	337	Q3 Avg	262	Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	57	October	64	January	26	April	
August	42	November	46	February	45	May	

September	55	December	31	March	43	June	

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	N/A	October	857	January	N/A	April	
August	N/A	November	N/A	February	N/A	May	
September	608	December	N/A	March	N/A	June	
Q1 Avg	608	Q2 Avg	857	Q3 Avg	N/A	Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	N/A	October	1	January	N/A	April	
August	N/A	November	N/A	February	N/A	May	
September	1	December	N/A	March	N/A	June	

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

2014/2015 Enforcement Performance Measure Workbook

Please note: if your program's enforcement data is available and correct in the CAS system, you may skip this tab and only fill out the Probation Monitoring Worksheet.

Volume

Number of complaints and convictions received.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	62	October	71	January	68	April	79
August	41	November	58	February	45	May	77
September	67	December	61	March	53	June	84
Q1 Total	170	Q2 Total	190	Q3 Total	166	Q4 Total	240
Convictions	N/A	Convictions	N/A	Convictions	N/A	Convictions	N/A
Complaints	170	Complaints	190	Complaints	166	Complaints	240

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	3	October	3	January	3	April	3
August	3	November	3	February	3	May	3
September	3	December	3	March	3	June	3
Q1 Avg	3	Q2 Avg	3	Q3 Avg	3	Q4 Avg	3
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	78	October	107	January	135	April	98
August	95	November	69	February	123	May	185
September	198	December	107	March	70	June	107

Investigation Cases

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	499	October	427	January	180	April	375
August	387	November	398	February	266	May	370
September	351	December	186	March	341	June	360
Q1 Avg	412	Q2 Avg	337	Q3 Avg	262	Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	57	October	64	January	26	April	72
August	42	November	46	February	45	May	114

September	55	December	31	March	43	June	78

Formal Discipline Cases

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July	N/A	October	857	January	N/A	April	N/A
August	N/A	November	N/A	February	N/A	May	N/A
September	608	December	N/A	March	N/A	June	N/A
Q1 Avg	608	Q2 Avg	857	Q3 Avg	N/A	Q4 Avg	N/A
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July	N/A	October	1	January	N/A	April	N/A
August	N/A	November	N/A	February	N/A	May	N/A
September	1	December	N/A	March	N/A	June	N/A

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	
Record Counts		**Record Counts**		**Record Counts**		**Record Counts**	
July		October		January		April	
August		November		February		May	
September		December		March		June	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**** LOCKED: FILL OUT PROBATION WORKSHEET ON NEXT TAB***

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
July		October		January		April	
August		November		February		May	
September		December		March		June	
Q1 Avg		Q2 Avg		Q3 Avg		Q4 Avg	

July 17, 2015

Business Processes Review Report: FINAL

SUBMITTED BY:
Richard Mallory, PMP
Project Manager

CPS HR Consulting
241 Lathrop Way
Sacramento, CA 95815
t: 916-471-3311 *f:* 916-561-1804
rmallory@cpshr.us
Tax ID: 68-0067209
www.cpshr.us

CPS HR CONSULTING

Table of Contents

Executive Summary 1

Summary of Workload Review and Recommendations 1

Introduction and Overview 17

Project Methodology 19

Administrative Unit: Annual Reports 21

Staffing and Workload Analysis: 21

Changes in Process 22

Additional Recommended Process Change 22

Additional Annual Reports Process Recommendations 23

Recommendations Spanning All Operational Processes 23

Annual Report "To Be" Process Flow Chart 25

Licensing 32

Staffing and Workload Analysis: 32

Changes in Process 32

Licensing "To Be" Process Flow Chart 34

Quality Education Unit 42

Staffing and Workload Analysis: 42

Changes in Process 42

Additional QEU Process Recommendations 43

Compliance 49

Staffing and Workload Analysis: 49

Changes in Process 50

Recommended Process Changes 50

Compliance Inspection"To Be" Process Flow Chart 51

Complaints 58

Staffing and Workload Analysis: 58

Changes in Process 59

Additional Complaints Process Recommendations 60

Complaints Investigation "To Be" Process Flow Chart 61

Discipline - Citations and Attorney General Referrals 67
Staffing and Workload Analysis: 67
Changes in Process 67
Additional Disciplinary Enforcement Process Recommendations 68
Administrative Unit: STRF 81
Staffing and Workload Analysis: 81
Changes in Progress 82
Recommended Process Changes 82
References 89

Executive Summary

Summary of Workload Review and Recommendations

Purpose

This is the third report[1] in this multi-phase analysis of the Bureau for Private Postsecondary Education (BPPE) and completes an independent review of the Bureau as mandated by Assembly Bill 48. It provides future recommended, or "To Be," process flow charts for BPPE's primary operational practices. It also reviewed the adequacy of the BPPE response to an audit by the California State Auditor (CSA) completed in March 2014 (report #2013-045). That audit was initiated in response to a large backlog of work and delays in processing of required actions by BPPE. This review has found that all of the 33 audit findings have been appropriately responded to, and should be closed, as more fully described in the table provided at pages 7-16.

A primary expressed interest in development of the "To Be" processes has been a desire to improve the BPPE's capacity to complete its work, or to mitigate the necessity of staffing increases to improve the amount of work completed and its timeliness. Analysis of the "As Is" processes and development of "To Be" processes in all of BPPE's major operational areas provides assurance that there is now a plan in place for maximum operational efficiency and effectiveness.

The first two reports of this series have concluded that **insufficient staffing levels are the primary reason for the current backlog**, and is in large part due to the fact that BPPE has not been able to staff at its authorized levels since its inception[2]. The California Private Postsecondary Education Act of 2009 established BPPE effective January 1, 2010, and while it was authorized 63 positions in FY 2011, it was only able to fill 16.1 positions. Likewise in FY 2012, it was only able to fill 47.6 positions, and in FY2013, it was only able to fill 56.7. Given that its initial authorized staffing was set at 63 positions, it was collectively understaffed by 61.6 positions for its first three years of operation. BPPE's authorized positions have increased from 63 in 2010 to 66 in June 2014, and then to 77 for FY 14/15.

While CPS HR Consulting (CPS HR) is not aware of the basis for the established initial staffing levels for BPPE, our second report in this series calculated the need for the addition of another 49 positions applied consistently over the next five years to become current in all work, using "As Is" processes. A summarization of the increased staffing needs is provided below, with reference to Table I-1, below.

Staffing Needs Summary

Of the 77 total PYS, there were 12 Limited Term (LT) positions which were recommended to become permanent within the BPPE Licensing, Quality of Education (QEU), Compliance, Complaints, and Student Tuition Recovery Fund (STRF) Units for the 2015 Fiscal Year. This total included 4 Office Technicians (OT),

[1] The first report, "Workload, Staffing, and Business Process Review Draft Interim Report," delivered on September 15, 2014, assessed the existing staff responsibilities, existing workload with corresponding processing speeds, and an analysis of current work tracking spreadsheets. The second report, "Estimated Workload and Staffing Recommendation for "As-Is" Processes," delivered February 13, 2015, presented recommended staffing levels based on workload and calculated processing times.

[2] This review did not independently verify the reasons that authorized positions remained unfilled, and accepts the explanation of the Bureau Chief that the deficiency was due to a lack of appropriations for authorized positions and a statewide hiring freeze during that time.

13 Staff Services Analysts (SSA), 34 Associate Government Program Analysts (AGPA), 6 Education or Senior Education Specialists (ES), 1 Education Administrator, 6 Staff Services Manager (SSM) I, and 1 SSM II positions. In order to reduce the backlog in all of these units, it is recommended that BPPE be authorized 90 positions composed of 10 OT, 21 SSA, 45 AGPA[3], 5 ES, 1 Ed. Admin., 7 SSM I, and 1 SSM II position. In order to obtain these numbers, an additional 6 OTs, 8 SSAs, 11 AGPAs, and 1 SSM I positions would need to be authorized, while allowing one limited term ES position to expire unfilled (this is the only case that it is not recommended that an LT be converted to permanent status). This total does not include the annual report process which was not fully developed and staffing was not able to be sufficiently estimated.

It is expected that part of the additional positions used in catching up on backlog would be converted into the Annual Reports-Performance Fact Sheets processing unit.

Table I-1 Summary of BPPE Staffing Needs

Classification:	OT	SSA	AGPA	ES/Sr ES	EA	SSM I	SSM II	TOTAL PYs
Recommended number of PYS needed to catch up	**10**	**21**	**45**	**5**	**1**	**7**	**1**	**90**
Total allocated staffing:	**4**	**13**	**34**	**6**	**1**	**6**	**1**	**65**
Positions currently filled	*4*	*11*	*15R,12LT*	*3R, 1 LT*	*1*	*4R, 1 LT*	*1 LT*	*53*
Vacant positions to be filled to meet recommendation	*0*	*2*	*4R, 3LT*	*1 LT, (-1 LT[4])*	*0*	*1R*	*0*	*8*
Additional staff needed to catch up:	**+6**	**+8**	**+11**	**(-1 LT)**	**0**	**+1**	**0**	**+25**
Number of PY Needed after caught up	7.6	12.7	31.7	3	1	4.5	1	61.5

Note: R = regular/permanent positions; LT = currently limited term – but recommended to become regular/permanent.

Audit Report Response

This CPS HR independent review of the CSA audit findings looked at the 33 recommendations that had been made in the March, 2014 Audit Report, and the auditor's comments to the One Year Audit Response Review filed by BPPE, on March 18, 2015. It evaluated whether we believed the changes had fully addressed the findings and recommendations of the CSA Audit. At that time this review was initiated, CSA had accepted 26 of the BPPE responses, as "Fully Implemented". There were seven additional recommendations that the CSA stated were only "Partially Implemented" by the BPPE.

The CPS HR review finds that all 33 recommendations have been appropriately and fully responded to, and that all should be considered "fully implemented." In most cases, our differing conclusion is the result of a disagreement with CSA regarding appropriate audit oversight, and derives from different interpretation of professional audit standards. Specifically, we would cite Government Auditing Standard

[3] This total assumes 2 filled and 2 vacant AGPA positions currently in Complaints would be moved to another unit in need of AGPA's.

[4] Within the QEU, there are currently 2 vacant ES positions – it is recommended that only one of these positions be filled to meet the recommended staff level.

(2011 Revision) Section 7.28, on audit recommendations. That section states that "Auditors should recommend action to correct deficiencies and other findings identified … when the potential for improvement in programs, operations, and performance is substantiated by the reported findings and conclusions. Auditors should make recommendations that flow logically from the findings and conclusions, are directed at resolving the cause of the identified deficiencies and findings and clearly state the actions recommended (emphasis added)." In several of the contested responses, the CSA audit recommendations are based on a minimal linkage between the finding (for example, "Bureau Has Inspected Only a Fraction of the Institutions That it Regulates") and the recommendations ("establish a mechanism for tracking the amount of time its staff take to complete each step of its announced inspection process."). The CSA report also ignores the predominant fact that the BPPE staffing resource base was clearly insufficient to address its total workload, and that an increase of its available staffing could provide the most direct means of resolving the causes of most cited findings.

In our evaluation of the adequacy of several BPPE responses to recommendations, we believe CSA does not consider that an alternate management method could fully address the source finding, without implementation of the stated recommendation.

Additionally, we believe that in several contested items that CSA unnecessarily assumes it must hold the item open until the finding is resolved. Since the largest cause of audit report findings can be traced to a lack of sufficient staffing, this would likely require CSA to hold those items open for several years. CPS HR believes that CSA is misreading its responsibility. Specifically, the International Professional Practices Framework of the Institute for Internal Auditors, states that "consulting engagement objectives must address governance, risk management, and control processes" (section 2210.C1) and that "…it is not the responsibility of the Chief audit executive to resolve the risk "(Section 2500.A1). Specifically, CSA will not allow its recommendation that BPPE "reduce the backlog by streamlining the application process," until the backlog is substantially eliminated. CSA calls the BPPE response to this item only "partially implemented" because, "…the Bureau's backlog of applications for approval to operate a non-accredited institution only decreased from 211 to 203 during the period from July 2013 to February 2015." However, this view ignores that the BPPE was operating during that time with a staffing resource base clearly insufficient to address its total workload, and that a comprehensive and complete approach to streamlining has been implemented by the BPPE. Using the professional perspective already cited, we observe that CSA does not have to hold the item open until the risk is resolved, but could instead verify whether the agency changes address the issues of governance, risk management, and control processes.

A detailed response to each audit item is provided in the table provided at the end of this section.

Process Streamlining Opportunities

This report then, turns to the subject of re-engineered (or "To Be") processes, and attempts to look forward to understand whether there is an immediate ability to increase the capacity to complete work, or to mitigate future staffing needs. Overall, it can be concluded that this is not the case, and that the most likely improvements will not have a positive effect for at least two years. This is known to be true because required regulatory review tasks and activities are significantly backlogged (as documented in our February 17, 2015 report), and because primary operational work cannot maintain a currency of work

actions now due to that backlog. This causes less than optimal processing time[5], which in fact increases the time per task requirements. This inefficiency of staff use cannot be removed until work becomes current.

In fact, the "As Is" processes defined in the first report in this series (dated September 15, 2014) in most cases provided a foundational standardization of work for BPPE. This is particularly true of the annual report review process, which still does not exist in the format defined in the "As Is" process flow. However, this review concludes that BPPE management is doing an excellent job of balancing a chaotic work environment with appropriate management planning. This is true even though management has been creating procedures and work aides for each program "on the fly" and replacing ad hoc work rules, in some cases years after "best practices" would have required them to do so. This is not seen as a fault of management, however, but as an unavoidable consequence of its chaotic start. This was the best that could be achieved under adverse circumstances, as explained further in this report.

In addition, observed high rates of staff turnover at BPPE due to the extensive use of LT positions has resulted in lower staff productivity than would be achieved by permanent staff. In short, until there is a staffing increase and currency of actions is achieved, there is little hope that improvements can be operationalized[6].

The primary focus of the process re-engineering proposed for BPPE comes from restructuring of its annual report review, licensing, and compliance inspection work, and the modification of the work of all three through close interconnections and the use of a system of risk assessment. The report proposes a shift of duties within all three areas so that staff persons doing the work are more specialized in single types of work. This will allow efficiencies since required reviews will only occur once in any defined review period for each licensee.

It is observed that at present, with an absence of a fully functional Annual Report Unit, the "As Is" processes adopted by the Licensing and Compliance Inspection Units have incorporated tasks and activities that are expectations of the planned Annual Report unit. If uncorrected in the future, this will lead to a gross overlap of tasks and inefficient use of staff. So for example, each Institution submits its school catalog and a link to its web page with its annual report, and must also submit the same at the time of license renewal, and at the time of a compliance inspection. It would then be possible in the future for all three programs to do the same review on the same institution in the same year. In order to prevent this from occurring, the "To Be" process flow charts identified the activities that are unique to each process, and those that could span each, and cross matched those with the most common known sources of detecting non-compliance. The logical method was to allow each unit to specialize and focus most singularly on those required review areas that were unique, and then to identify those known sources of non-compliance, and ensure these are performed on the most frequent schedule – and thus incorporated

[5] This comes from the fact that cases that are handled over long periods of time requiring the same reviewer to have to refresh and "re-learn" the details of facts and issues, and/or to familiarize new persons working on the matter with the same facts and issues. This can apply either to the BPPE reviewer or the school respondent.
[6] While it is possible that simplification of work requirements could ease workload requirements, such simplification is not considered prudent given that risks of program non-conformance are not known. The largest possible adoption of simplification will come through implementation of a system of risk assessment, discussed in this section.

in the annual report review. (It is noted that most license reviews will take place about once every five years, and compliance inspections about every two years.)

This discussion of specialization recognizes that the Compliance Inspection Unit is the unit that has a unique role in on-site verification, and in talking face-to-face with students, faculty and school administration. It also recognizes that the Licensing Unit has a unique role in review of audited or Certified Public Accountant reviewed financial reports, and in review of student enrollment agreements. Lastly, it is recognized that the Annual Reports Unit will be most sensitive to general responsiveness of the schools to all requirements, and in creating an overall risk factor analysis that all programs can use.

It is further noted that a unique targeting of resources will require excellent cross-reporting between the three units and appropriate record keeping. This may be most critical during the transition period after June 30, 2015, when the Annual Report Unit is still gearing up, while the Licensing and Compliance Inspection Units are adding staff and working with all due haste to catch up back-logged work. In this environment it will be critical to know which regulatory reviews were performed on which schools and in which years, so that tasks and activities are not overlooked, or duplicated.

Developing and using a system of risk assessment (a Risk Assessment Database[7]) will be another important activity of the Annual Report Unit, and the first one it should undertake, during this period of transition. This process is shown on the the Annual Report Review "To Be" Process Flow Chart. It is integrated with the "To Be" Compliance Inspection Process Flow Chart, and with the Licensing "To Be" Process Flow Chart on page five. It is believed that the use of risk assessment by the Compliance Inspection Unit will allow the program to better target its unannounced visits to best address risks. The use of risk assessment by the Licensing Unit will allow a shorter review of renewal licenses determined to be in "good standing," which could reduce overall staffing required from 5-25% -- although all projected savings will only be realizable once the backlogg is eliminated, which is estimated to take two years.

The use of a risk assessment tool will allow prioritization of all BPPE work by directing staff to schools with the greatest risk of non-compliance, and by supporting a reduction of required regulatory review hours. It will assist BPPE in catching up on its work while ensuring the best protection of the public.

There are two other areas for expectation of significant improvement in current work process. The first of these is in the area professionally referred to as "supply management," and the second is in the adoption of "one piece flow."

Supply management:

Supply management refers to practices of working with suppliers – in this case licensees – to ensure the applications and other required information submitted is complete and accurately provided the first time, so that required processing can take place promptly and without additional discussion or information request. It is a credit to BPPE management that they had voluntarily implemented supply management strategies for licensing and compliance inspection during the time of this review. The Licensing Unit practice is to provide monthly pre-application training sessions, initially available only in-person. This

[7] The term database here refers to a desired long-term goal. In reality, a simple spreadsheet for tracking regulatory review tasks and activities by date will suffice.

review has recommended this training be available both as in-person training and by webinar. Likewise, the Compliance Inspection Unit has implemented similar training sessions on "How to Keep Your License," which should impact the quality of records and activities of the schools they will have to visit.

The primary means of adopting LEAN process[8] and improving efficiency and effectiveness is to move to real time processing and avoiding wait time. This includes ensuring that analysts are not over-assigned work since that will divert their attention from necessary follow-ups and most timely actions. Over-assignment will also result is a greater need to re-review case facts which actually increases processing time.

One Piece Flow:

A second concept within adopting LEAN process and improving efficiency and effectiveness is the implementation of One Piece Flow. One Piece Flow refers to the concept of having work units (or "cases") that move continuously and without delay between work stations, with no pauses or waiting in queues. This eliminates the time wasted by individual reviewers having to store and record the storage of work in a tracking system, and to refresh and "re-learn" the details of facts and issues, and/or to familiarize new persons working on the matter with the same facts and issues. It also requires that individual workers not be assigned work and required to accept a greater amount of work than can be promptly processed, so that workers can achieve the most timely and complete communications with licensees and so workflow does not stall.

In all "To Be" processes One Piece Flow requires that each time a formal review step is completed for an external party that the applicant receive a phone call and email communicating the results of the review step, rather than only sending a formal communication by mail as is the case at present. This focus on more immediate communication will open the possibility of an immediate and real time response, which may eliminate the need for a formal communication.

Likewise, One Piece Flow suggests that management and staff meet in-person to communicate about case actions, rather than simply writing a memo and routing case files. This will work to reduce time in queue.

Finally, One Piece Flow suggests that each business unit hold work review meetings every two weeks, but that these be scheduled as 30 minute "standing meetings," at which key aspects of pending work are regularly reviewed. This is also designed to increase the pace of work, and keep work flowing rather than waiting for review and response. Where such "standing meetings" identify a need for more in-depth case review, such review should be completed individually at a traditional, follow-up meeting.

It is noted that the current plans of the BPPE Bureau Chief to design and implement an electronic submission data base will dramatically improve the annual report process, and will support immediate detection of program non-compliance through detection of changes in required records.

---

[8] Lean process refers to the application of lean production methods to identify and then implement the most efficient, value added way to provide government services. Lean Thinking had its origins in the Toyota Production System of the 1970's, and embraces a broad body of professional knowledge focused on doing work right the first time. It is most often associated with elimination of waste, elimination of delay, creating a steady flow of work, and value stream mapping.

CSA Concern	CPS Observation – Response to CSA Audit Findings
LICENSING RECOMMENDATIONS	
#1 - Reduce the backlog by streamlining the application process. • As of June 2013, there were 1,121 outstanding applications, some older than three years. • The average processing time was 185 days (the goal is 60 days) for 3,174 applications completed from FY 09/10 to FY 12/13. • The BPPE 2012-2015 Strategic Plan indicates it would establish a plan for a 30-day initial review and 60-day review after receiving complete application. As of January 2014, no strategy for streamlining and eliminating the backlog existed.	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented. Our logic in making this assertion follows: During the time of our contract review BPPE implemented multiple procedures, training, and work guides to streamline the application review process, including procedure #2013-0007, Applications to Approve a Non-Accredited Institution. This procedure was amended on February 25, 2015 to include a productivity benchmark of 64 hours to complete reviews, recommendations, and final letter of approval or denial." BPPE has also implemented a procedure of limiting each applicant to a maximum of just one letter of deficiency from the Licensing Unit and one from the Quality of Education Unit. Since multiple letters of deficiency had been the primary discovered cause of delay, it is believed this single change will cause significant improvement in processing time – especially after adequate staffing is hired. Because BPPE is requiring staff to conduct a conference call with the applicant at the time of deficiency letter issuance, it is believed that minor deficiencies will be more quickly resolved. BPPE has also implemented a formal educational program for all license or license renewal applicants, and is conducting monthly workshops for this purpose throughout Northern and Southern California. BPPE has developed an "Application Toolbox" on its web page to provide guidance to applicants on numerous relevant licensing topics (http://www.bppe.ca.gov/schools/comp_tools.shtml) and it has provided a series of "Checklists" for applicants and its staff to encourage correct submission and timely processing. The CSA calls this BPPE response only "partially implemented" because, "…the Bureau's backlog of applications for approval to operate a non-accredited institution only decreased from 211 to 203 during the period from July 2013 to February 2015." However, this view ignores that BPPE was operating during that time with staffing clearly insufficient to address its total workload, and that the approach implemented by BPPE is both complete and sound. In addition, at least one professional audit standard, the International Professional Practices Framework of the Institute for Internal Auditors, states that "consulting engagement objectives must address governance, risk management, and control processes" (section 2210.C1) and that "…it is not the responsibility of the Chief audit executive to resolve the risk "(Section 2500.A1). Using this perspective, we observe that the CSA finding of "partial implementation" may not be professionally supportable since the issues of governance, risk management, and control processes have been adequately addressed.
#2 – Develop a tracking system for application status.	CSA has found this recommendation "Fully Implemented." BPPE has implemented a tracking spreadsheet in Excel format on its G: drive, that includes all its pending licensing applications. CPS HR has reviewed this record and has found it full and complete, and that it is being used as a

• BPPE lacks of a comprehensive tracking system. The BPPE spreadsheet does not track processing time per step, making it difficult to determine if additional authorized staffing will be able to meet the backlog.	primary management tracking tool. In addition, the Bureau Chief affirmed that licensing managers are holding "standing meetings" on a regular, recurring basis (at least one every two weeks, and often weekly or more often) to review the application processing record and to look for any discrepancies or failure to actively process. The just completed CPS HR workload and staffing report, dated February 13, 2015, provides evidence that the additional authorized staffing will be able to "meet the backlog".
#3/#4 – Specify processing timeframes to process applications and include them in procedures.	CSA has found this recommendation "Fully Implemented." BPPE, has acknowledged the calculated time to process each type of licensing application as developed in the CPS HR staffing and workload report, dated February 13, 2015. These timeframes are now being used as a management tool.
#5 – Track the time it takes to complete each step of the licensing process to identify inefficiencies. • BPPE does not include time frames for processing accredited and non-accredited institutions other than notifying institution within 30 days if the application is complete or not.	CSA has found this recommendation "Fully Implemented." The BPPE's application tracking spreadsheet has been updated to indicate the time it takes to process each step of the application process, and the tracking of days at major milestones in the processing path is recorded. However, CPS HR recommends that CSA amend its original recommendation to make it clear that BPPE does not have to track "minutes to complete review" at each step of each license review, since such tracking of minutes is likely to be of limited accuracy and a non-value add use of time. CPS HR has recommended that the days spent in processing be reported to reflect only the following milestones, since greater detail, if desired, can be recovered from specific license files: a) **Initial Review:** Time spent from receiving the application and corresponding materials to sending the first deficiency letter b) **Subsequent Communications/Review:** Review of response from first (and any subsequent) deficiency letters up to the completion of the review where there is sufficient information to make a recommendation c) **Drafting/Mailing Approved Recommendation**: Time spent making/drafting a recommendation from the completion of review through mailing the final approval/denial letter after manager approval QEU should report its review as a sub-component of the above categories.
#6 – Use available resources, such as visiting committees, to assist in processing applications. • BPPE does not successfully utilize visiting committees to review apps,	CSA has found this recommendation "Fully Implemented," and in that acceptance also acknowledges the truth of what BPPE first argued, that"… the committees are difficult to set up because the subject matter experts either do not want to volunteer or cannot accommodate the Bureau's schedule." CSA had initially challenged BPPE's assertion because "…The bureau chief was

and although BPPE indicated difficulty in finding willing participants, it does not have documentation showing attempted efforts to contact visiting committees.	unable to provide documentation of the BPPE's failed attempts at establishing more visiting committees." At best this and several other recommendations made by CSA seem speculative and potentially in conflict with relevant professional audit standards. Specifically, the Government Auditing Standard (2011 Revision) include Section 7.28 on audit recommendations, and state: "Auditors should recommend action to correct deficiencies and other findings identified … when the potential for improvement in programs, operations, and performance is substantiated by the reported findings and conclusions. Auditors should make recommendations that flow logically from the findings and conclusions, are directed at resolving the cause of the identified deficiencies and findings and clearly state the actions recommended." In this case, the most relevant cause is the lack of overall staffing, which would also impede the ability to organize and supervise such visiting committees.
#7 – Establish a proactive program to identify unlicensed institutions in order to comply with the law. • Failure to proactively sanction unlicensed institutions; BPPE acts on reactionary basis when unlicensed institutions are brought to their attention. • Tracking of unlicensed institutions is done on an individual rather than BPPE wide basis.	CSA has found this recommendation "Fully Implemented." The BPPE has assigned one staff person to conduct both an internet- and phone-book search for four hours per week, and has found success at pro-actively identifying unlicensed schools. In addition, the BPPE is participating in the Business, Consumer Services and Housing Agency Quarterly Enforcement Roundtable to understand and adopt any new best practices.
#8 – Use enforcement options to ensure unlicensed institutions cease to operate. • BPPE is not able to consistently enforce sanctions on unlicensed institutions, citing inability to obtain institution owner SSN in order to send to the FTB for collection. BPPE is not utilizing potential other methods for collection.	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented. Our logic in making this assertion follows: BPPE updated the following relevant procedures for: Monitoring Citations (#2014-0008), Injunctive Relief (#2015-005), and Emergency Decisions (# 2015-0004). CPS HR also assisted BPPE with completion of "To Be" Process Flow Charts that are specific both to Enforcement (discipline and citation processing) and referral to the Office of the Attorney General. Together they provide a sound, complete and interlocking process steps to ensure unlicensed operations cease to operate. These are complimentary to their cited procedures.

	The BPPE has also begun using its authority under PUC Resolution T-17464, issued January 15, 2015, to request disconnection of telephone service to unlicensed professional and vocational practitioners. The CSA response has argued there has been only a "partial implementation" because copies of tracking logs submitted to CSA by the BPPE appeared to include some missing data fields. Since the issues of governance, risk management, and control processes have been adequately addressed in the BPPE response, as noted in item #1 above, CPS HR concludes that the BPPE response is "Fully Implemented."
COMPLIANCE RECOMMENDATIONS	
#9 – Establish a schedule that maps out anticipated announced and unannounced inspection dates and ensure it complies with law. • BPPE has only conducted a fraction of required inspections. Based on requirements, 500 announced and 500 unannounced should be completed each year, but only 456 announced and two unannounced were completed in three and a half years. • BPPE does not have a schedule of anticipated announced and unannounced inspections to maintain the two year requirement.	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented". The CPS HR found that the BPPE has updated the compliance inspection tracking log to include anticipated dates of inspections for all institutions, with an emphasis on assigning and completing those schools never inspected first. The CSA response states the recommendation is only "partially implemented" because "… the log the bureau provided to us did not include all of the institutions the bureau regulates, and only includes the anticipated announced and unannounced inspection dates for selected institutions." CPS HR conducted an independent, on-site review of the tracking spreadsheet, and found it to be a complete list of all the institutions BPPE regulates, with as many scheduled compliance inspections as staff will be able to complete in the near future. Since governance, risk management, and control processes have all been addressed, and the fundamental remaining short-coming is a lack of staff to conduct all inspections desired, CPS HR believes this does reflect "Full Implementation."
#10 – Prioritize announced and unannounced inspections to focus on those with highest risk. • Acknowledging that current procedure and staff could not keep up with the two year requirement, BPPE did not have a method of prioritizing until July 2013, which	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented". Our logic is fully explained in the previous item, and it is noted (again) that BPPE does have a complete list of all the institutions it regulates, with as many scheduled compliance inspections as staff will be able to complete in the near future. The prioritized list has placed those who have never received a compliance inspection highest in order. CPS HR can verify that the tracking spreadsheet has included columns for additional risk categories, but that values are only slowly being added as operational processes and staffing hours are available to do so. Since

takes into account Licensing and Complaints referrals.	governance, risk management, and control processes have all been addressed, CPS HR believes this response reflects "Full Implementation."
#11 – Seek official clarification from legal counsel on requirements of inspecting institutions approved through accreditation by July 1, 2014. • BPPE appears to be adding more work than is necessary to the compliance inspection workload and needs to consult legal expertise in interpreting new federal regulations requiring inspections of institutions accredited by other agencies to meet the financial aid requirements.	CSA has found this recommendation "Fully Implemented." It is acknowledged that BPPE made reasonable efforts to legally clarify whether changes in federal law would require it to approve 50-250 institutions that state law exempts from licensure, in order for them to remain eligible for federal financial aid. No clear response was received and the question is now moot, because any additional workload would have required processing by now.
#12/#14 – Track process and time it takes to complete steps of an announced inspection process and routinely evaluate processing time expectations. • Time to complete processing steps is not tracked to identify how long it takes to complete each step.	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented. Our logic in making this assertion is as follows: As noted in item #5 above, BPPE's compliance inspection spreadsheet has been updated to indicate the time it takes to process each step of the announced and unannounced compliance inspection process. The tracking of days between its major milestones in the processing path are recorded. In addition, as with licensing, compliance inspection managers have affirmed that they have adopted the report recommendation to conduct "standing meetings" on a regular, recurring basis (at least one every two weeks, and often weekly or more often) to review the compliance inspection processing record and to look for any discrepancies or failure to actively process. BPPE has developed manager procedures that require regular review and follow up on timelines, and each manager is asked to sign such relevant procedures. Since governance, risk management, and control processes have all been addressed, CPS HR believes this response reflects "Full Implementation."
#13 – Streamline inspection process to reduce redundancies and increase efficiency. • Average processing time was found to be 300 days (GOAL was 185 days) – with redundant review between desk and on site review.	CSA has found this recommendation "Fully Implemented." BPPE has completed Compliance Inspection Procedures #2013-0070 to support process streamlining, and to compliment the comprehensive "To Be" process flow chart completed on April 14, 2015. The BPPE's amended procedures anticipate a process that currently completes announced compliance inspections in 58 days, a reduction from 291 days. The Enforcement Chief asserts this goal is now being met, even though there is currently insufficient staff to complete all high priority compliance inspections.

#15 – Establish unannounced inspection process with corresponding time frames. • Lack of procedures for unannounced inspections.	CSA has found this recommendation "Fully Implemented." Compliance Inspection Procedures Manual, numbered #2013-0070, has been developed to standardize its operations. Expectations for the time of completion are those provided in the CPS HR staffing and workload report, dated February 13, 2015. These timeframes are now being used as a management tool.
#16/#17 – Track process and time it takes to complete steps of an unannounced inspection process and routinely evaluate processing time expectations.	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented". Our logic in making this assertion is as follows: Compliance inspection managers have affirmed that they have adopted the report recommendation to conduct "standing meetings" on a regular, recurring basis (at least one every two weeks, and often weekly or more often) to review the compliance inspection processing record and to look for any discrepancies or failure to actively process. BPPE has developed manager procedures that require regular review and follow up on timelines, and each manager is required to read and sign the procedures. CPS HR recommends that CSA amend its original recommendation to make it clear that BPPE does "routinely evaluate processing time expectations" through standing meetings. This would acknowledge that excessive use of tracking systems can be a non-value added step that detracts from operations. Since governance, risk management, and control processes have all been addressed, CPS HR believes this response reflects "Full Implementation."
#18 – Establish procedures and training for managers on the review of review of inspection files. • Managers are not trained in reviewing inspection files.	CSA has found this recommendation "Fully Implemented." As noted in response to item #15, Compliance Inspection Procedures Manual, #2013-0070, has been developed to standardize operations.
#19 – Assign resolution of Notice to Comply notices to managers. • BPPE did not adequately respond to violations detected. A Notice to Comply was not always issued on site, and when it was, it took an additional 263 days on average to resolve the deficiencies (the goal is 30 days).	CSA has found this recommendation "Fully Implemented." Managers have been assigned the task of resolving Notices to Comply.

#20 – Track and monitor enforcement actions (NTC, Citation) on a weekly basis to ensure compliance with mandated deadlines. • BPPE lacks procedures on how to go from non-response to the Notice to Comply (NTC) to a citation. Delays appear to be due to the analyst having difficulty finding proof that the institution did not comply.	CSA has found this recommendation "Fully Implemented." BPPE procedure Compliance Inspection File Review (#2015-0009) includes weekly review of Notices to Comply.
#21 – Provide definitive guidance to inspectors on identifying minor and material violations and what to do in each case. • BPPE lacks of procedures and training on identifying material violations. • Conducted inspections failed to identify material violations. • Inspectors are not sufficiently assessing if the institutions meet the requirements of the Private Postsecondary Education Act of 2009. There was a lack of in-depth analysis on faculty requirements for continuing education and detecting how an institution checks for criminal convictions of staff.	CSA has found this recommendation "Fully Implemented." Compliance Inspection Procedure (#2013-0070) includes guidance on the distinction between material and minor violations. Further, training on distinguishing between minor and material violations is included in the Compliance Inspection Training Procedures. This training has been offered twice prior to June, 2015, and is planned again in July 2015.
COMPLAINTS RECOMMENDATIONS	
#22 – Establish benchmarks and monitor processing times to justify additional staff to resolve the backlog. • BPPE is unable to identify the average time to investigate complaints because data is not	CPS HR concludes this issue has been "Fully Implemented," even though CSA finds it only "Partially Implemented". Our logic in making this assertion follows: The just completed CPS HR workload and staffing report, dated February 13, 2015, provides evidence that additional authorized staffing is necessary to resolve the backlog in complaints. CPS HR also assisted BPPE with completion of "To Be" process flow charts that are specific both to enforcement and referral to the office of the Attorney General. These processes provide sound,

reliably tracked in SAIL or on Complaint Case Aging Log. • BPPE is unable to identify the average time to complete complaint investigations because data is not reliable and not tracked in SAIL or the Complaint Case Aging Log. • SAIL data is unreliable.	complete and interlocking process steps that will ensure prompt processing. These are complimentary to cited new BPPE procedures, listed in response to item #7 above. Further, the recommended additional tracking has no operational value and is more likely to be a diversion of staff time from the essential tasks at hand. These very specific recommendations seem to be in conflict with Government Auditing Standard (2011 Revision) Section 7.28 on audit recommendations. Specifically, they do not "… flow logically from the findings and conclusions," and do not directly link to a resolution of the identified deficiencies. A conclusion that better tracking is required to streamline work would require a finding that other possible changes to the current management system would not work as well, or better. In this case, as in many of the BPPE deficiencies, the most relevant and obvious cause of problems is the lack of overall staffing, which would also impede the ability to maintain new tracking systems.
#23 – Analyze process and establish realistic time frame for resolving complaints. • Based on a sample of 11 cases, it takes BPPE an average of 254 days to close a complaint (the goal is 180 days).	CSA has found this recommendation "Fully Implemented." The BPPE has updated Complaint Case Handling Procedure (#2013-0032) to include reasonable time frames for resolving complaints. BPPE has also adopted Complaint Investigations Manager Responsibilities Procedures (#2015-0010).
#24/#25 – Establish and enforce processing time frames within procedures.	CSA has found this recommendation "Fully Implemented." The procedure for Complaint Case Handling (#2013-0032) has been updated to include reasonable time frames for resolving complaints. The procedure outlining Complaint Investigations Manager Responsibilities (#2015-0010) includes monitoring of active processing, and this procedure requires a signature affirming receipt by each manager.
#26 – Implement definitive risk assessment and prioritization so complaints are appropriately prioritized and tracked on the complaint log. • BPPE does not prioritize complaints based on severity and potential harm so many high priority cases were being misclassified as "routine." Additionally, the complaint tracking log does include a priority assignement.	CSA has found this recommendation "Fully Implemented." The BPPE has adopted a Complaint Prioritization Methodology (#2015-0011) that provides a definitive risk assessment. In addition, the "To Be" processes developed for BPPE by CPS HR includes complaints and the risk of different types of complaints as triggers for special handling in annual report, licensing, and compliance inspection processes. Senate Bill 1247 provides specific risk assessment criteria, as indicated in California Education Code 94941, and the prioritization method for complaints.

• BPPE is unable to track sources of complaints.	
#27 – Continue working with Department of Consumer Affairs (DCA) to establish investigative training programs to ensure sufficient evidence is gathered. • Complaints are closed without sufficient evidence that the institution has resolved the issue. • BPPE needs more comprehensive and continuous investigative training for the investigative staff.	CSA has found this recommendation "Fully Implemented." BPPE sends all enforcement staff to the Enforcement Academy that is facilitated by the Department of Consumer Affairs and provides continuing education on evidence collection
ADMIN/AR-PFS RECOMMENDATIONS	
#28 – Direct staff to review and retain documentation supporting a school's Performance Fact Sheet during a compliance inspection.	CSA has found this recommendation "Fully Implemented." BPPE staff maintain documentation collection during compliance inspections.
#29 – Train staff on calculation of data required in Annual Report and Performance Fact Sheet to ensure accuracy in accordance with state regulation and laws. • BPPE lack of guidance to institutions on how to calculate data needed on their Performance Fact Sheet, and how to complete the Annual Report.	CSA has found this recommendation "Fully Implemented." School Performance Fact Sheet training was provided to all relevant staff in December 2014, and the BPPE Chief has affirmed that this training will continue on an ongoing basis for new staff.
#30 – Improve outreach and training to ensure institutions comply with applicable disclosure submission requirements. • BPPE lack of follow through on procedures to ensure accurate data is submitted on Annual Reports and Performance Fact Sheets.	CSA has found this recommendation "Fully Implemented." BPPE has implemented a formal educational program for all license holders, and is conducting workshops to assist with filling out their licensing application correctly. Locations include Northern and Southern California. BPPE has developed an "Application Toolbox" on its web page to provide guidance to applicants on numerous relevant licensing topics. (http://www.bppe.ca.gov/schools/comp_tools.shtml) and has provided a series of "Checklists" for applicants and staff to encourage correct submission and timely processing. All these changes should ensure institutions comply with applicable disclosure submission requirements.

#31 – Track processing times for steps of STRF claims to identify and address areas of delay. • Data stamps on records did not always match SAIL records. SAIL records not reliable but are the best available. • STRF staff had processed 442 claims by FY12/13, but still had 473 outstanding claims. • STRF claims are taking an average of 290 days (the goal is 90 days).	CSA has found this recommendation "Fully Implemented." The BPPE has committed to better tracking of STRF information. Student Tuition Recovery Fund Procedures (#2013-0034) addresses record keeping and expectations regarding timely resolution.
#32 – Continue addressing the collection of recovery fund assessments to bring the balance back under statutory limit of $25 million. • Funds in the recovery account exceeded the statutory limit.	CSA has found this recommendation "Fully Implemented." Most pertinent, regulatory language went into effect on January 1, 2015 reducing the STRF assessment to $0.00.
#33 – Implement and enforce procedures and sanctions to ensure institutions submit quarterly recovery fund assessments collected from students. • BPPE lacks procedures to track if institutions actually submit quarterly payments to BPPE of the assessments they collect from students.	CSA has found this recommendation "Fully Implemented." STRF Delinquent Invoice Notice Procedure (#2014-0011) provides for quarterly review and notice of delinquent institutions.

Introduction and Overview

Effective January 1, 2010, the California Private Postsecondary Education Act of 2009 established the Bureau for Private Postsecondary Education (BPPE or Bureau) as a part of the Department of Consumer Affairs. The Bureau is responsible for regulating both degree granting and non-degree granting private postsecondary educational institutions in California. The Bureau's mission is to promote and protect the interests of students and consumers through: a) The effective and efficient oversight of California's private postsecondary educational institutions; b) The promotion of competition that rewards educational quality and employment outcomes; c) Proactively combating unlicensed activity; and d) Resolving student complaints in a manner that benefits both the complainant student and future students.

The Bureau was audited by the California State Auditor and its resulting report, dated March 2014, noted a large backlog of work including:

- 1,100 backlogged licensing applications, and an average processing time of 185 days (three times the goal of 60 days).
- Compliance Inspections – With the expectation of completing 500 announced inspections a year, only 456 were completed from January 2010 to August 2013, with the 10 audited investigations taking an average of 300 days (over twice the goal of 135 days). Of those completed, there were instances when violations were not found or if found, not followed up on to ensure resolution.
- 780 backlogged complaints with 546 of the complaints being older than 180 days, and an average processing time of 254 days.
- In addition to the lengthy processing times, the Audit Report also found the Bureau's Annual Report process was not keeping accurate and timely institutional information.

The backlogs and delays in processing are not surprising, since BPPE has not been able to staff at its authorized levels since its inception[9]. So for example, while BPPE was authorized for 63 positions in FY 2011, it was only able to fill 16.1 positions. Likewise in FY 2012, it was only able to fill 47.6 positions, and in FY2013, it was only able to fill 56.7. Given the slight fluctuations in authorized staffing levels year to year, it was collectively understaffed by 61.6 positions for its first three years of operation.

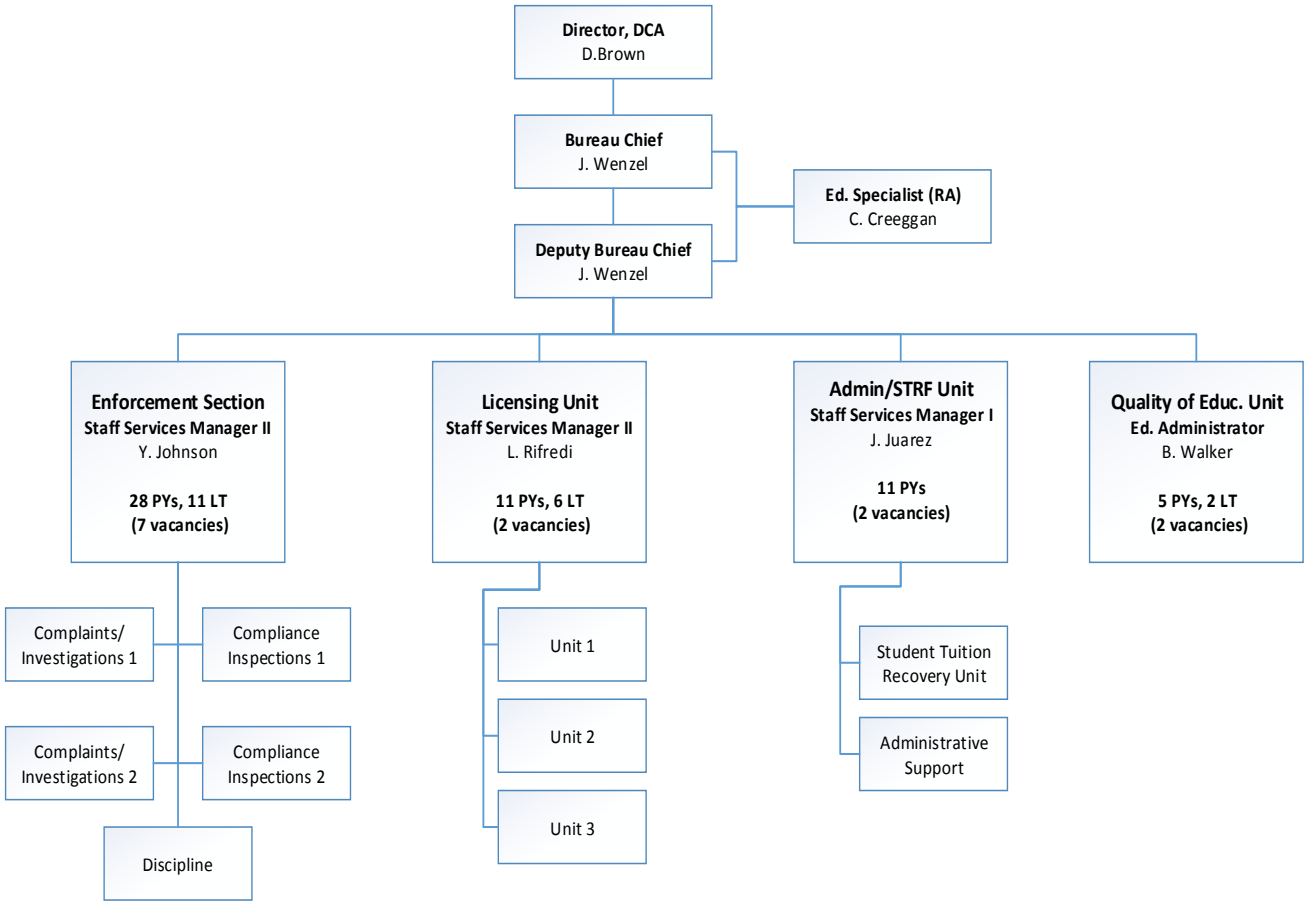
BPPE's authorized positions have increased from 63 in 2010 to 66 in June 2014, and then to 76 for FY 14/15. This staffing is distributed among four operational units that 1) license California-based private postsecondary educational institutions; 2) handle student complaints about the institutions; 3) conduct compliance inspections and discipline educational institutions; and 4) provide business services and administrative support.

The current BPPE organization structure as of January 1, 2015, is displayed in Figure 1 including 63 filled and 13 vacant authorized positions, of which 19 are limited term. The limited term positions are authorized for a maximum of three years in length but no single incumbent can hold the position for more than two years. The predominant classifications are Staff Services Manager I and II (SSM I/II), Staff Services

[9] This review did not independently verify the reasons that authorized positions remained unfilled, and accepts the explanation of the Executive Officer that the deficiency was due to a lack of appropriations for authorized positions and a statewide hiring freeze during that time,

Analyst (SSA), Associate Governmental Program Analyst (AGPA), Education Specialist (ES), and Office Technician (OT).

Figure 1: BPPE Organization Structure as of January 2015



Governance

As established by California Education Code Section 94880, a 12 member Advisory Committee was established to provide input and advice on matters related to the development and application of regulations and administration of the law and to conduct an annual review of the fee schedule, licensing, and enforcement provisions of the statute.

Project Methodology

CPS HR Consulting conducted a thorough workload analysis to review the current workload, staffing, and key business processes related to program delivery and to provide recommendations for improved process management. This is the third report[10] in this multi-phase analysis with a focus on recommended and in process changes to existing processes and the development of future recommended, or "To Be", process flow charts. The current, or "As Is", processes were analyzed to identify areas of improvement and propose more efficient work processes in the recommended "To Be" work process flow charts for the key operational units including Licensing and the Quality of Education Unit, Compliance Inspection, Complaints Investigation, and the processing of Annual Reports.

Identifying process changes for improvement

The final phase of the workload and process review requires the application of service industry best practices to the identified process steps in the "As Is" process that are inefficient, cause delays or could be streamlined in order to provide an improved process for better efficiency, effectiveness, and economy. This included a review of the processing times within and between process tasks as well as the overall process flow.

The key areas for potential improvement were first identified through examination of the processing times for each task as estimated by SMEs on the "As-Is" flow chart and the processing times reported between steps in the department tracking spreadsheets. These areas included tasks in which the process stalled or took a large amount of time due to the large amount of required activity in that step or due to the step waiting for response from another staff member or outside party. This would result in a potential bottleneck of work at that point in the process or a temporary stop in the process for that work product. The second area that is assessed is the general flow to identify areas which could be streamlined or simplified. This includes identifying areas in which the work product or information is being passed between staff members unnecessarily or inefficiently, where work is being duplicated by multiple staff members during the process, and/or instances in which the order that the steps are conducted could be rearranged for improved efficiency.

After the identification of the areas for improvement, the work flow process was redesigned to improve its effectiveness and submitted to SMEs within the respective departments for review and initial feedback as a potential "To Be" process. This feedback was obtained via email, teleconference, and/or in person discussions to obtain full understanding of the changes as proposed by CPS HR Consulting and the feasibility as evaluated by the department SMEs. These "To Be" processes were revised and reviewed through a series of iterations to ensure the best possible "To Be" process was developed.

Constraints and Data Limitations

Throughout all aspects of the study, CPS HR relied on information received from the Bureau in the form of detailed PDQs, tracking spreadsheets, work log diaries, and SME feedback in addition to information

[10] The first report, "Workload, Staffing, and Business Process Review Draft Interim Report," delivered on September 15, 2014, assessed the existing staff responsibilities, existing workload with corresponding processing speeds, and an analysis of current work tracking spreadsheets. The second report, "Estimated Workload and Staffing Recommendation for "As-Is" Processes," delivered February 13, 2015, presented recommended staffing levels based on workload and calculated processing times.

provided by DCA payroll. The information on the multiple department tracking sheets was combined when possible to present the most logical and comprehensive depiction of the processes. However, the labeling within the spreadsheets was not always consistent, and the information to calculate the time spent in each part of the process was not always available. In addition, it is noted that PDQ's were completed by staff that were often new to the position due to the reliance on limited term positions within some departments. All calculations and subsequent recommendations were made based on available data and should be interpreted within this context.

The next sections on the key functional areas present a brief summary of the existing staffing including the number of permanent, limited term, and blanket funded positions authorized for each classification and whether they were filled or vacant as of January 1, 2015. This is contrasted to the number of recommended staff to enable the unit to catch up on any backlog within two years (five years for compliance) and the recommended staff to enable them to stay current once the backlog is addressed. However, these staffing recommendations are based on current "As Is" processes as detailed in our February 13 interim report. The culminating result of all the prior analyses is the identification of areas of improvement in these "As Is" processes and the development of "To Be" or recommended processes to address areas of concern while providing a means for a more efficient, effective, and accountable process. In addition to presenting the "To Be" process flow charts, the sections will identify specific changes that are recommended or that are already in process and the anticipated impact of these changes.

Administrative Unit: Annual Reports

Staffing and Workload Analysis:

The Administrative Unit, headed by Jennifer Juarez, SSM I, has a dual function including traditional administrative duties along with major program operation functions that include oversight of Student Tuition Recovery Fund (STRF) applications, and an integrated staff function responsible for receipt and review of required Annual Reports and Student Performance Fact Sheets (AR – SPFS). It is a finding of this business process review that the Annual Report Review process does not meet defined expectation and would require a major staffing increase to fulfill those responsibilities. This review also finds that the work required for the Annual Report Review process overlaps and has a great deal of inter-relationship with the work of the Licensing and Compliance Inspection processes. As a result, the primary focus of the process re-engineering proposed for BPPE has considered those three processes as a system of systems, and has shifted the duties associated with all three so that staff persons doing the work as more specialized in single types of work, and so that there is excellent cross-reporting between the units so that required reviews only occur once in any defined review period for each licensee. While a significant increase will occur in the workload and staffing required within the Annual Reports Review Process, it is assumed that the required staff resources will be provided from within the staffing increase recommendations we included in our Feb 13 interim report, and that the Annual Reports Process staffing will be created through either a temporary re-assignment to the Administrative Unit or through position transfers between Licensing and Compliance Inspections and Administrative. Moreover, we recommend that the Annual Report Review Processing function be transferred to the Licensing Division.

At the present time the overall Administrative Unit staff consists of 1 SSM I, 2 AGPA's, 5 SSA's, and 3 OT's, of which 1 AGPA and 1 SSA are vacant. In addition, the Bureau has used blanket funds to supplement staffing with an additional 2 full-time and 1 part-time AGPA, 1 SSA, 1 OA, and 1 Seasonal Clerk to assist in the workload, but these will expire on June 30, 2015 and are not counted toward the authorized total. The Annual Reports process is a program function responsible for the review of submitted Annual Reports and Student Performance Fact Sheets and is a new process assigned to the unit. As of January 1, 2015, there was not a specific staff dedicated to the Annual Reports function and because the process has only now been defined, there was no accurate way to project the likely entire workload and staffing requirement. The Feb. 13 interim report did find sufficient workload records for part of the Annual Report Review however, and that was defined as the staffing necessary to review School Performance Fact Sheets.

The number of personnel years (PY) dedicated to this function was calculated based on the analysis of anticipated workload observed in the Licensing Unit, where that work is done now. That estimate is included within Table A-1, as follows:

Table A-1: Recommended Staffing for AR-SPFS Function

Classification:	SSA/AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to process AR-SPFS each year	4.66	0.22	4.88

Changes in Process

At the onset of this analysis, the review of required Annual Reports and Performance Fact Sheets was a nascent process performed in a ministerial manner without a risk assessment. The current "To Be" recommended process, as presented at the end of this section, is structured to allow the Bureau to "establish priorities for its inspections and other investigative and enforcement resources," as mandated within SB 1247 requirements signed by the Governor on Sept. 29, 2014.

Additional Recommended Process Change

As noted initially, the primary focus of the process re-engineering proposed for BPPE has considered the Annual Reports Review, Licensing, and Compliance Inspection as a system of systems, and has shifted the duties associated with all three so that staff persons doing the work are more specialized in single types of work. This will allow efficiencies since required reviews will only occur once in any defined review period for each licensee. The system of systems analysis has also led to a number of recommendations that are common to all BPPE processes, and that are included in this section.

It is observed that at present, with an absence of an Annual Reports Review Process, that the "As Is" processes adopted by both Licensing and Compliance Inspection have incorporated tasks and activities that are expectations of the planned unit. If uncorrected in the future, this will lead to a gross overlap of tasks and inefficient use of staff. So for example, each Institution submits its school catalog and a link to its web page with its annual report, and must also submit the same at the time of re-licensing, and at the time of compliance inspection. It would then be possible in the future for all three programs to do the same review on the same institution in the same year. In order to prevent this from occurring, the "To Be" Process flowcharts identified the activities that are unique to each process, and those that could span each, and cross matched those with the most common known sources of detecting non-compliance. The logical method was to allow each unit to specialize and focus most singularly on those required review areas that were unique, and then to identify those known sources of non-compliance, and ensure these are performed on the most frequent schedule – and thus incorporated in the Annual Report Review. (It is noted that most License Reviews will take place about once every five years, and Compliance Inspections about every 2 years.)

This discussion of specialization recognized that Compliance Inspection is the unit that has a unique role in on-site verification, and in talking face-to-face with students, faculty and school administration. It also recognized that Licensing has a unique role in review of audited or CPA reviewed financial reports, and in review of student Enrollment Agreements. Lastly, it was recognized that the Annual Reports unit will be most sensitive to general responsiveness of the schools to all requirements, and in creating overall risk factor analysis that all programs can use.

It is further noted that a unique targeting of resources will require excellent cross-reporting between the three units and appropriate record keeping. This will require development of a new "School Annual Report Database" (hereafter called SARD)[11]. This may be most critical during the transition period after June 30, 2015, when the Annual Report Review unit is still gearing up, while Licensing and Compliance

[11] The term database here refers to a desired long-term goal. In reality, a simple spreadsheet for tracking regulatory review tasks and activities by date will suffice.

Inspection are adding staff and working with all due haste to catch up to back-logged work. In this environment it will be critical to know which regulatory reviews were performed on which school and in which year, so that tasks and activities are neither overlooked, nor duplicated.

Developing and using a system of risk assessment (a Risk Assessment Database[12]) will be another important activity of the Annual Reporting Unit, and perhaps the first one it should undertake, during this period of transition. This process is shown on the first page of the Annual Report Review "To Be" process flow. It is integrated with the "To Be" Compliance Inspection (CI) Process on page one, and with Licensing on page five. It is believed that the use of risk assessment by CI will allow the program to better target its unannounced visits to best address risks. The use of risk assessment by Licensing will allow a shorter review of renewal licenses determined to be in "good standing", which could reduce overall staffing required from 5-25% -- although all projected savings will only be realizable once backlogged work is caught up, which is estimated to take two years.

The use of risk assessment will be essential for the most efficient use of all BPPE staff, by directly addressing schools with the greatest risk of non-compliance in the quickest manner, and by supporting a reduction of required regulatory review over the long-term. It will assist BPPE in catching up on its work while ensuring best protection of the public.

It is noted that the current plans of the BPPE Executive Officer to design and implement an electronic submission data base will dramatically improve the annual report process, and will support immediate detection of program non-compliance through detection of changes in required records.

Additional Annual Reports Process Recommendations

- The Annual Report Review Processing function be transferred to the Licensing Division, since its defined work tasks and activities are almost entirely consistent with those done now in licensing, and since it will have to closely coordinate with that unit.
- The unit should modify its forms and procedures to include an annual "calculation of fees" form based on reported adjusted annual revenues of each school. Use of this form would provide the first-ever documentation of reported income and linkage to fees paid, and would thus simplify fees collection. Actual payment of fees would be required on the anniversary date of licensure, as is presently done. Use of the form would also allow development of an institutional revenue and enrollment number tracking spreadsheet, as a means of detecting large variance and possible review.
- The Annual Report Review unit should be designated to receive and evaluate all requests for non-substantive changes to Licensee data records. Each such change will need to be reviewed by a manager (who will evaluate whether the change is substantive and in the correct format) prior to entry into both a new School Annual Report Database (SARD) and in SAIL.

Recommendations Spanning All Operational Processes

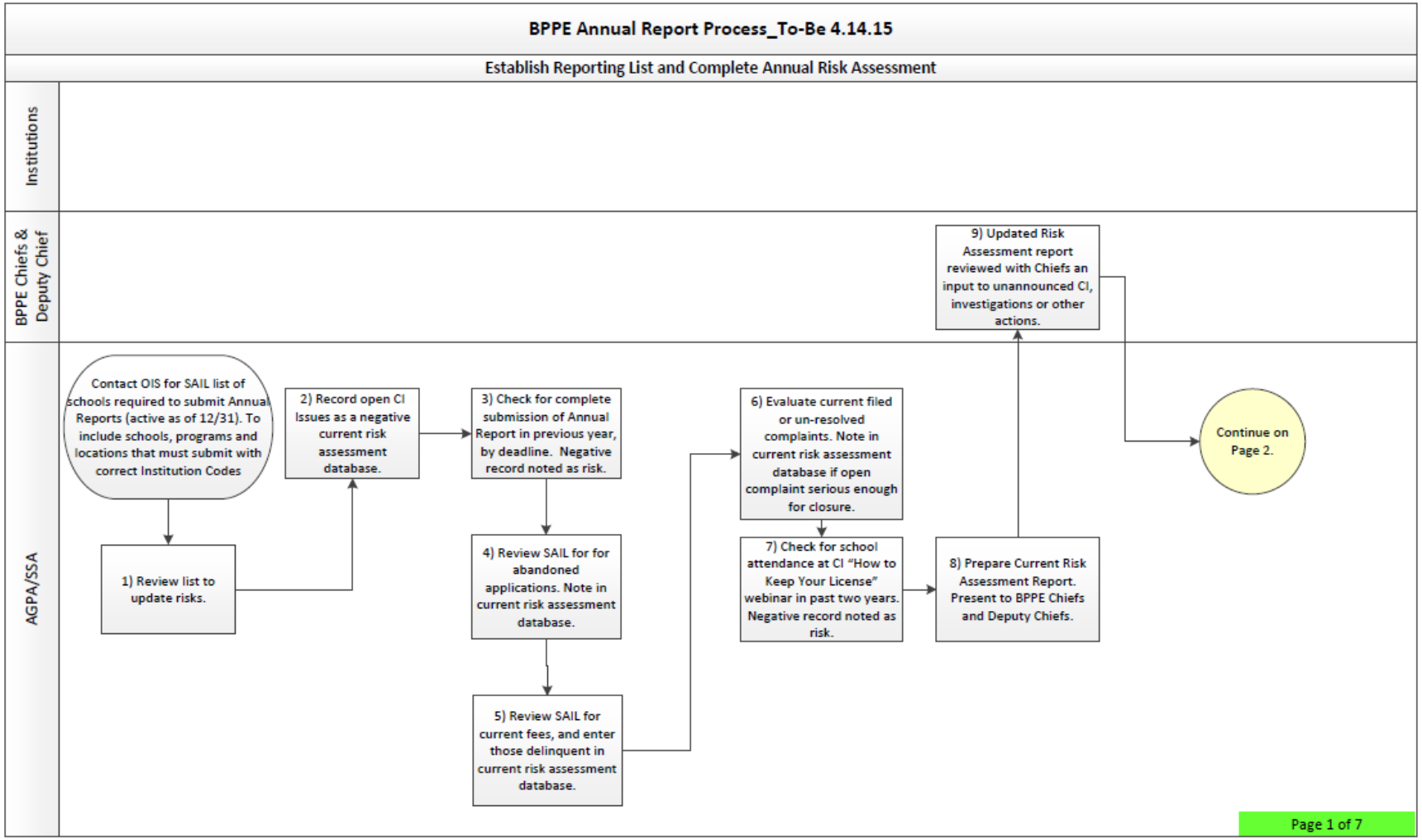
- Immediately convert all Limited Term positions to Permanent Full Time. This will reduce turnover and protect the value of required investment in newly hired staff. It will therefore

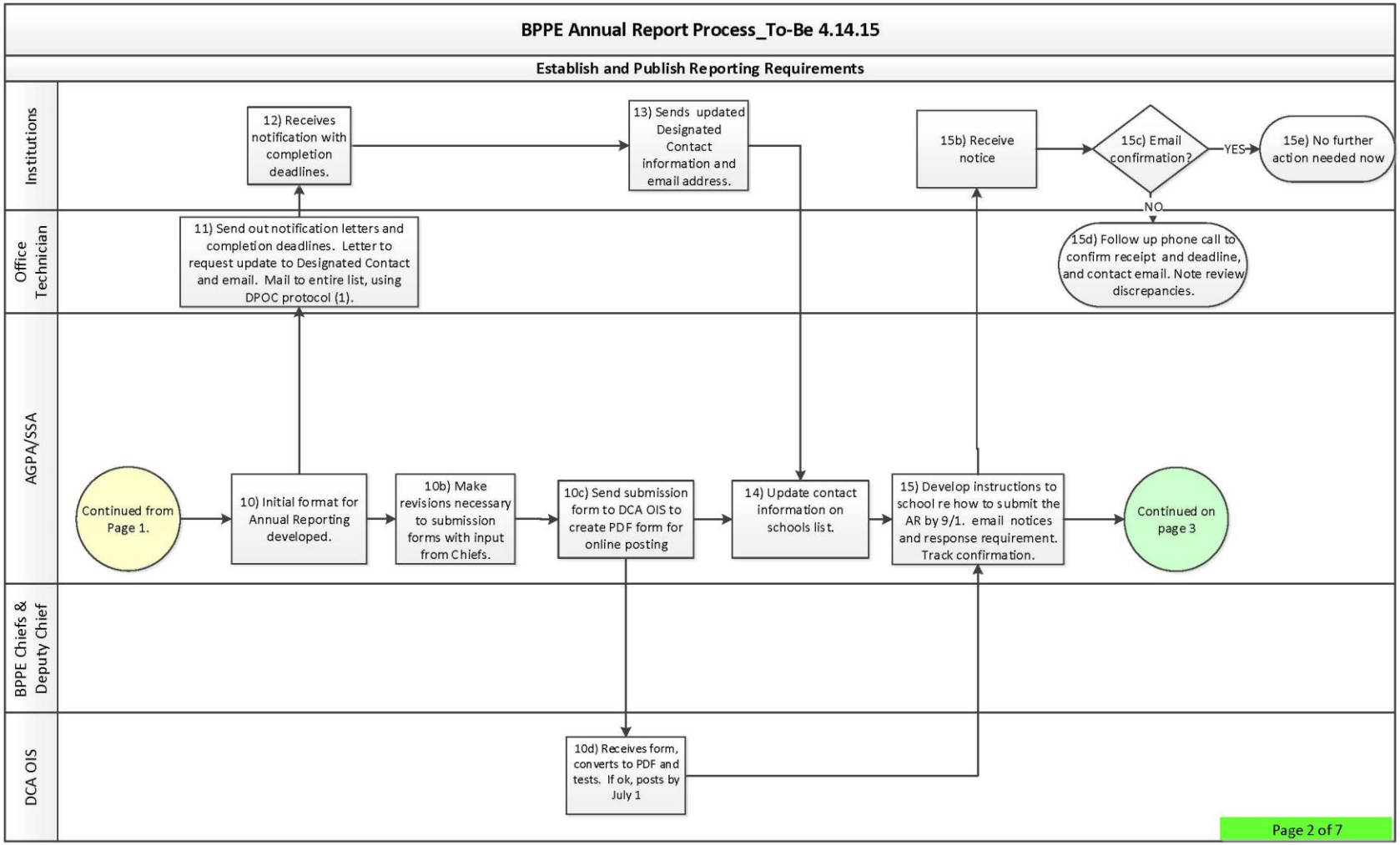
[12] See previous footnote.

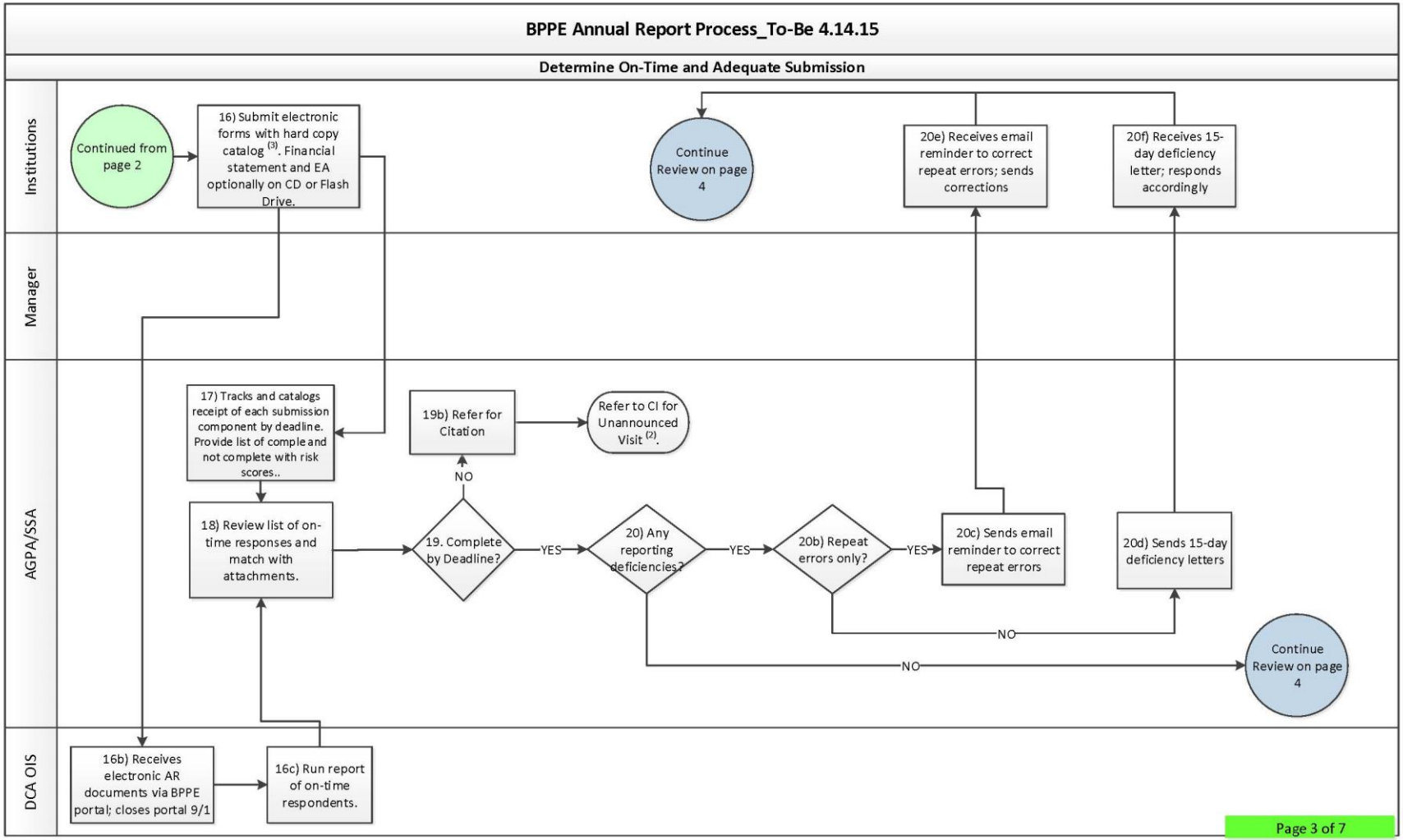
allow for the quickest possible stabilization of current processes, and adaption of recommended process improvements. As such, it will create the environment in which future innovations can occur, which is conservatively estimated to take from 2-3 years.

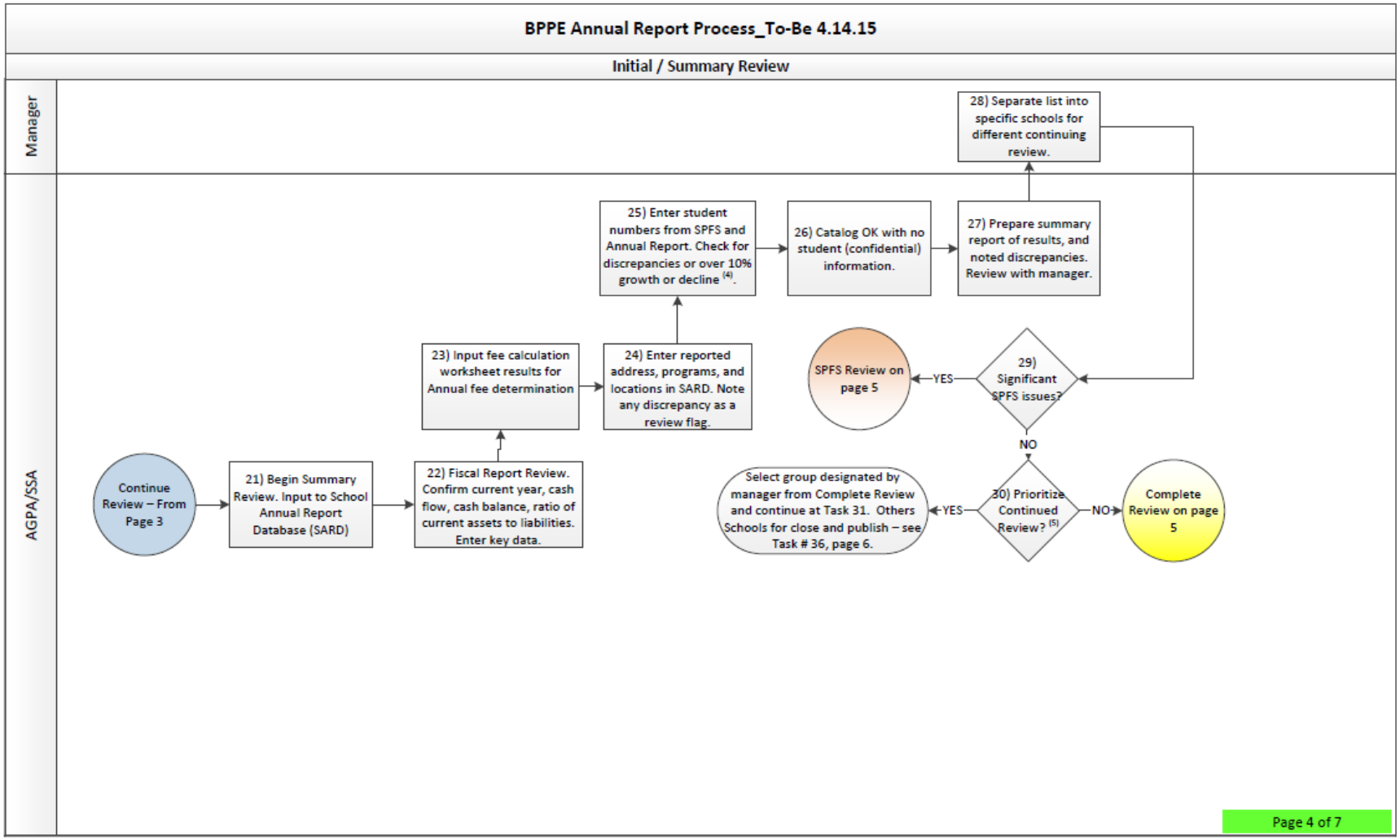
- Utilize e-mail to immediately send letters out to the Designated Point of Contact (DPOC) as designated on the application and follow up to confirm receipt via telephone when possible. This is designed to reduce the process turn-around time, improve the quality of communication, and reduce work time for each action. Additional hard copies should also be mailed to: a) School; b) Owner home; c) Institution Contact Person. These actions are to ensure notification.
- Work towards a long term goal of obtaining legal and political approval of an electronic response only. This will greatly simplify the process and improve timeliness.
- Implement a risk assessment process in which low risk institutions would be assigned a Green Flag – which would limit the Licensing Renewal criteria to the review of the audited financial statement only. Green Flag would be conferred if: Compliance Inspection in the past 2.5 years with all issues "cleared"; Current on all fees; Submitted all annual required annual reports; No complaint serious enough to result in closure.

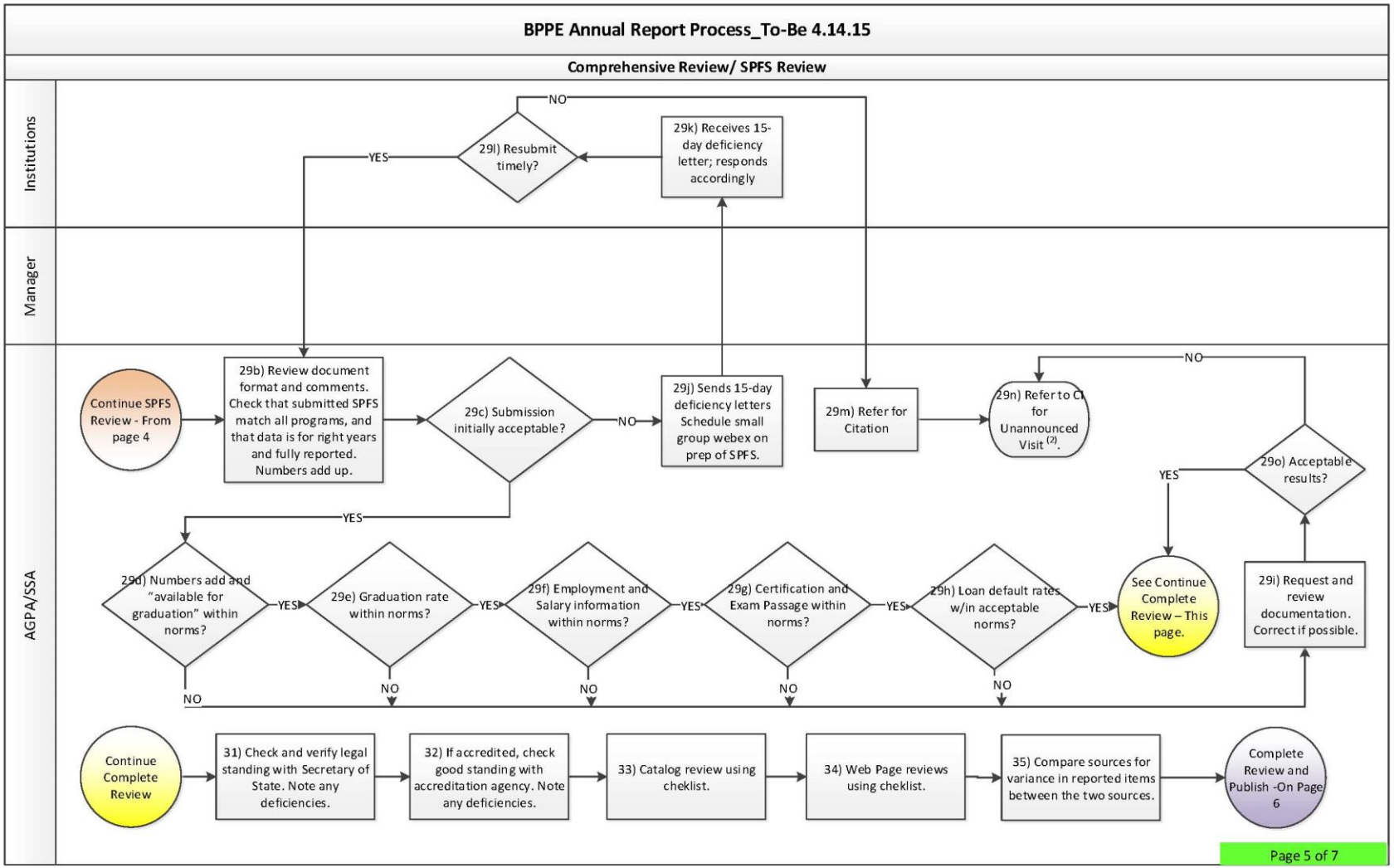
Annual Report "To Be" Process Flow Chart

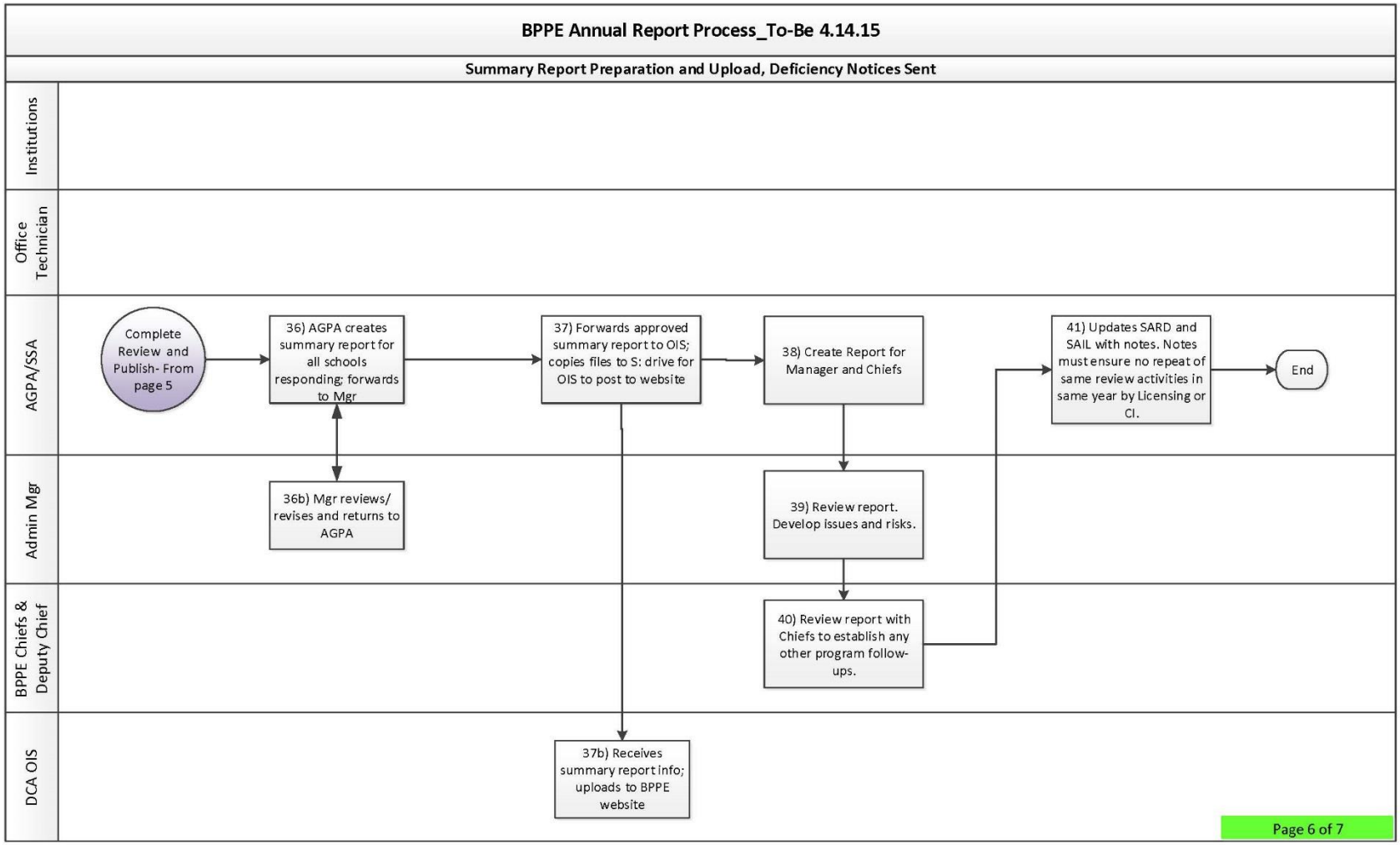



BPPE Annual Report Process_To-Be 4.14.15
Establish and Publish Reporting Requirements
Institutions
Office Technician
AGPA/SSA
BPPE Chiefs & Deputy Chief
DCA OIS
12) Receives notification with completion deadlines.
13) Sends updated Designated Contact information and email address.
15b) Receive notice
15c) Email confirmation?
YES
15e) No further action needed now
NO
15d) Follow up phone call to confirm receipt and deadline, and contact email. Note review discrepancies.
11) Send out notification letters and completion deadlines. Letter to request update to Designated Contact and email. Mail to entire list, using DPOC protocol (1).
Continued from Page 1.
10) Initial format for Annual Reporting developed.
10b) Make revisions necessary to submission forms with input from Chiefs.
10c) Send submission form to DCA OIS to create PDF form for online posting
14) Update contact information on schools list.
15) Develop instructions to school re how to submit the AR by 9/1. email notices and response requirement. Track confirmation.
Continued on page 3
10d) Receives form, converts to PDF and tests. If ok, posts by July 1
Page 2 of 7


BPPE Annual Report Process_To-Be 4.14.15
Determine On-Time and Adequate Submission
Institutions
Manager
AGPA/SSA
DCA OIS
Continued from page 2
16) Submit electronic forms with hard copy catalog (3). Financial statement and EA optionally on CD or Flash Drive.
Continue Review on page 4
20e) Receives email reminder to correct repeat errors; sends corrections
20f) Receives 15-day deficiency letter; responds accordingly
17) Tracks and catalogs receipt of each submission component by deadline. Provide list of comple and not complete with risk scores..
19b) Refer for Citation
Refer to CI for Unannounced Visit (2).
NO
18) Review list of on-time responses and match with attachments.
19. Complete by Deadline?
YES
20) Any reporting deficiencies?
YES
20b) Repeat errors only?
YES
20c) Sends email reminder to correct repeat errors
20d) Sends 15-day deficiency letters
NO
NO
Continue Review on page 4
16b) Receives electronic AR documents via BPPE portal; closes portal 9/1
16c) Run report of on-time respondents.
Page 3 of 7


BPPE Annual Report Process_To-Be 4.14.15
Initial / Summary Review
Manager
AGPA/SSA
28) Separate list into specific schools for different continuing review.
25) Enter student numbers from SPFS and Annual Report. Check for discrepancies or over 10% growth or decline (4).
26) Catalog OK with no student (confidential) information.
27) Prepare summary report of results, and noted discrepancies. Review with manager.
23) Input fee calculation worksheet results for Annual fee determination
24) Enter reported address, programs, and locations in SARD. Note any discrepancy as a review flag.
SPFS Review on page 5
YES
29) Significant SPFS issues?
NO
Continue Review – From Page 3
21) Begin Summary Review. Input to School Annual Report Database (SARD)
22) Fiscal Report Review. Confirm current year, cash flow, cash balance, ratio of current assets to liabilities. Enter key data.
Select group designated by manager from Complete Review and continue at Task 31. Others Schools for close and publish – see Task # 36, page 6.
YES
30) Prioritize Continued Review? (5)
NO
Complete Review on page 5
Page 4 of 7


BPPE Annual Report Process_To-Be 4.14.15
Comprehensive Review/ SPFS Review
Institutions
Manager
AGPA/SSA
29l) Resubmit timely?
NO
YES
29k) Receives 15-day deficiency letter; responds accordingly
Continue SPFS Review - From page 4
29b) Review document format and comments. Check that submitted SPFS match all programs, and that data is for right years and fully reported. Numbers add up.
29c) Submission initially acceptable?
NO
29j) Sends 15-day deficiency letters Schedule small group webex on prep of SPFS.
29m) Refer for Citation
29n) Refer to CI for Unannounced Visit (2).
NO
29o) Acceptable results?
YES
YES
29d) Numbers add and "available for graduation" within norms?
YES
29e) Graduation rate within norms?
YES
29f) Employment and Salary information within norms?
YES
29g) Certification and Exam Passage within norms?
YES
29h) Loan default rates w/in acceptable norms?
YES
See Continue Complete Review – This page.
29i) Request and review documentation. Correct if possible.
NO
NO
NO
NO
NO
Continue Complete Review
31) Check and verify legal standing with Secretary of State. Note any deficiencies.
32) If accredited, check good standing with accreditation agency. Note any deficiencies.
33) Catalog review using cheklist.
34) Web Page reviews using cheklist.
35) Compare sources for variance in reported items between the two sources.
Complete Review and Publish -On Page 6
Page 5 of 7


BPPE Annual Report Process_To-Be 4.14.15
Summary Report Preparation and Upload, Deficiency Notices Sent
Institutions
Office Technician
AGPA/SSA
Admin Mgr
BPPE Chiefs & Deputy Chief
DCA OIS
Complete Review and Publish- From page 5
36) AGPA creates summary report for all schools responding; forwards to Mgr
36b) Mgr reviews/ revises and returns to AGPA
37) Forwards approved summary report to OIS; copies files to S: drive for OIS to post to website
37b) Receives summary report info; uploads to BPPE website
38) Create Report for Manager and Chiefs
39) Review report. Develop issues and risks.
40) Review report with Chiefs to establish any other program follow-ups.
41) Updates SARD and SAIL with notes. Notes must ensure no repeat of same review activities in same year by Licensing or CI.
End
Page 6 of 7

BPPE Annual Report Process_To-Be 4.14.15

Footnotes and Other Notes

FOOTNOTES:

(1) – DPOC protocol is standard throughout BPPE and defined in Licensing flowchart footnotes.
(2) – If Licensee is responsive following citation and prior to unannounced CI, CI may opt to refer the matter back to Annual Report. The primary objective is to have one or the other unit take the lead in the annual review, and not both.
(3) - Electronic link to online catalog is also allowed.
(4) – All noted discrepancies are review discrepancies, and become another means of evaluating risk. Review discrepancies are in addition to the Annual Risk Assessment that is represented on page 1 of the flowchart, and are by definition more serious indicators.
(5) – The need to prioritize is based both on available staff to continue with a full review, and on risk indicators. It is assumed that where a full annual review is not completed by this unit, that the next CI or License Renewal will begin with a defined "Annual Review".

OTHER NOTES:

The creation of an electronic submission data base will dramatically improve the annual report process, and it will support immediate detection of program non-compliance through detection of changes in required records. However, this is not feasible in the next year so this To Be process does not include these options. This To Be process does assume establishment of procedures for risk assessment and verification, and this is included.

The modified Annual Report process includes an annual "calculation of fees"" form based on reported adjusted annual revenues. It requires establishment of an institutional revenue and enrollment number tracking spreadsheet, as a means of detecting large variance and possible review. Actual payment of fees would be required on anniversary date of license.

The Annual Report Review unit will receive and evaluate all requests for non-substantive changes to Licensee data records. Each will be reviewed by a manager and then entered both in the School Annual Report Database (SARD) and in SAIL.

Page 7 of 7

Licensing

Staffing and Workload Analysis:

The Licensing Department receives, reviews, and approves or denies applications from schools requesting approval or renewal to operate the school, changes to business organizations, school name, school location, method of instruction, the addition of a separate branch, and verifications of exempt status. The department, headed by Leeza Rifredi – Staff Services Manager II, consists of 17 authorized positions – 1 SSM II, 2 SSM I's, 9 AGPA's, 4 SSA's, and 1 OT. As of January 1, 2015, the unit was staffed with 1 SSM II (LT exp. 6-30-16), 2 SSM I's, 7 AGPA's (3 permanent and 4 LT exp. 6-30-16), 4 SSA's, and 1 OT and had two AGPA vacancies (1 permanent and 1 LT exp. 6-30-16). In addition to the authorized positions, the Bureau is using blanket funds to supplement staffing with one additional SSM I, four AGPA's, and one OT to assist in the workload.

Workload Estimations/Staffing Recommendations

The number of staffing needed in the future was calculated based on the "As Is" process. The recommended changes to staffing levels for the next two years to catch up on the applications along with the recommended number of employees to maintain current status once the backlog has been addressed is presented in Table L-1. The recommendation is to convert all existing limited term to permanent positions, fill the two vacant AGPA positions as permanent positions, and increase the authorized staff by one-half OT, one SSA and seven additional AGPA's positions to catch up within two years. After this two year catch up period, it is recommended to let natural attrition reduce the staff to the recommended number of staff needed for the maintenance of current status.

Table L-1: Licensing Staffing Recommendations

Classification:	OT	SSA	AGPA	SSM I	SSM II	TOTAL PY
Recommended Number of PY Needed to catch up	2.5	5	16	3	1	**27.5**
Total Allocated Staffing: Perm/Limited Term	1	4	9	2	1	**17**
Permanent Filled	1	4	3	2	0	
Limited Term Filled	0	0	4	0	1	
Permanent (Vacant)	0	0	1	0	0	
Limited Term (Vacant)	0	0	1	0	0	
Net Change in staff to catch up:	+1.5	+1	+9	+1	+0	**+12.5**
Vacant positions to be filled	0	0	2	0	0	**+2**
Additional authorized positions needed	1.5	1	7	1	0	**+10.5**
Number of PY Needed after caught up	2	4	10	2	1	**19**

Changes in Process

The primary improvements in the Licensing process include specialization of its tasks based on implementation of an Annual Report Review Process and a Risk Assessment Database (as discussed on page 2-3), and the implementation of Supply Management and One Piece Flow (as discussed on pages 3-4).

Supply management has already been implemented through monthly pre-application training sessions. This should increase the quality of incoming applications, reduce the need for deficiency letters, significantly reduce processing time and significantly reduce staffing hours per application review. This observation is based on the finding of this study's Phase 1 report, which found that the average application processing time for all approvals to operate a non-accredited institution was 516 days and for approval of an accredited institution was 184 days, and that the most significant factor in the wait was the number of deficiency letters issued, and responses required[13]. That Phase 1 report noted that the average processing time of the incomplete applications from January through June of 2014 was 552 days, and that most of that time had been consumed by letters of deficiency and responses to those letters. That report noted that, "by eliminating two deficiency letters from the process, the total process time could have been reduced by 126 days (33.3%) for institutions and 234 days (36.8%) for BPPE."

It is noted that BPPE is now implementing a policy of issuing not more than two letters of deficiency, and this review agrees that action should improve the overall result, especially in light of the pre-application training sessions. However, steps should also be taken to ensure excellence of communications with applicants at the time of each letter, so that appropriate actions are taken. This review recommends that be accomplished by scheduling a phone conference call at the time of completion of each such letter of deficiency, and ensuring that school executive managers are involved in such calls. BPPE has agreed that this policy will work, and it will ensure such a call is made. It is also agreed that the process should include an immediate email of each such letter after the phone conference call, and as an adjunct to its normal mail serve of such letters. BPPE will also standardize its Defined Point of Contact process, so that there is no misunderstanding or failure to communicate with applicants.

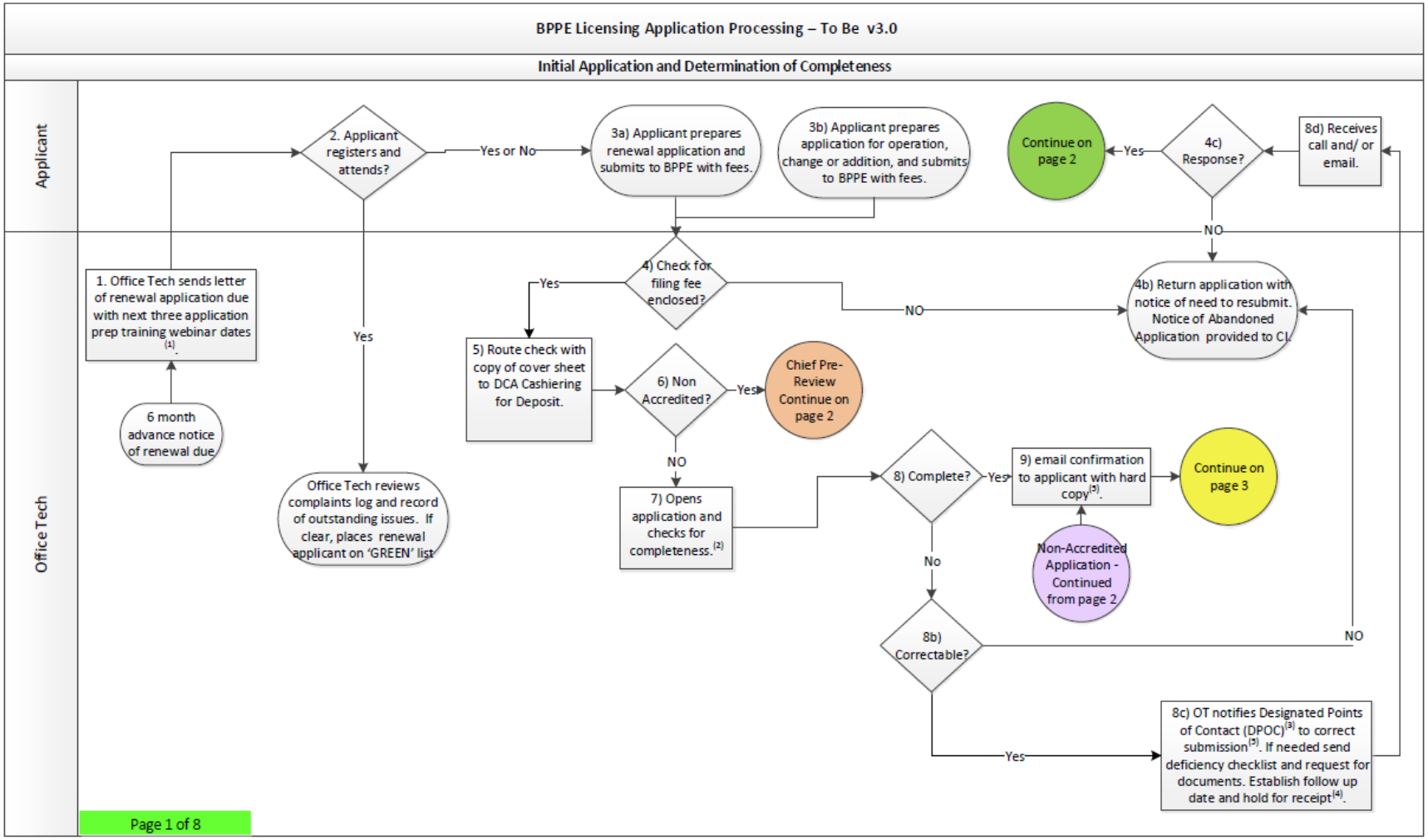
Other important changes in the Licensing Process are more fully explained on page 4 under the heading of One Piece Flow. By increasing the active and prompt processing of each license review, work will flow more quickly. However, this will require that managers ensure that analysts are not "over-assigned" work since that will divert their attention from necessary follow-ups and most timely actions. Over-assignment will also result is a greater need to re-review case facts which actually increases processing time. Managers must also ensure the most rapid movement of work through the use of bi-weekly "standing" work management meetings.

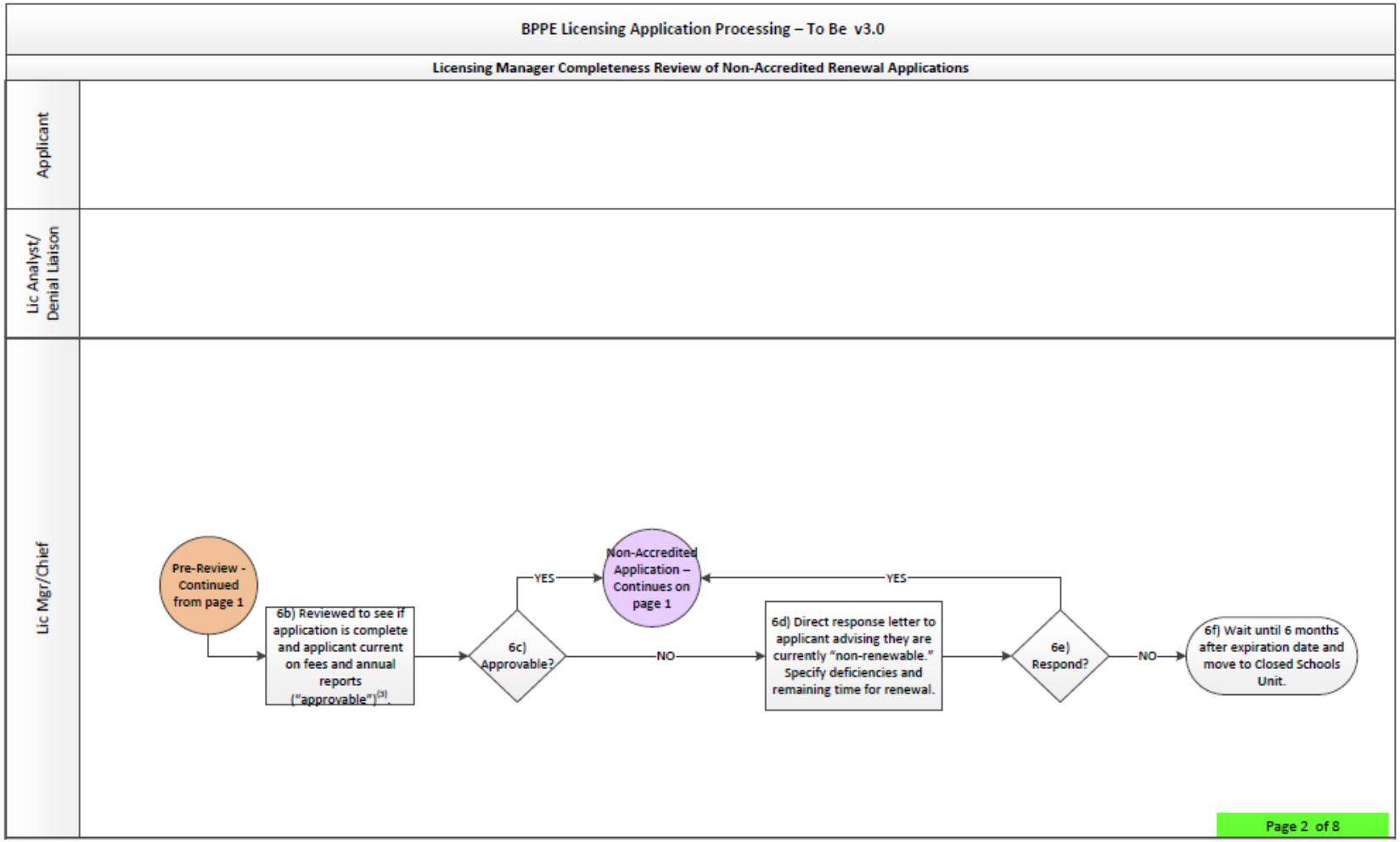
Risk management will be enhanced by the active tracking of all potentially abandoned applications, and by ensuring the either Compliance Inspection and/or the Closed Schools Unit is promptly made aware of all such incidences. This will ensure appropriate follow-up actions.

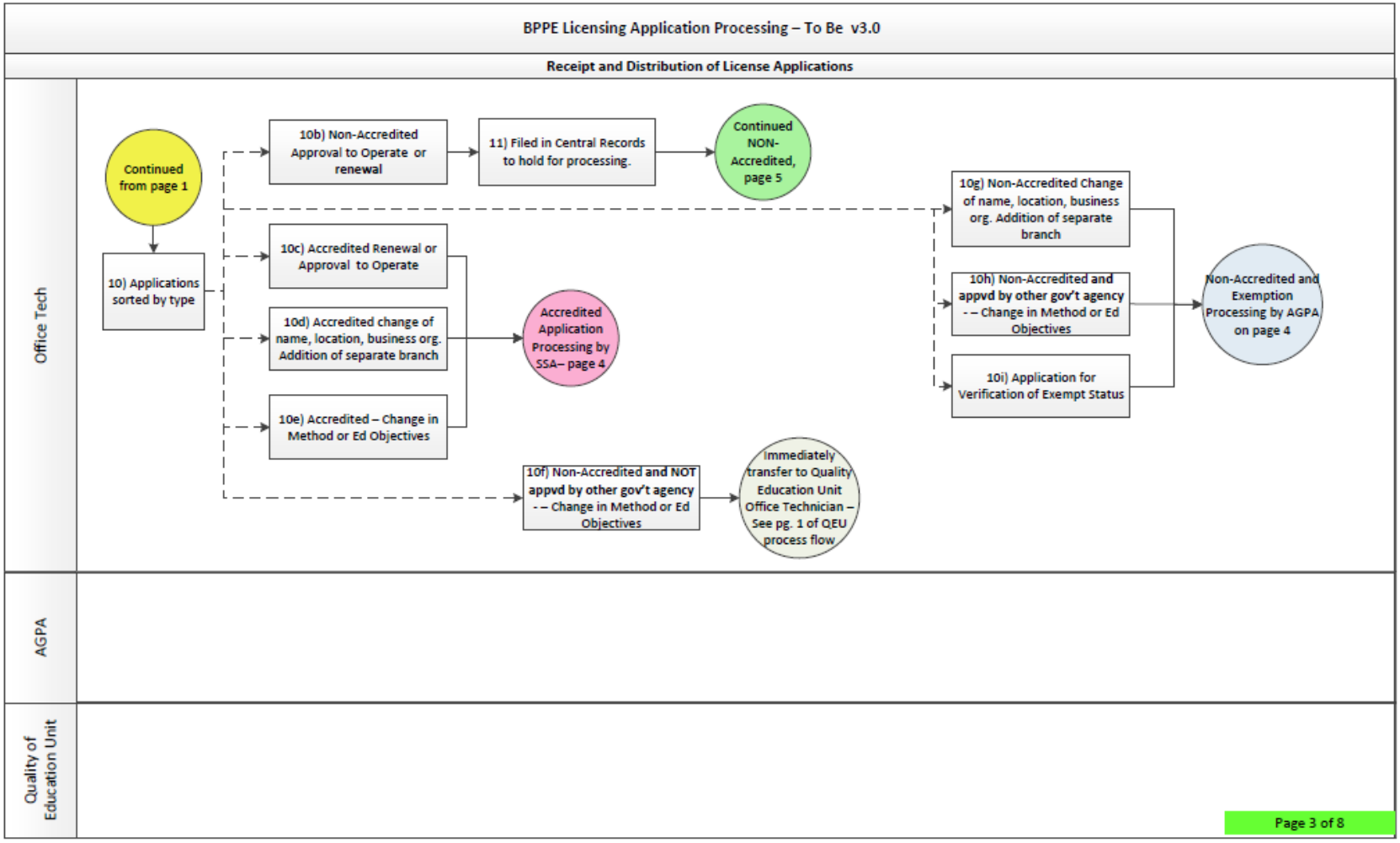
Improved work tracking in Licensing Unit will come about through the use of bi-weekly 30-minute "stand up" review meetings, by each SSM-1 and their reporting analysts. This will ensure most timely follow ups and will enhance one piece flow.

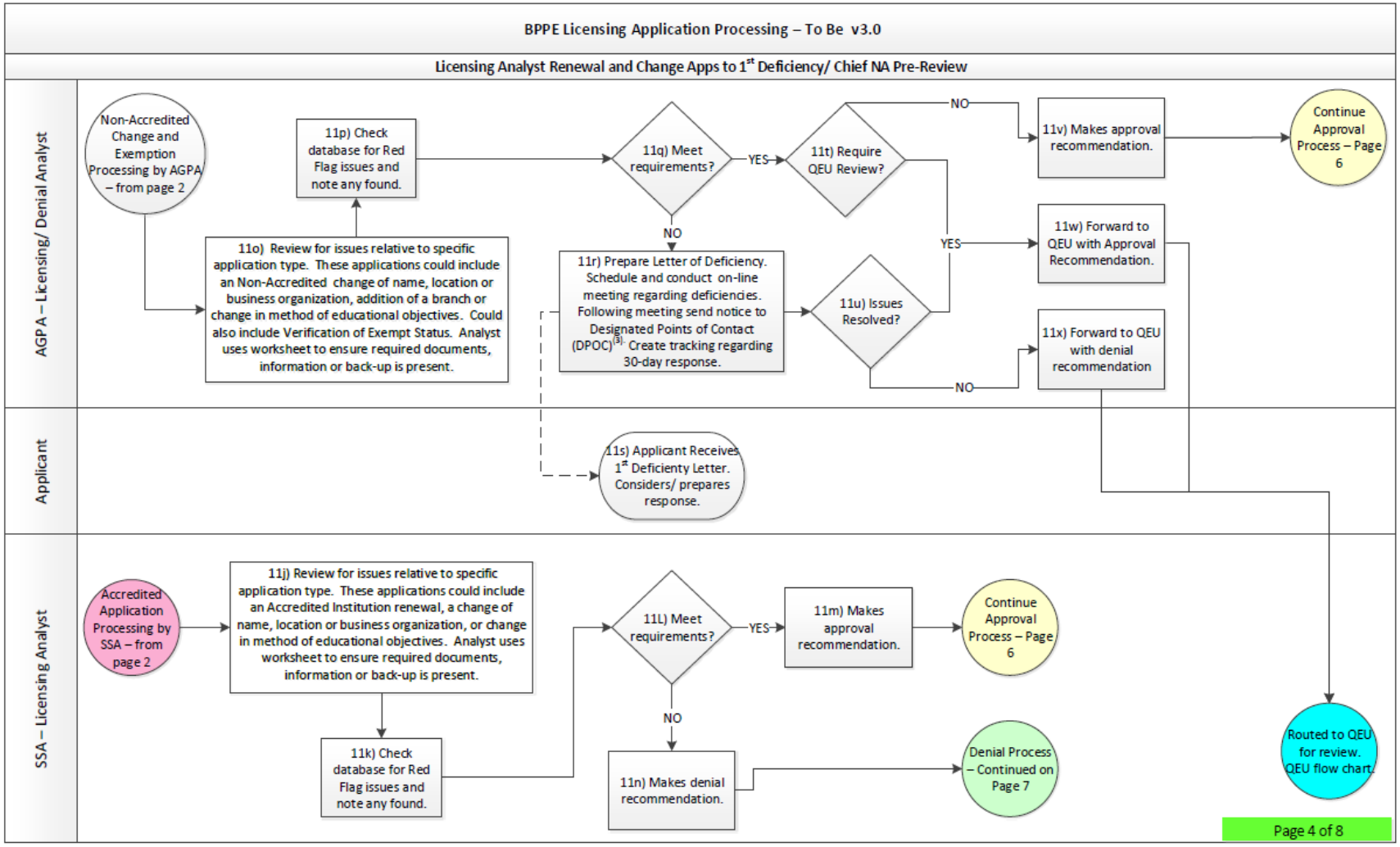
[13] See Draft Interim Report of Sept. 15, 2014, Table 2, page 12.

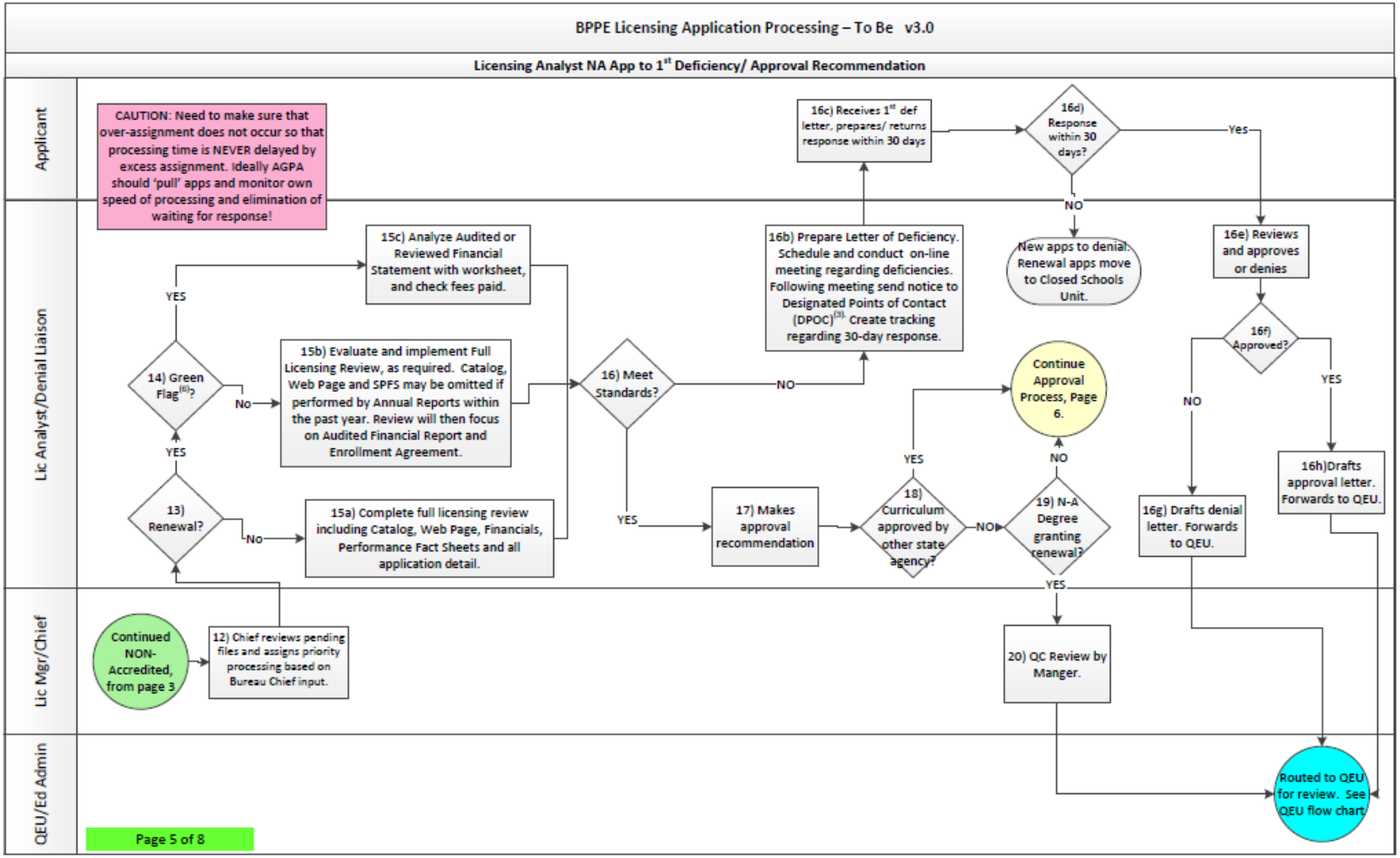
Licensing "To Be" Process Flow Chart

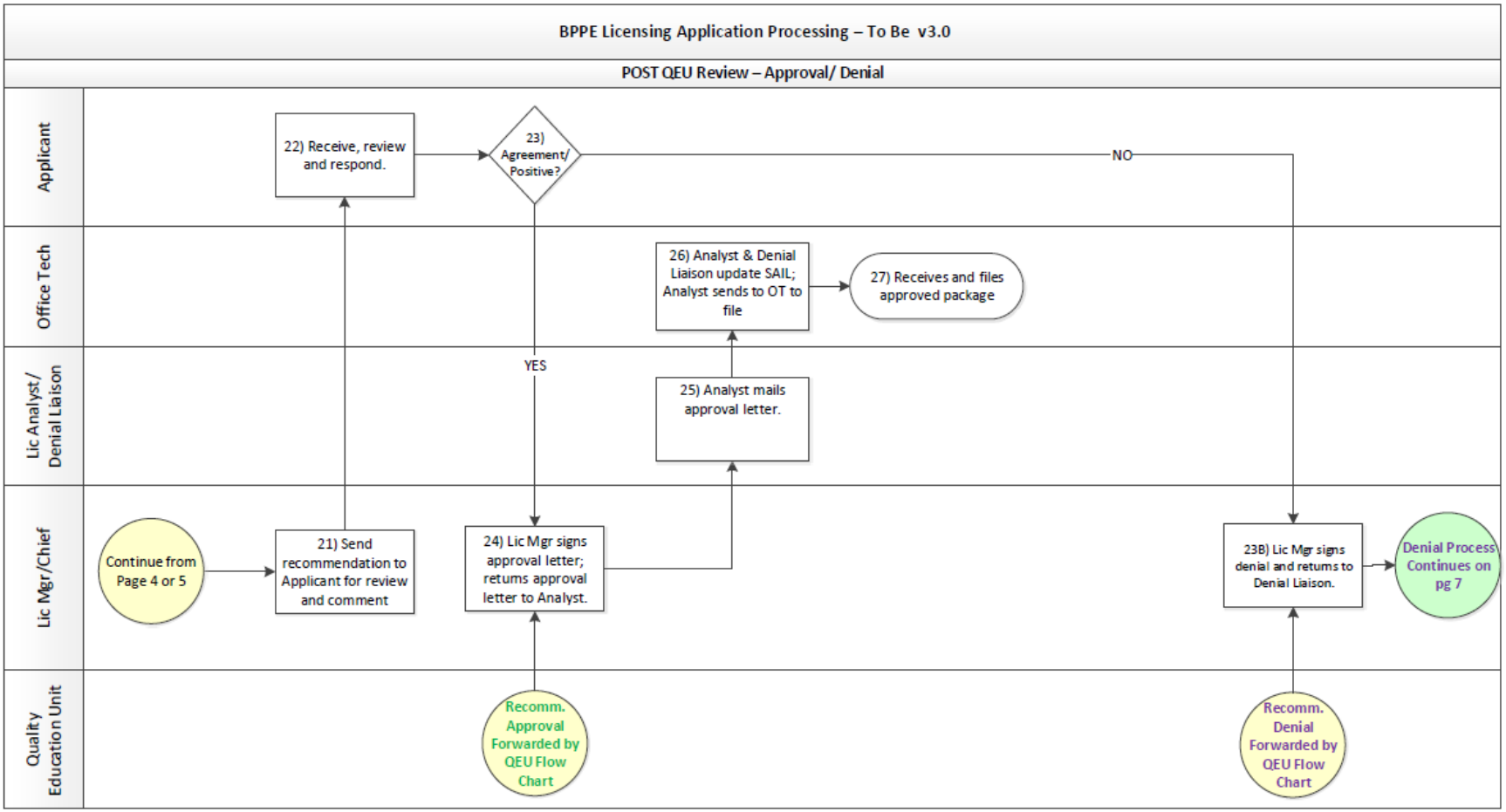



BPPE Licensing Application Processing – To Be v3.0
Licensing Manager Completeness Review of Non-Accredited Renewal Applications
Applicant
Lic Analyst/ Denial Liaison
Lic Mgr/Chief
Pre-Review - Continued from page 1
6b) Reviewed to see if application is complete and applicant current on fees and annual reports ("approvable")(3).
6c) Approvable?
YES
Non-Accredited Application – Continues on page 1
NO
6d) Direct response letter to applicant advising they are currently "non-renewable." Specify deficiencies and remaining time for renewal.
6e) Respond?
YES
NO
6f) Wait until 6 months after expiration date and move to Closed Schools Unit.
Page 2 of 8

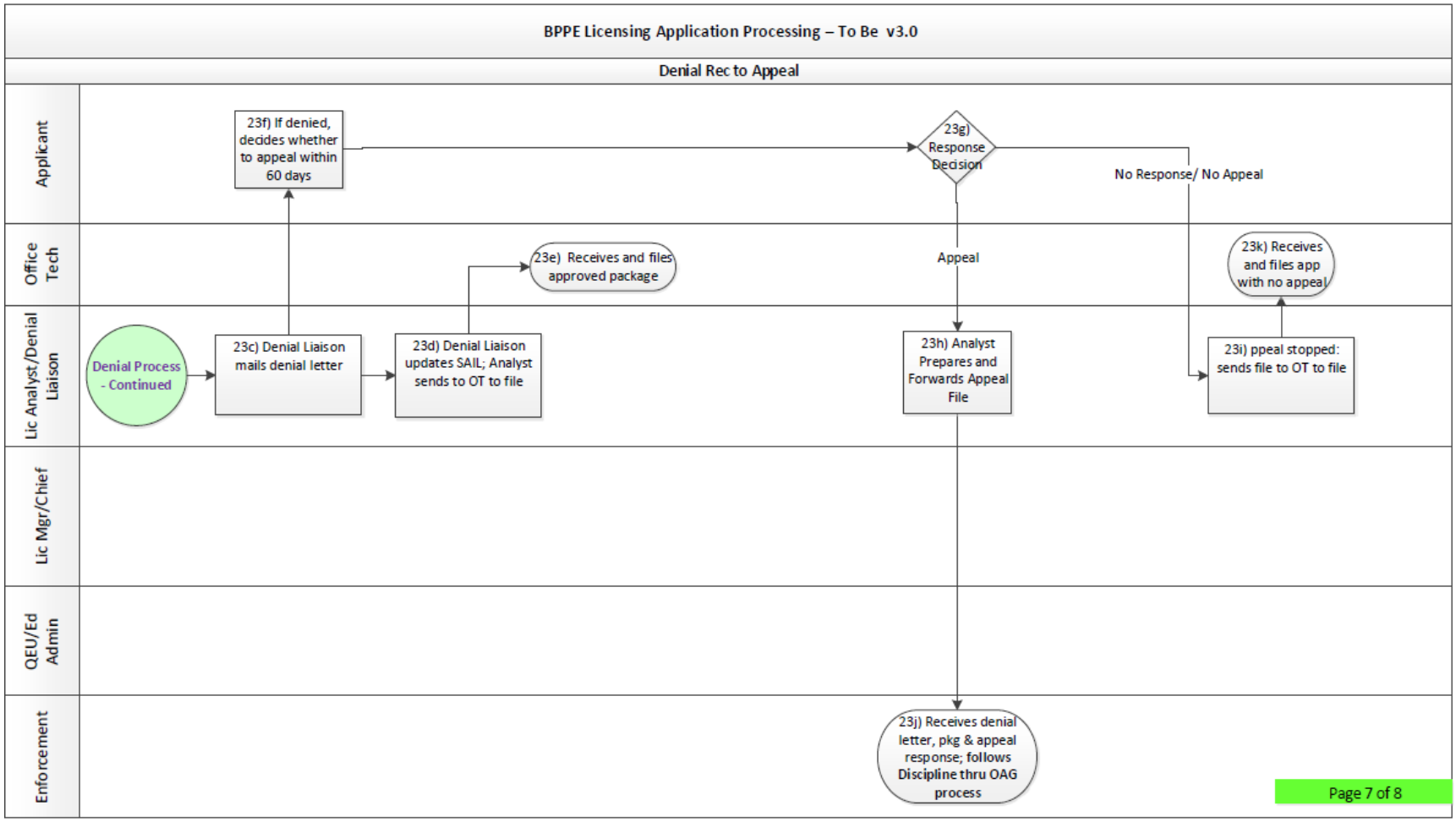

BPPE Licensing Application Processing – To Be v3.0
Receipt and Distribution of License Applications
Office Tech
AGPA
Quality of Education Unit
Continued from page 1
10) Applications sorted by type
10b) Non-Accredited Approval to Operate or renewal
11) Filed in Central Records to hold for processing.
Continued NON-Accredited, page 5
10c) Accredited Renewal or Approval to Operate
10d) Accredited change of name, location, business org. Addition of separate branch
10e) Accredited – Change in Method or Ed Objectives
Accredited Application Processing by SSA– page 4
10f) Non-Accredited and NOT appvd by other gov't agency - – Change in Method or Ed Objectives
Immediately transfer to Quality Education Unit Office Technician – See pg. 1 of QEU process flow
10g) Non-Accredited Change of name, location, business org. Addition of separate branch
10h) Non-Accredited and appvd by other gov't agency - – Change in Method or Ed Objectives
10i) Application for Verification of Exempt Status
Non-Accredited and Exemption Processing by AGPA on page 4
Page 3 of 8


BPPE Licensing Application Processing – To Be v3.0
Licensing Analyst Renewal and Change Apps to 1st Deficiency/ Chief NA Pre-Review
AGPA – Licensing/ Denial Analyst
Applicant
SSA – Licensing Analyst
Non-Accredited Change and Exemption Processing by AGPA – from page 2
11p) Check database for Red Flag issues and note any found.
11q) Meet requirements?
YES
NO
11t) Require QEU Review?
NO
YES
11v) Makes approval recommendation.
Continue Approval Process – Page 6
11w) Forward to QEU with Approval Recommendation.
11o) Review for issues relative to specific application type. These applications could include an Non-Accredited change of name, location or business organization, addition of a branch or change in method of educational objectives. Could also include Verification of Exempt Status. Analyst uses worksheet to ensure required documents, information or back-up is present.
11r) Prepare Letter of Deficiency. Schedule and conduct on-line meeting regarding deficiencies. Following meeting send notice to Designated Points of Contact (DPOC)[3]. Create tracking regarding 30-day response.
11u) Issues Resolved?
11x) Forward to QEU with denial recommendation
NO
11s) Applicant Receives 1st Deficienty Letter. Considers/ prepares response.
Accredited Application Processing by SSA – from page 2
11j) Review for issues relative to specific application type. These applications could include an Accredited Institution renewal, a change of name, location or business organization, or change in method of educational objectives. Analyst uses worksheet to ensure required documents, information or back-up is present.
11k) Check database for Red Flag issues and note any found.
11L) Meet requirements?
YES
NO
11m) Makes approval recommendation.
Continue Approval Process – Page 6
11n) Makes denial recommendation.
Denial Process – Continued on Page 7
Routed to QEU for review. QEU flow chart.
Page 4 of 8


BPPE Licensing Application Processing – To Be v3.0
Licensing Analyst NA App to 1st Deficiency/ Approval Recommendation
Applicant
Lic Analyst/Denial Liaison
Lic Mgr/Chief
QEU/Ed Admin
CAUTION: Need to make sure that over-assignment does not occur so that processing time is NEVER delayed by excess assignment. Ideally AGPA should 'pull' apps and monitor own speed of processing and elimination of waiting for response!
15c) Analyze Audited or Reviewed Financial Statement with worksheet, and check fees paid.
YES
14) Green Flag(6)?
No
15b) Evaluate and implement Full Licensing Review, as required. Catalog, Web Page and SPFS may be omitted if performed by Annual Reports within the past year. Review will then focus on Audited Financial Report and Enrollment Agreement.
YES
13) Renewal?
No
15a) Complete full licensing review including Catalog, Web Page, Financials, Performance Fact Sheets and all application detail.
Continued NON-Accredited, from page 3
12) Chief reviews pending files and assigns priority processing based on Bureau Chief input.
16) Meet Standards?
NO
YES
16b) Prepare Letter of Deficiency. Schedule and conduct on-line meeting regarding deficiencies. Following meeting send notice to Designated Points of Contact (DPOC)(3). Create tracking regarding 30-day response.
16c) Receives 1st def letter, prepares/ returns response within 30 days
16d) Response within 30 days?
Yes
NO
New apps to denial. Renewal apps move to Closed Schools Unit.
16e) Reviews and approves or denies
16f) Approved?
NO
YES
16g) Drafts denial letter. Forwards to QEU.
16h)Drafts approval letter. Forwards to QEU.
17) Makes approval recommendation
18) Curriculum approved by other state agency?
YES
NO
Continue Approval Process, Page 6.
19) N-A Degree granting renewal?
NO
YES
20) QC Review by Manger.
Routed to QEU for review. See QEU flow chart
Page 5 of 8


BPPE Licensing Application Processing – To Be v3.0
POST QEU Review – Approval/ Denial
Applicant
Office Tech
Lic Analyst/ Denial Liaison
Lic Mgr/Chief
Quality Education Unit
22) Receive, review and respond.
23) Agreement/ Positive?
NO
26) Analyst & Denial Liaison update SAIL; Analyst sends to OT to file
27) Receives and files approved package
YES
25) Analyst mails approval letter.
Continue from Page 4 or 5
21) Send recommendation to Applicant for review and comment
24) Lic Mgr signs approval letter; returns approval letter to Analyst.
23B) Lic Mgr signs denial and returns to Denial Liaison.
Denial Process Continues on pg 7
Recomm. Approval Forwarded by QEU Flow Chart
Recomm. Denial Forwarded by QEU Flow Chart

Page 6 of 8


BPPE Licensing Application Processing – To Be v3.0
Denial Rec to Appeal
Applicant
Office Tech
Lic Analyst/Denial Liaison
Lic Mgr/Chief
QEU/Ed Admin
Enforcement
23f) If denied, decides whether to appeal within 60 days
23g) Response Decision
No Response/ No Appeal
23e) Receives and files approved package
Appeal
23k) Receives and files app with no appeal
Denial Process - Continued
23c) Denial Liaison mails denial letter
23d) Denial Liaison updates SAIL; Analyst sends to OT to file
23h) Analyst Prepares and Forwards Appeal File
23i) ppeal stopped: sends file to OT to file
23j) Receives denial letter, pkg & appeal response; follows Discipline thru OAG process
Page 7 of 8

BPPE Licensing Application Processing – To Be v3.0 3/31/15

FOOTNOTES:

(1) - Licensing is now doing monthly New/ Renewal Orientation sessions.
(2) – Completeness review includes checking if application forms are complete and signed and if all required documents are attached for that kind of application. For new or renewal primary document types would be Catalog, Enrollment Agreement, and Financials. A checklist is completed for each type of application.
(3) - Defined Point of Contact (DPOC) notice assumes email and scanned copy of letter immediately to the Institution Contact Person designated on that application, and a call if possible to confirm the action. This is designed to reduce the process turn-around time, improve the quality of communication, and reduce work time for each action. Additional hard copies should also be mailed to: a) School; b) Owner home; c) Institution Contact Person. These actions are to ensure notification.
(4) – Implies a need to track or close out after a defined period of time, and to take action if no response. Also to notify Compliance Inspection of abandoned applications.
(5) – Long term goal must be to obtain legal and political approval of electronic response only. This will greatly simplify the process and improve timeliness.
(6) – Green Flag would be conferred if: Compliance Inspection in the past 2.5 years with all issues "cleared"; Current on all fees; Submitted all annual required annual reports; No complaint serious enough to result in closure. For those who meet this criteria the Licensing Renewal will be limited to review of the audited financial statement only.
(7) –Site Visit or In Person visit process clarification follows:

OTHER NOTES:

The primary means of adopting LEAN process and improving efficiency and effectiveness is to move to real time processing and avoiding wait time. This includes ensuring that analysts are not "over-assigned" work since that will divert their attention from necessary follow-ups and most timely actions. It will also result is a greater need to re-review case facts which actually increases processing time. Other LEAN strategies include:

- Emphasize supply management. This is done by increasing the quality of the incoming applications. BPPE has incorporated monthly pre-application training sessions that should be available both as in-person training and by webinar.
- Reduce response times for letters of deficiency by scheduling a phone conference call at the time of completion of each such letter. Standardize the Defined Point of Contact process, noted at (3).
- Through supply management, better completeness review, and electronic and telephonic communication, BPPE will be able to implement a uniform policy of only two letters of deficiency in each licensing review.
- Avoiding over-assignment, the use of electronic and phone communications, and a reduction to no more than two letters of deficiency will come as close as is possible to Lean "one piece flow," which will reduce processing time and staff time in review.
- Use of a "Green Flag" designation for good actors (see (6)) will allow express renewal for good actors, and will reduce the staff time necessary for a large body of work. This will be supported through an enhanced annual report review process.
- The tracking of all abandoned applications by Compliance Inspection and/or the Closed Schools Unit will ensure appropriate follow-up actions.
- The use of bi-weekly 30-minute "stand up" review meetings, by each SSM-1 and reporting analysts, will ensure most timely follow ups and will enhance one piece flow. This will reduce processing time and staff time in review.

Page 8 of 8

Quality Education Unit

Staffing and Workload Analysis:

The Quality of Education unit (QEU), working closely with the Licensing Unit, reviews compliance of new or renewal applications for non-accredited institutions, and changes to educational objectives or instructional methods by non-accredited institutions. The department is headed by Dr. Benjamin Walker, Education Administrator, consists of 7 authorized positions – 1 Education Administrator (Ed. Admin.), 3 Senior Education Specialists (Sr.ES), and 3 Education Specialists (ES). As of January 1, 2015, the unit was staffed with 1 Ed. Admin., 3 Sr.ES, and 1 ES (LT exp. 6-30-16) and had two ES vacancies (1 permanent and 1 LT exp. 6-30-16). In addition, the Bureau is using blanket funds to supplement staffing with an additional OT to assist in the workload.

Workload Estimations/Staffing Recommendations

The number of staffing needed in the future was calculated based on the "As Is" process. The recommended changes to staffing levels for the next two years to catch up on the applications along with the recommended number of employees to maintain current status once the backlog has been addressed is presented in Table Q-1. The recommendation is to add one OT, fill the vacant permanent Education Specialist and make one of the two Limited Term positions permanent, while letting the other one expire unfilled. After this two year catch up period, it is recommended to let natural attrition reduce the staff to the recommended number of staff needed for the maintenance of current status.

Table Q-1: Licensing Staffing Recommendations

Classification:	Office Technician	Education Specialist/ Sr. Education Specialist	Education Administrator	TOTAL PY
Recommended Number of PY Needed to catch up	**1**	**5**	**1**	**7**
Total Allocated Staffing: Perm/*Limited Term*	0	6	1	7*
Permanent Filled	0	3	1	
Limited Term Filled	0	1	0	
Permanent *(Vacant)*		**1**		
Limited Term *(Vacant)*		**1**		
Net Change in staff to catch up:	**+1**	**-1**	**+0**	**+0**
Vacant positions to be filled	0	**1**	0	1
Additional authorized positions needed	**1**	**0**	**0**	**1**
Number of PY Needed after caught up	1	3	1	5

*Recommendations include the elimination of 1 currently allocated Limited Term ES position – letting it expire unfilled but adding one OT position, resulting in the same total allocated 7 PY.

Changes in Process

At the onset of this analysis, the Quality of Education Unit (QEU) process was built into the Licensing process at a minimal level. Areas of concern within the "As Is" process include the inclusion of steps

requiring review by an Education Administrator – which was unfilled- and the lack of specificity in the overall process resulting in the same process for all application types regardless of outcome. The step requiring a site visit caused notable delay in the processing time, but at the time of initial review – there was no specific criteria defining which applications required a site visit and whether a visiting committee was required during the site visit. Additionally, there was notable re-review occurring as the QEU completed their review and passed it back to the Licensing Unit for completion.

The QEU has implemented many changes during the course of the three phases of our analysis to address these issues. With the addition of an Education Administrator to manage the QEU and the differentiation between Senior Education Specialists and Education Specialists, the unit is able to have reporting relationships and lead/management assistance internally with others who are involved and knowledgeable in the specific focus of the Quality Education Unit. The processes have also been more clearly defined to differentiate the needed actions based on application type and outcome, as can be seen in the "To Be" process at the end of this section. This includes a newly defined set of criteria specifying the difference between a site visit requiring a Visiting Committee for Renewals and an Application Meeting on site to provide guidance on Change apps and what criteria elicits each type of visit. The differentiation between processes ties directly to the LEAN process concept of One Piece Flow by allowing the QEU to start/finish Change apps as well as select Renewal applications without sending it back to Licensing where the analyst would need to become reacquainted with the process through re-review before completing the process. The newly defined processes result in more autonomous work within the QEU, less passing between units, and a decrease in work for the Licensing Unit.

Additional QEU Process Recommendations

A primary focus of the process re-engineering is to streamline the process to increase efficiency and to optimize staff time. The following list of recommendations are presented for consideration to assist the QEU in maximizing their time while minimizing process time.

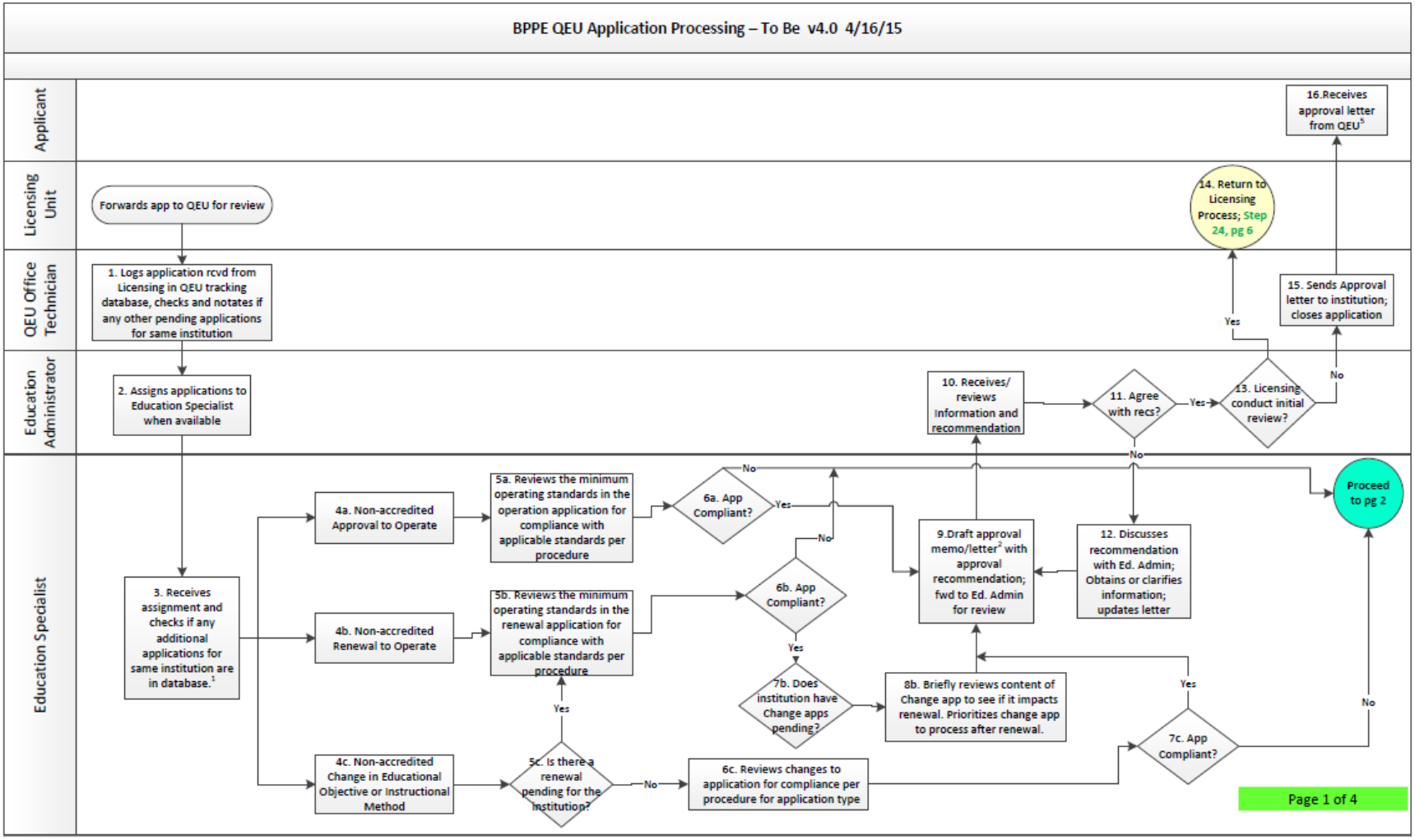
- Further evaluate the use of onsite visits:
    - Application Meetings are designed to assist the institutions in meeting compliance by providing information and coaching. In order to minimize the need for application meetings, a new field can be added at the top of the Change application requiring the applicant to view an informational webcast (to be developed) covering the requirements of a change application. This webcast can cover concerns that could potentially trigger an Application Meeting, but could be avoided with the appropriate knowledge ahead of time[14].
    - Visiting Committee site visits are conducted when subject matter expertise is required to determine if an institution's renewal should be granted. This process currently takes months due to the need to identify, obtain approval, and schedule members of the Visiting Committee, and allowing time for the institution to review the Visiting Committee's evaluation. Due to the delay resulting from the lengthy Visiting Committee selection process, the QEU can consider 1) granting a temporary approval with the Visiting Committee conducting a secondary review; and/or 2) have a list of potential Visiting Committee members with their expertise that are pre-approved for certain

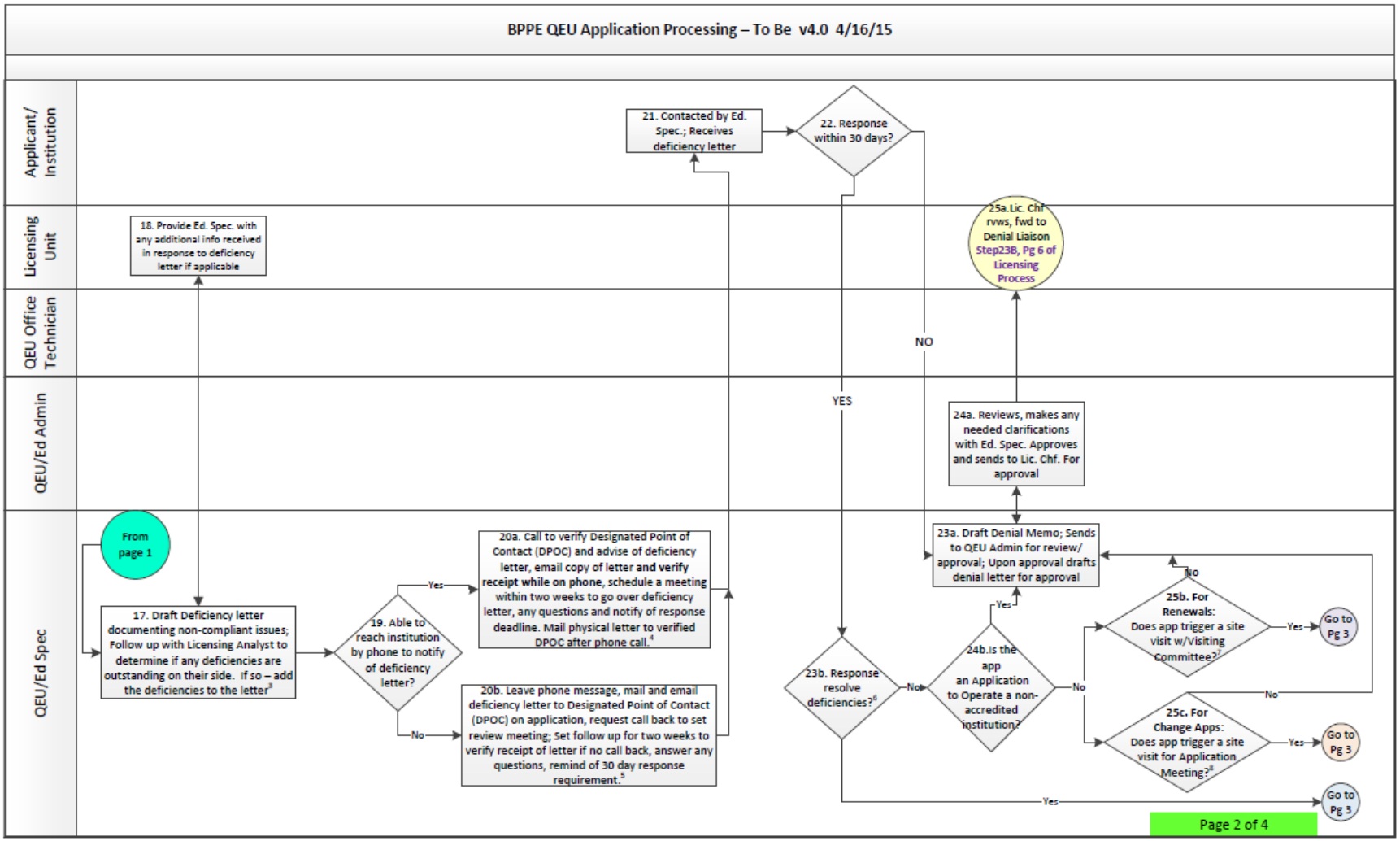
[14] This webcast is designed to address those issues that can be corrected/instructed from afar. It does not include any concerns that need to be addressed on site due to the nature of the issues.

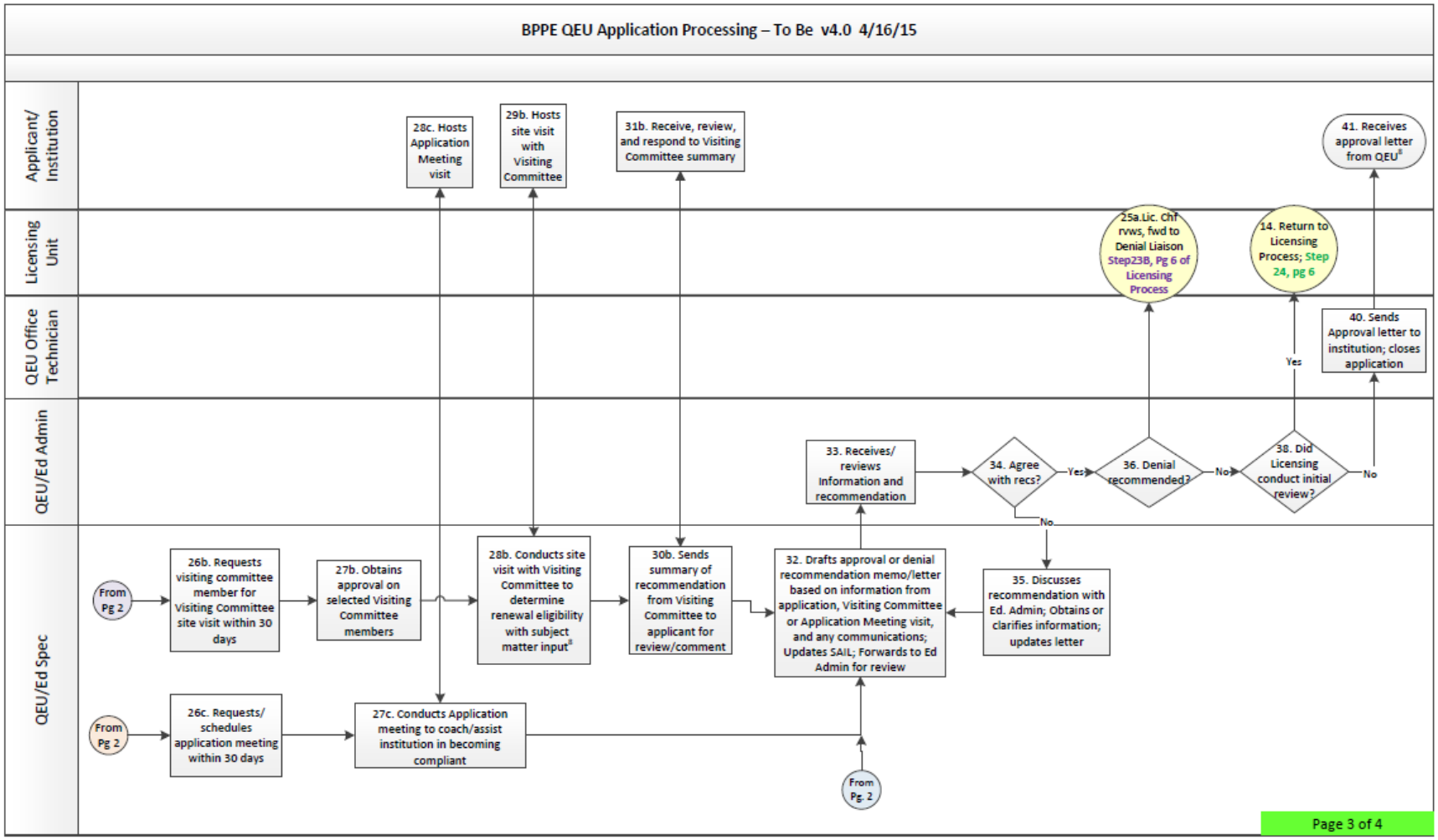
reviews so only the schedule needs to be coordinated if the need for a Visiting Committee arises. Increase institution awareness of requirements, frequently asked questions through the creation of webcasts or informational materials that can be referenced or required reading/viewing with the application. The applications themselves can reference the webcasts/instructional videos to view based on the application type or change type.

- Reduce the time for processing deficiencies by calling the Designated Point of Contact at the time the deficiency letter is drafted. Currently, the Education Specialist will call to notify a letter is on the way, but it is recommended that upon contact, the ES email a copy of the letter, verify receipt while on the phone, and schedule a meeting within two weeks to go over the requirements once the applicant has had a chance to review the required materials. This will assist the applicant in understanding what is needed, provide a deadline to the applicant to avoid long wait times, and result in quicker processing and less need for re-reviewing materials for the Education Specialists.
- Implement a system of tracking workload to utilize the LEAN principle of Supply Management, ensuring staff only have what is reasonably processable at the same time. This will assist in the reduction of re-review due to juggling too many applications. It will also allow the next available Education Specialist to receive the next application in the queue, reducing the possibility of it sitting on a desk awaiting action when time permits.

QUE "To Be" Process Flow Chart




BPPE QEU Application Processing – To Be v4.0 4/16/15
Applicant/ Institution
Licensing Unit
QEU Office Technician
QEU/Ed Admin
QEU/Ed Spec
From page 1
17. Draft Deficiency letter documenting non-compliant issues; Follow up with Licensing Analyst to determine if any deficiencies are outstanding on their side. If so – add the deficiencies to the letter[5]
18. Provide Ed. Spec. with any additional info received in response to deficiency letter if applicable
19. Able to reach institution by phone to notify of deficiency letter?
Yes
No
20a. Call to verify Designated Point of Contact (DPOC) and advise of deficiency letter, email copy of letter and verify receipt while on phone, schedule a meeting within two weeks to go over deficiency letter, any questions and notify of response deadline. Mail physical letter to verified DPOC after phone call.[4]
20b. Leave phone message, mail and email deficiency letter to Designated Point of Contact (DPOC) on application, request call back to set review meeting; Set follow up for two weeks to verify receipt of letter if no call back, answer any questions, remind of 30 day response requirement.[5]
21. Contacted by Ed. Spec.; Receives deficiency letter
22. Response within 30 days?
YES
NO
23b. Response resolve deficiencies?[6]
Yes
No
24b.Is the app an Application to Operate a non-accredited institution?
Yes
No
23a. Draft Denial Memo; Sends to QEU Admin for review/ approval; Upon approval drafts denial letter for approval
24a. Reviews, makes any needed clarifications with Ed. Spec. Approves and sends to Lic. Chf. For approval
25a.Lic. Chf rvws, fwd to Denial Liaison Step23B, Pg 6 of Licensing Process
25b. For Renewals: Does app trigger a site visit w/Visiting Committee?[7]
No
Yes
Go to Pg 3
25c. For Change Apps: Does app trigger a site visit for Application Meeting?[8]
No
Yes
Go to Pg 3
Yes
Go to Pg 3
Page 2 of 4


BPPE QEU Application Processing – To Be v4.0 4/16/15
Applicant/ Institution
Licensing Unit
QEU Office Technician
QEU/Ed Admin
QEU/Ed Spec
28c. Hosts Application Meeting visit
29b. Hosts site visit with Visiting Committee
31b. Receive, review, and respond to Visiting Committee summary
41. Receives approval letter from QEU
25a.Lic. Chf rvws, fwd to Denial Liaison Step23B, Pg 6 of Licensing Process
14. Return to Licensing Process; Step 24, pg 6
40. Sends Approval letter to institution; closes application
Yes
33. Receives/ reviews Information and recommendation
34. Agree with recs?
Yes
36. Denial recommended?
No
38. Did Licensing conduct initial review?
No
No
From Pg 2
26b. Requests visiting committee member for Visiting Committee site visit within 30 days
27b. Obtains approval on selected Visiting Committee members
28b. Conducts site visit with Visiting Committee to determine renewal eligibility with subject matter input
30b. Sends summary of recommendation from Visiting Committee to applicant for review/comment
32. Drafts approval or denial recommendation memo/letter based on information from application, Visiting Committee or Application Meeting visit, and any communications; Updates SAIL; Forwards to Ed Admin for review
35. Discusses recommendation with Ed. Admin; Obtains or clarifies information; updates letter
From Pg 2
26c. Requests/ schedules application meeting within 30 days
27c. Conducts Application meeting to coach/assist institution in becoming compliant
From Pg. 2
Page 3 of 4

BPPE QEU Application Processing – To Be v4.0 4/16/15

FOOTNOTES:

(1) – There may be a notable amount of time from when the OT enters the application into the QEU database and when it is assigned. The Education Specialist needs to verify that no additional applications for the institution have come in during this time.
(2) – If the application was initially reviewed by Licensing, QEU will prepare a memo letter with their recommendation and forward back to Licensing; If QEU conducted the initial review, they will draft an approval letter to mail directly to the applicant once approved.
(3) – This is the final deficiency letter for the application – if Licensing started the process and had already sent a deficiency letter – this would be the second deficiency letter.
(4) – The purpose of calling/scheduling a meeting with the institution is to try and remedy any smaller deficiencies over the phone or via email, and to explain what is missing/needed on larger deficiencies to clarify any confusion the institution may have. This is designed to reduce the process turn-around time, improve the quality of communication, and reduce work time for each action.
(5) – The Education Specialist will resend the deficiency letter up to one time, resetting the 30 day response timeframe, only if just cause is provided (they never received it due to incorrect email, sent to the wrong person)
(6) – If the institution shows good faith efforts to come into compliance – the Education Specialist will work with them beyond the first QEU deficiency letter to bring them to compliance. Education Specialists are trained and granted authority to recognize what is a reasonable effort to enact further assistance.
7) – A site visit with a Visiting Committee CAN be triggered by a renewal application with a number of substantial changes since last approval (change in ownership, name, location, method of delivery), if there are a number of complaints concerning the quality of the education, the presence of issues or concerns or non-compliant inspections. Each potential visit is assessed on a case by case basis.
8) – A site visit to conduct an Application Meeting CAN be triggered on Educational or Instructional Method change applications with a number of substantive changes that alter the makeup of the initially approved institution, if there are more than 2 degree programs, if the integrity of an educational program is in question, the value the education offers the students. Each potential visit is assessed on a case by case basis.
7) – The process of identifying, gaining approval, and conducting the Visiting Committee site visit can take 4 to 5 months, delaying the processing of the application.
(8) – The Licensing Unit needs to review, approve, and finish processing ALL applications in which QEU recommended a denial and the non-accredited Operation applications. If the Licensing Unit did the initial review on a non-accredited Renewal application before it was forwarded to QEU for program/ method review – then it goes back to Licensing at the end to finalize once QEU makes their recommendation. QEU will send the approval letter for all Change of Educational Objective and Change of Instructional Method in addition to any non-accredited Renewals that QEU processed before Licensing was able to process it.

OTHER NOTES:

- The primary means of adopting LEAN process and improving efficiency and effectiveness is to move to real time processing and avoiding wait time.
- The process for selecting Visiting Committee members and scheduling the associated site visit should be examined to identify potential ways to streamline the process. The lengthy process delays the renewal application processing when applicable, and any change apps that are awaiting completion of that renewal application. Given the difficulty and time, these should be used only in extraordinary circumstances. Alternately, a tentative approval should be granted and Visiting Committee a secondary review.

Page 4 of 4

Compliance

Staffing and Workload Analysis:

The Compliance Unit is a part of the Enforcement Unit, headed by Yvette Johnson, SSM II, responsible for the conducting announced and unannounced compliance inspections every five years at each of the 1,879 monitored institutions, as mandated by SB1247 CEC 94932.5(a). The current staff consists of two SSM I's, ten AGPA's, two SSA positions, and two OT's, of which one SSA and two AGPA's are currently vacant.

Workload Estimations/Staffing Recommendations

Unique to the Compliance unit, staffing recommendations were based on establishing a routine schedule and having at least one inspection done at each institution within five years instead of two years. This **will not meet legislative requirements**, but is a better reflection of practical reality of addressing the large body of work in a fairly short period of time. Recommendations include time to conduct at least one inspection at each of the main, branch, and satellite institution sites within five years. Any time saved by the requirement that branches and satellites only require inspection if an issue is found during the main site inspection is counteracted by the fact that the projected staffing accounts for one or two inspections at each institution – depending on when the last inspection occurred. Once a routine schedule is established – each site will require one announced **and** one unannounced thus increasing the number of required inspections.

The recommended staffing is based on a potential schedule of inspections created for the purposes of a workload estimation[15] to catch up and maintain a routine schedule within five years. In order to meet this need, the Compliance Inspection Unit would need to request authorization for an additional SSM I, 8 AGPA, 1.5 SSA, and 2 OT positions in addition to filling the current vacancies for a total of 28.5 PY. Once the backlog has been addressed and a more routine rotation has been established, natural attrition can reduce the staff size to a recommended level of 22.5 PY.

Table C-1: Comparison of Existing and Recommended Staffing to catch up in 5 years

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 5 yrs.	**4**	**3.5**	**18**	**3**	**28.5**
Total Allocated Staffing: Perm/*Limited Term*	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent *(Vacant)*		**1**	**2**		
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+2**	**+2.5**	**+10**	**+1**	**+15.5**
Vacant positions to be filled		**1**	**2**		
Additional authorized positions needed	2	1.5	8	1	**+12.5**
Number of PY Needed after caught up	3	1.5	16	2	22.5

[15] The rules applied to assign inspection dates are described in the "Estimated Workload and Staffing Recommendation for "As-Is" Processes" report.

Changes in Process

As noted in our second report, the administrative procedure and protocol used for Compliance Inspection was re-written and standardized during 2014, and could not be considered as a stable process until September of that year. So the "To Be" process discussion bas been a continuation of the first establishment of an "As Is" process.

In addition it is recognized that the CI process of the future must be adaptive, because of the amount of backlogged work. Our second report identified 669 backlogged Compliance Inspections, compared to a current staff ability to complete about 250 Compliance Inspections a year. It is concluded there is a need to increase staffing (as noted in these reports), and in the short-term, to target Compliance Inspections to the highest risk targets.

The biggest proposed changes in Compliance Inspection then comes from the need to select its next review targets based on risk, and to specialize the work of CI within its unique role in on-site verification, and in talking face-to-face with students, faculty and school administration. This will be possible as part of the revised process framework for Annual Report Review, and Licensing Review.

The long-term hope is that annual financial reviews, the regular reporting of key data, and the on-going reviews of catalogs, web pages, School Performance Fact Sheets, and Enrollment Agreements will be completed by Annual Report Review and/or Licensing, and that only applicant legal status and on-site verification will need to be completed by CI. This will dramatically reduce the reported "As-Is" work requirements by largely eliminating desk review and moving CI work to on-site review. As a practical matter the desk review will shift to the Annual Reports unit, which presumably will obtain greater efficiency in that work through its specialization. Overall though, it can be expected that work will become current and that the level of protection to the public will increase.

The work of CI will benefit greatly through a standardized system of risk assessment, which will guide its review activities to those schools exhibiting greatest risk.

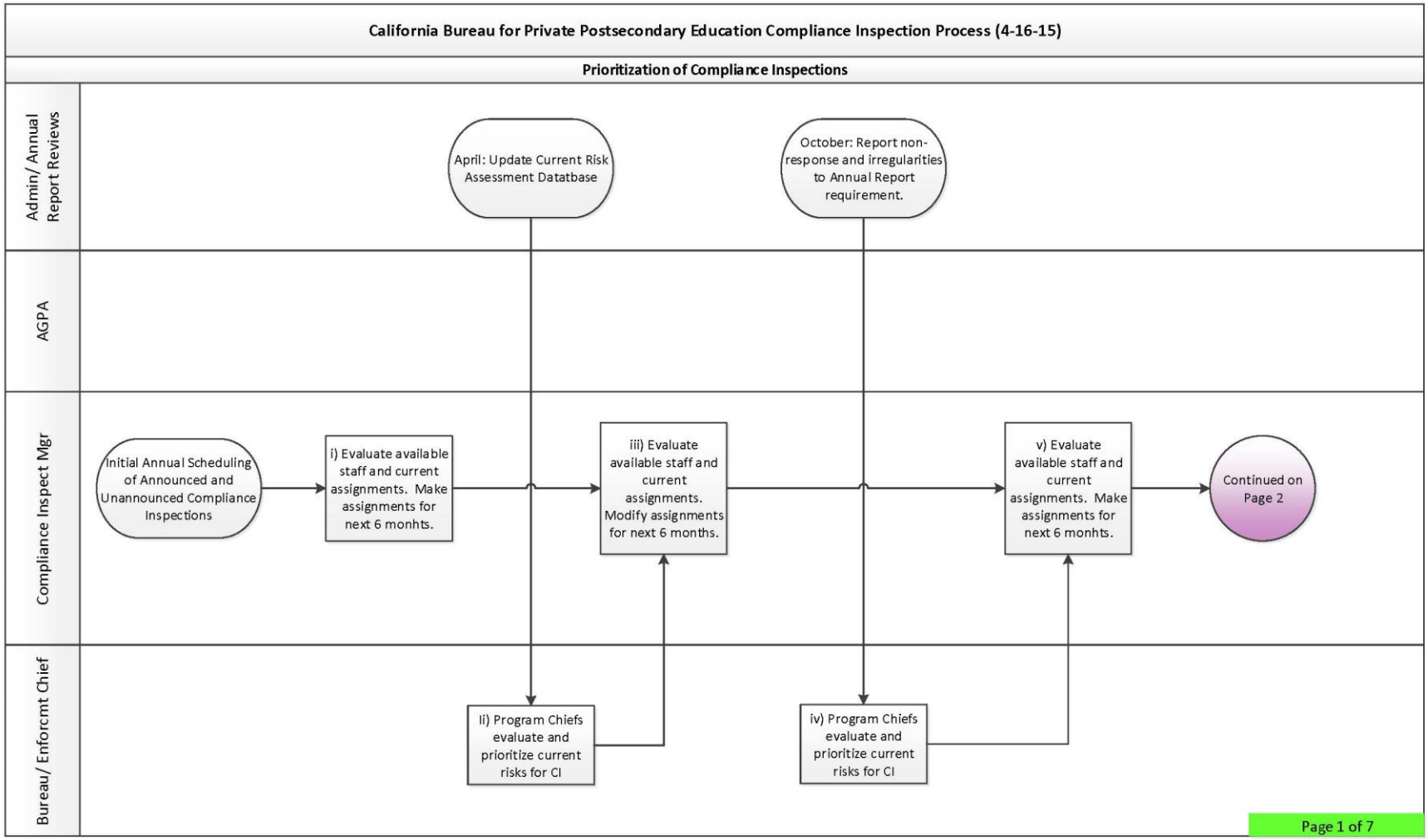
Recommended Process Changes

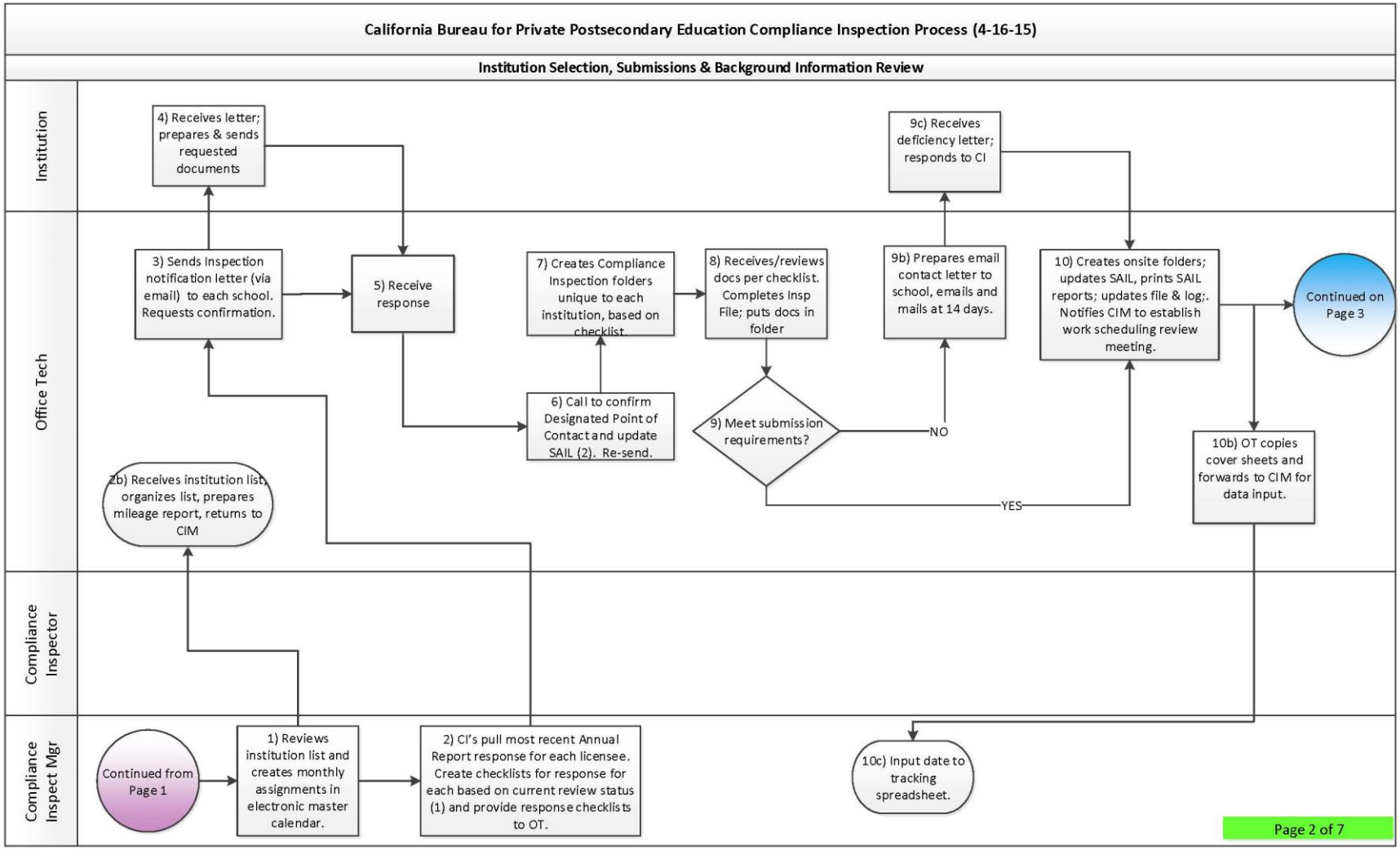
Throughout its process, CI must work towards a smooth and continuous flow of work, avoiding queues, physical movement of paper files and letters, and delays waiting for response. Management must do this in three ways: 1) Increased staffing; 2) Avoiding over-assignment to analysts while ensuring the most rapid actions on all assigned work through the regular use of bi-weekly "standing" work management meetings; 3) The use of in-person meetings and phone calls at all hand-offs, whether internally at BPPE or with the external "regulated" community.

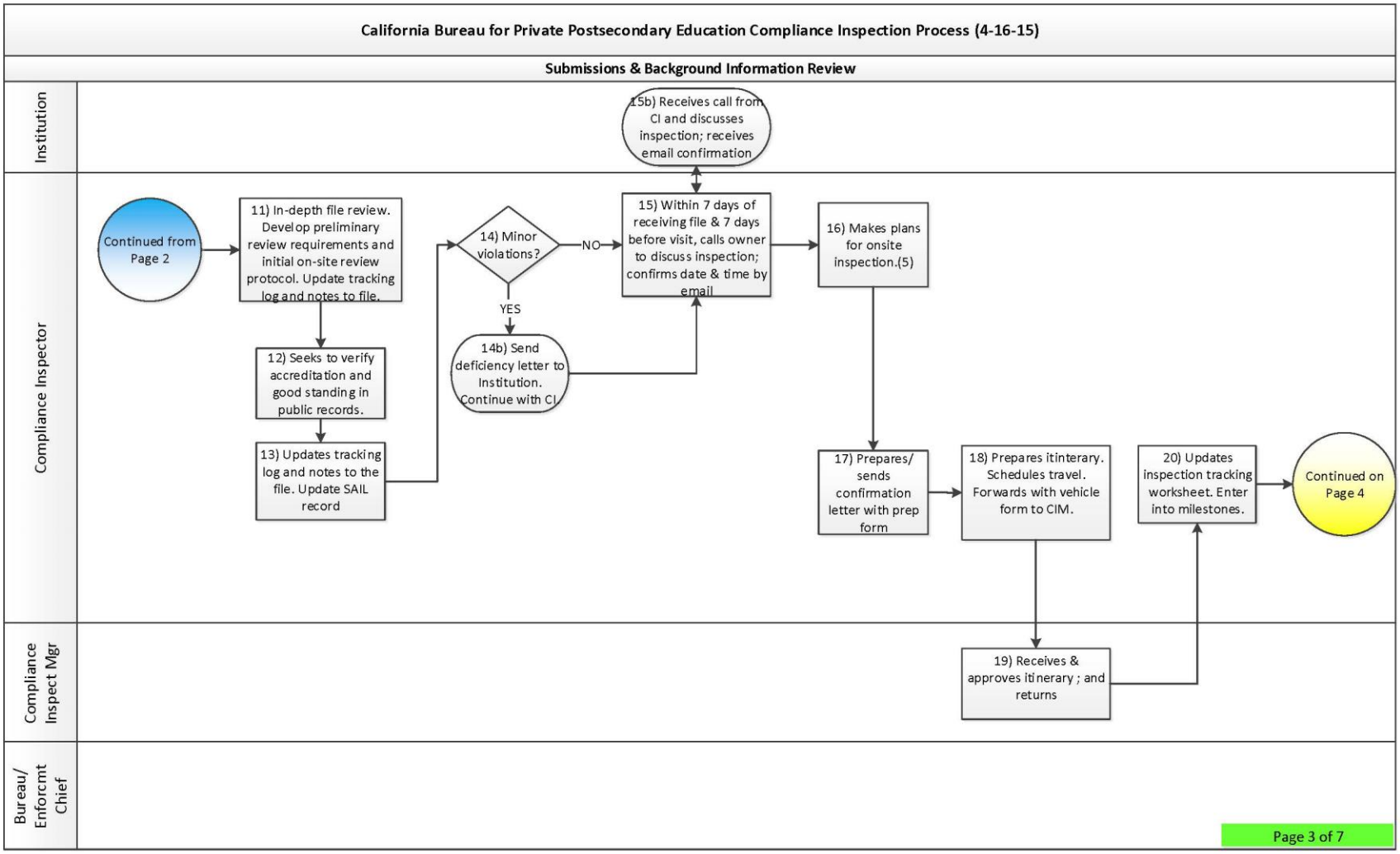
During the time of this review CI has started its "supply management" effort through use of twice monthly webinars, "How to Be in Compliance – Keeping Your License." This should be formalized and maintained, with regular feedback from participants on the training value, and allowing suggestions for future training modifications.

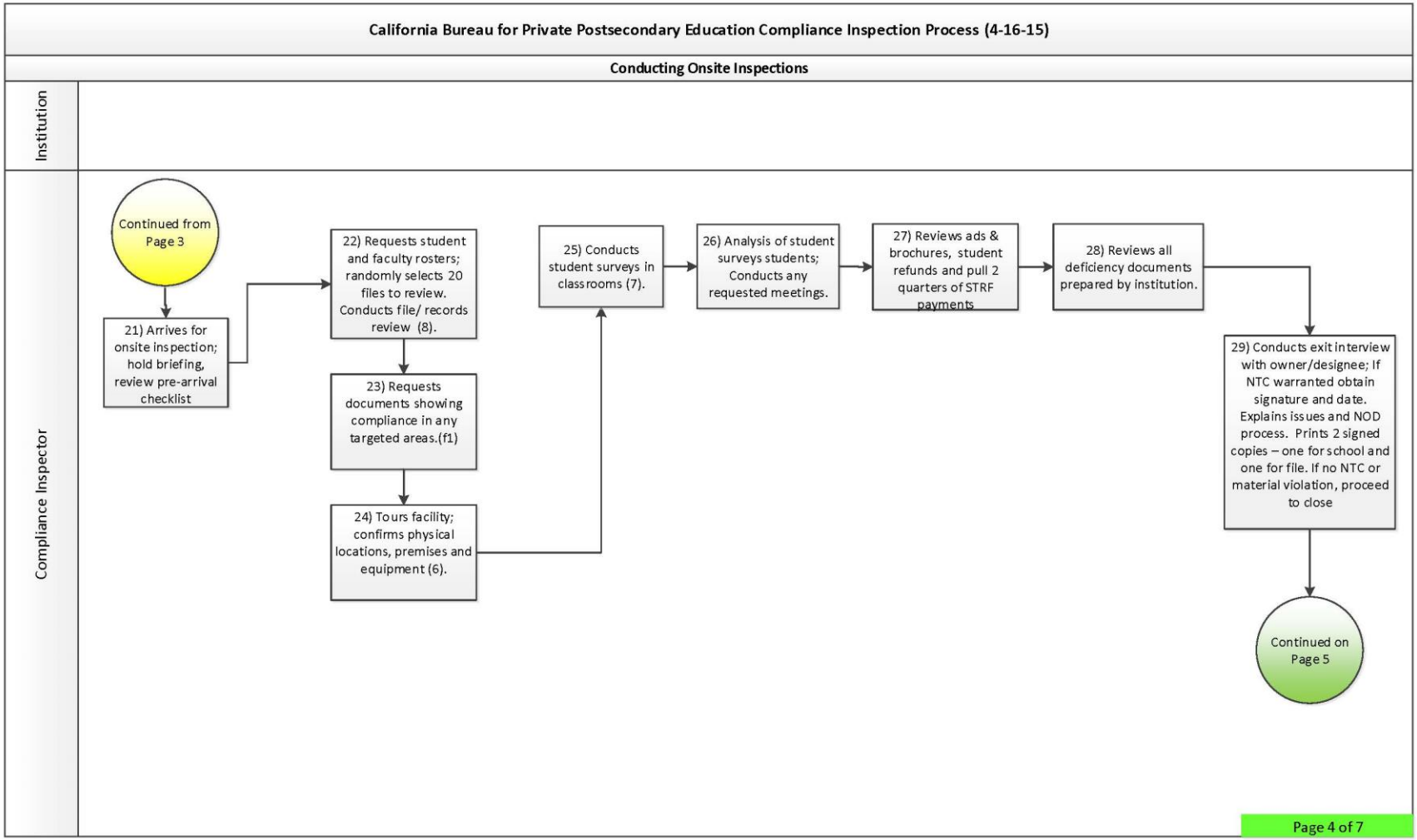
Our review also noted a management habit of having files routed for "signature", with the primary purpose being the simple tracking of work. Management has been advised that maintaining process flow should take precedence, and that unnecessary sign-offs serve as an unneeded source of delay. Tracking can be done through electronic reporting, and manager can check the status of case actions both through reports, and through "standing" work management meetings.

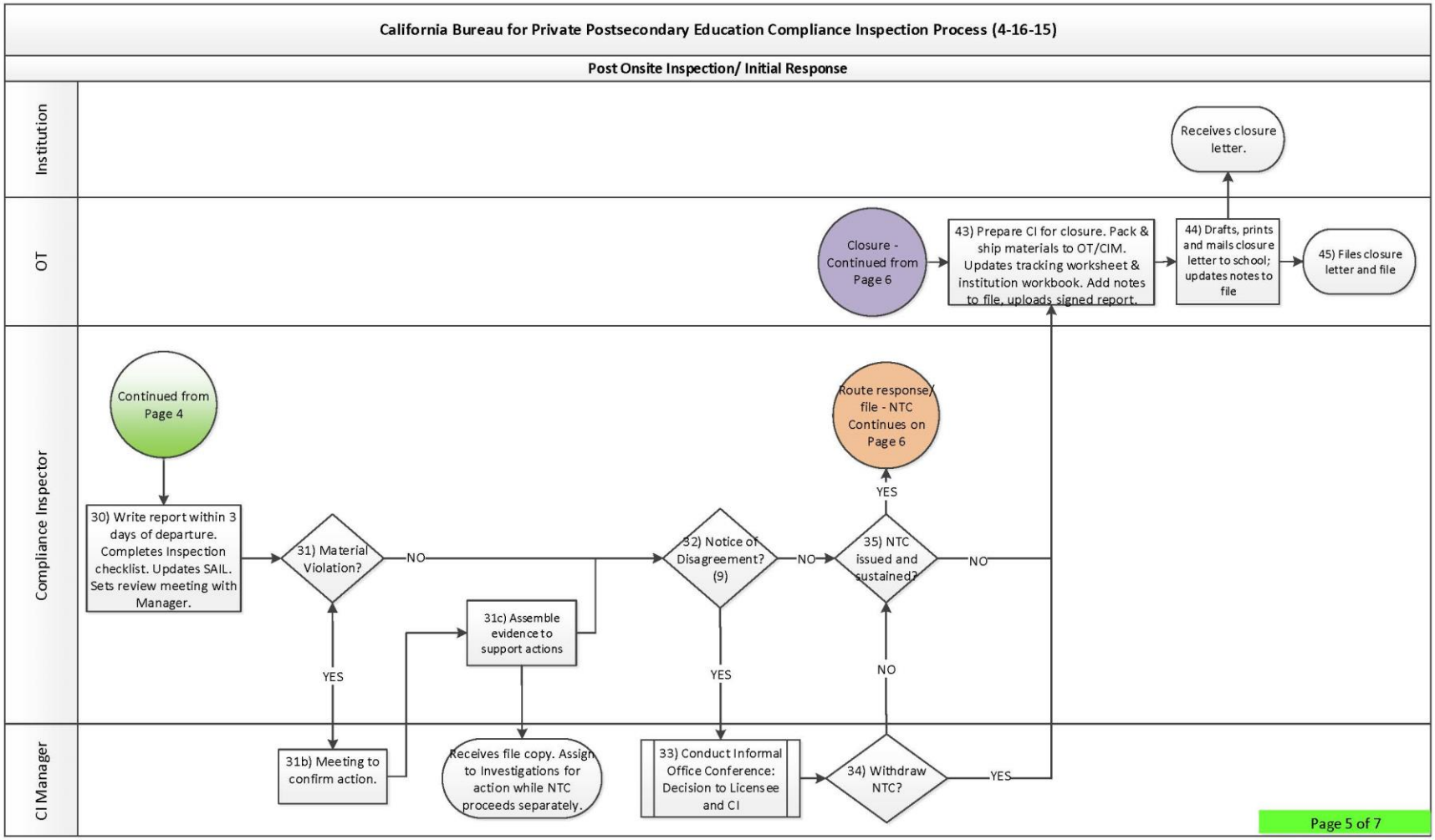
Compliance Inspection "To Be" Process Flow Chart

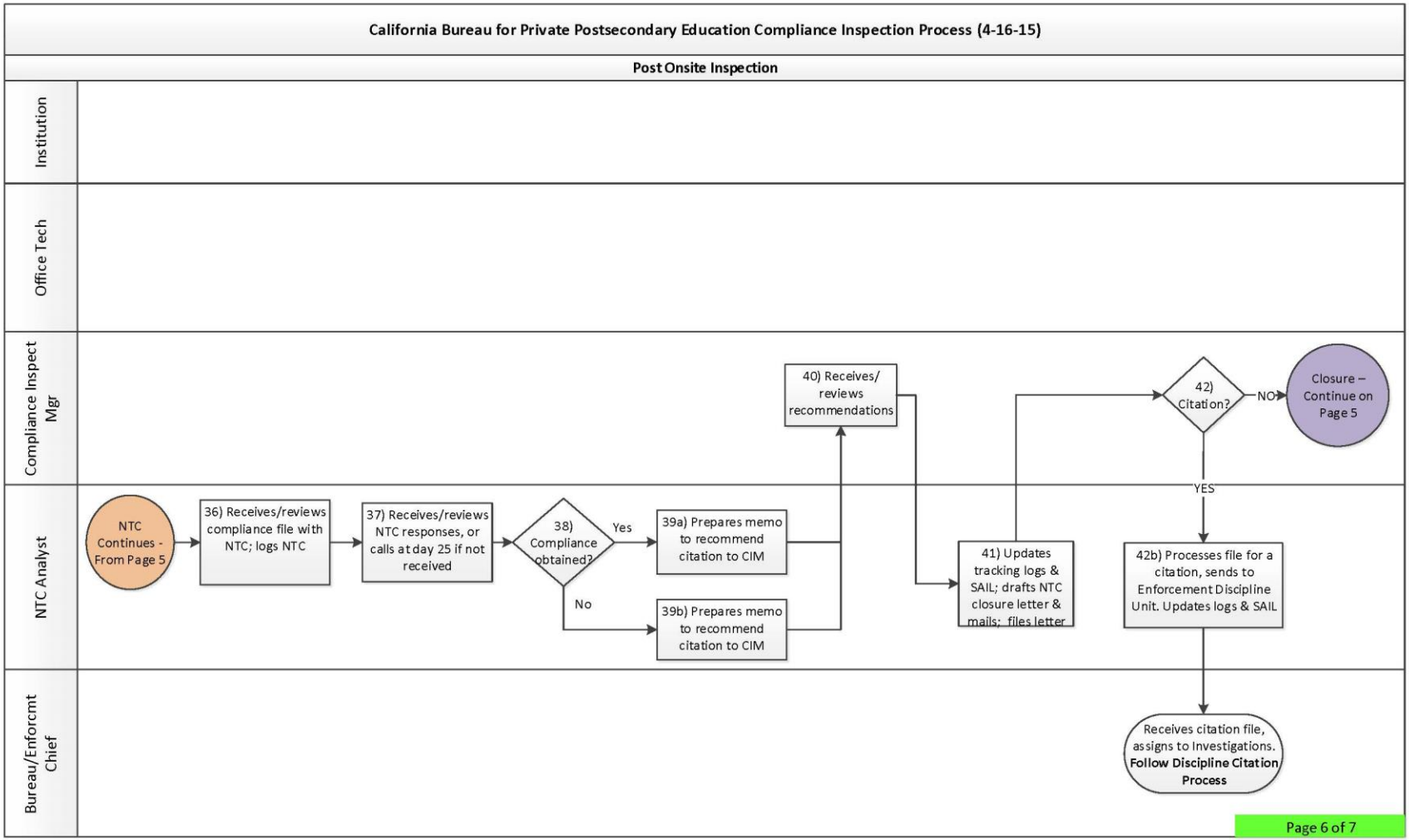



California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)
Institution Selection, Submissions & Background Information Review
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
4) Receives letter; prepares & sends requested documents
9c) Receives deficiency letter; responds to CI
3) Sends Inspection notification letter (via email) to each school. Requests confirmation.
5) Receive response
7) Creates Compliance Inspection folders unique to each institution, based on checklist.
8) Receives/reviews docs per checklist. Completes Insp File; puts docs in folder
9b) Prepares email contact letter to school, emails and mails at 14 days.
10) Creates onsite folders; updates SAIL, prints SAIL reports; updates file & log;. Notifies CIM to establish work scheduling review meeting.
Continued on Page 3
6) Call to confirm Designated Point of Contact and update SAIL (2). Re-send.
9) Meet submission requirements?
NO
YES
10b) OT copies cover sheets and forwards to CIM for data input.
2b) Receives institution list, organizes list, prepares mileage report, returns to CIM
Continued from Page 1
1) Reviews institution list and creates monthly assignments in electronic master calendar.
2) CI's pull most recent Annual Report response for each licensee. Create checklists for response for each based on current review status (1) and provide response checklists to OT.
10c) Input date to tracking spreadsheet.
Page 2 of 7


California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)
Submissions & Background Information Review
Institution
Compliance Inspector
Compliance Inspect Mgr
Bureau/ Enforcmt Chief
15b) Receives call from CI and discusses inspection; receives email confirmation
Continued from Page 2
11) In-depth file review. Develop preliminary review requirements and initial on-site review protocol. Update tracking log and notes to file.
12) Seeks to verify accreditation and good standing in public records.
13) Updates tracking log and notes to the file. Update SAIL record
14) Minor violations?
NO
YES
14b) Send deficiency letter to Institution. Continue with CI
15) Within 7 days of receiving file & 7 days before visit, calls owner to discuss inspection; confirms date & time by email
16) Makes plans for onsite inspection.(5)
17) Prepares/ sends confirmation letter with prep form
18) Prepares itinterary. Schedules travel. Forwards with vehicle form to CIM.
19) Receives & approves itinerary ; and returns
20) Updates inspection tracking worksheet. Enter into milestones.
Continued on Page 4
Page 3 of 7


California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)
Conducting Onsite Inspections
Institution
Compliance Inspector
Continued from Page 3
21) Arrives for onsite inspection; hold briefing, review pre-arrival checklist
22) Requests student and faculty rosters; randomly selects 20 files to review. Conducts file/ records review (8).
23) Requests documents showing compliance in any targeted areas.(f1)
24) Tours facility; confirms physical locations, premises and equipment (6).
25) Conducts student surveys in classrooms (7).
26) Analysis of student surveys students; Conducts any requested meetings.
27) Reviews ads & brochures, student refunds and pull 2 quarters of STRF payments
28) Reviews all deficiency documents prepared by institution.
29) Conducts exit interview with owner/designee; If NTC warranted obtain signature and date. Explains issues and NOD process. Prints 2 signed copies – one for school and one for file. If no NTC or material violation, proceed to close
Continued on Page 5
Page 4 of 7


California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)
Post Onsite Inspection/ Initial Response
Institution
OT
Compliance Inspector
CI Manager
Receives closure letter.
Closure - Continued from Page 6
43) Prepare CI for closure. Pack & ship materials to OT/CIM. Updates tracking worksheet & institution workbook. Add notes to file, uploads signed report.
44) Drafts, prints and mails closure letter to school; updates notes to file
45) Files closure letter and file
Continued from Page 4
30) Write report within 3 days of departure. Completes Inspection checklist. Updates SAIL. Sets review meeting with Manager.
31) Material Violation?
NO
YES
31b) Meeting to confirm action.
31c) Assemble evidence to support actions
Receives file copy. Assign to Investigations for action while NTC proceeds separately.
32) Notice of Disagreement? (9)
NO
YES
33) Conduct Informal Office Conference: Decision to Licensee and CI
35) NTC issued and sustained?
NO
YES
Route response/ file - NTC Continues on Page 6
34) Withdraw NTC?
NO
YES
Page 5 of 7


California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)
Post Onsite Inspection
Institution
Office Tech
Compliance Inspect Mgr
NTC Analyst
Bureau/Enforcmt Chief
NTC Continues - From Page 5
36) Receives/reviews compliance file with NTC; logs NTC
37) Receives/reviews NTC responses, or calls at day 25 if not received
38) Compliance obtained?
Yes
No
39a) Prepares memo to recommend citation to CIM
39b) Prepares memo to recommend citation to CIM
40) Receives/ reviews recommendations
41) Updates tracking logs & SAIL; drafts NTC closure letter & mails; files letter
42) Citation?
NO
Closure – Continue on Page 5
YES
42b) Processes file for a citation, sends to Enforcement Discipline Unit. Updates logs & SAIL
Receives citation file, assigns to Investigations. Follow Discipline Citation Process
Page 6 of 7

California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)

Footnotes:
(1) Revised CI process requires no duplication of effort with Annual Report process. It is anticipated that in many instances Annual Reports will have completed a current business status review, catalog review, and financials review, within the 12 months prior to the scheduled CI. If this is true, Annual Report review may have also checked for all current location and program information, and verified there are no discrepancies in location or with programs reported, and no irregularities in financial information or with current fee payment. In these instances licensees may not have to provide any additional information, and CI will be able to focus its review entirely on on-site verifications. The primary variance in this would be where there were irregularities I the information provided to Annual Reports. In addition, where the scheduled CI would come at a time more than 12 months after the last Annual Report review, CI could choose to request a full information submission, and either perform the review itself or ask Annual Reports to perform an accelerated review.
(2) Confirming contact in CI process is sometimes difficult, and it is noted that sometimes an online test message and verbal confirmation by phone is needed, since those in non-compliance are not responsive.
(3) As with other processes, the CI To Be process flow attempts to do away with unnecessary movement of paper folders, and to eliminate time in queue. It therefore anticipates holding work scheduling meetings for any final adjustments in work schedules. It is recommended that these can be 30-minute stand up meetings to ensure that individual file issues do not become a significant use of time.
(4) As with Licensing Process it is anticipated that the rapid resolution of backlog will be best achieved through limiting the assigned workload so that each Inspector is able to be prompt in all reminders and follow-ups. This will prevent having to "re-learn" file details and response issues, both by Compliance Inspectors and by school representatives.
(5) While some Cis in the past have taken two days on-site due to complex compliance determinations, it is anticipated that revised processes will "clean up" compliance and most if not all visits will be limited to one day or less.
(6) Includes validation of City/ County business license.
(7) Goal is 80% of all classes in session. Note if unapproved language instruction and if programs are approved.
(f1) In response to deficiency letter.
(f2) Review to Enforcement requires approval by Chief.
(8) Randomly select students from multiple programs. Check if properly admitted, properly executed EA, check clock hours, what they have been charged and it payments match EA provisions. Also check graduated and separated over past 24 months to evaluate circumstances. How left, if properly documented and if any warranted refund was paid. Check excessive leave of absence. Also check Faculty files to see if all are approved and are properly qualified. Check Chief Academic Officer in each program to ensure QA and QC is appropriate.
(9) Must be filed within 30 days.

Issues and Comments:
To improve performance this process must work towards one-piece flow, and avoidance of queues. This depends equally on three parts: Increased staffing, managed assignment, and the use of in-person meetings and phone calls at all handoffs. There should never be delay for management "sign-off" except for referral to enforcement. The use of sign-offs as a point of data entry and control is unacceptable. CI, like several other units in BPPE, has typically routed letters to schools through a manager for tracking. This handoff moves files to a queue, where they can be delayed. Removing queues and using direct meetings will work better and avoid delay.
Compliance Inspection has instituted many positive practices, including webinars twice per month: "How to Be in Compliance – Keeping Your License" . This will be very helpful in ensuring compliance and reducing future workload.

Page 7 of 7

Complaints

Staffing and Workload Analysis:

The Complaints Unit is a part of the Enforcement Unit, headed by Yvette Johnson, SSM II, responsible for investigating allegations against institutions including desk reviews of institution information, witness interviews, and on-site investigations, and determining an outcome based on evidence gathered. The staff consists of 2 SSM I's, 13 AGPA's, 4 SSA's, and 1 OT, including 1 SSM I and 10 AGPA limited term positions set to expire on June 30, 2017, of which 1 permanent SSA and SSM I and 2 limited term AGPA's are vacant. In addition, the Bureau has supplemented staffing with 1 part-time AGPA and 2 part-time SSA's using blanket funds to assist in the workload. These blanket covered positions were not included in the total authorized positions.

Workload Estimations/Staffing Recommendations

Currently, the number of complaints coming in is well beyond the staffing resources given the need to address every complaint that comes in with a full investigation. In addition to looking at staffing resources, it was recommended that the Complaints Investigation Unit must restructure its complaint intake and initial prioritization, and adopt and test a system of prioritization. The recommended staffing to catch up on the backlogged and current complaints within two years is based on the assumption of a revised process with a new prioritization process so that only 1/3 of received complaints result in a need for the full investigative process. The recommended changes to staffing requires the Unit to fill the vacant SSM I and allow the Limited Term one to expire, convert six of the Limited Term AGPA positions to permanent while allowing the two vacant AGPA's expire unfilled and either reallocating two filled AGPA or leave them unfilled as they become vacant, and add an additional 5.5 SSA and 0.5 OT positions. However, it is noted that the SSA's may need to be replaced by AGPA's since it is the more complex complaints requiring field investigations that would be retained as needing immediate attention.

Table E-1: Comparison of Existing and Recommended Staffing to catch up in 2 years with 2/3 work reduction

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs. with 2/3 reduction.	**1.5**	**9.5**	**9**	**1**	**21**
Total Allocated Staffing: Perm/*Limited Term*	1	4	13	2	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent *(Vacant)*		**1**		**1**	
Limited Term *(Vacant)*			**2**		
Net Change in staff to catch up:	**+0.5**	**+6.5**	**-2**		**+5**
Vacant positions to be filled		**1**	**-2**		-1
Additional authorized positions needed	0.5	5.5			**+6**
Number of PY Needed after caught up	0.6	5	4.5	0.5	10.6

*Recommendations include the elimination of 1 currently allocated Limited Term SSM I position either upon hire of the permanent SSM I or when it expires and more immediate elimination of 4 Limited Term AGPA position, of which 2 are currently filled, resulting in a new total allocated of 15 PY.

Changes in Process

At the onset of this analysis, the Complaints Unit was working under the requirement that all incoming complaints needed to be fully investigated with a timely resolution. The efforts to do this were hindered by the lack of fully trained staff, the number of complaints coming in compared to what could be processed, and the existence of a standardized process that was still under development as it did not have clear criteria for prioritizing or categorizing complaints or the criteria for making determinations on the large variety of incoming complaints. The unclear processes and time taken away from processing to train a revolving door of new staff resulted in a backlog too large to catch up on with current staff, and more incoming or new complaints than could reasonably processed by current staff. In addition, the unit was re-reviewing complaints that had previously been closed but were re-opened due to incomplete, inaccurate, or unsubstantiated resolutions – most likely a result of unclear or missing processing guidelines for the various types of complaints.

The Complaints Unit has been very proactive in making changes to improve the situation throughout the course of our analyses. The following is a list of changes in process or planned for implementation.

- Efforts to reduce the backlog and distribute incoming complaints according to priority:
    - The staff is currently sending letters out to the complainants on complaints that are older than 180 days and have had no action asking if the issue was resolved or if their assistance through complaint investigation is still required. The complainant has 30 days to respond to continue with the investigation. If they do not respond, the nature of the complaint will be assessed to determine if there is potential harm – if not, the complaint is discarded.
    - The development of a complaint prioritization scale based on complaint age, location and potential impact in terms of number of students, allegation severity including breadth of impact, the number of complaints against the institution, and if there are financial implications. This priority score will fall into three categories: High (60 to 100 points), High (40 to 59 points), Routine (0 to 39 points). The routine complaints that do not involve the breaking of laws are routed to DCA CRP for processing. Additionally, complaints that can wait until the next compliance inspection are noted and forwarded to the Compliance Unit.
- Completion of the Citation within the Complaints Unit analysis. In prior practice, the analyst would complete an investigative report stating all the facts and the recommendation for disciplinary action resulting in the Discipline staff needing to re-review the facts to complete a written Citation. The Complaints Unit process now requires the analyst, who is familiar with all the facts, to write the Citation and include it in their report and the manager will verify there is enough evidence to proceed with a citation during their review and before it goes to the Discipline Unit. This will avoid the Disciplinary staff having to re-review all the facts and create follow up meetings with the Complaints staff to clarify if a Citation is warranted. Once the Citation goes to Discipline, it is ready to process as a Disciplinary action.
- The communication with the complainant is being streamlined, with the creation of templates in the routine communications currently in development/planning. Prior process would send a letter within 10 days acknowledging receipt of the complaint, followed by contact from the analyst after review with introductions and a request for additional information. The new process will combine these letters with a template form which lists the assigned analyst/contact information, a summary of the complaint type, and the type of

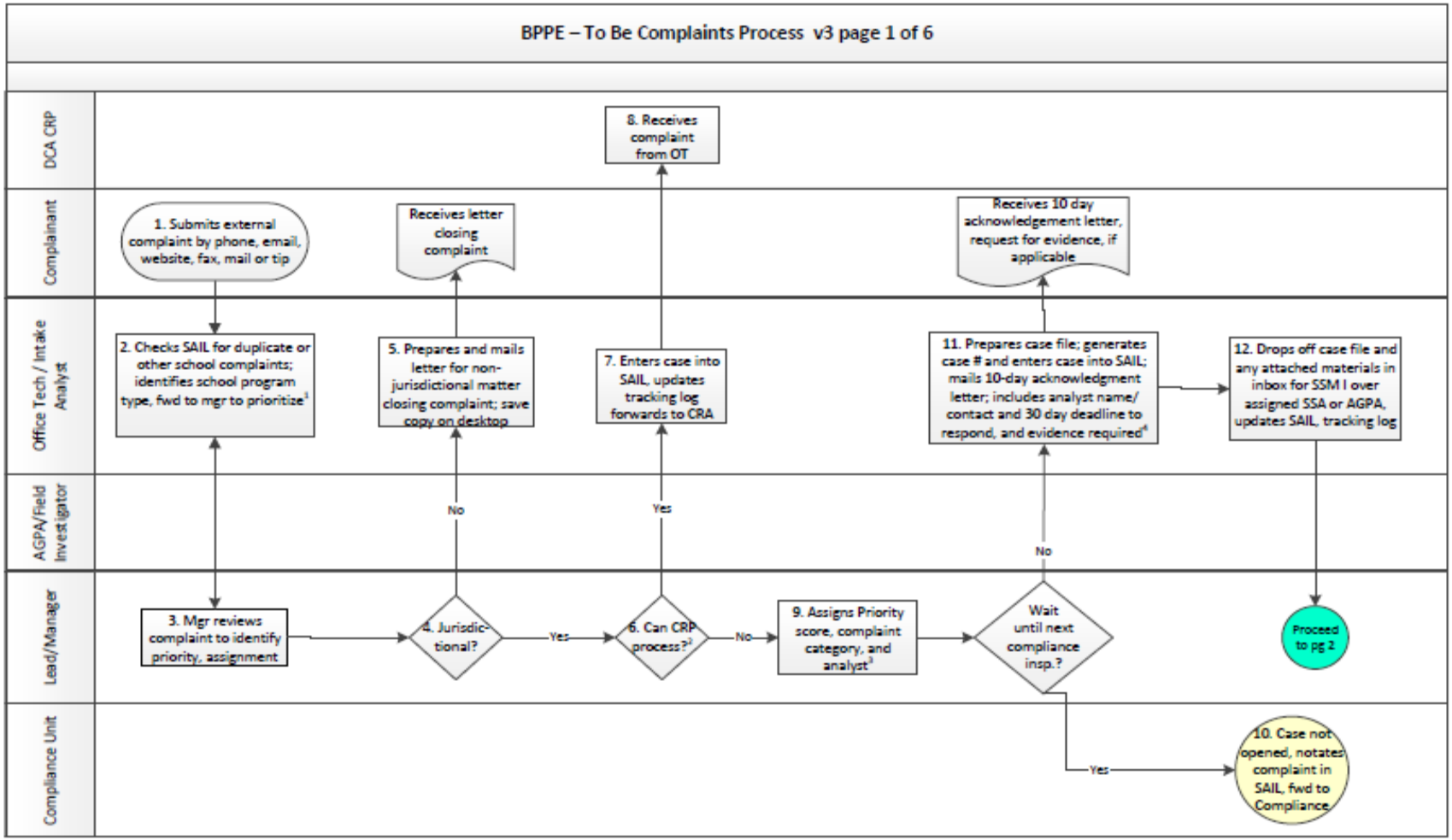
evidence that is required and a 30 day deadline to respond. This will assist in minimizing wait times for complainant response.

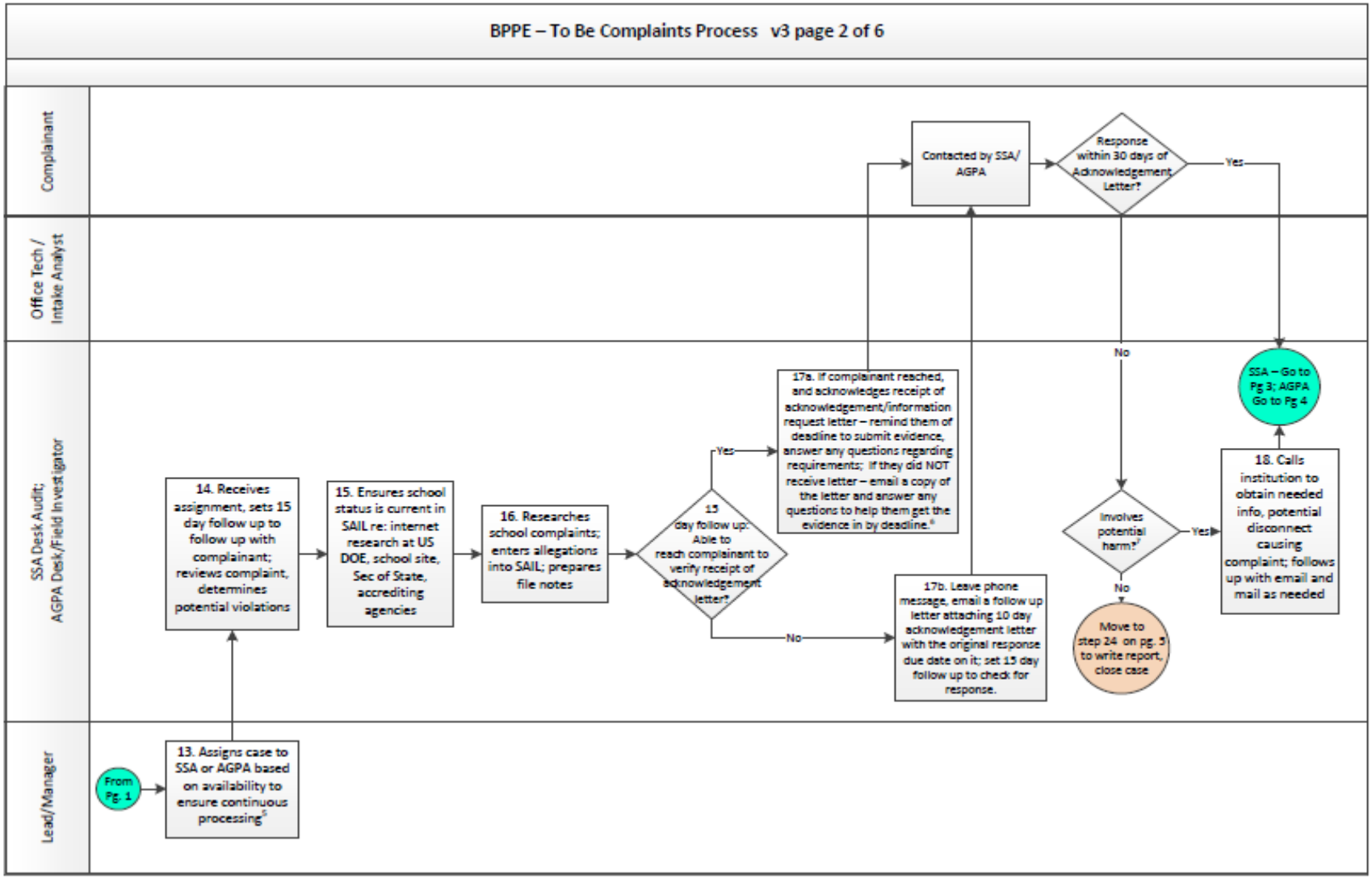
Additional Complaints Process Recommendations

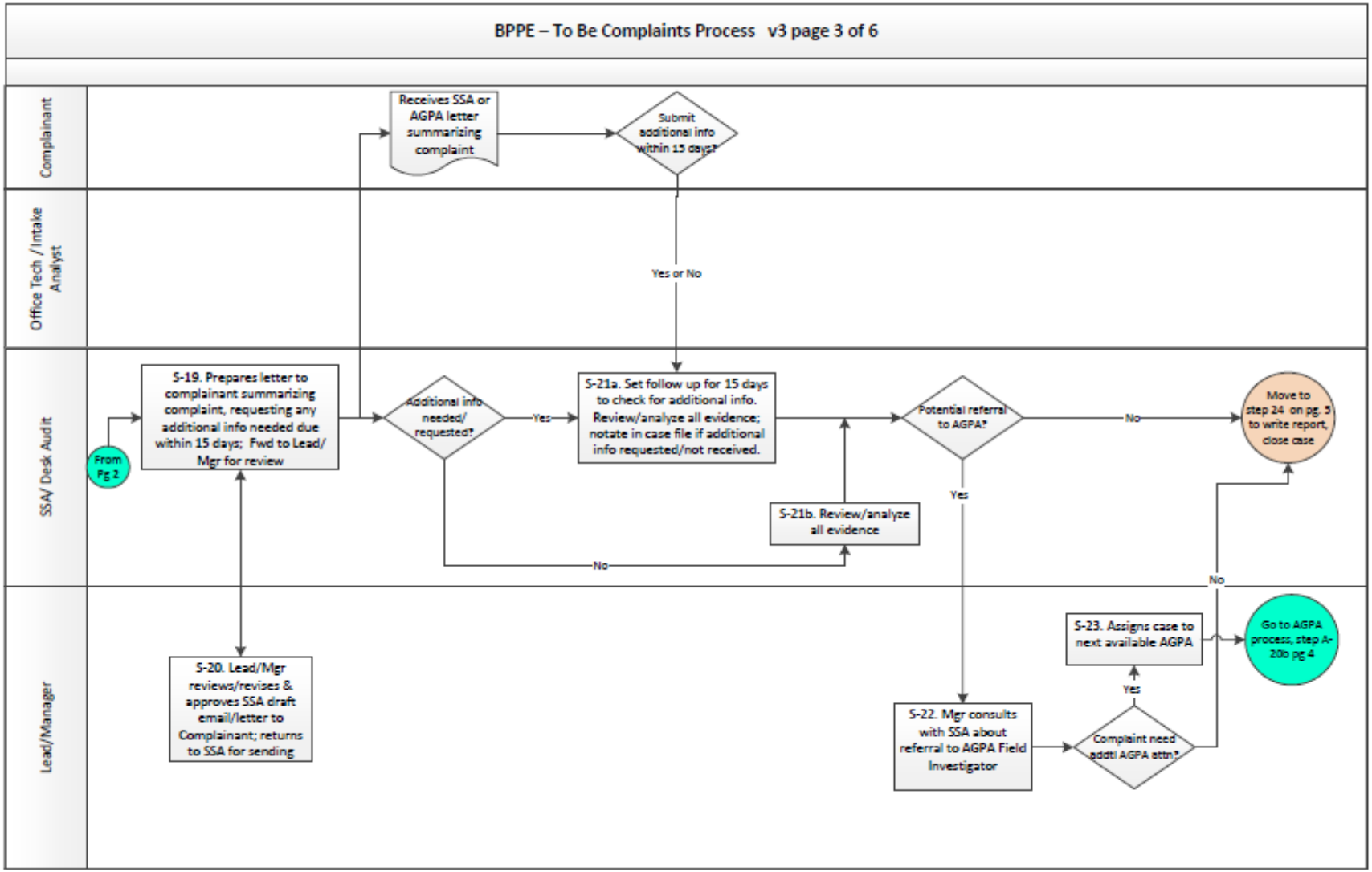
A primary focus of the process re-engineering is to streamline the process to increase efficiency, eliminate the backlog, and to optimize staff time. The following list of recommendations are presented for consideration to assist the Complaints Unit in maximizing their time while minimizing process time.

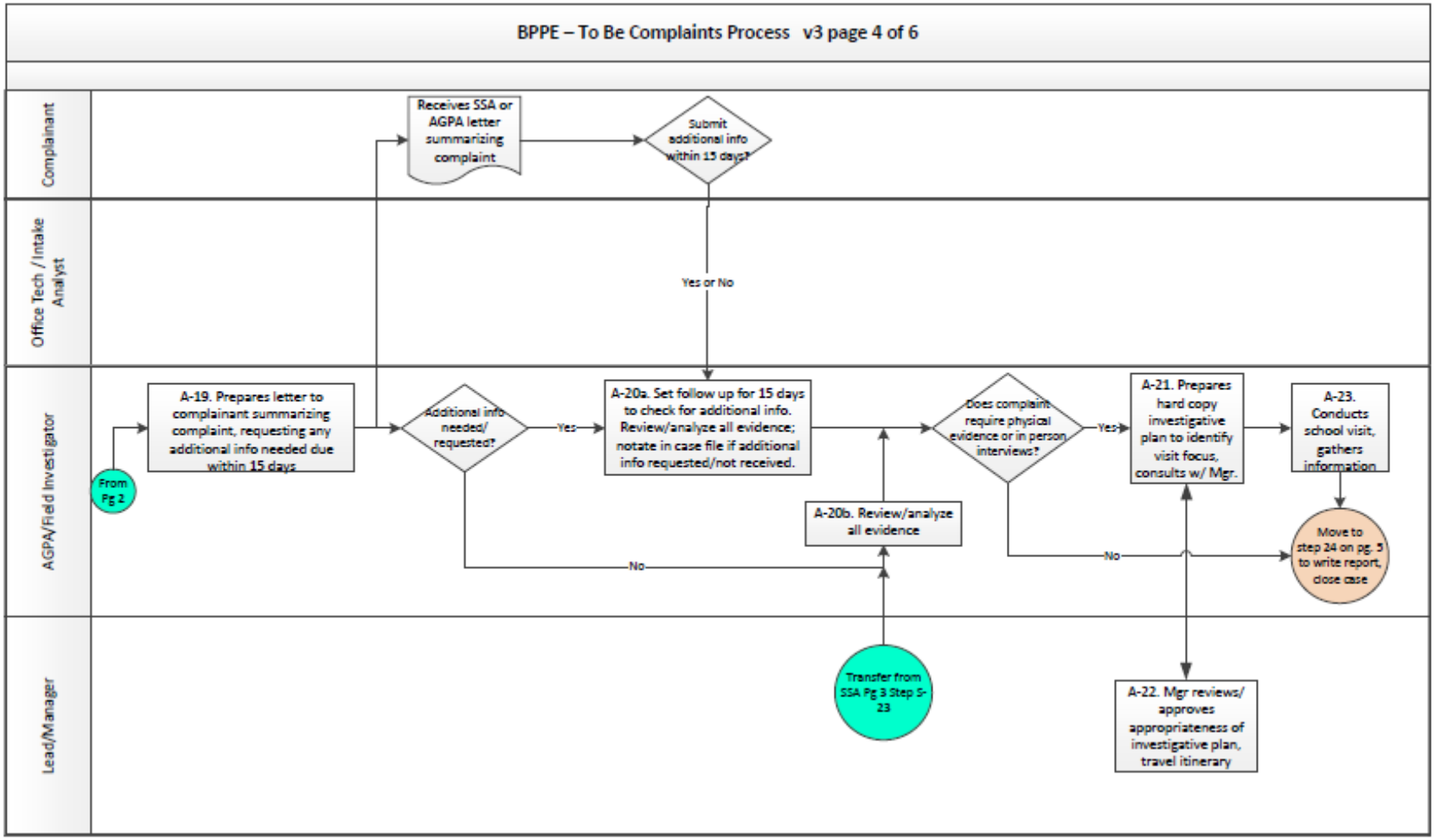
- Continued focus on the implementation, revising, and vetting of the prioritization scale. The recommended staffing is based on the reduction of complaints to 1/3rd of the backlogged and incoming complaints requiring full investigation. The prioritization scale is going to be a large part of this, seconded by the use of the DCA CRP to process more routine complaints.
- Create and maintain a more comprehensive method of tracking the progress of complaints in order to identify where in the process the largest delays are occurring and may need re-examination. Current tracking only tracks the dates the complaint was received, assigned, and closed. This will assist in ensuring continuous process flow rather than having a complaint stop and start again (which would require re-review if enough time had passed) due to bottlenecks in the process.
- Create specialized SME units. The Complaints Unit currently has two groups of analysts with a respective SSM I. If each unit was trained specifically on processing certain types of complaints, the processing of these complaints would become more efficient as the analyst would be more familiar with legal and procedural requirements. This would contribute to the LEAN process strategy of One Piece Flow by having the confidence in the analyst to process without needing review and approval at intermittent steps.
- As indicated on page 2 of the "To Be" process flow, it is recommended that analysts follow up with the complainant two weeks after the Acknowledgement/Evidence request letter to verify they received the letter, explain/answer any questions on the required evidence, and remind the complainant of the deadline. This should ensure continuous flow by avoiding long wait times and thus minimize the need to re-review case facts, minimize errors in submitted evidence, and provide better consumer customer service. If a complainant does not respond within the 30 days and there is no potential harm to others – the complaint investigation will close, the report will be written as no response from complainant. This will contribute to reducing the number of complaints requiring full investigation.
- Implement a system of tracking workload to utilize the LEAN principle of Supply Management, ensuring staff only have what is reasonably processable at the same time. This will assist in the reduction of re-review due to juggling too many applications. It will also allow the next available analyst to receive the next complaint in the queue, reducing the possibility of it sitting on a desk awaiting action when time permits.

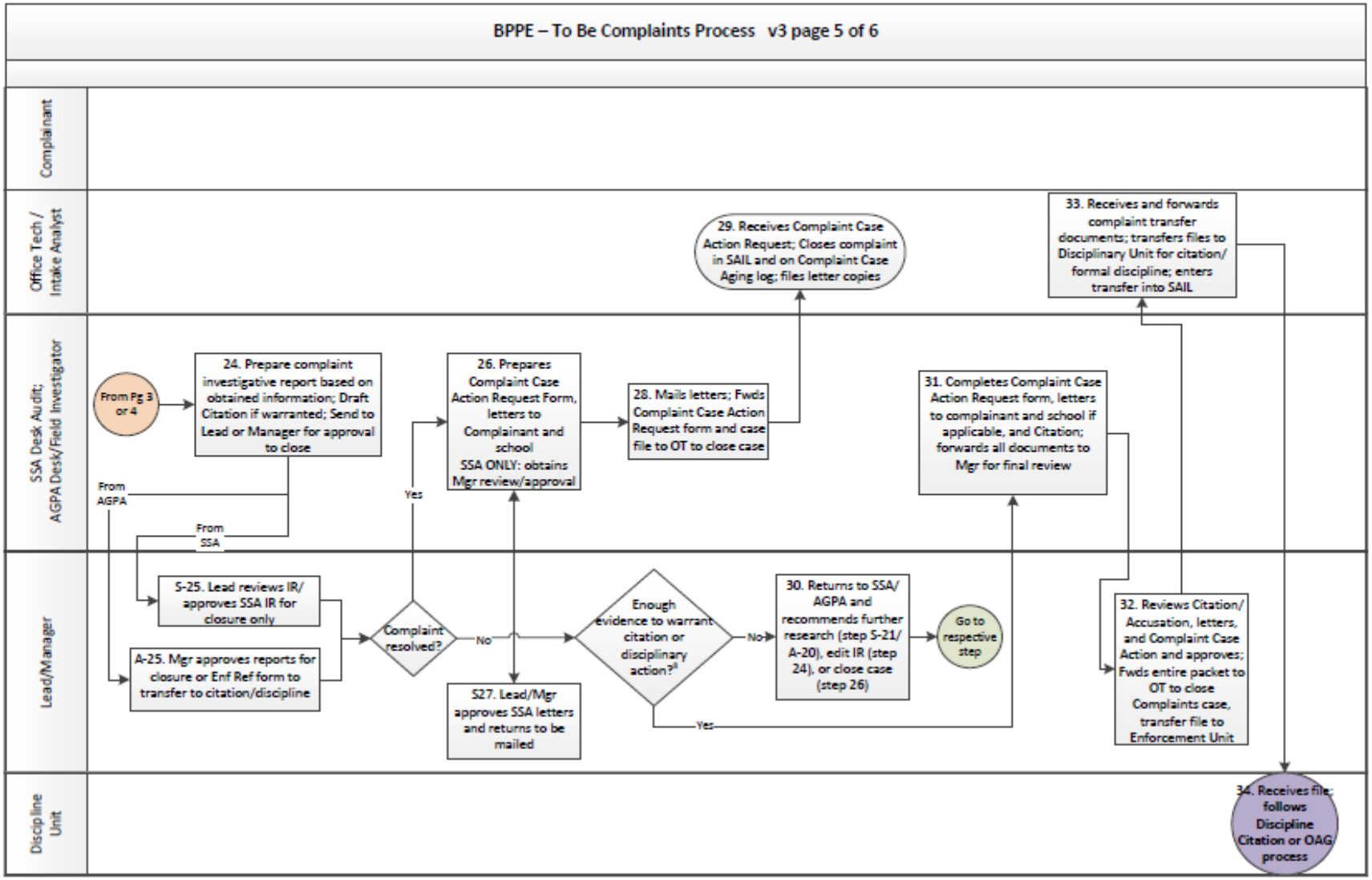
Complaints Investigation "To Be" Process Flow Chart




BPPE – To Be Complaints Process v3 page 2 of 6
Complainant
Office Tech / Intake Analyst
SSA Desk Audit; AGPA Desk/Field Investigator
Lead/Manager
From Pg. 1
13. Assigns case to SSA or AGPA based on availability to ensure continuous processing[5]
14. Receives assignment, sets 15 day follow up to follow up with complainant; reviews complaint, determines potential violations
15. Ensures school status is current in SAIL re: internet research at US DOE, school site, Sec of State, accrediting agencies
16. Researches school complaints; enters allegations into SAIL; prepares file notes
15 day follow up: Able to reach complainant to verify receipt of acknowledgement letter?
Yes
No
17a. If complainant reached, and acknowledges receipt of acknowledgement/information request letter – remind them of deadline to submit evidence, answer any questions regarding requirements; if they did NOT receive letter – email a copy of the letter and answer any questions to help them get the evidence in by deadline.[6]
17b. Leave phone message, email a follow up letter attaching 10 day acknowledgement letter with the original response due date on it; set 15 day follow up to check for response.
Contacted by SSA/ AGPA
Response within 30 days of Acknowledgement Letter?
Yes
No
Involves potential harm?[7]
Yes
No
Move to step 24 on pg. 5 to write report, close case
18. Calls institution to obtain needed info, potential disconnect causing complaint; follows up with email and mail as needed
SSA – Go to Pg 3; AGPA Go to Pg 4


BPPE – To Be Complaints Process v3 page 3 of 6
Complainant
Office Tech / Intake Analyst
SSA/ Desk Audit
Lead/Manager
Receives SSA or AGPA letter summarizing complaint
Submit additional info within 15 days?
Yes or No
From Pg 2
S-19. Prepares letter to complainant summarizing complaint, requesting any additional info needed due within 15 days; Fwd to Lead/ Mgr for review
Additional info needed/ requested?
Yes
No
S-21a. Set follow up for 15 days to check for additional info. Review/analyze all evidence; notate in case file if additional info requested/not received.
S-21b. Review/analyze all evidence
Potential referral to AGPA?
No
Yes
Move to step 24 on pg. 5 to write report, close case
No
S-20. Lead/Mgr reviews/revises & approves SSA draft email/letter to Complainant; returns to SSA for sending
S-22. Mgr consults with SSA about referral to AGPA Field Investigator
Complaint need addtl AGPA attn?
Yes
S-23. Assigns case to next available AGPA
Go to AGPA process, step A-20b pg 4


BPPE – To Be Complaints Process v3 page 4 of 6
Complainant
Office Tech / Intake Analyst
AGPA/Field Investigator
Lead/Manager
Receives SSA or AGPA letter summarizing complaint
Submit additional info within 15 days?
Yes or No
From Pg 2
A-19. Prepares letter to complainant summarizing complaint, requesting any additional info needed due within 15 days
Additional info needed/ requested?
Yes
No
A-20a. Set follow up for 15 days to check for additional info. Review/analyze all evidence; notate in case file if additional info requested/not received.
A-20b. Review/analyze all evidence
Transfer from SSA Pg 3 Step S-23
Does complaint require physical evidence or in person interviews?
Yes
No
A-21. Prepares hard copy investigative plan to identify visit focus, consults w/ Mgr.
A-22. Mgr reviews/ approves appropriateness of investigative plan, travel itinerary
A-23. Conducts school visit, gathers information
Move to step 24 on pg. 5 to write report, close case


BPPE – To Be Complaints Process v3 page 5 of 6
Complainant
Office Tech / Intake Analyst
SSA Desk Audit; AGPA Desk/Field Investigator
Lead/Manager
Discipline Unit
From Pg 3 or 4
24. Prepare complaint investigative report based on obtained information; Draft Citation if warranted; Send to Lead or Manager for approval to close
From AGPA
From SSA
S-25. Lead reviews IR/ approves SSA IR for closure only
A-25. Mgr approves reports for closure or Enf Ref form to transfer to citation/discipline
Complaint resolved?
Yes
No
26. Prepares Complaint Case Action Request Form, letters to Complainant and school SSA ONLY: obtains Mgr review/approval
S27. Lead/Mgr approves SSA letters and returns to be mailed
28. Mails letters; Fwds Complaint Case Action Request form and case file to OT to close case
29. Receives Complaint Case Action Request; Closes complaint in SAIL and on Complaint Case Aging log; files letter copies
Enough evidence to warrant citation or disciplinary action?
No
Yes
30. Returns to SSA/ AGPA and recommends further research (step S-21/ A-20), edit IR (step 24), or close case (step 26)
Go to respective step
31. Completes Complaint Case Action Request form, letters to complainant and school if applicable, and Citation; forwards all documents to Mgr for final review
32. Reviews Citation/ Accusation, letters, and Complaint Case Action and approves; Fwds entire packet to OT to close Complaints case, transfer file to Enforcement Unit
33. Receives and forwards complaint transfer documents; transfers files to Disciplinary Unit for citation/ formal discipline; enters transfer into SAIL
34. Receives file; follows Discipline Citation or OAG process

BPPE – To Be Complaints Process v3 page 6 of 6

FOOTNOTES:

(1) The goal is to have the complaint assigned within 3 days of receipt. Prior to sending to manager, OT checks if there are other complaints for the school already assigned to an analyst, looks up school to identify type of programs and notates that info for the manager to assist in assignment.
(2) DCA CRP can process more routine complaints, can act as a mediator; Any law violations must be returned to BPPE
(3) Using a defined prioritization scale, Mgr determines if it is SSA (desk reviews/minor violations) or AGPA (more complex violations/those requiring physical evidence/field visits/in person interaction) and also assesses the impact. In assigning the complaint category - One tool for improving process time is to train SSA/AGPA's in specialized complaint areas to be more familiar with legal factors and processing. Each would specialize in a subset of complaint types and back up the other unit as needed. This requires permanent full time staff for comprehensive training.
(4) The 10 day Acknowledgement letter will be template based in which the complaint type will be checked with list the of evidence required; it will include the assigned analysts name/ contact information for further contact.
(6) The analyst has the discrepancy to reset the response deadline to 30 days if warranted (e.g., if it was sent to the wrong address by Bureau error, if the complainant moved and complaint is high priority, etc.). Every effort should be made to obtain needed information/clarifications via a phone call to expedite processing by minimizing wait time. Phone calls will be followed up with email and hard copy mail regardless if someone was reached. This acknowledges that phone contact is not always possible due to students being in school during working hours.
(7) If the complaint involves potential harm to students or the public, and the complainant cannot be reached, BPPE will attempt to contact the school directly to resolve the issue. If there is not potential harm – the complaint will be closed.

OTHER NOTES:

The process re-engineering being recommended for the Complaints unit includes the implementation of a priority scale to assist in focusing on the most critical complaints, reassigning those that can be to other units, and reducing the over-assignment of work as discussed in #5.
(5)The primary means of adopting LEAN process and improving efficiency and effectiveness is to move to real time processing and avoiding wait time. This includes ensuring that analysts are not "over-assigned" work. Consequences of being "over-assigned" include diverted attention from necessary follow-ups and timely actions, and a greater need to re-review case facts – all of which actually increases processing time. If a complaint is received on a school that the analyst is already processing – it will be given to the analyst upon arrival to minimize repetitive analysis/research.
(8) The responsibility to verify that the IR had enough evidence to initiate a citation or disciplinary action moved from the Discipline unit to the Complaints unit where the investigators were more familiar with the case. This improves efficiency by reducing the need to re-review materials to determine eligibility for disciplinary action.

Discipline - Citations and Attorney General Referrals

Staffing and Workload Analysis:

The Disciplinary Unit is a part of the Enforcement Unit, headed by Yvette Johnson, SSM II, responsible for the processing of citation or enforcement referrals received from the Complaints and Compliance Inspection Units. If a disciplinary citation results in the request for an Administrative Hearing, this unit corresponds with the Attorney's General office throughout the Hearing process. The staff consists of 1 AGPA and 1 SSA, both of which are currently filled. In addition, the organization has used blanket funds to supplement staffing with an additional OT to assist in the workload. This position will expire on June 30, 2015 and is not counted toward the authorized total.

Workload Estimations/Staffing Recommendations

The staffing recommendations for the Discipline Unit was hindered by contradictory findings in the workload analysis. The analysis of processing time showed that the current staff levels are sufficient to process the backlog and anticipated work but operational records of work completed cases indicated hours equivalent to less than one full time staff member which is not sufficient. This is potentially a result of staff being allocated to tasks not specific to the disciplinary processes or inefficiencies in the process. Management must resolve this problem in order to adequately respond to assigned work. As a result, no additional SSA and AGPA staffing is recommended at this time. It is recommended that an OT position be added to relieve some of the administrative work from the SSA/AGPA, however, this position needs to be further assessed to determine the recommended PY needed to support the discipline unit.

Table D-1: Comparison of Existing and Recommended Staffing

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**1**	**1**	**1**	**0**	**3**
Total Allocated Staffing: Perm/*Limited Term*	0	1	1	0	2
Permanent Filled		1	1		
Limited Term Filled					
Permanent *(Vacant)*					
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+1**	**0**	**0**		**+1**
Vacant positions to be filled					
Additional authorized positions needed	+1				**+1**
Number of PY Needed after caught up	1	1	1		3

Changes in Process

At the onset of this analysis, the Disciplinary Unit did not have the extensive backlog as many of the other units, but the processing time was much larger. This longer processing time is attributed partially to the small discipline staff but more due to the waiting times invoked through due process and the delays in working with the Attorney General's Office. The staff was reviewing the full investigative reports for cases referred to them, analyzing the evidence, and following up with Complaints and other Bureau units to verify information in order to complete the required Citations or Enforcement Referrals.

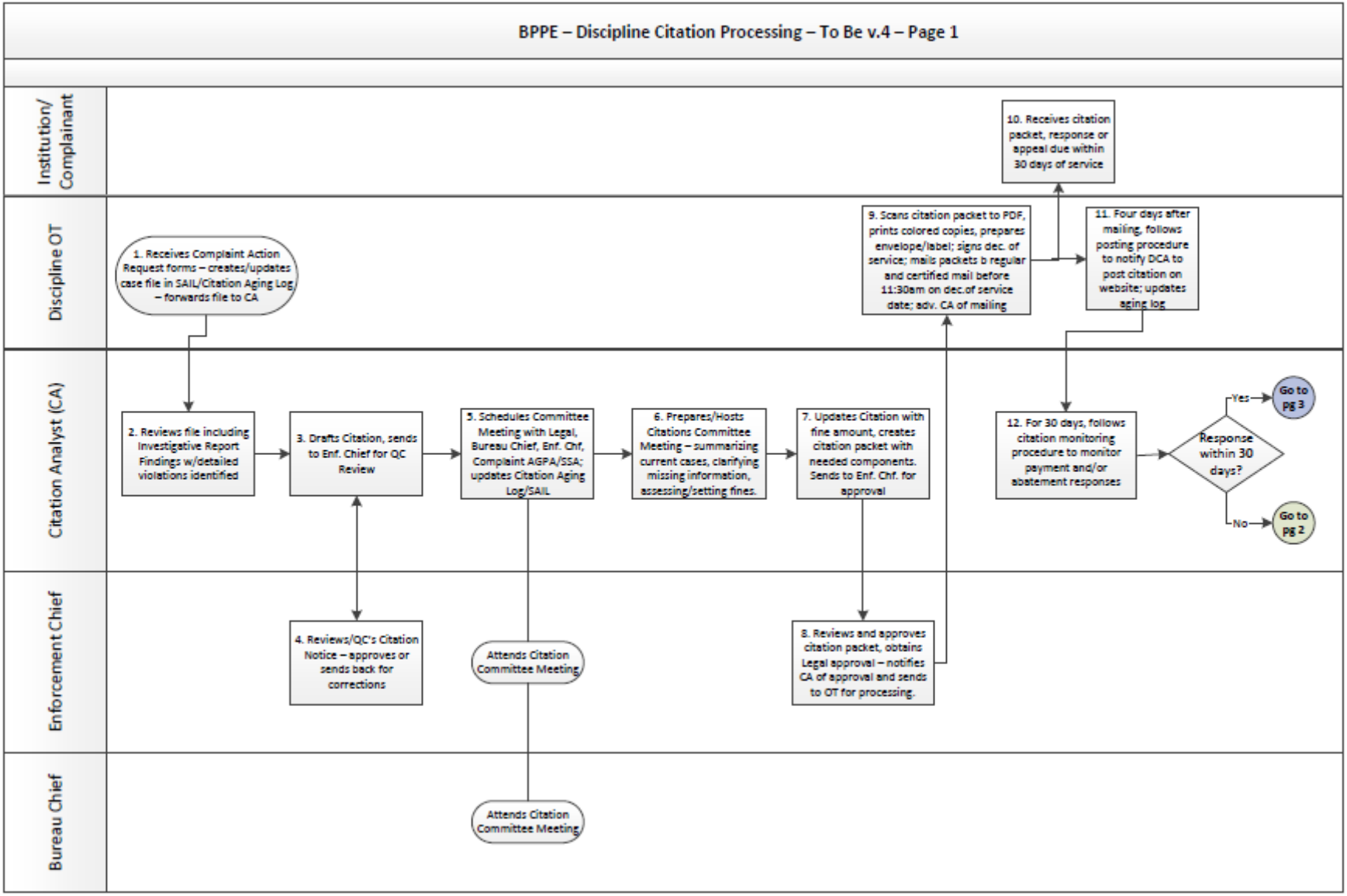
Current changes in process are primarily tied to the SSA/AGPA analyst in the Complaints Unit completing the Citation or Enforcement Referral and the manager reviewing it to ensure sufficient evidence to pursue enforcement actions prior to it coming to the Discipline unit. However, similar to the Complaints Unit – the Citation process has established a response time requirement in which the institution has 30 days to respond to the Citation or the Bureau will either take further action to obtain fines up to reporting to the FTB, or if it is an abatement only – they can pursue disciplinary enforcement actions.

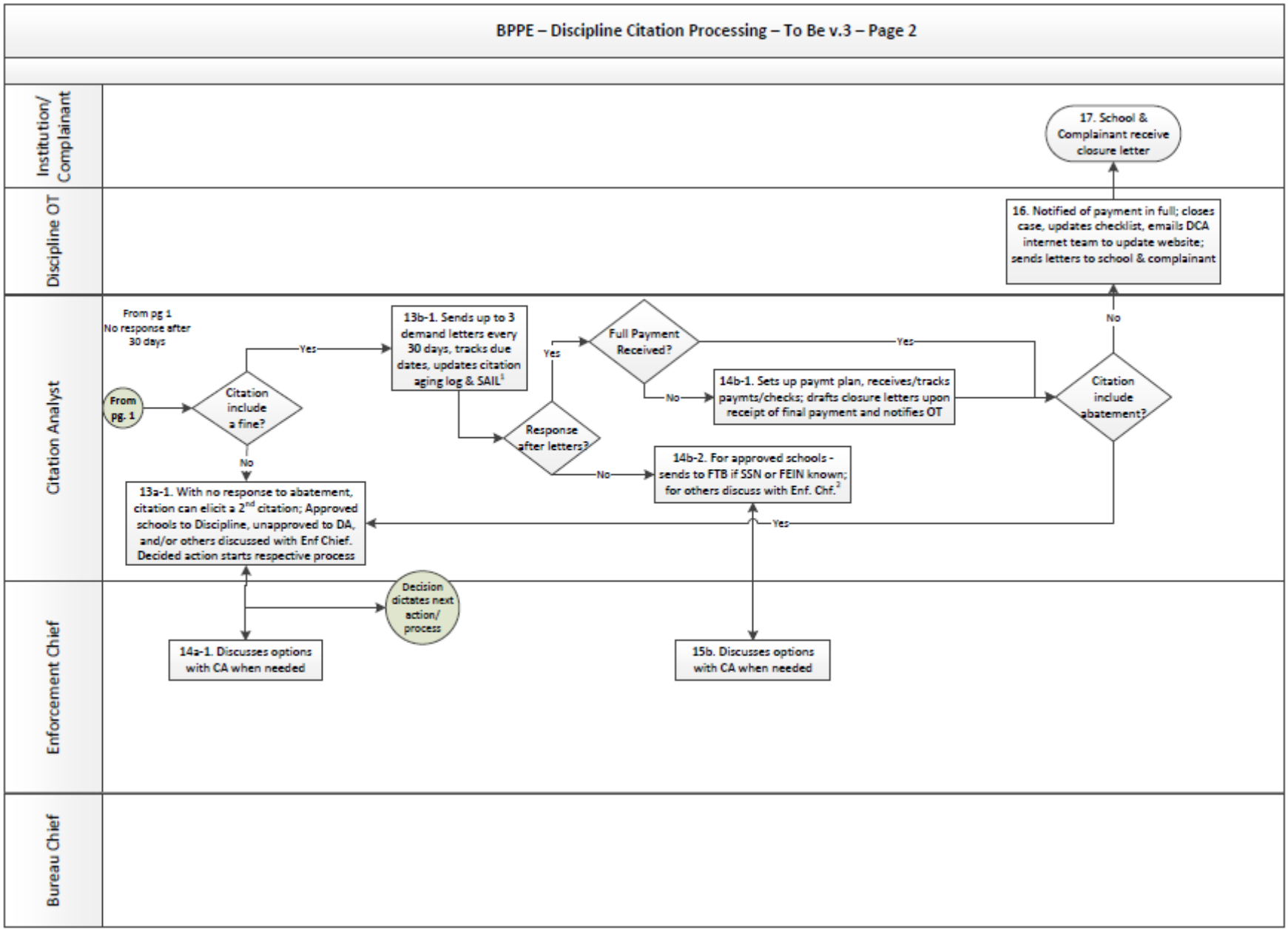
Additional Disciplinary Enforcement Process Recommendations

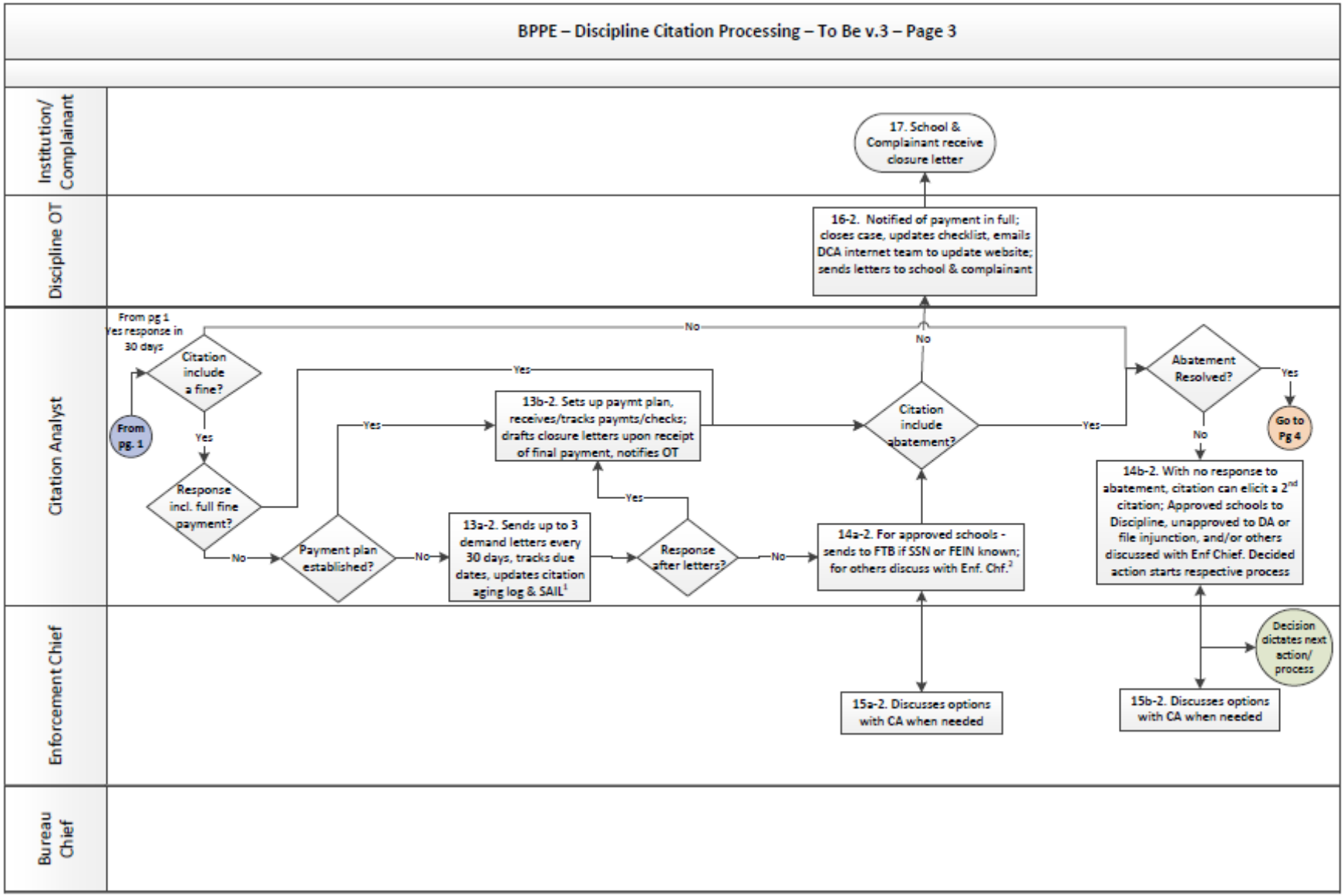
Given the small impacted number of staff and open cases, the focus of this analysis was based on the changes being implemented and recommended in the Complaints unit and how that feeds into the Discipline Unit. It is also acknowledged that many of the delays are outside of Bureau control as it relies on the scheduling of multiple parties or waiting for response from the Attorney General's office. However, the following are a couple of suggestions for improving the processing of enforcement actions in the Citations and Attorney General referrals to be used in conjunction with the cleaned and slightly modified "To Be" processes presented at the end of this section.

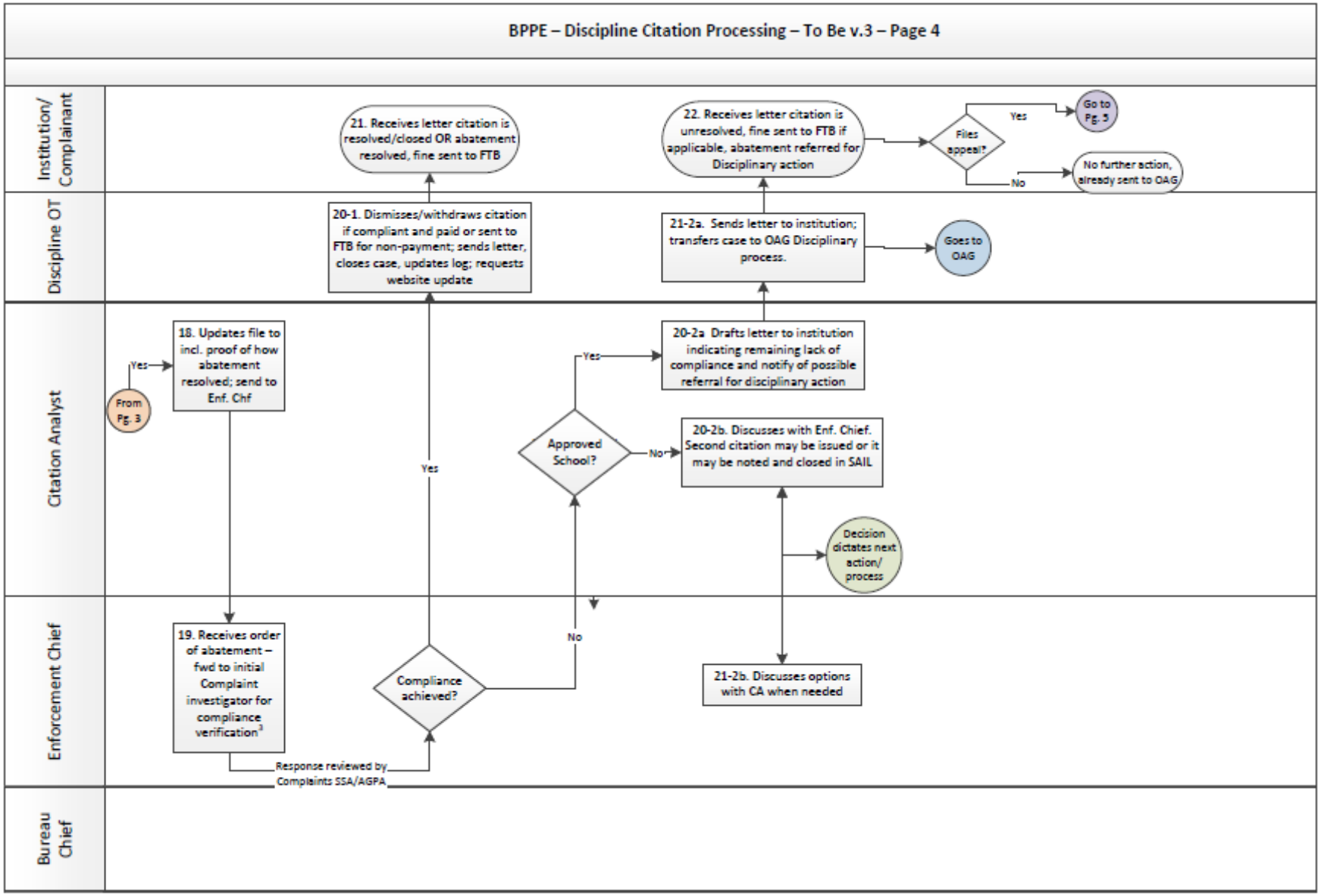
- Given the delays associated with multiple back and forth communications with the Attorney General Office, the Bureau could work on differentiating between complaint types. In order to expedite processing, the Bureau can petition to be allowed to have an in house or contracted attorney who can act on the Bureau's behalf to process a majority of the complaints rather than sending them over to the Attorney General. This will help implement LEAN process strategies through the minimization of wait times, allow for internal meetings to discuss/draft pleadings and results. It will also expedite scheduling of meetings.

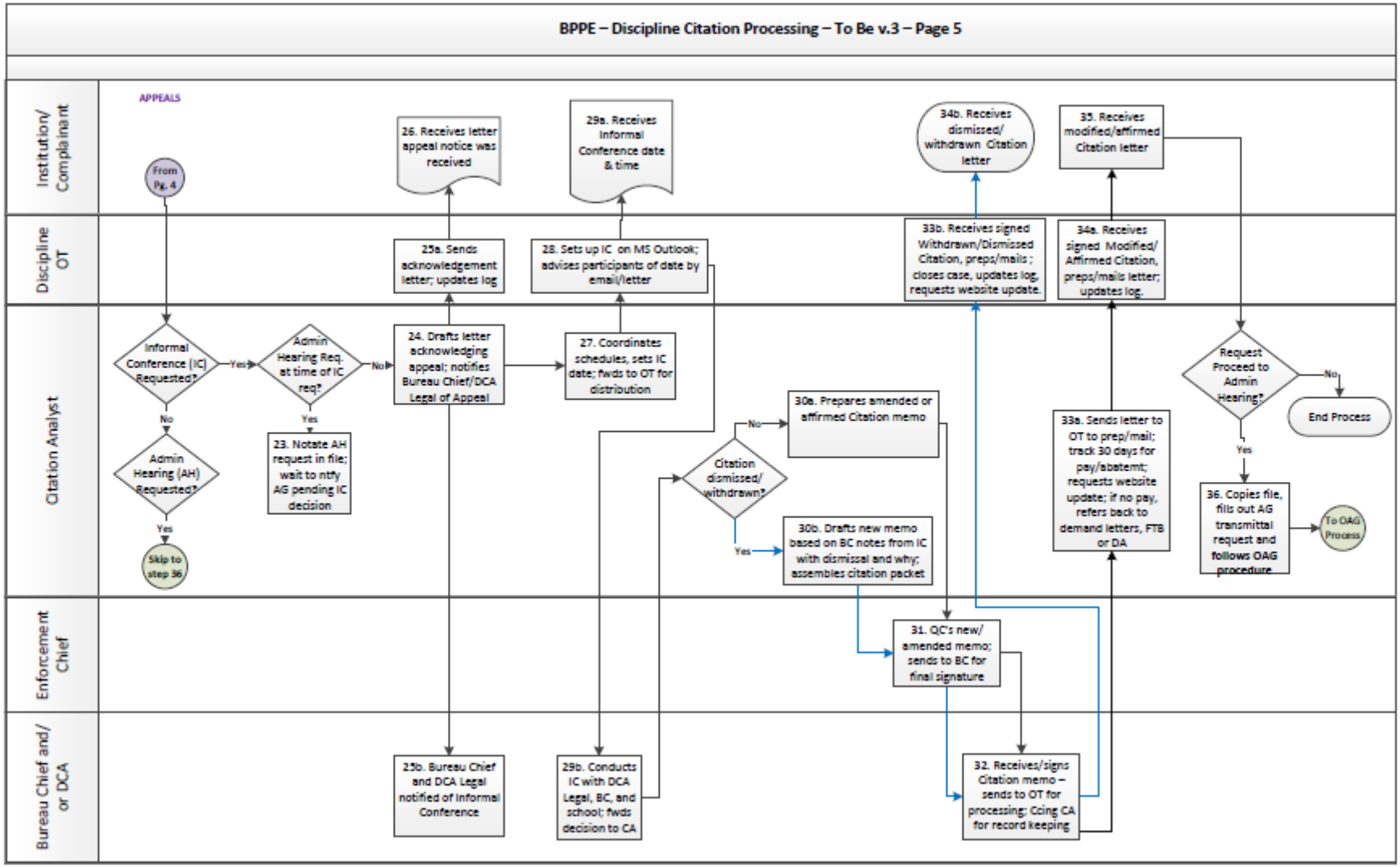
Discipline - Citations "To Be" Process Flow Chart




BPPE – Discipline Citation Processing – To Be v.3 – Page 2
Institution/ Complainant
Discipline OT
Citation Analyst
Enforcement Chief
Bureau Chief
17. School & Complainant receive closure letter
16. Notified of payment in full; closes case, updates checklist, emails DCA internet team to update website; sends letters to school & complainant
From pg 1
No response after 30 days
From pg. 1
Citation include a fine?
Yes
No
13b-1. Sends up to 3 demand letters every 30 days, tracks due dates, updates citation aging log & SAIL[1]
Response after letters?
Yes
No
Full Payment Received?
Yes
No
14b-1. Sets up paymt plan, receives/tracks paymts/checks; drafts closure letters upon receipt of final payment and notifies OT
Citation include abatement?
No
Yes
14b-2. For approved schools - sends to FTB if SSN or FEIN known; for others discuss with Enf. Chf.[2]
13a-1. With no response to abatement, citation can elicit a 2nd citation; Approved schools to Discipline, unapproved to DA, and/or others discussed with Enf Chief. Decided action starts respective process
Decision dictates next action/ process
14a-1. Discusses options with CA when needed
15b. Discusses options with CA when needed


BPPE – Discipline Citation Processing – To Be v.3 – Page 3
Institution/ Complainant
Discipline OT
Citation Analyst
Enforcement Chief
Bureau Chief
17. School & Complainant receive closure letter
16-2. Notified of payment in full; closes case, updates checklist, emails DCA internet team to update website; sends letters to school & complainant
From pg 1 Yes response in 30 days
Citation include a fine?
From pg. 1
Yes
No
Response incl. full fine payment?
Yes
No
Payment plan established?
Yes
No
13b-2. Sets up paymt plan, receives/tracks paymts/checks; drafts closure letters upon receipt of final payment, notifies OT
13a-2. Sends up to 3 demand letters every 30 days, tracks due dates, updates citation aging log & SAIL[1]
Response after letters?
Yes
No
Citation include abatement?
No
Yes
14a-2. For approved schools - sends to FTB if SSN or FEIN known; for others discuss with Enf. Chf.[2]
Abatement Resolved?
Yes
No
Go to Pg 4
14b-2. With no response to abatement, citation can elicit a 2nd citation; Approved schools to Discipline, unapproved to DA or file injunction, and/or others discussed with Enf Chief. Decided action starts respective process
Decision dictates next action/ process
15a-2. Discusses options with CA when needed
15b-2. Discusses options with CA when needed


BPPE – Discipline Citation Processing – To Be v.3 – Page 4
Institution/ Complainant
Discipline OT
Citation Analyst
Enforcement Chief
Bureau Chief
21. Receives letter citation is resolved/closed OR abatement resolved, fine sent to FTB
22. Receives letter citation is unresolved, fine sent to FTB if applicable, abatement referred for Disciplinary action
Files appeal?
Yes
Go to Pg. 5
No
No further action, already sent to OAG
20-1. Dismisses/withdraws citation if compliant and paid or sent to FTB for non-payment; sends letter, closes case, updates log; requests website update
21-2a. Sends letter to institution; transfers case to OAG Disciplinary process.
Goes to OAG
Yes
From Pg. 3
18. Updates file to incl. proof of how abatement resolved; send to Enf. Chf
20-2a Drafts letter to institution indicating remaining lack of compliance and notify of possible referral for disciplinary action
Yes
Approved School?
No
20-2b. Discusses with Enf. Chief. Second citation may be issued or it may be noted and closed in SAIL
Decision dictates next action/ process
Yes
No
19. Receives order of abatement – fwd to initial Complaint investigator for compliance verification[3]
Compliance achieved?
21-2b. Discusses options with CA when needed
Response reviewed by Complaints SSA/AGPA


BPPE – Discipline Citation Processing – To Be v.3 – Page 5
Institution/ Complainant
Discipline OT
Citation Analyst
Enforcement Chief
Bureau Chief and/ or DCA
APPEALS
From Pg. 4
26. Receives letter appeal notice was received
29a. Receives Informal Conference date & time
34b. Receives dismissed/ withdrawn Citation letter
35. Receives modified/affirmed Citation letter
25a. Sends acknowledgement letter; updates log
28. Sets up IC on MS Outlook; advises participants of date by email/letter
33b. Receives signed Withdrawn/Dismissed Citation, preps/mails ; closes case, updates log, requests website update.
34a. Receives signed Modified/ Affirmed Citation, preps/mails letter; updates log.
Informal Conference (IC) Requested?
Yes
No
Admin Hearing Req. at time of IC req?
No
Yes
24. Drafts letter acknowledging appeal; notifies Bureau Chief/DCA Legal of Appeal
27. Coordinates schedules, sets IC date; fwds to OT for distribution
Request Proceed to Admin Hearing?
No
End Process
Yes
Admin Hearing (AH) Requested?
Yes
Skip to step 36
23. Notate AH request in file; wait to ntfy AG pending IC decision
30a. Prepares amended or affirmed Citation memo
No
Citation dismissed/ withdrawn?
Yes
30b. Drafts new memo based on BC notes from IC with dismissal and why; assembles citation packet
33a. Sends letter to OT to prep/mail; track 30 days for pay/abatemt; requests website update; if no pay, refers back to demand letters, FTB or DA
36. Copies file, fills out AG transmittal request and follows OAG procedure
To OAG Process
31. QC's new/ amended memo; sends to BC for final signature
25b. Bureau Chief and DCA Legal notified of Informal Conference
29b. Conducts IC with DCA Legal, BC, and school; fwds decision to CA
32. Receives/signs Citation memo – sends to OT for processing; Ccing CA for record keeping

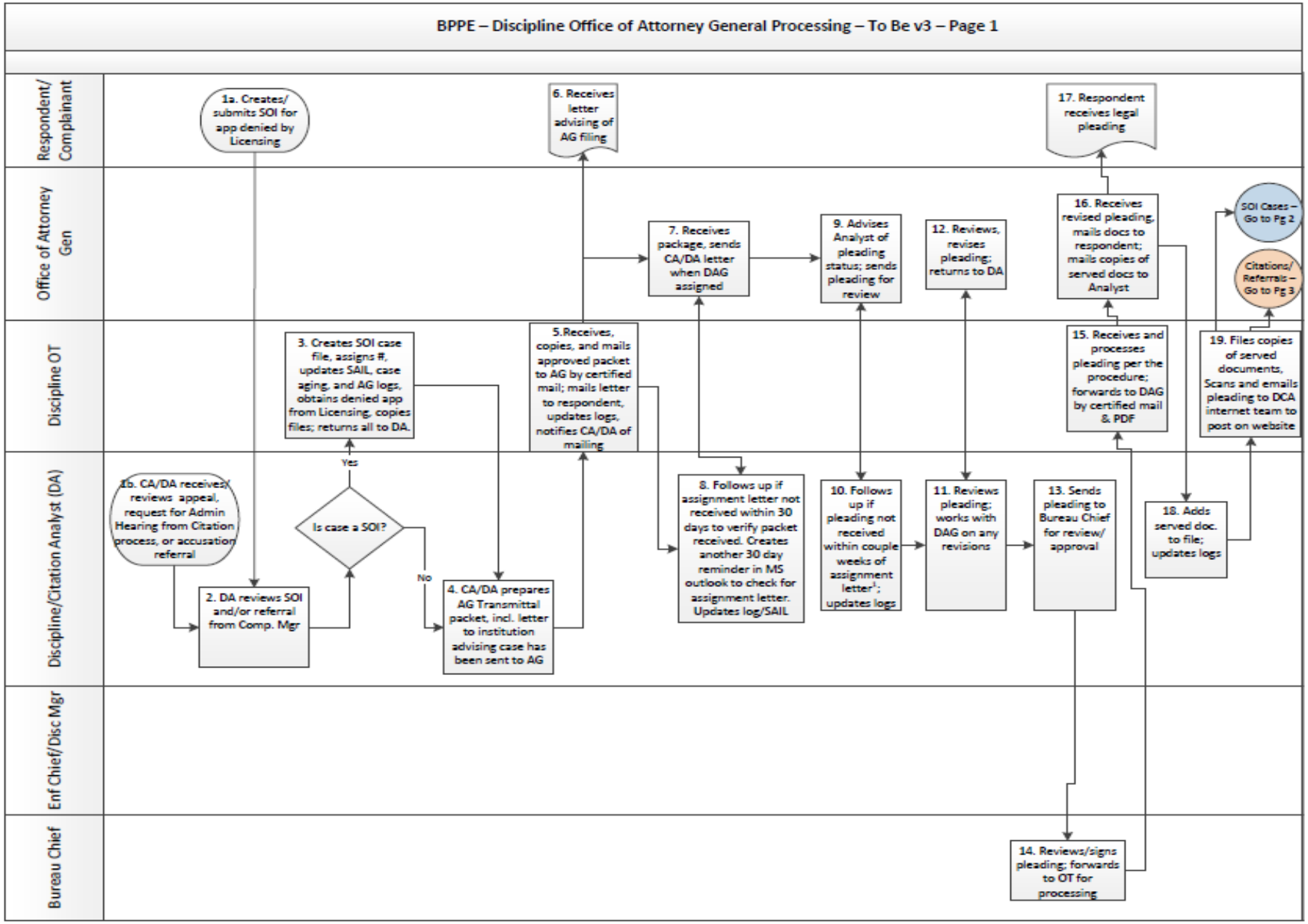
BPPE – Discipline Citation Processing – To Be v.3– Page 6

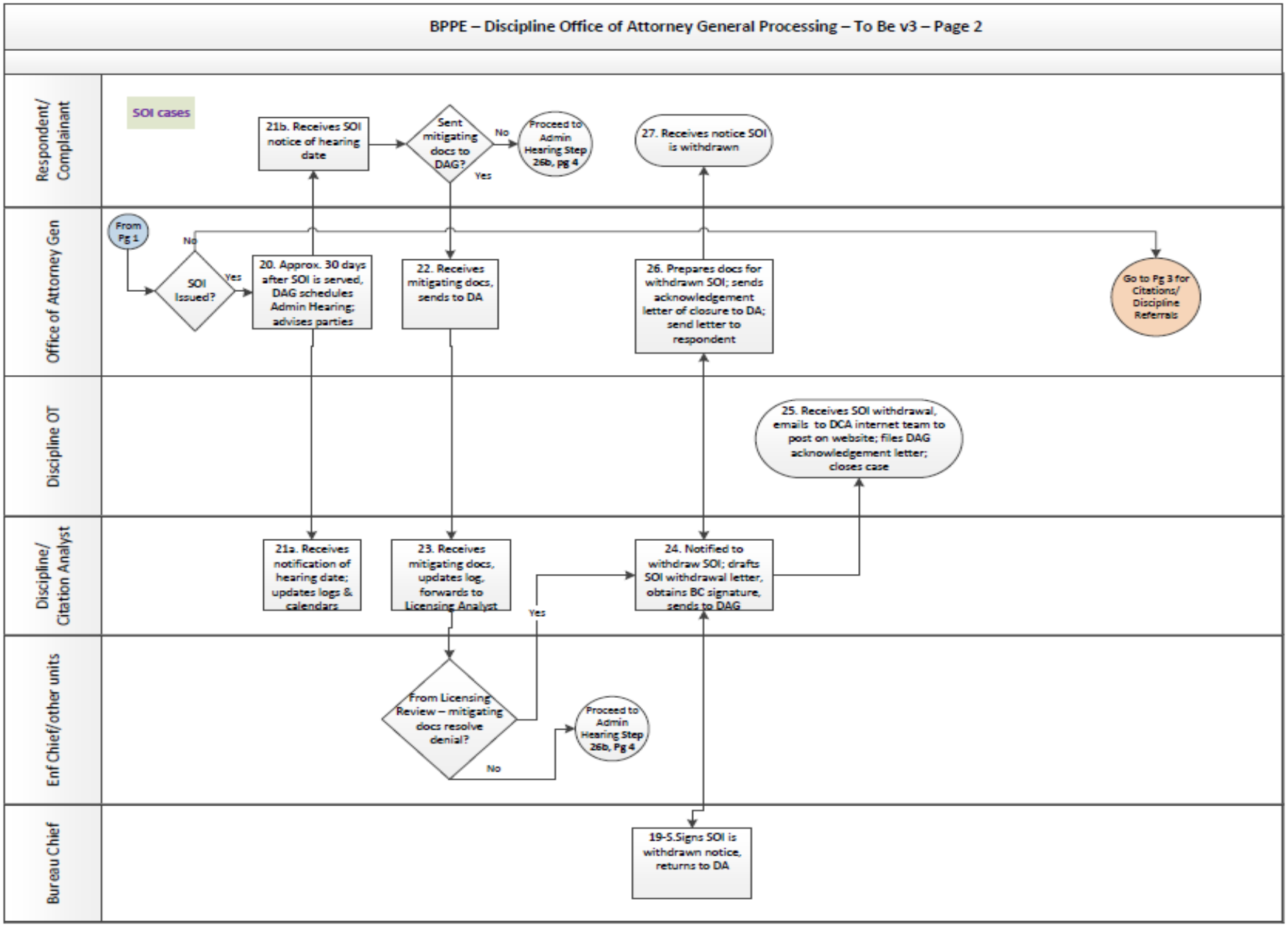
FOOTNOTES:

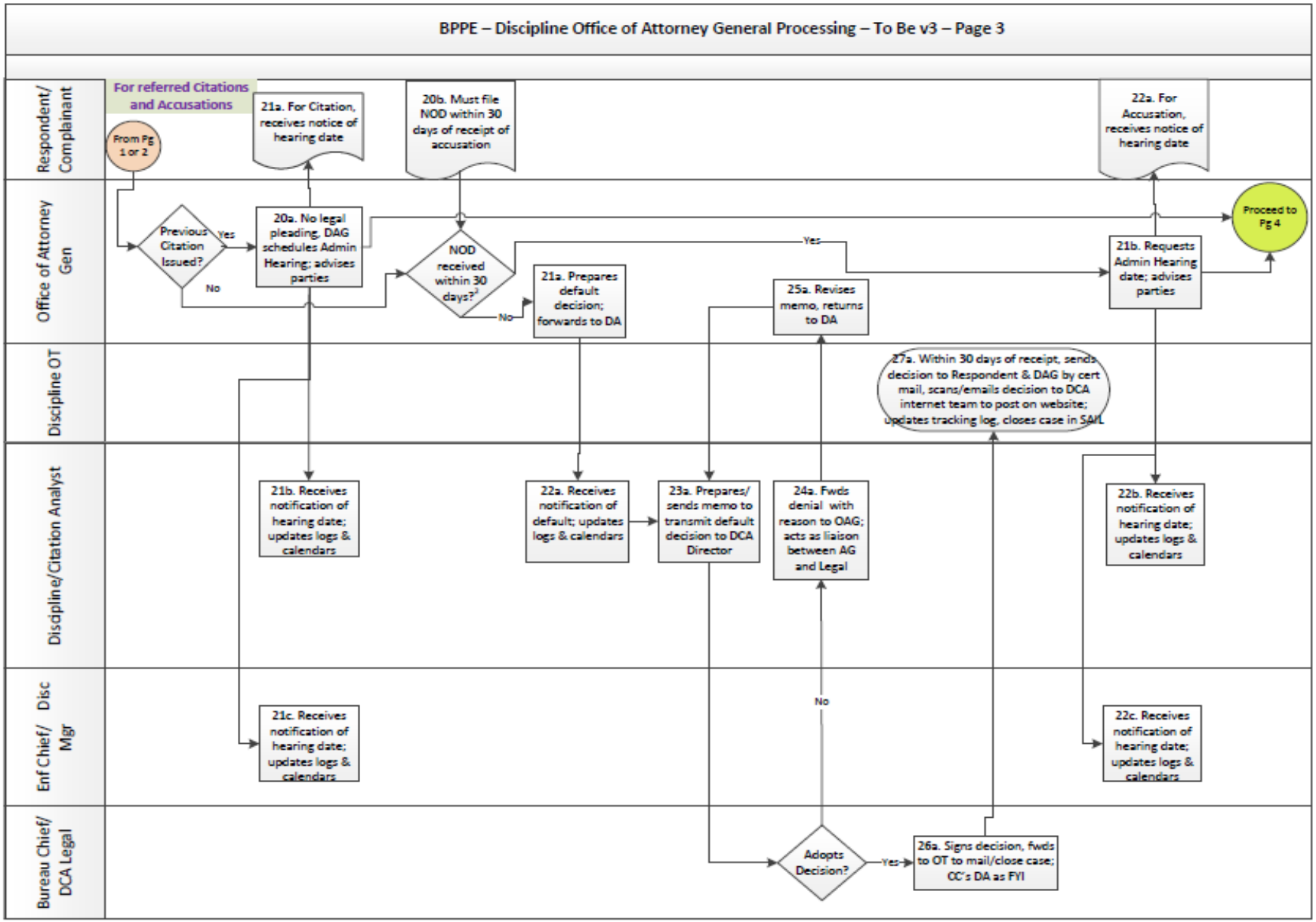
(1) On the third letter, the institution is notified that the case will be turned over to FTB if no payment.
(2) Once the case is turned over to FTB – the Bureau notates it in the FTB Tracking log and closes the file in SAIL. The Bureau is legally allowed to seek revocation if fees are not paid, determined on a case by case basis. The institution will not be allowed to renew licensure until all fees are paid.
(3) The response to abatement is sent to the original SSA/AGPA in the complaints unit for review and determination if the submitted response meets the compliance standards that were found insufficient during the complaints review. The SSA/AGPA then returns it to the manager to pass back to Citation Analyst

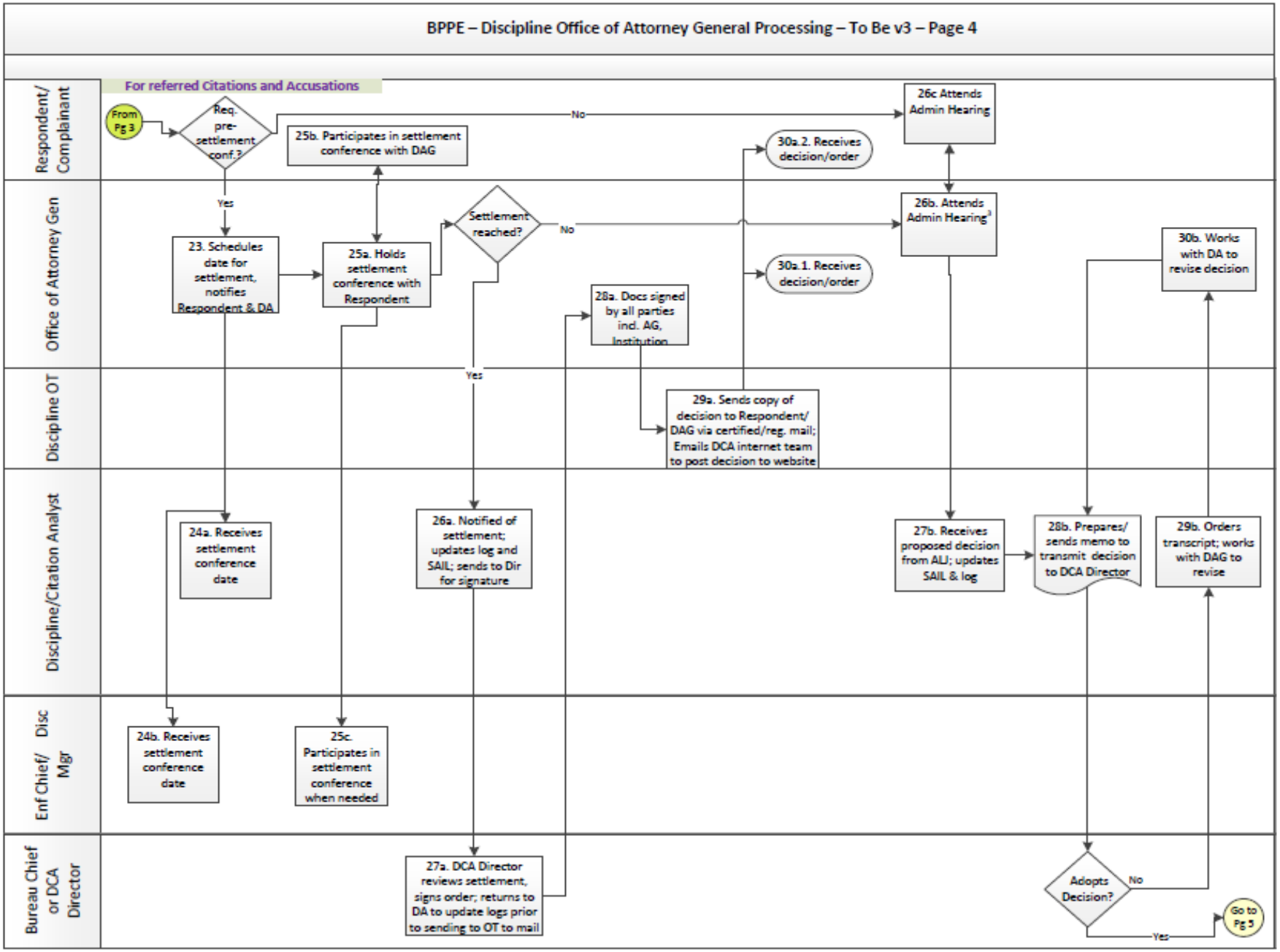
OTHER NOTES:
The primary means of adopting LEAN process and improving efficiency and effectiveness is to move to real time processing and avoiding wait time.

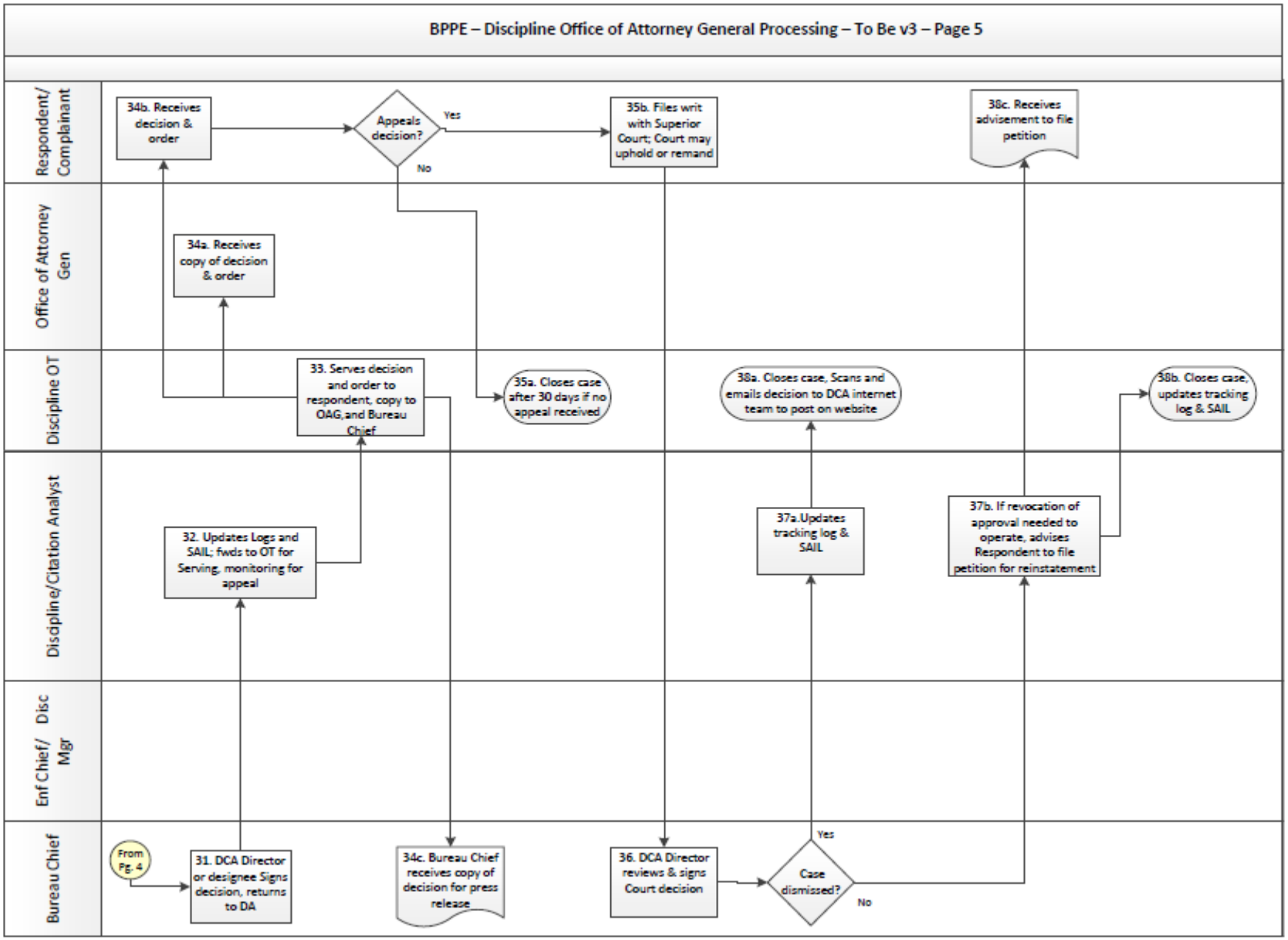
Discipline – Attorney General's Office "To Be" Process Flow Chart




BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 2
Respondent/ Complainant
Office of Attorney Gen
Discipline OT
Discipline/ Citation Analyst
Enf Chief/other units
Bureau Chief
SOI cases
21b. Receives SOI notice of hearing date
Sent mitigating docs to DAG?
No
Yes
Proceed to Admin Hearing Step 26b, pg 4
27. Receives notice SOI is withdrawn
From Pg 1
SOI Issued?
No
Yes
20. Approx. 30 days after SOI is served, DAG schedules Admin Hearing; advises parties
22. Receives mitigating docs, sends to DA
26. Prepares docs for withdrawn SOI; sends acknowledgement letter of closure to DA; send letter to respondent
Go to Pg 3 for Citations/ Discipline Referrals
25. Receives SOI withdrawal, emails to DCA internet team to post on website; files DAG acknowledgement letter; closes case
21a. Receives notification of hearing date; updates logs & calendars
23. Receives mitigating docs, updates log, forwards to Licensing Analyst
24. Notified to withdraw SOI; drafts SOI withdrawal letter, obtains BC signature, sends to DAG
Yes
From Licensing Review – mitigating docs resolve denial?
No
Proceed to Admin Hearing Step 26b, Pg 4
19-S.Signs SOI is withdrawn notice, returns to DA


BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 3
Respondent/ Complainant
Office of Attorney Gen
Discipline OT
Discipline/Citation Analyst
Disc Mgr
Enf Chief/
Bureau Chief/ DCA Legal
For referred Citations and Accusations
From Pg 1 or 2
21a. For Citation, receives notice of hearing date
20b. Must file NOD within 30 days of receipt of accusation
22a. For Accusation, receives notice of hearing date
Previous Citation Issued?
Yes
No
20a. No legal pleading, DAG schedules Admin Hearing; advises parties
NOD received within 30 days?
Yes
No
21a. Prepares default decision; forwards to DA
25a. Revises memo, returns to DA
21b. Requests Admin Hearing date; advises parties
Proceed to Pg 4
27a. Within 30 days of receipt, sends decision to Respondent & DAG by cert mail, scans/emails decision to DCA internet team to post on website; updates tracking log, closes case in SAIL
21b. Receives notification of hearing date; updates logs & calendars
22a. Receives notification of default; updates logs & calendars
23a. Prepares/ sends memo to transmit default decision to DCA Director
24a. Fwds denial with reason to OAG; acts as liaison between AG and Legal
22b. Receives notification of hearing date; updates logs & calendars
21c. Receives notification of hearing date; updates logs & calendars
No
22c. Receives notification of hearing date; updates logs & calendars
Adopts Decision?
Yes
26a. Signs decision, fwds to OT to mail/close case; CC's DA as FYI


BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 4
Respondent/ Complainant
Office of Attorney Gen
Discipline OT
Discipline/Citation Analyst
Disc Enf Chief/ Mgr
Bureau Chief or DCA Director
For referred Citations and Accusations
From Pg 3
Req. pre-settlement conf.?
No
Yes
25b. Participates in settlement conference with DAG
26c Attends Admin Hearing
30a.2. Receives decision/order
23. Schedules date for settlement, notifies Respondent & DA
25a. Holds settlement conference with Respondent
Settlement reached?
No
Yes
26b. Attends Admin Hearing
30a.1. Receives decision/order
30b. Works with DA to revise decision
28a. Docs signed by all parties incl. AG, Institution
29a. Sends copy of decision to Respondent/ DAG via certified/reg. mail; Emails DCA internet team to post decision to website
24a. Receives settlement conference date
26a. Notified of settlement; updates log and SAIL; sends to Dir for signature
27b. Receives proposed decision from ALJ; updates SAIL & log
28b. Prepares/ sends memo to transmit decision to DCA Director
29b. Orders transcript; works with DAG to revise
24b. Receives settlement conference date
25c. Participates in settlement conference when needed
27a. DCA Director reviews settlement, signs order; returns to DA to update logs prior to sending to OT to mail
Adopts Decision?
No
Yes
Go to Pg 3


BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 5
Respondent/ Complainant
Office of Attorney Gen
Discipline OT
Discipline/Citation Analyst
Disc Enf Chief/ Mgr
Bureau Chief
34b. Receives decision & order
Appeals decision?
Yes
No
35b. Files writ with Superior Court; Court may uphold or remand
38c. Receives advisement to file petition
34a. Receives copy of decision & order
33. Serves decision and order to respondent, copy to OAG, and Bureau Chief
35a. Closes case after 30 days if no appeal received
38a. Closes case, Scans and emails decision to DCA internet team to post on website
38b. Closes case, updates tracking log & SAIL
32. Updates Logs and SAIL; fwds to OT for Serving, monitoring for appeal
37a.Updates tracking log & SAIL
37b. If revocation of approval needed to operate, advises Respondent to file petition for reinstatement
From Pg. 4
31. DCA Director or designee Signs decision, returns to DA
34c. Bureau Chief receives copy of decision for press release
36. DCA Director reviews & signs Court decision
Case dismissed?
Yes
No

BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 6

FOOTNOTES:
(1) - There are no set number of days for follow up – it is dependant on the DAG workload.
(2) – On accusation referrals, respondents must file a Notice of Defense (NOD) within 30 days to be eligible for a Presettlement conference/Admin Hearing
(3) – In addition to the Citation/Discipline Analyst, the SSA or AGPA involved in the original complaint may also be present.

OTHER NOTES:

- Many of the changes focused on reallocating work to a filled Office Technician position when possible to have Discipline/Citation Analyst positions focused on processing cases.
- Recent and ongoing training has reduced the need for Enforcement Chief review as the analysts are more fully trained.

Administrative Unit: STRF

Staffing and Workload Analysis:

The Administrative Unit, headed by Jennifer Juarez, SSM I, has a dual function including traditional administrative duties and program operation functions. One of the key program operation functions is the processing of the Student Tuition Recovery Fund (STRF) claims providing refunds to students due to school closures or other violations. The overall Administrative Unit staff consists of 1 SSM I, 2 AGPA's, 5 SSA's, and 3 OT's, of which 1 AGPA and 1 SSA are vacant. In addition, the Bureau has used blanket funds to supplement staffing with an additional 2 full-time and 1 part-time AGPA, 1 SSA, 1 OA, and 1 Seasonal Clerk to assist in the workload, but these will expire on June 30, 2015 and are not counted toward the authorized total. Within this Administrative unit, the STRF unit has 1 AGPA and 2 SSA positions dedicated to the processing of STRF claims, making up 30% of the staff (not including the SSM I or Seasonal Clerk), of which the two SSA positions are filled with regular staff. In addition, the STRF staff is currently supplemented by one SSA and a part time AGPA from the blanket fund positions.

Workload Estimations/Staffing Recommendations

The number of staffing needed in the future was calculated based on the "As Is" process. The recommended changes to staffing levels was calculated to catch up within **one year**[16] along with the recommended number of employees to maintain current status once the backlog has been addressed is presented in Table A-2. The recommended staffing changes reflect a refocus of currently assigned staff to spend more time on the STRF claims rather than splitting their time among multiple administrative functions. The STRF unit needs to be staffed with enough staff to cover the required 2.10 SSA and 0.30 AGPA PY to catch up on the claims within two years. This could be done with three SSA's able to commit 70% of their time and 1 AGPA able to commit 30% of their time exclusively to the STRF claims.

Table A-2: Comparison of Existing and Recommended Staffing

Classification:	SSA	AGPA	TOTAL PY
Recommended Number of Full-time PY Needed to catch up in 1 year	**2.10**	**0.30***	**2.40**
Total Allocated Staffing: Perm/*Limited Term*	2	1	3
Permanent Filled	2	0	
Limited Term Filled			
Permanent *(Vacant)*		**1**	
Limited Term *(Vacant)*			
Net Change in staff to catch up:	**0**	**+1**	**+1**
Vacant positions to be filled		**+1**	+1
Additional full-time PY needed	0	0	**0**
Number of PY Needed after caught up	1.2	0.2	1.4

*The 0.30 AGPA time reflects the portion of the estimated time that was exclusive to the AGPA role in the EPT analysis. The AGPA also participates in the activities done by the SSA PY.

[16] Given that it was feasible and practical to catch up within one year, the recommended staffing was calculated for one year instead of the two years used in other units.

Changes in Progress

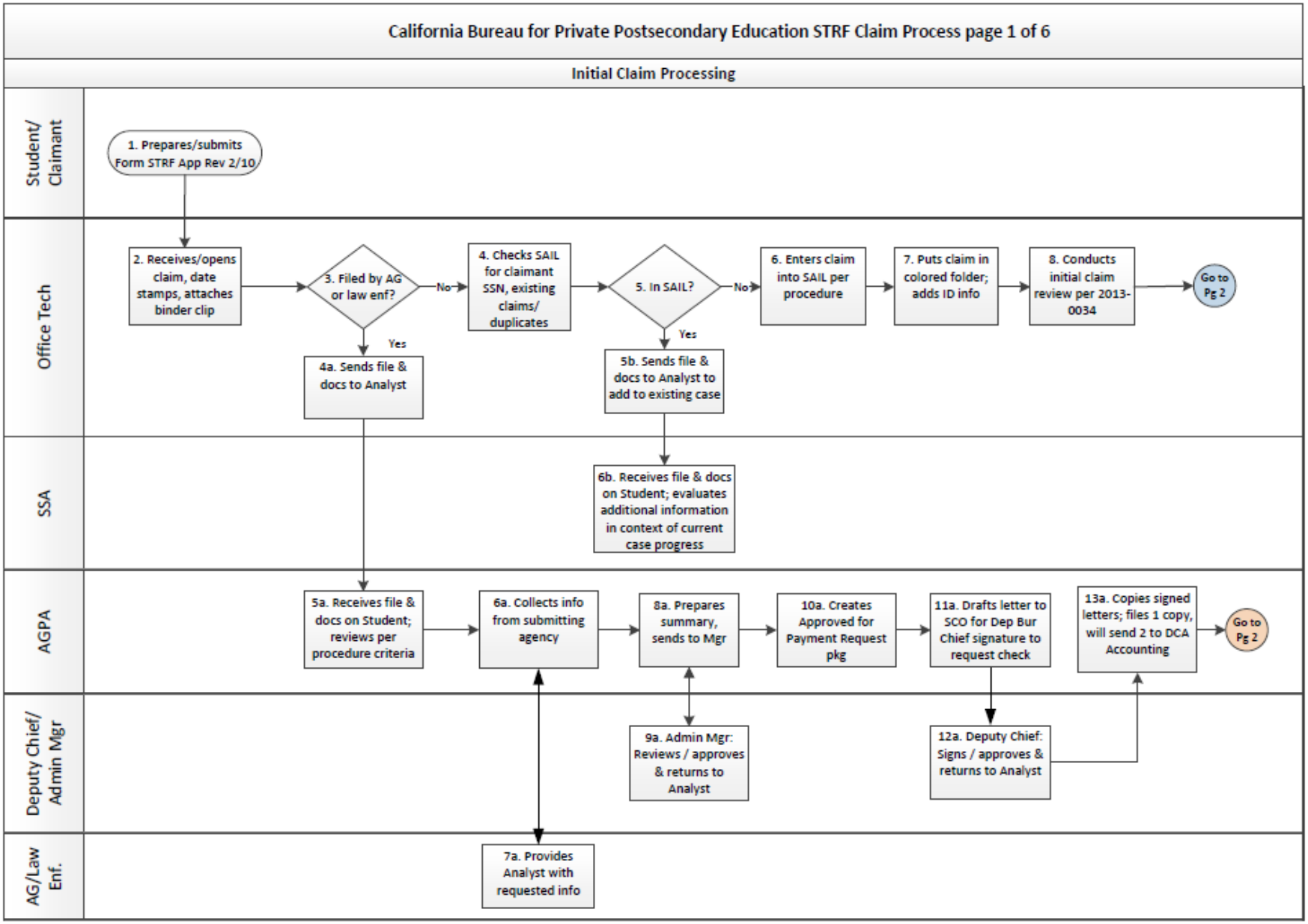
Assessment of the Student Tuition Recover Fund Unit found it was making progress on the backlog and could be caught up within a year with current staffing. For the reason that the current process seems to at least be effective and the fact that this unit impacts a small staffing contingent that does not directly impact the work of other unit, the process was not analyzed to the same extent and iterations of the other units. The "To Be" work process flow chart depicted at the end reflects the current process with very minor changes as described in the Recommended Process Changes section.

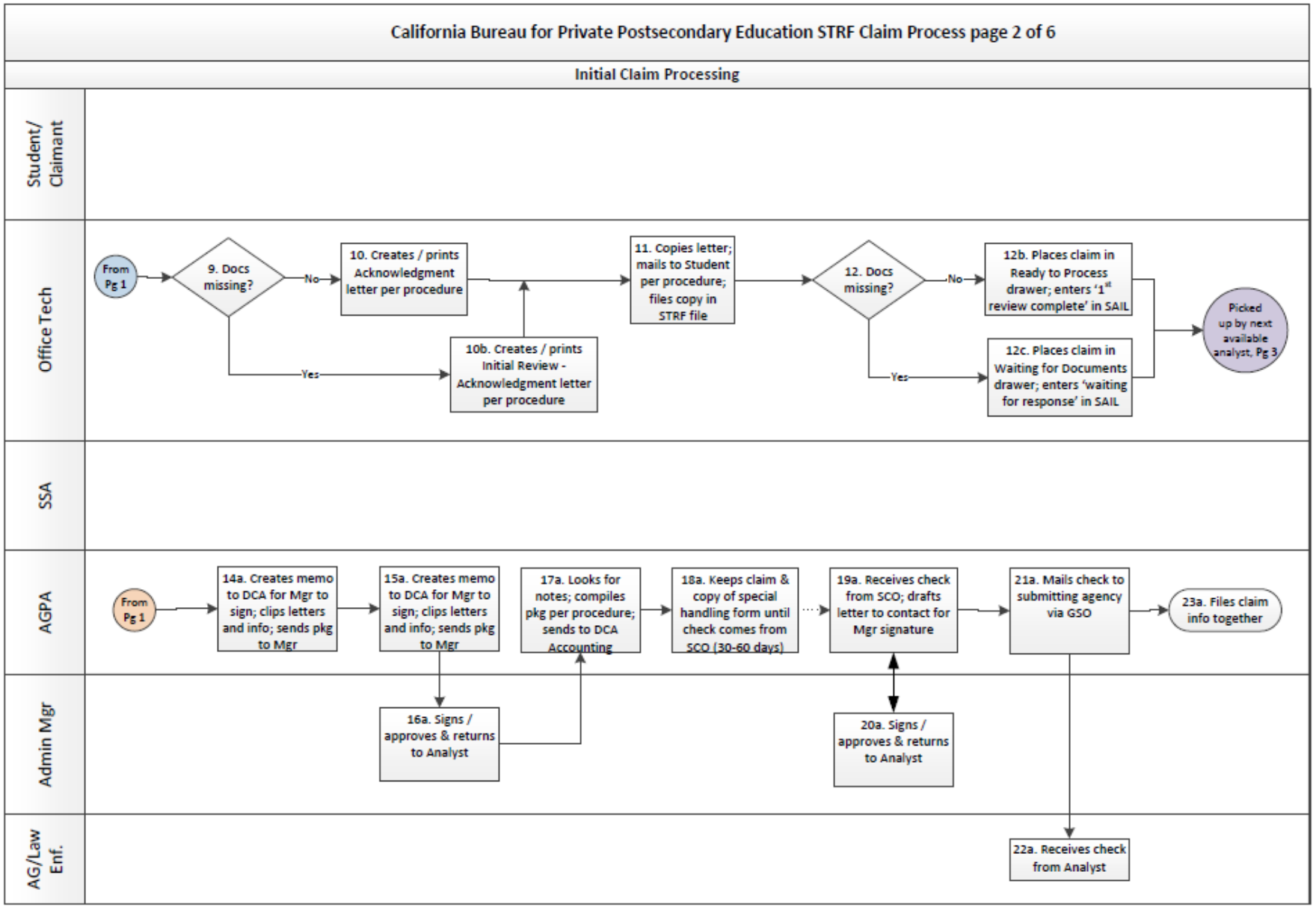
Recommended Process Changes

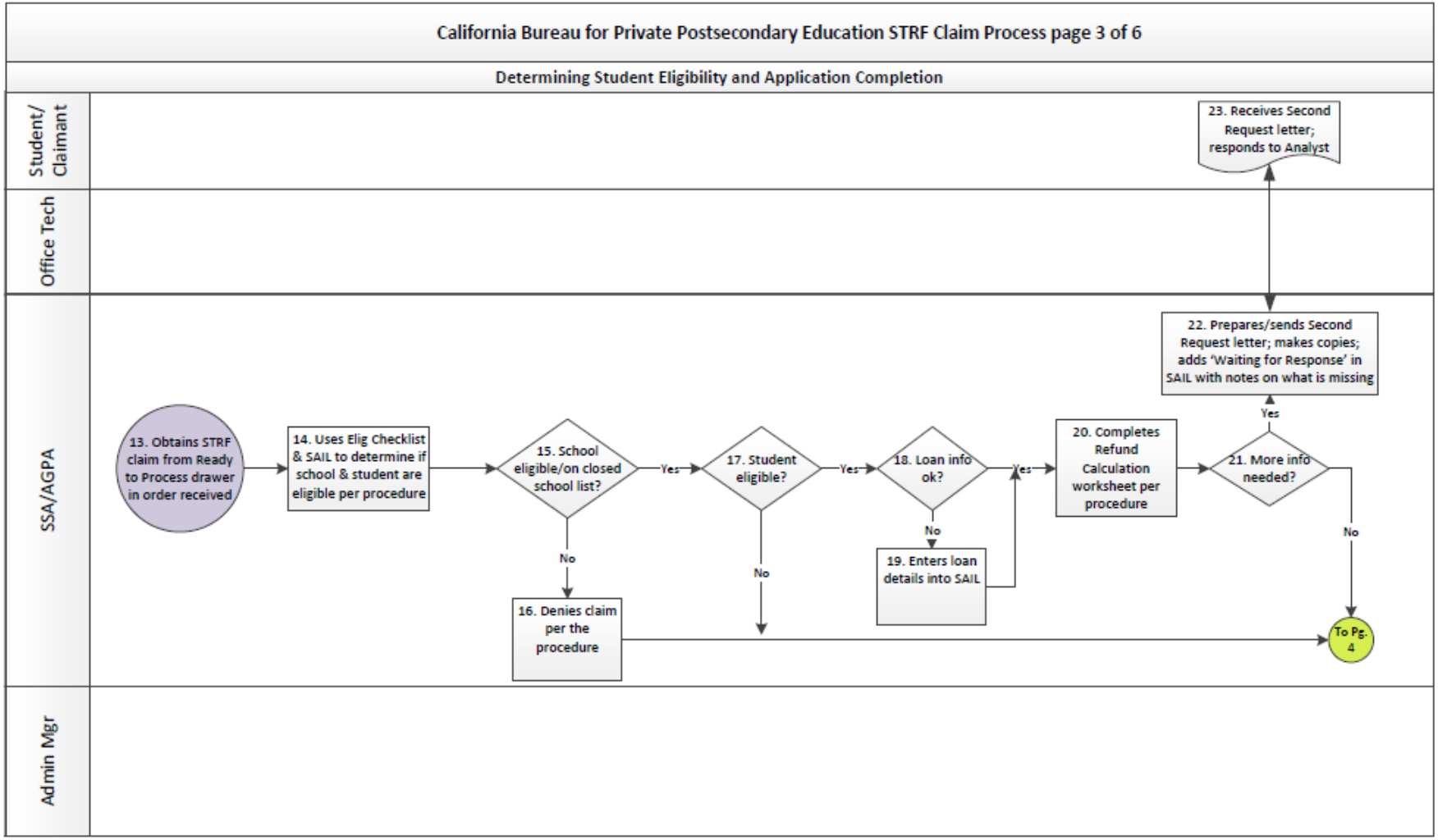
Even without a full analysis of the STRF process, a couple of suggestions for consideration are presented below.

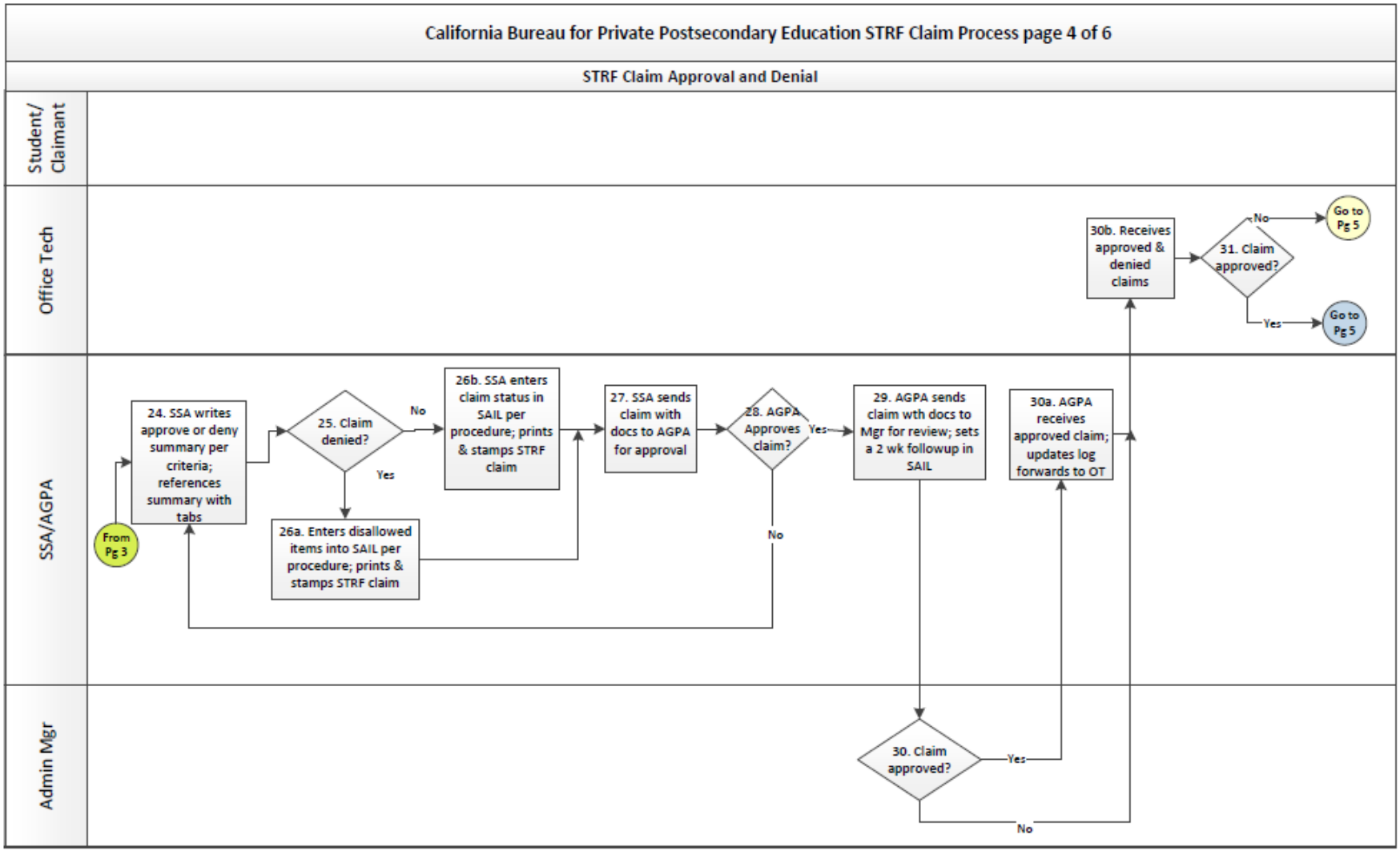
- Create and maintain a more comprehensive method of tracking the progress of claims for future workload assessments in order to identify where in the process the largest delays are occurring and may need re-examination. This will assist in ensuring continuous process flow rather than having a delay in the process which could elicit re-review if enough time had passed.
- Increase student awareness of requirements, frequently asked questions regarding the STRF process through the creation of webcasts or informational materials that can be referenced or required reading/viewing with the application. The STRF applications themselves can reference the webcasts/instructional videos to view based on the application type or change type.
- Change the follow up time to two weeks after submitting a claim to the manager for review, as depicted in step 29 on page 4 of the "To Be" process flow chart.

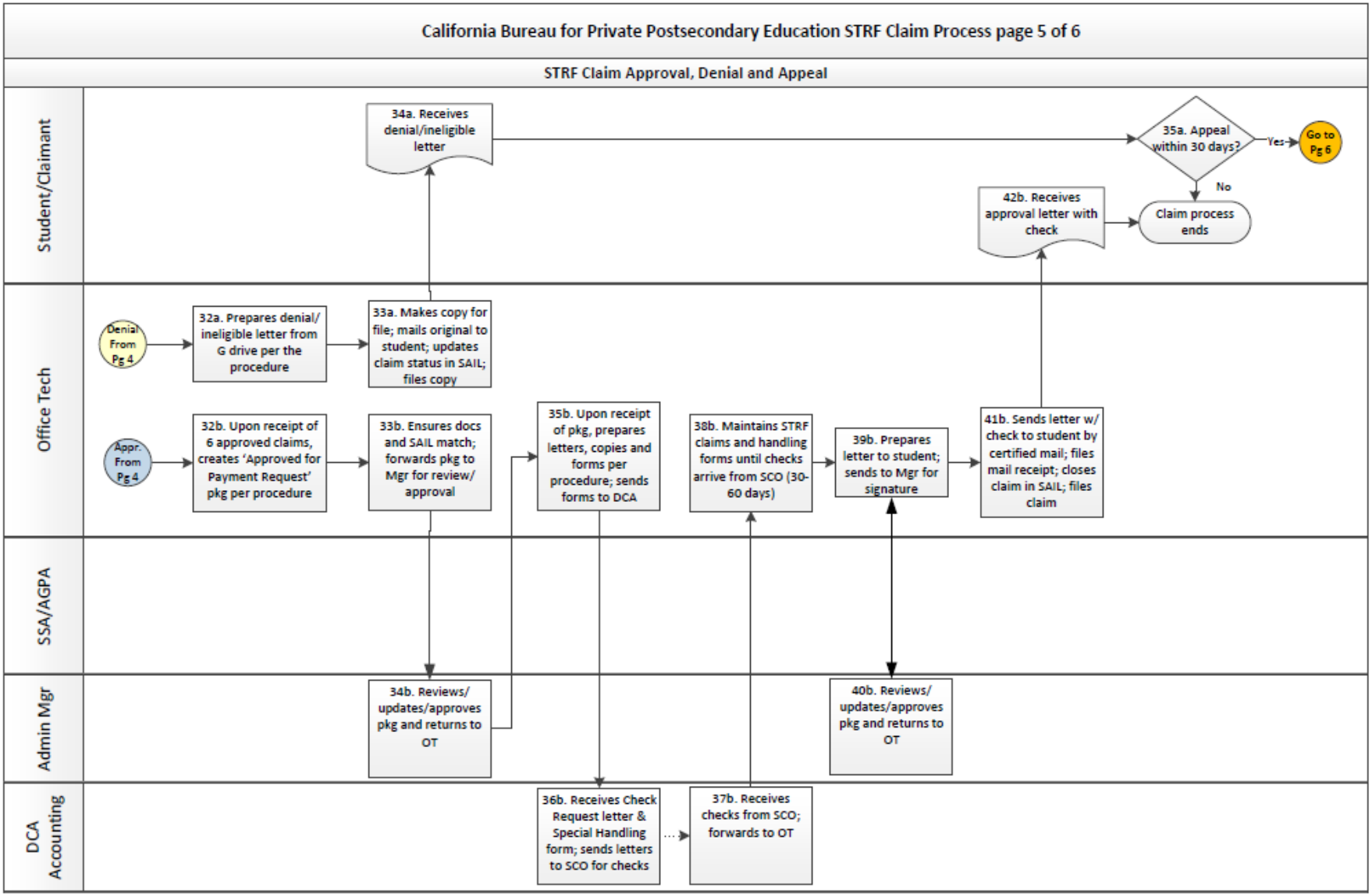
Administrative - STRF "As Is" Process Flow Chart

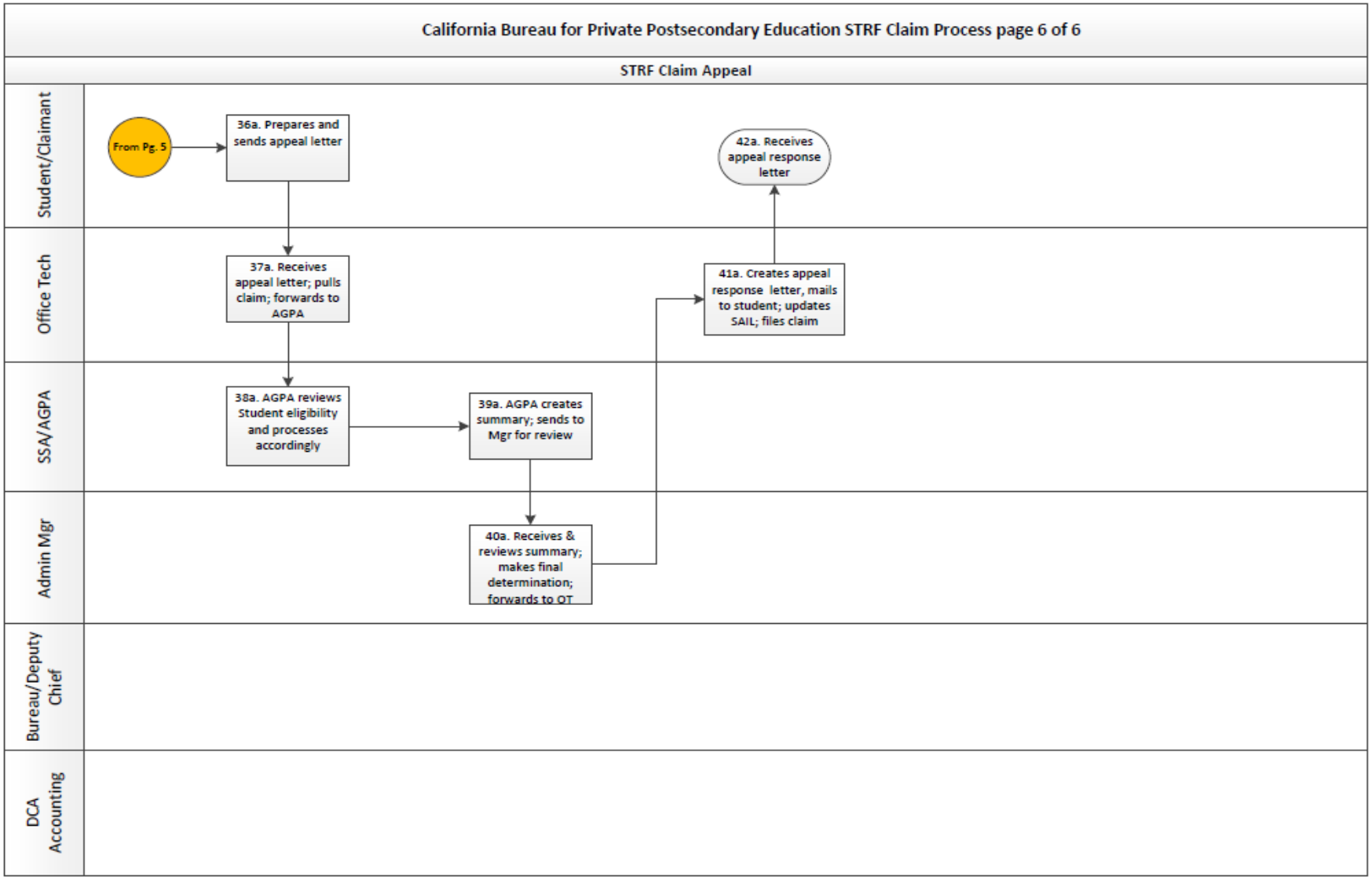



California Bureau for Private Postsecondary Education STRF Claim Process page 2 of 6
Initial Claim Processing
Student/ Claimant
Office Tech
SSA
AGPA
Admin Mgr
AG/Law Enf.
From Pg 1
9. Docs missing?
No
Yes
10. Creates / prints Acknowledgment letter per procedure
10b. Creates / prints Initial Review - Acknowledgment letter per procedure
11. Copies letter; mails to Student per procedure; files copy in STRF file
12. Docs missing?
No
Yes
12b. Places claim in Ready to Process drawer; enters '1st review complete' in SAIL
12c. Places claim in Waiting for Documents drawer; enters 'waiting for response' in SAIL
Picked up by next available analyst. Pg 3
From Pg 1
14a. Creates memo to DCA for Mgr to sign; clips letters and info; sends pkg to Mgr
15a. Creates memo to DCA for Mgr to sign; clips letters and info; sends pkg to Mgr
17a. Looks for notes; compiles pkg per procedure; sends to DCA Accounting
18a. Keeps claim & copy of special handling form until check comes from SCO (30-60 days)
19a. Receives check from SCO; drafts letter to contact for Mgr signature
21a. Mails check to submitting agency via GSO
23a. Files claim info together
16a. Signs / approves & returns to Analyst
20a. Signs / approves & returns to Analyst
22a. Receives check from Analyst


California Bureau for Private Postsecondary Education STRF Claim Process page 3 of 6
Determining Student Eligibility and Application Completion
Student/ Claimant
Office Tech
SSA/AGPA
Admin Mgr
23. Receives Second Request letter; responds to Analyst
22. Prepares/sends Second Request letter; makes copies; adds 'Waiting for Response' in SAIL with notes on what is missing
13. Obtains STRF claim from Ready to Process drawer in order received
14. Uses Elig Checklist & SAIL to determine if school & student are eligible per procedure
15. School eligible/on closed school list?
Yes
No
16. Denies claim per the procedure
17. Student eligible?
Yes
No
18. Loan info ok?
Yes
No
19. Enters loan details into SAIL
20. Completes Refund Calculation worksheet per procedure
21. More info needed?
Yes
No
To Pg. 4


California Bureau for Private Postsecondary Education STRF Claim Process page 4 of 6
STRF Claim Approval and Denial
Student/ Claimant
Office Tech
SSA/AGPA
Admin Mgr
From Pg 3
24. SSA writes approve or deny summary per criteria; references summary with tabs
25. Claim denied?
No
Yes
26a. Enters disallowed items into SAIL per procedure; prints & stamps STRF claim
26b. SSA enters claim status in SAIL per procedure; prints & stamps STRF claim
27. SSA sends claim with docs to AGPA for approval
28. AGPA Approves claim?
Yes
No
29. AGPA sends claim wth docs to Mgr for review; sets a 2 wk followup in SAIL
30. Claim approved?
Yes
No
30a. AGPA receives approved claim; updates log forwards to OT
30b. Receives approved & denied claims
31. Claim approved?
No
Yes
Go to Pg 5
Go to Pg 5


California Bureau for Private Postsecondary Education STRF Claim Process page 5 of 6
STRF Claim Approval, Denial and Appeal
Student/Claimant
Office Tech
SSA/AGPA
Admin Mgr
DCA Accounting
34a. Receives denial/ineligible letter
35a. Appeal within 30 days?
Yes
Go to Pg 6
No
42b. Receives approval letter with check
Claim process ends
Denial From Pg 4
32a. Prepares denial/ ineligible letter from G drive per the procedure
33a. Makes copy for file; mails original to student; updates claim status in SAIL; files copy
Appr. From Pg 4
32b. Upon receipt of 6 approved claims, creates 'Approved for Payment Request' pkg per procedure
33b. Ensures docs and SAIL match; forwards pkg to Mgr for review/ approval
35b. Upon receipt of pkg, prepares letters, copies and forms per procedure; sends forms to DCA
38b. Maintains STRF claims and handling forms until checks arrive from SCO (30-60 days)
39b. Prepares letter to student; sends to Mgr for signature
41b. Sends letter w/ check to student by certified mail; files mail receipt; closes claim in SAIL; files claim
34b. Reviews/ updates/approves pkg and returns to OT
40b. Reviews/ updates/approves pkg and returns to OT
36b. Receives Check Request letter & Special Handling form; sends letters to SCO for checks
37b. Receives checks from SCO; forwards to OT


California Bureau for Private Postsecondary Education STRF Claim Process page 6 of 6
STRF Claim Appeal
Student/Claimant
Office Tech
SSA/AGPA
Admin Mgr
Bureau/Deputy Chief
DCA Accounting
From Pg. 5
36a. Prepares and sends appeal letter
42a. Receives appeal response letter
37a. Receives appeal letter; pulls claim; forwards to AGPA
41a. Creates appeal response letter, mails to student; updates SAIL; files claim
38a. AGPA reviews Student eligibility and processes accordingly
39a. AGPA creates summary; sends to Mgr for review
40a. Receives & reviews summary; makes final determination; forwards to OT

References

George, M. L. (2003). *Lean Six Sigma for Service.* New York: McGraw-Hill.

Howle, E. M. (2014). *Bureau for Private Postsecondary Education - It Has Consistently Failed to Meet Its Responsibility to Protect the Public's Interests.* Sacramento: California State Auditor.

September 15, 2014

Workload, Staffing and Business Process Review
Draft Interim Report

SUBMITTED BY:
Richard Mallory, PMP
Project Manager

CPS HR Consulting
241 Lathrop Way
Sacramento, CA 95815
t: 916-471-3311 *f:* 916-561-1804
rmallory@cpshr.us
Tax ID: 68-0067209
www.cpshr.us

Table of Contents

Executive Summary 1
I: Organizational Background 3
II: Licensing 5
Current Work Assessment 5
Analysis of Tracking Spreadsheet/Logs 11
"As is" Licensing Process 21
III: Compliance 27
Current Work Assessment 27
Analysis of Tracking Spreadsheet/Logs 32
"As is" Compliance Inspection Process 36
IV: Complaint Investigation and Discipline 44
Current Work Assessment 44
Analysis of Tracking Spreadsheet/Logs 50
"As is" Complaint Investigation Process 61

Executive Summary

Bureau Mission

As part of the Department of Consumer Affairs, the Bureau for Private Postsecondary Education (BPPE or Bureau) has been responsible for regulating private postsecondary educational institutions in California since 2010. The Bureau's mission is to promote and protect the interests of students and consumers through a) the effective and efficient oversight of California's private postsecondary educational institutions; b) the promotion of competition that rewards educational quality and employment outcomes; c) proactively combating unlicensed activity; and d) resolving student complaints in a manner that benefits both the complainant student and future students.

The Bureau has 66 authorized positions that perform in the following program/operational units:

- Licensing Program
- Enforcement Program
- Quality of Education Program, and
- Administration Unit

Recent State Audit

In 2013, the Bureau underwent an effectiveness/efficiency audit by the Bureau of State Audits. The audit revealed findings concerning the volume, backlog and timeliness of license application processing; complaint handling; and institutional compliance inspections. In general, the Bureau concurred with the findings and recommendations but indicated the report title did not accurately reflect Bureau conditions. During the period reviewed, the Bureau lacked sufficient trained staff, documented business processes, and information systems that substantially contributed to the findings.

Study Scope and Goals

As a result, in May 2014, the Bureau engaged CPS HR Consulting (CPS HR) to conduct an independent review of the Bureau and to make recommendations for improving operational effectiveness and efficiency, with a specific focus on Licensing and Enforcement Compliance Inspection and Complaint Processes, workload and staffing levels.

This interim report presents the preliminary analysis based on work conducted from May 2014 to August 2014. The goals for the first part of this study include:

- A review of organizational background, administrative practices, methods and workload.
- A review of staff responsibilities, tasks, methods and workload for each work area.
- The development of process flow charts as they currently stand based on existing procedures and Subject Matter Expert (SME) feedback.
- A review of current process records to identify current processing times, processing patterns, and the extent of the backlogged cases.

- A macro-level review of backlogged data and current processing times to make preliminary observations on the ability for current staff to address the backlog.

Opportunities for Improvement

As a result of this preliminary analysis, CPS identified the following opportunities for improvement that will be further explored in the next phase of the study:

Licensing Applications

- Hire more staff.
- Assign and review applications faster.
- Make initial contact with institutions sooner.
- Eliminate excessive communication cycles and response waiting time.

Enforcement Compliance Inspections

- Assign and complete inspections of main locations well before the license expiration date.

Enforcement Complaints

- Shift complaint workload formerly handled by DCA CRP back to that unit.
- Assign complaints faster, especially those involving a citation or the Attorney General discipline process.

Enforcement Discipline

- Assign Citations faster.
- Identify opportunities to reduce or control Attorney General involvement and time consumed in the discipline process.

Acknowledgment

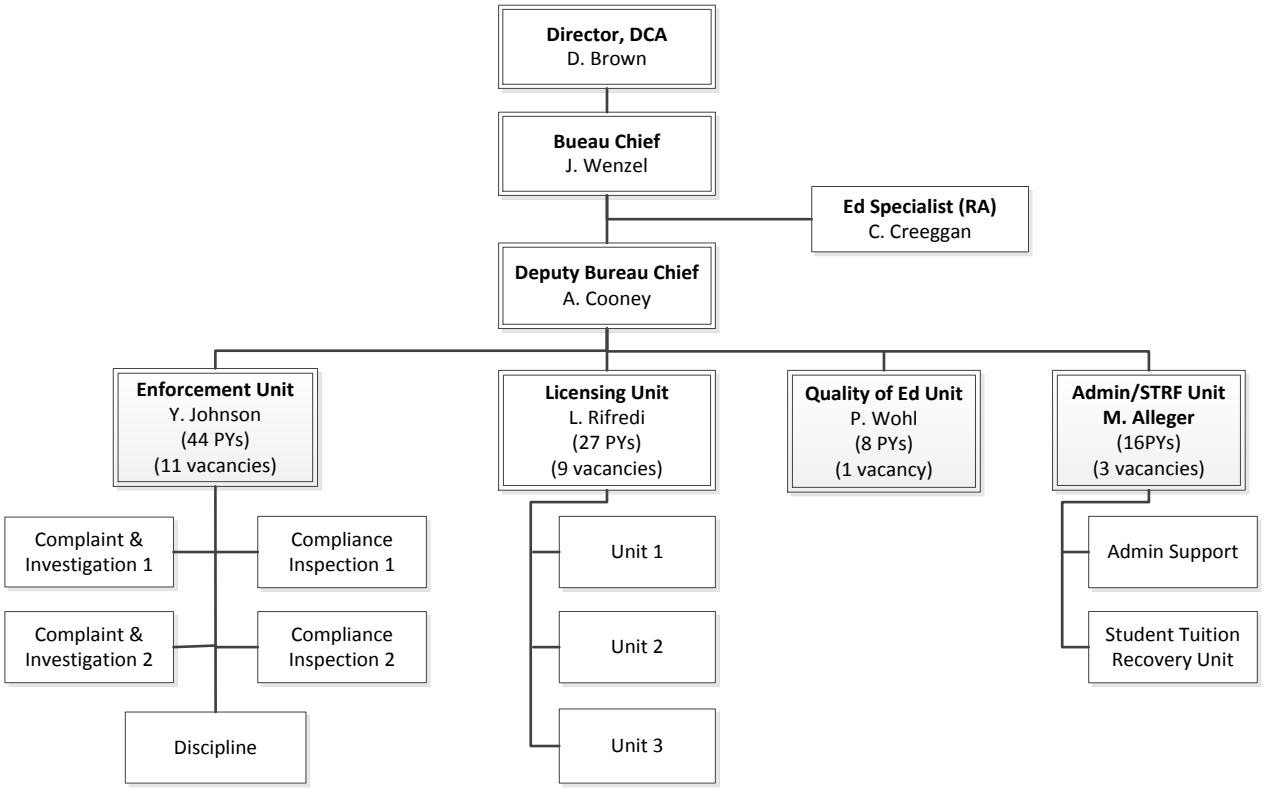
CPS HR wishes to thank everyone at BPPE for their invaluable and timely contributions.

I: Organizational Background

Effective January 1, 2010, the California Private Postsecondary Education Act of 2009 established the Bureau to regulate private postsecondary institutions in California, including both degree-granting academic institutions and non-degree-granting institutions. As of June 2014, the Bureau has 66 authorized positions to operate four units that 1) license California-based private postsecondary educational institutions; 2) handle student complaints about the institutions; 3) conduct compliance inspections and discipline educational institutions; and 4) provide business services and administrative support.

Since its inception, BPPE staff have increased minimally from 63 in 2010 to 66 in 2014. The current BPPE organization structure is displayed below and includes 24 limited- term (LT) positions and 22 vacancies. Limited-term positions are restricted to three years in length. The predominant classifications are Staff Services Manager (SSM), Staff Services Analyst (SSA), Associate Governmental Program Analyst (AGPA), Education Specialist (ES), and Office Technician (OT).

Figure 1
BPPE Organization Chart as of June 2014



Governance

As established by California Education Code Section 94880, a 12 member Advisory Committee was established to provide input and advice on matters related to the development and application of regulations and administration of the law and to conduct an annual review of the fee schedule, licensing, and enforcement provisions of the statute.

Study Methodology

CPS HR collected information in three ways to build a comprehensive understanding of the work currently being completed. First, to create objective, quantifiable task information for each major business process reviewed, CPS HR created a position description questionnaire (PDQ) that asked staff to self-report on specific tasks performed, and assigned work not being performed. Each PDQ was reviewed and validated by their supervisor. This information is typically more specific than general classification standards and more accurate than outdated duty statements. The information from these PDQs was used to determine how much time was spent on active processes to move the BPPE cases forward versus required administrative activities (e.g., training, meetings, travel). The PDQ results are presented in graphic work distribution charts, as seen in the following section, and are used as the basis for objectively calculating workload and staffing requirements.

Secondly, BPPE staff were asked to provide any tracking spreadsheets documenting actions taken on each case so CPS HR consultants could analyze the current processing times. There is a common database and tracking system, the Schools Automated Information Link (SAIL), but it is not used exclusively because it does not always contain the desired fields. As a result, individual spreadsheets are more prevalent. The spreadsheets provided along with the other information gathered are presented in each of the following sections. Where available, CPS combined, cleansed and analyzed the spreadsheet information to understand the current process steps, processing time, and the number of staff to address current and backlogged work.

Thirdly, current procedure guidelines were utilized to develop a process flow chart for each process. Once completed, groups of subject matter experts (SME's) were identified for each program unit and the respective flow charts were discussed and amended until they accurately represented the current or "as is" processes. The SME's and CPS will use this information in the next study phase as a starting point to streamline the business processes and develop "to be" flowcharts and recommendations to improve effectiveness, efficiency and economy.

The remainder of this report presents work distribution charts by job classification, analyses of unit tracking spreadsheets, "as is" flowcharts for each business process/unit reviewed, and opportunities for improvement.

Constraints and Data Limitations

CPS HR relied on information received from the detailed PDQs and tracking sheets, combining information when possible to present the most logical and comprehensive depiction of the processes. However, the labeling within the spreadsheets was not always consistent, and the information to calculate the time spent in each part of the process was not always available. Calculations made were based on available data which resulted in smaller sample sizes for some process steps. In the event the analysis was based on a smaller sample, interpretations were made with caution to take into consideration that the sample may not be representative.

II: Licensing

Current Work Assessment

The Licensing unit, headed by Leeza Rifredi – Staff Services Manager II, is made up of 27 staff including 2 filled and 1 vacant Staff Services Manager I (SSM I), 9 filled and 8 vacant Associate Government Program Analysts (AGPA), 4 filled Staff Service Analysts (SSA), and 2 filled Office Technicians. Of the filled positions, all except for 3 AGPAs and 1 SSA completed the PDQs with the results shown in work distribution charts 1A to 1E below.

Chart 1A: Licensing SSM I's

Critical duties are bolded

M. Reed - SSM I			E. Smith - SSM I		
Reports to: L. Rifredi	**# Auth Suprv**	**9**	**Reports to: L. Rifredi**	**# Auth Suprv**	**8**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Approve/deny licensing applications reviewed by staff submitted by institutions seeking approval to operate	**AS/D**	**88.0%**	Reviewing and approving/denying staff work on licensing applications.	**D**	**35.0%**
Approve/deny staff time off requests, sign timesheets (includes reviewing staff work and providing mentorship)	**AS/D**	**3.0%**	Approving time off, alternate work schedules.	AS	5.0%
Complete Performance Evaluations, Probation Reports, IDP's, MSA Approval's	**AS**	**2.0%**	Preparing evaluations on current staff.	A/AS	5.0%
Update processing procedures	AS	1.0%	Assist staff with daily work by creating checklists, template forms, etc.	AS	2.5%
Answer and respond to questions in person, phone calls and via email from applicants, staff, and management	AS/D	3.0%	Responding to questions from Institutions and other agencies.	D	10.0%
Review status reports and update status tracking spreadsheet	W	2.0%	Assigning work to staff.	W/AS	5.0%
Attend staff, management, other miscellaneous meetings (for example BREEZE/SAIL conversion meetings)	AS/D	1.0%	Train new staff.	**AS**	**5.0%**
			Ongoing training to current staff.	**D**	**25.0%**
			Interview and hire new staff.	**AS**	**5.0%**
			Determine and fix SAIL database problems.	AS	2.5%
Total Time %		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**		
Review licensing applications snbmitted for	**Each app is**		**Reviewing staff work in a timely manner.**	**20 hrs/week**	
			Completing my own assignments in a timely manner.	Varies	
			Responding to correspondence from institutions and other agencies in a timely manner.	AS	

Chart 1A reveals these SSMs spend a substantial amount of time performing mission-critical tasks related to hiring and training staff; assigning, reviewing and approving staff work on licensing applications; approving timesheets and time off; attending meetings; updating process procedures; responding to institution queries; and determining and fixing SAIL database problems. The assigned work that was not getting done ranged from reviewing and approving licensing applications to completing other assigned work in a timely manner. One SSMI estimated needing 20 more hours per week to review staff work. Overall, the SSM I's reported needing **61.5%** of their time on average to review staff work.

Chart1B: Licensing AGPAs

V. Thornros - AGPA			J. Quagle - AGPA			J. Mackey - AGPA		
Reports to: E. Smith	# Auth Suprv	0	Reports to: E. Smith	# Auth Suprv	0	Reports to: E. Smith	# Auth Suprv	0
Duties	Freq	% Time	Duties	Freq	% Time	Duties	Freq	% Time
Review and analyze applications (or re-review reassigned apps), supporting documents, and/or responses; review received deficiencies.	D	60.0%	Review and analyze licensing applications	D	20.0%	Review and analyze application including enrollment agreement, catalog, and supporting documents	D	36.0%
Determine if institution is current/active through Secretary of State website, if accountant submitting financials is licensed and in good standing through Board of Accountancy; review institution website to verify consistency of information provided in application and supporting documents.	W	10.0%	Prepare and compile Deficiency Letters, Approval/Denial Memos Approval/Denial Letters	D	20.0%	Investigate applicant and supporting information via web	D	5.0%
Draft deficiency letter & checklist if institutions response does nto meet Bureau minimum operating standards.	D	20.0%	Phone and E-mail Correspondence: answer specific questions and provide application status	D	8.0%	Answer direct and general BPPE phone calls, respond to email inquiries	D	23.0%
Communicate with institution either verbally or via email	W	5.0%	Track and update logs and SAIL: Analyst Audit Log, Weekly Analyst Memo	D	5.0%	Input data into SAIL	W	3.0%
Answers the phones when clerical staff are unable to do	W	2.0%	Research and correspond with colleagues/management on law interpretation, other agency requirements, educational programs, compile self "tool help sheets"	D	15.0%	Collaborate with other BPPE departments for enforcement activity and fees	W	1.0%
Update Analyst's Application Audit excel spreadsheet	W	2.0%	Process Denied Applications - prepare letters for mailing (copies, labels, certified/regular mail)	W	15.0%	Prepare weekly memos and supporting document copies of accomplish tasks for the week	W	1.0%
Prepare Friday Productivity Memo to Management	W	1.0%	Process Denied Applications - update tracking log, update SAIL, electronic folder, returned mail, request from formal discipline analyst	W	10.0%	Input and print required in house memos	W	3.0%
			Research and update procedures: Denial Process & Denial	AS	6.0%	Research laws and regulations	D	7.0%
			Attend Staff/ Bureau meetings	M	1.0%	Input and print coversheets for each section of application	W	3.0%
						Input application status data into audit spreadsheet for management	W	1.0%
						Answer questions and find documents for Education Specialists	AS	1.0%
						Answer questions for staff members	D	8.0%
						Modify memos and approval letters per management request	AS	2.0%
						Remove/consolidate applications and supporting documentations after approval and file appropriately.	M	1.0%
						Staff and one on one meetings	W	2.0%
						Hold in-house meetings with applicants	AS	1.0%
						Travel	AS	1.0%
						Attend training/webinars	AS	1.0%
Total Time %		100.0%	Total Time %		100.0%	Total Time %		100.0%
Work Not Getting Done			Work Not Getting Done			Work Not Getting Done		
Review institution response to deficiency letter, requiring full review of submitted documentation to determine compliance - resulting in limited time to review new	**25-30 hrs/week**		All work is getting done; however, the time it takes to process applications during a specific point in the process is delayed due to other tasks needing to be performed,			**Prepare and file completed applications**	**1 hr/wk**	
						Prepare denials of applications that were waiting	**5 hrs/wk**	

Critical duties are bolded

L. Cheung - AGPA			H. Her - AGPA			Owen - AGPA		
Reports to: E. Smith	**Auth Suprv**	**0**	**Reports to: M. Reed**	**Auth Suprv**	**0**	**Reports to: E. Smith**	**# Auth**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**			
Review licensing applications, communicationg with applicants/complaints, consulting with coworkers/management, and preparing memos with recommendations to management	**D**	**75.0%**	Review application including enrollment agreement, catalog, supporting documents and update tracking excel logs	**D**	**40.0%**	**Duties**	**Freq**	**% Time**
Answer questions regarding Bureau laws and regulations from institutions, applicants, and the public, preparing correspondence as needed	D, AS	10.0%	Complete enrollment agreement checklist, catalog checklist, application checklist.	**D**	**15.0%**	***On Medical Leave***		
Prepare articles/items for quarterly Bureau internal newsletter - meeting biweekly with committee	W, Q	3.0%	Research and review the Bureau and other Agencies laws pertaining to specific education programs proposed by the institutions.	**AS**	**15.0%**			
Respond to inquiries and make nonsubstantive change requests for institutions	AS	6.0%	Prepare corresponding mail and email to institutions based on application review.	**W**	**5.0%**			
Research information on LexisNexis per Bureau requests.	**AS**	**3.0%**	Review application with minor internet investigations to either support or deny facts provided in the application.	**D**	**10.0%**			
Project: Writing applicant guidelines for completing applications	AS	3.0%	Draft weekly reports and updating personal application tracking logs.	W	2.0%			
			File completed application in the file room	AS	2.0%			
			Assist walk in and phone customers with application inquiries	**D**	**2.0%**			
			Utilize SAIL to input information, research past activities, identify financial updates and complaints	**AS**	**5.0%**			
			Review Annual Reports and correspond with staff to confirm compliance with Bureau policies and procedures	**D**	**2.0%**			
			Attend staff meetings and training sessions.	**AS**	**2.0%**			
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Project to write guides for applicants on how to complete applications.	24-40 hrs per guide		None reported					

Critical duties are bolded

B. Cartwright- AGPA			R Roper - AGPA			S. Yee - AGPA		
Reports to: M. Reed	**Auth Suprv**	**0**	**Reports to: M. Reed**	**Auth Suprv**	**0**	**Reports to: M. Reed**	**Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review applications for completion, and complete application checklist	**D**	**25.0%**	Review application	**D**	**80.0%**	Review, evaluate and analyze complex accredited and non-accredited educational institution applications.	**D**	**40.0%**
Review Enrollment Agreement to ensure it meets Bureau standards, does not have unallowed information, and enrollment agreement checklist is complete.	D	1.0%	Prepare Letter	**D**	**3.0%**	Review the enrollment agreement and identify sections that do or do not meet the bureau's requirements	**D**	**20.0%**
Review Catalog (including SPFS) to ensure it includes Bureau standards, does nto have unallowed information, and catalog checklist is completed	**D**	**25.0%**	Contact institutions by telephone	**D**	**2.0%**	Review of the catalog agreement and identify sections that do or do not meet the bureau's requirements	**D**	**20.0%**
Perform routine verifications (Secretary of State - verify corp or lle is active), other boards, bureaus, licensing and certification agencies - verify licenses are valid, etc.)	**AS**	**2.0%**	Prepare Memo (Cover memo, approval memo, denial memo)	**D**	**2.0%**	Notify institutions of additional information required to fulfill the licensing requirements for licensure.	D	10.0%
Prepare Deficiency Letters	**AS**	**10.0%**	Receive calls from institutions	**D**	**3.0%**	Respond to institution's, bureau staff, consumers and students emails and status request	W	5.0%
Review applicants response(s) to deficiency letters	**AS**	**25.0%**	Respond to institutions by emails	**D**	**4.0%**	Research and collect data to complete application review.	W	4.0%
Perform routine verification audits checking for pending complaints, pending applications from same school, and revenue tracking to ensure payments are made.	AS	10.0%	Review emails	**D**	**5.0%**	Filing	AS	1.0%
Respond to telephone calls/emails regarding application status or general questions	**AS**	**2.0%**	Contact with institution by personal visit to office	**AS**	**1.0%**			
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Follow up with applicants	Less than 1 hr		Reviewing Applications	3 hrs each		Currently do not have this issue as I am new to the bureau.		

Chart 1B shows that the AGPAs spend most of their time on mission critical duties related to reviewing and analyzing licensing applications including reviewing enrollment agreements and catalogs, verifying status with Secretary of State and Board of Accountancy, researching relevant laws, verifying presented information through internet research, completing relevant quality control checklists, and drafting correspondence to the institutions (e.g., Deficiency letters, approval/denial correspondence) based on the review. Additionally they are responding to general and institution phone calls and emails, attending Bureau meetings and training, preparing applicant guidelines and contributing to internal memos/newsletters, updating SAIL and tracking spreadsheets, traveling as necessary, and filing completed applications. The assigned work not getting done ranged from one AGPA indicating they needed 25-30 more hours a week to review institution responses to deficiency letters, another indicated needing an additional 5 hours a week to prepare backlogged denials and 1 hour to prepare and file applications, while others noted they needed more time follow up with applicants and review applications in general. Additionally, the responses indicated needing more time for completing applicant guides (24-40 hours per guide). Overall, the AGPA's reported spending an average of **83.6%** of their time to complete the activities directly related to processing the applications.

Chart 1C: Licensing SSAs

Critical duties are bolded

M. Otsuji - SSA			K. Harris - SSA			A. Arceo - SSA		
Reports to: E. Smith	**# Auth Suprv**	**0**	**Reports to: E. Smith**	**# Auth Suprv**	**0**	**Reports to: M. Reed**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review application and supporting documentation (floor plans, leases, enrollment agreement, catalogs, accreditor letters)	**D**	**65.0%**	Review applications for completion including sufficient documents, completed annual reports, current on fees, active on Secretary of State website, current accreditation with matching programs	**D**	**35.0%**	Review licensing applications	**D**	**35.0%**
Contact institutions to request additional application information or to provide clarification to institutions.	**D**	**5.0%**	Notify institutions of pending expiration, check if renewal application received after expiration date passed and if not, change status to "expired approval" and notify Closed School Unit	M	5.0%	Receive and review correspondence from applicants	**D**	**10.0%**
Utilize the internet, SAIL database and licensing file to review additional information on institutions	W	1.0%	Review additional documentation in the application to verify sufficient information for approval	**D**	**30.0%**	Verify information provided by institution via internet	**D**	**10.0%**
Prepare deficiency letters to inform the institutions on their level of compliance with the regulations/statutes.	**D**	**15.0%**	Draft deficiency letter notifying institution of insufficient or missing information from application	**D**	**10.0%**	Type deficiency letters to institutions	**D**	**15.0%**
Answer general licensing questions from licensing phone line	AS	1.0%	Answer phone, respond to general questions on Bureau information, pending applications pulling files as needed for answers	D	5.0%	Answer incoming telephone inquiry from consumers	**D**	**5.0%**
Make recommendations to management regarding approval/denial of applications assigned to me.	**D**	**5.0%**	Draft memo requesting application approval, letter submitted to manager for final approval	**D**	**5.0%**	Type approval letters and memos	**D**	**15.0%**
Input management approved applications into SAIL	**D**	**5.0%**	Update application status in SAIL upon manager approval including approval date, addition of programs, ownership information	**D**	**5.0%**	Input data into SAIL	**D**	**5.0%**
Update excel auditing tracking log to include institution name, key dates, correspondence records, status, notes	**D**	**2.0%**	Respond to emails regarding pending applications or institution's current status with the Bureau.	D	5.0%	Respond to emails from applicants	**D**	**5.0%**
Respond to emails received from institutions, colleagues and management regarding applications	AS	1.0%						
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Filing of applicantions that have been approved/denied	1hr/month		**Filing/Purging of School's institutional files**	**2 hrs/week**		**Filing of documents into school file**	**1 hr**	
						Purging school file	**1-2 hr**	

Chart 1C and the first part of Chart 1D reveals these SSAs spend a substantial amount of time performing mission-critical tasks related to reviewing application for completion, drafting deficiency letters and following up with institutions on missing information, and making recommendations to management on approval/denial of the application. Additionally, they are answering general licensing questions over the phone or via email, some of which requires researching files for the answers, updating SAIL and tracking logs. Assigned work that is not getting done included filing and purging approved/denied applications in the school files and updating the application statistic/tracking logs. Overall, the SSA's reported spending an average of **87.8%** of their time in completing the activities directly related to processing applications.

Chart 1D: Licensing SSAs and OTs

Critical duties are bolded

N. Robinson - SSA			M. Hammitt - OT			K. Mam - OT		
Reports to: M. Reed	**# Auth**	**0**	**Reports to: M. Reed**	**# Auth**	**0**	**Reports to: E. Smith**	**# Aut**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Evaluate licensing applications for completion and compliance of submitted documents	**D**	**50.0%**	Answer phone calls, sometimes requiring research into applications or laws/regulations - each taking 10-45 minutes	D	15.0%	Respond to consumer questions over phone regarding school licensure or application status	**D**	**30.0%**
Communicate with institutions to assist with application completion and eliminate	**AS**	**10.0%**	Retrieve and respond to voicemails on licensing line - researching answers as needed	D	10.0%	File incoming correspondences and documentation received from institution	W	5.0%
Draft deficiency letters to notify institutions of incomplete or non-compliant submitted applications.	**W**	**20.0%**	File back documents received in institutions file, or back school files for analyst	AS	9.0%	Respond to consumer's questions by email concerning licensure of an institution or application status	**D**	**20.0%**
Recommend application approval/denial to management based on completion and compliance with laws/regulations	**W**	**10.0%**	Respond to emails, finding requested information as needed	D	1.0%	Review non-substantive changes to ensure compliance with laws/regulations, obtain management approval, and enter information into SAIL	**D**	**30.0%**
Up-date institution 's school profiles in SAIL with correct information ifoutdated (NonSubstantive changes).	AS	2.5%	Input new applications into SAIL after verifying school has no pending applications or school code already input, send letter confirming receipt to applicant	**D**	**15.0%**	Update Central Records with additional documents received from institutions pending applications	AS	5.0%
Update application statistics/tracking log.	AS	2.5%	Process 30 day review of application, completing appropriate checklist of needed documents based on application type, drafting deficiency letter for any missing documents	**D**	**35.0%**	Prepare labels for files needing proper labeling and then filing them in the file room	AS	5.0%
Maintain communication with coworkers on related assigned applications, unpaid revenue, or filed complaints against	AS	5.0%	After completing completion checklist, give application to analyst based on analyst work load, type of application, status of school	**D**	**5.0%**	Update stats chart for Leeza with application status	M	5.0%
			Logs and distributes incoming mail to licensing staff - looking up assigned analyst for applications when unclear	**D**	**10.0%**			
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Update application statistics/tracking log			There is some filing that needs to be done.	1 day per week				
			Respond to email questions			None reported		
			Clean and organize file room	1-2 weeks to get it				
			Updating SAIL with received/cashed checks	1 hour/day				

Chart 1D shows the OTs spend a substantial amount of time performing mission-critical tasks in processing applications including reviewing non-substantive change applications for compliance and completing appropriate checklists, drafting deficiency letters for missing documents, inputting new applications into SAIL, processing the 30 day review and completing the appropriate checklist, and forwarding to the analyst based on the type of application and analyst workload. Additionally, the OTs log and distribute incoming mail, answer phones and emails responding to applicant and consumer questions, file completed applications and update the application statistics chart. Assigned work that is not getting done includes filing and organizing the file room, responding to all email questions, and updating SAIL with received/cashed checks. Overall, the OTs reported spending an average of **45%** of their time in completing activities directly related to processing applications.

Analysis of Tracking Spreadsheet/Logs

The second source of data were the tracking spreadsheets currently used by Licensing staff. There were two sets of data provided by this group – the current licensing applications and the backlogged licensing applications. The current spreadsheet included school information (name, application type and number), the dates the application was received, was assigned, and was last updated along with the current status and the staff assigned. The Licensing backlog spreadsheet contained the same school information plus the institution code along with many more date points including the date received, date assigned, date of 30- day letter, date of response, dates deficiency letters were sent out and returned (up to 9 iterations of communication), and the current status. It was possible to calculate response times based on the backlog data, but only overall processing time for the current applications.

Current Licensing Applications

The current records tracking sheet was created by combining the individual current tracking records provided and then cleaning the data set to remove any anomalies. These anomalies fell into three main categories: 1) dual records for the same application ID with contradictory statuses on the same date (e.g., both denied and approved on the same date); 2) dual records in which it was logical that one preceded the other and only the most recent was retained; and 3) when the application was received before the establishment of BPPE (e.g., in FY 03-04) as a likely data entry error. After cleaning the data file, there were 5,117 records remaining. The type of application, current status, and assignment status is presented in the following Table 1.

Table 1 – Application Status

Current Application Status	Approved	Denied	Withdrawn	Verified Exempt	Abandoned	New Application	Non Renewable	Pending	Pending External Approval	Receipt Letter Sent	Transferred to Degree	No Current Status	TOTAL
Add Satellite Location	336	1	3									2	**342** (6.7%)
Addition of a Separate Branch	249	5	27		2			4	1	6		19	**313** (6.1%)
Approval to Operate an Accredited Institution	429	7	73		7			6	1	1		58	**582** (11.4%)
Approval to Operate an Institution Non-Accredited	179	30	20		23			18		49	2	158	**479** (9.4%)
Change in Method of Instructional Delivery	64	4	10				1	3		4		20	**106** (2.1%)
Change of Business Organization/Control/Ownership	225	4	28		2			7		3		44	**313** (6.1%)
Change of Educational Objective	644	22	69		6	1		11	1	22	7	137	**921** (18.0%)
Change of Location	158		15					4	1	2		24	**204** (4.0%)
Change of Name	155	7	17		1			6		1		23	**210** (4.1%)
New Institution	3												**3** (0.0%)

Current Application Status	Approved	Denied	Withdrawn	Verified Exempt	Abandoned	New Application	Non Renewable	Pending	Pending External Approval	Receipt Letter Sent	Transferred to Degree	No Current Status	TOTAL
Renewal for Approval to Operate an Accredited Institution	183	2	84		2			5	5	9		65	**355** (6.9%)
Renewal for Approval to Operate an Institution Non-Accredited	86	23	23		4	5	2	19		126		194	**482** (9.4%)
Verification of Exempt Status	70	202	54	347	4			20		3		106	**807** (15.8%)
OVERALL	**2,781** (54.3%)	**307** (6.0%)	**423** (8.3%)	**347** (6.8%)	**52** (1.0%)	**6** (0.1%)	**3** (0.0%)	**103** (2.0%)	**9** (0.2%)	**226** (4.4%)	**9** (0.9%)	**851** (16.6%)	**5,117** (100.0%)

As Table 1 displays, the three most common applications types are Change of Educational Objective (18.0%), followed by Verifications of Exempt Status (15.8%) and Approval to Operate Non-Accredited Institutions (9.4%). Approximately 54.3% of all applications resulted in approval, followed by withdrawals (8.3%), verified exemptions (6.8%), and denials (6.0%). However, a substantial number of applications (16.6%) do not show a current status.

The records with a status of Approval, Denial, Withdrawn, Abandoned, or Verified Exempt were considered complete for the current records. To determine estimated processing time for applications, CPS HR examined the applications completed by the definition above for average processing times for each application type based on the fiscal year it was received. The completed applications made up 3,909 of the records in the current records data file. The following Table 2 demonstrates the average processing times.

Table 2 – Application Average Processing Time

Average Processing Times by FY Received	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	TOTAL
Add Satellite Location	287 days Range (178-395) N = 2	276 days Range (1-727) N = 22	103 days Range (1-505) N = 104	47 days Range (1-413) N = 188	25 days Range (1-96) N = 24	79 days Range (1-727) N = 340
Addition of a Separate Branch	273 days Range (8-902) N = 31	228 days Range (1-1183) N = 73	111 days Range (1-801) N = 121	85 days Range (1-569) N = 53	187 days Range (71-245) N = 5	155 days Range (1-1183) N = 283
Approval to Operate an Accredited Institution	263 days Range (9-722) N = 159	225 days Range (2-1298) N = 133	91 days Range (1-474) N = 126	124 days Range (1-503) N = 62	109 days Range (1-260) N = 36	184 days Range (1-1298) N = 516
Approval to Operate an Institution Non-Accredited	462 days Range (27-1237) N = 37	516 days Range (3-1268) N = 125	440 days Range (1-955) N = 58	317 days Range (10-597) N = 28	177 days Range (27-280) N = 4	463 days Range (1-1268) N = 252
Change in Method of Instructional Delivery	353 days Range (45-561) N = 3	143 days Range (3-819) N = 30	156 days Range (25-496) N = 12	166 days Range (1-515) N = 25	54 days Range (14-203) N = 8	151 days Range (1-819) N = 78
Change of Business Organization/Control/ Ownership	168 days Range (3-371) N = 17	223 days Range (1-1315) N = 73	103 days Range (1-679) N = 69	110 days Range (1-485) N = 74	68 days Range (1-241) N = 26	140 days Range (1-1315) N = 259
Change of Educational Objective	370 days Range (4-1408) N = 46	269 days Range (1-1351) N = 210	179 days Range (1-1000) N = 164	112 days Range (1-581) N = 183	52 days Range (1-257) N = 138	176 days Range (1-1351) N = 741

Average Processing Times by FY Received	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	TOTAL
Change of Location	167 days Range (1-352) N = 11	142 days Range (3-900) N = 63	68 days Range (3-921) N = 40	119 days Range (1-657) N = 43	61 days Range (3-189) N = 16	113 days Range (1-921) N = 173
Change of Name	214 days Range (1-1408) N = 22	154 days Range (3-801) N = 75	136 days Range (1-942) N = 42	98 days Range (3-407) N = 27	36 days Range (1-212) N = 14	139 days Range (1-1408) N = 180
New Institution	173 days Range (131-252) N = 3	N/A	N/A	N/A	N/A	173 days Range (131-252) N = 3
Renewal for Approval to Operate an Accredited Institution	287 days Range (15-501) N = 11	143 days Range (7-511) N = 30	143 days Range (12-613) N = 90	85 days Range (1-420) N = 99	92 days Range (1-278) N = 41	120 days Range (1-613) N = 274
Renewal for Approval to Operate an Institution Non-Accredited	509 days Range (31-1414) N = 8	557 days Range (23-1198) N = 40	484 days Range (1-913) N = 67	335 days Range (55-616) N = 19	90 days Range (42-137) N = 2	481 days Range (1-1198) N = 136
Verification of Exempt Status	350 days Range (9-1105) N = 80	390 days Range (2-1318) N = 211	136 days Range (1-697) N = 145	175 days Range (1-568) N = 145	101 days Range (12-242) N = 96	244 days Range (1-1318) N = 677
OVERALL	**305 days** Range (1-1414) N = 430	**298 days** Range (1-1351) N = 1085	**167 days** Range (1-1000) N = 1038	**117 days** Range (1-657) N = 946	**75 days** Range (1-280) N = 410	**197 days** Range (1-1414) N = **3909**
Percent of Received Applications completed	**430/434 = 99.1%**	**1085/1184 = 91.6%**	**1038/1294 = 80.2%**	**946/1343 = 70.4%**	**410/862 = 47.6%**	**3909/5117 = 76.4%**

A review of the overall processing times for the differing application types across the years reveals the average processing time from receiving the application up to some form of completion was 197 days, or just over half of a year. However, there was a substantial range of processing times depending on the application type. Some were being completed as quickly as 79 days (Adding a Satellite location) while others took up to 481 days (Renewal to Operate a non-accredited institution). Of particular interest is the difference in the processing times for accredited and non-accredited institutions. For example, requests for initial approval of an accredited institution took 60% less time (184 days) than for a non-accredited institution (463 days). Similarly, renewal requests for accredited institutions took 75% less time than for non-accredited institutions (120 days vs. 481 days).

In general, the five-year trend for reduced processing time has improved substantially for most application types. However, this must be interpreted with caution as the most recent years only reflect the applications that were able to be completed between the time they were assigned and the date the records were pulled. For example, the average processing time in FY 2013-14 was 75 days – but that is based on just less than half of the received applications being processed and does not consider applications that took longer to process.

Based on data from the last two fiscal years, the processing time does seem to be improving with those applications which may be attributed to improved processes, more and/or better trained staff. Once the remaining 20-30% of applications are completed, the average processing time will increase, given they were received 2-3 years ago and are just now being completed. However, assuming the applications can be completed within a consistent overall average of 197 days (including the ones already done), this

will be almost 65% less processing time than the average of 305 days to complete the applications received in FY 2009-10.

Given that many of the applications received in FY's 2012-13 and 2013-14 are incomplete, and the staffing level has been changing, it is not practical to use the average processing time based on when the application was received to project the needed amount of time to address current and backlogged work. Instead, it is practical to look at the number of applications that were *completed* in the most recent fiscal year. Table 3 shows the processing times for the 408 applications completed between January and June of 2014 for the most current processes and accounts for the fact BPPE reached their full budgeted staffing in 2012 and allowed time for training[1].

Table 3 – Application Processing Time for 2014

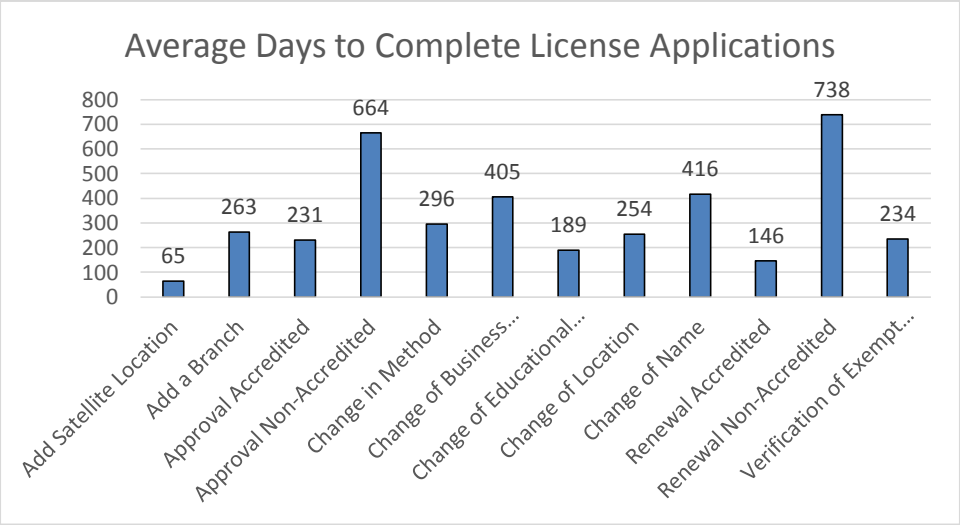
Completed Applications Jan-Jun 2014 – Average Process time Received to finished	Approved	Denied	Withdrawn	Verified Exempt	Abandoned	TOTAL
Add Satellite Location	65 days R: (1-413) N = 12	N/A	N/A	N/A	N/A	65 days R: (1-413) N = 12
Addition of a Separate Branch	219 days R: (71-245) N = 6	569 days R: (569-569) N = 1	245 days R: (245-245) N = 2	N/A	N/A	263 days R: (71-569) N = 9
Approval to Operate an Accredited Institution	205 days R: (5-503) N = 31	189 days R: (162-236) N = 4	719 days R: (140-1298) N = 2	N/A	N/A	231 days R: (5-1298) N = 37
Approval to Operate an Institution Non-Accredited	486 days R: (27-1050) N = 14	789 days R: (468-1262) N = 6	728 days R: (527-955) N = 6	N/A	1002 days R: (812-1268) N = 4	664 days R: (27-1268) N = 30
Change in Method of Instructional Delivery	291 days R: (36-515) N = 7	N/A	305 days R: (23-462) N = 4	N/A	N/A	296 days R: (23-515) N = 11
Change of Business Organization/Control/Ownership	175 days R: (3-679) N = 16	N/A	821 days R: (416-1142) N = 5	N/A	1209 days R: (1103-1315) N = 2	405 days R: (3-1315) N = 32
Change of Educational Objective	103 days R: (1-779) N = 90	664 days R: (466-1256) N = 4	825 days R: (3-1408) N = 8	N/A	1000 days R: (1000-1000) N = 1	189 days R: (1-1408) N = 103
Change of Location	255 days R: (14-921) N = 15	N/A	228 days R: (228-228) N = 1	N/A	N/A	254 days R: (14-921) N = 16
Change of Name	317 days R: (24-942) N = 10	N/A	1408 days R: (1408-1408) N = 1	N/A	N/A	416 days R: (24-1408) N = 11
Renewal for Approval to Operate an Accredited Institution	147 days R: (38-420) N = 26	N/A	136 days R: (102-170) N = 2	N/A	N/A	146 days R: (38-420) N = 28
Renewal for Approval to Operate an Institution Non-Accredited	773 days R: (137-1414) N = 20	661 days R: (42-1198) N = 9	636 days R: (360-906) N = 5	N/A	1000 days R: (896-1103) N = 2	738 days R: (42-1414) N = 36

[1] Many of the Licensing staff AGPAs are limited term positions so training is likely a continuous process.

Completed Applications Jan-Jun 2014 – Average Process time Received to finished	Approved	Denied	Withdrawn	Verified Exempt	Abandoned	TOTAL
Verification of Exempt Status	361 days R: (177-1318) N = 28	205 days R: (16-568) N = 31	397 days R: (22-1134) N = 3	119 days R: (45-214) N = 29	441 days R: (441-441) N = 1	234 days R: (16-1318) N = 92
OVERALL	239 days R: (1-1414) N = 275	382 days R: (16-1262) N = 55	628 days R: (3-1408) N = 39	119 days R: (45-214) N = 29	987 days R: (441-1315) N = 10	305 days R: (1-1414) N = 408

On average, the applications completed between January and June of 2014 took 305 days. Adding a Satellite Location took the shortest time (average of 65 days) and the Renewal to Operate Non-accredited Institutions took the longest time (average of 738 days). Similar to the prior assessments, the non-accredited applications are taking notably longer than the accredited applications. For example, the initial approval of accredited versus non-accredited institutions is 65% faster (231 days vs. 664 days) and for renewals almost 80% faster (146 days vs. 738 days). The graph (Figure 2) below visually displays how long the application types take in comparison to one another.

Figure 2 – Average Days to Complete License Applications



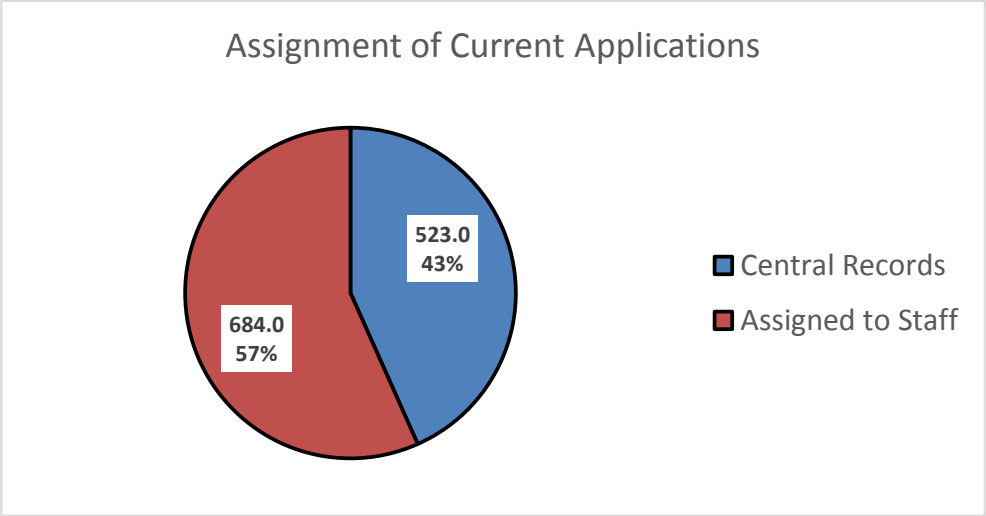
The average application processing times derived from this analysis will be used for future workload projection.

Backlogged Licensing Applications

CPS HR also examined the number of applications that have not been completed. There were a total of 1,207 application records on the current list that had not been completed per the definition above, of which 326 were ALSO on the backlogged records. This results in the following questions: 1) When does an application move from being current to being a part of the unfinished backlog? 2) Why do the two spreadsheets overlap so heavily?

Using the 1,207 current Licensing application records, the chart (Figure 3) below shows 57% of the applications were assigned to a BPPE staff member compared to 43% sitting in Central Records waiting for the next available staff member. Within the applications currently sitting in Central Records, 177 were initially reviewed, 166 receipt letters were sent, and then they were placed into Central Records for the next available analyst. The remaining 346 had no status update listed. Within those assigned to a staff member, 103 were pending review and 505 had no status update listed. This indicates these applications were assigned but little work had been done and the applications were waiting to be addressed. Similar to those in Central Records, the last action on 60 of the remaining records that did have a status update was sending the receipt letter.

Figure 3 – Assignment of Current Licensing Applications



Given the similarity in the process stages, the CPS HR methodology consisted of adding the records in the current data sheet to the backlog records and eliminating the duplicates to produce the number of applications that need to be processed for further workload analysis.

Before adding the incomplete applications from the current licensing records, the backlog records were evaluated. BPPE provided an audited list of backlogged records for each licensing analyst. The first step was to compare the audit results to the staff results for consistency. Only 22 of the audited cases had corresponding staff records for comparison. When examining the data, the information from the staff record and the auditor record was combined when possible. The largest number of discrepancies were related to the date the application was assigned with many staff records dated July 2014. The audit data showed assignment dates ranging from before any actions were taken, to after multiple communications with the institution. In the event of a discrepancy in dates, the CPS HR Consultant looked at the overall picture and used the date that was most logically in sequence with the other dates on the record. Additionally, there were minor differences in the dates letters were sent/responses received, and disagreement on whether the first letter sent was a 30-day letter or a Deficiency letter. However, the analysis focused on when first contact was made with the institution regardless of the type of letter, so the difference did not directly impact the analysis of time spent.

After duplicates in the backlog were combined or eliminated, the incomplete applications from the current were added to the overall data sheet. In the event of duplicate records, precedence was given to the information in the backlog records because they were more complete, detailed, and had the most recent dates. Similar to the current record data sheets, CPS HR removed potential data entry errors (in this case it was only two application numbers which had conflicting application types). Once combined, the backlog consisted of 1,248 applications that were incomplete, of which 923 did not have a record of either a 30- day or a deficiency letter being sent yet. The processing times calculated below are based on the 325 cases that have at least one action documented.

Using the dates provided in the backlog records, the CPS HR Consultant identified the number of days between key processing dates to determine staff processing timeliness and the amount of time spent waiting for institutions to respond. Key dates included: the application receipt date and the most recent assignment of the application; the time between receiving the application and the first documented action (whether it was the 30-day or first deficiency letter); and the time between sending a letter to the institution and receiving a response (up to the fourth deficiency letter and response).

Table 4 below presents the average time spent on an application to date with the acknowledgement that all of these applications are incomplete and are at varying stages of the process. This results in some of the numbers looking inconsistent due to two different situations: 1) the number of data points differ between the different categories so the averages within one row could be based on a different number of cases. The averages reflect the totals with the available data, acknowledging that they may change as more records are completed; and 2) there are missing data points within the records so the averages may appear to skip a step. For example, dates that deficiency letter 3 was sent/returned were available to calculate the waiting time, but the record may have been missing a response date for deficiency letter 2. Therefore, the amount of time spent waiting for that record could not be calculated.

Table 4 – Application Processing Time for Current Applications

Average Processing by Segment in Days	From Received to Assigned	From Received to First Action	From 30 day to 30 day response	From 30 day response to Def. Ltr.#1	From Def. Ltr #1 to Def. Ltr #1 Response	From Def Ltr 1 Response to Def. Ltr #2	From Def. Ltr #2 to Def. Ltr #2 Response	From Def Ltr 2 Response to Def. Ltr #3	From Def. Ltr #3 to Def. Ltr #3 Response	From Def Ltr 3 Response to Def. Ltr #4	From Def. Ltr #4 to Def. Ltr #4 Response	Average Age of application (From Received to 7/31/14)
Add Satellite Location	1 day R: (1-1) N = 2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	731 days R: (731-731) N = 2
Addition of a Separate Branch	170 days R: (1-741) N = 32	28 days R: (1-152) N = 12	18 days R: (18-18) N = 1	35 days R: (35-35) N = 1	486 days R: (26-601) N = 5	204 days R: (204-204) N = 1	17 days R: (17-17) N = 1	134 days R: (134-134) N = 1	62 days R: (62-62) N = 1	N/A	N/A	557 days R: (31-1393) N = 34
Approval to Operate an Accredited Institution	49 days R: (1-994) N = 67	25 days R: (1-120) N = 15	113 days R: (10-312) N = 5	9 days before R: (-57-37) N = 3	32 days R: (7-57) N = 2	N/A	N/A	N/A	227 days R: (227-227) N = 1	73 days R: (73-73) N = 1	N/A	348 days R: (34-1312) N = 73
Approval to Operate an Institution Non-Accredited	254 days R: (1-1273) N = 162	140 days R: (1-651) N = 82	104 days R: (10-364) N = 26	186 days R: (8-393) N = 25	110 days R: (2-553) N = 61	125 days R: (1-734) N = 49	106 days R: (2-422) N = 35	121 days R: (1-539) N = 31	64 days R: (4-192) N = 20	111 days R: (5-531) N = 15	73 days R: (1-395) N = 14	661 days R: (83-1480) N = 228
Change in Method of Instructional Delivery	53 days R: (1-248) N = 25	28 days R: (3-49) N = 3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	506 days R: (115-1200) N = 28
Change of Business Organization/Control/ Ownership	33 days R: (1-498) N = 51	52 days R: (1-507) N = 21	16 days R: (11-20) N = 2	281 days R: (111-497) N = 3	45 days R: (18-130) N = 10	129 days R: (21-371) N = 6	43 days R: (14-68) N = 4	45days R: (45-45) N = 1	34 days R: (34-34) N = 1	40 days R: (40-40) N = 1	29 days R: (29-29) N = 1	373 days R: (37-1463) N = 55
Change of Educational Objective	98 days R: (1-901) N = 160	70 days R: (1-427) N = 17	N/A	N/A	58 days R: (12-145) N = 7	326 days R: (280-349) N = 3	59 days R: (59-59) N = 1	6 days R: (6-6) N = 1	7 days R: (7-7) N = 1	N/A	N/A	537 days R: (17-1470) N = 186
Change of Location	53 days R: (1-939) N = 32	34 days R: (1-208) N = 14	64 days R: (20-108) N = 2	49 days R: (49-49) N = 1	128 days R: (34-312) N = 3	230 days R: (105-355) N = 2	54 days R: (54-54) N = 1	N/A	N/A	N/A	N/A	401 days R: (14-1459) N = 35
Change of Name	61 days R: (1-490) N = 29	19 days R: (1-59) N = 10	82 days R: (56-108) N = 2	N/A	N/A	N/A	92 days R: (92-92) N = 1	61 days R: (61-61) N = 1	N/A	N/A	N/A	400 days R: (85-1422) N = 31

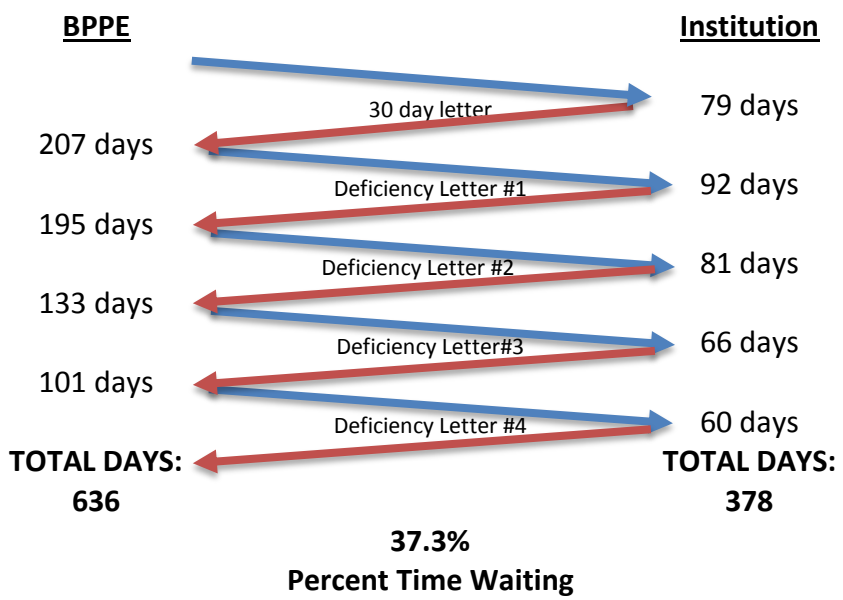
Average Processing by Segment in Days	From Received to Assigned	From Received to First Action	From 30 day to 30 day response	From 30 day response to Def. Ltr.#1	From Def. Ltr #1 to Def. Ltr #1 Response	From Def Ltr 1 Response to Def. Ltr #2	From Def. Ltr #2 to Def. Ltr #2 Response	From Def Ltr 2 Response to Def. Ltr #3	From Def. Ltr #3 to Def. Ltr #3 Response	From Def Ltr 3 Response to Def. Ltr #4	From Def. Ltr #4 to Def. Ltr #4 Response	Average Age of application (From Received to 7/31/14)
Renewal for Approval to Operate an Accredited Institution	25 days R: (1-478) N = 84	48 days R: (1-479) N = 20	24 days R: (17-31) N = 2	22 days R: (2-41) N = 2	106 days R: (17-426) N = 5	42 days R: (42-42) N = 1	N/A	N/A	N/A	N/A	N/A	349 days R: (10-930) N = 90
Renewal for Approval to Operate an Institution Non-Accredited	186 days R: (1-1265) N = 253	171 days R: (1-1369) N = 96	61 days R: (1-294) N = 23	298 days R: (1-708) N = 18	60 days R: (9-490) N = 68	254 days R: (1-681) N = 58	67 days R: (1-491) N = 40	155 days R: (4-714) N = 31	65 days R: (7-378) N = 24	97 days R: (12-444) N = 15	42 days R: (4-132) N = 8	683 days R: (94-1535) N = 350
Verification of Exempt Status	113 days R: (1-742) N = 65	26 days R: (1-365) N = 18	7 days R: (7-7) N = 1	N/A	25 days R: (13-57) N = 4	39 days R: (16-62) N = 2	22 days R: (22-22) N = 1	N/A	N/A	N/A	N/A	436 days R: (83-1571) N = 129
OVERALL	134 days R: (1-1273) N = 962	107 days R: (1-1369) N = 308	79 days R: (1-364) N = 64	207 days R: (-57 - 708) N = 53	92 days R: (2-601) N = 166	195 days R: (1-734) N = 123	81 days R: (1-491) N = 84	133 days R: (1-714) N = 66	66 days R: (4-378) N = 48	101 days R: (5-531) N = 32	60 days R: (1-395) N = 23	552 days R: (10-1571) N = 1243

A review of the average processing time of the incomplete applications from January through June 2014 reveals an average of 552 days for all application types, including an average of 348 days for approval of an accredited institution and 683 days (196% longer) for a non-accredited institution. Breaking it down into different parts of the process, on average applications were assigned to an analyst within 134 days (slightly over four months) of receipt. Most applications were assigned within three months of receipt, except for non-accredited applications which were assigned on average from six to nine months. Late assignments appear to be due to the lack of available staff to process the applications.

However, being assigned to an analyst does not guarantee quick action. Of the 962 assigned applications, only 308 had records for making initial contact with the institution. The average response rate of contacting the institution was within 107 days (slightly over 3 months) of assignment, with most being contacted within the first 60 days. However, contact with non-accredited institutions has taken from four to six months after assignment.

The following graphic (Figure 4) shows an average of 37.3% time waiting for each party to respond from the 30-day letter up through four deficiency letters. On average, BPPE has responded two to three times slower than the institutions. By eliminating two deficiency letters from the process, the total process time could have been reduced by 126 days (33.3%) for institutions and 234 days (36.8%) for BPPE.

Figure 4 – Response Waiting Time



This figure is based on the assumption that processing an application requires a 30-day letter and four deficiency letters, however that is not always the case. The average number of letters sent from the backlogged records is 2.3 communications; however, it should be noted this data set discarded those few cases with more than four deficiency letters as an anomaly or special case. Since these are active applications, additional letters could still be needed.

Table 5 below examines the percentage of time waiting based on the number of communication cycles in the records. The percentage is calculated based on the process from the point the application was received to the end of the communication cycles listed.

Table 5 – Days and Percent of Time Waiting in Communication Cycles

Days spent in communication cycle	From Received to First Action	Time between letters in BPPE Control	Time Waiting for Response to letters	% Time Waiting
With one communication cycle	145 days R:1-1369 N=95	0 days	81 days	81/226 = 35.8%
With two communication cycles	88 days R:1-886 N=100	199 days	149 days	149/348 = 42.8%
With three communication cycles	79 days R:1-619 N=51	358 days	119 days	119/477 = 25%
With four communication cycles	122 days R:1-407 N=50	284 days	180 days	180/464 = 38.8%
With five communication cycles	24 days R:1-128 N=11	369 days	198 days	198/567 = 34.9%

As the table illustrates, the waiting time percentages vary depending on the number of communication cycles completed, but they tend to average more than 35%. Because this average is based on partially completed processes, it is not practical to draw any formal conclusions. However, it appears it would be beneficial to limit the number of communication cycles compared to the total amount of time spent processing the application.

In addition to examining processing times by application type, the following chart (Figure 5) and Table 6 show most applications are from recent years indicating that those received in prior years have not been sitting in the queue while newer ones are processed.

Figure 5 – Number of Licensing Applications Received by FY

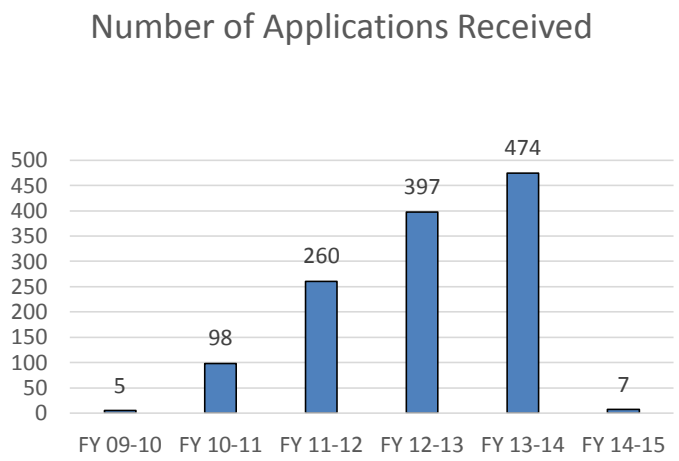


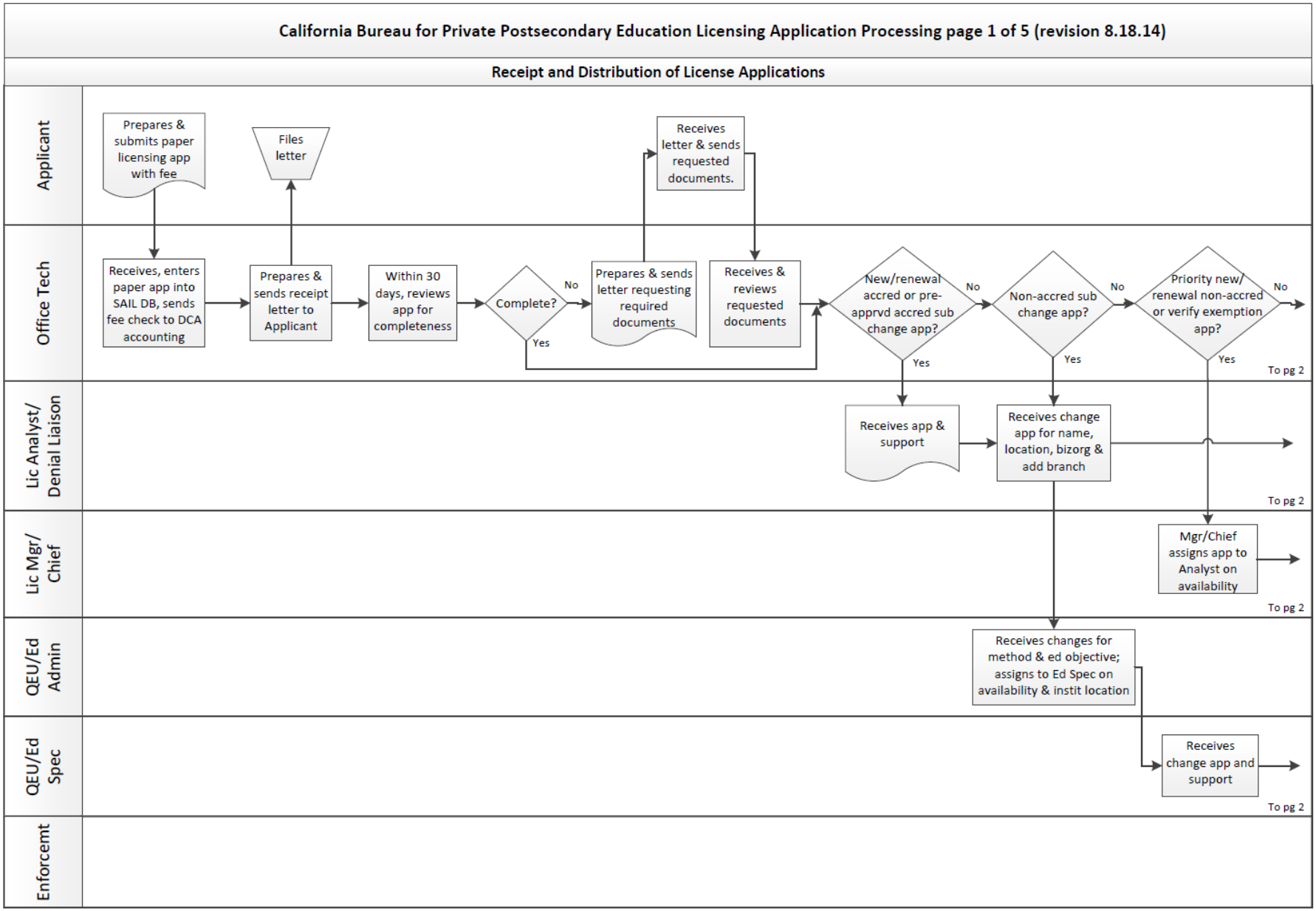
Table 6 – Application Receipt

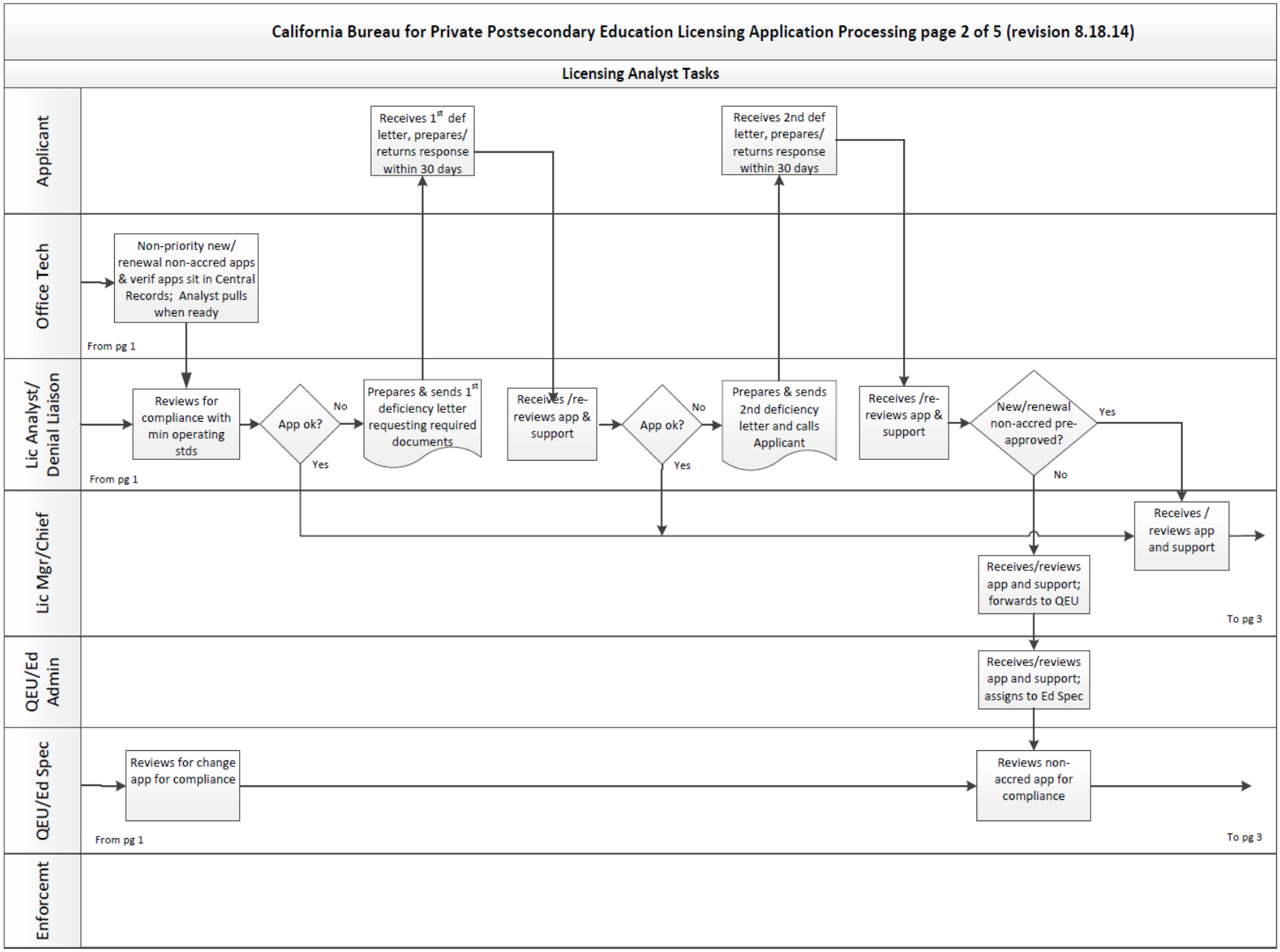
Fiscal Year Received	Average # Days since Application Received
FY 09-10	1,539 days R: (1526-1571) N = 5
FY 10-11	1,279 days R: (1129-1480) N = 98
FY 11-12	899 days R: (761-1122) N = 260
FY 12-13	559 days R: (398-759) N = 397
FY 13-14	204 days R: (31-395) N = 474
FY 14-15	18 days R: (10-30) N = 7

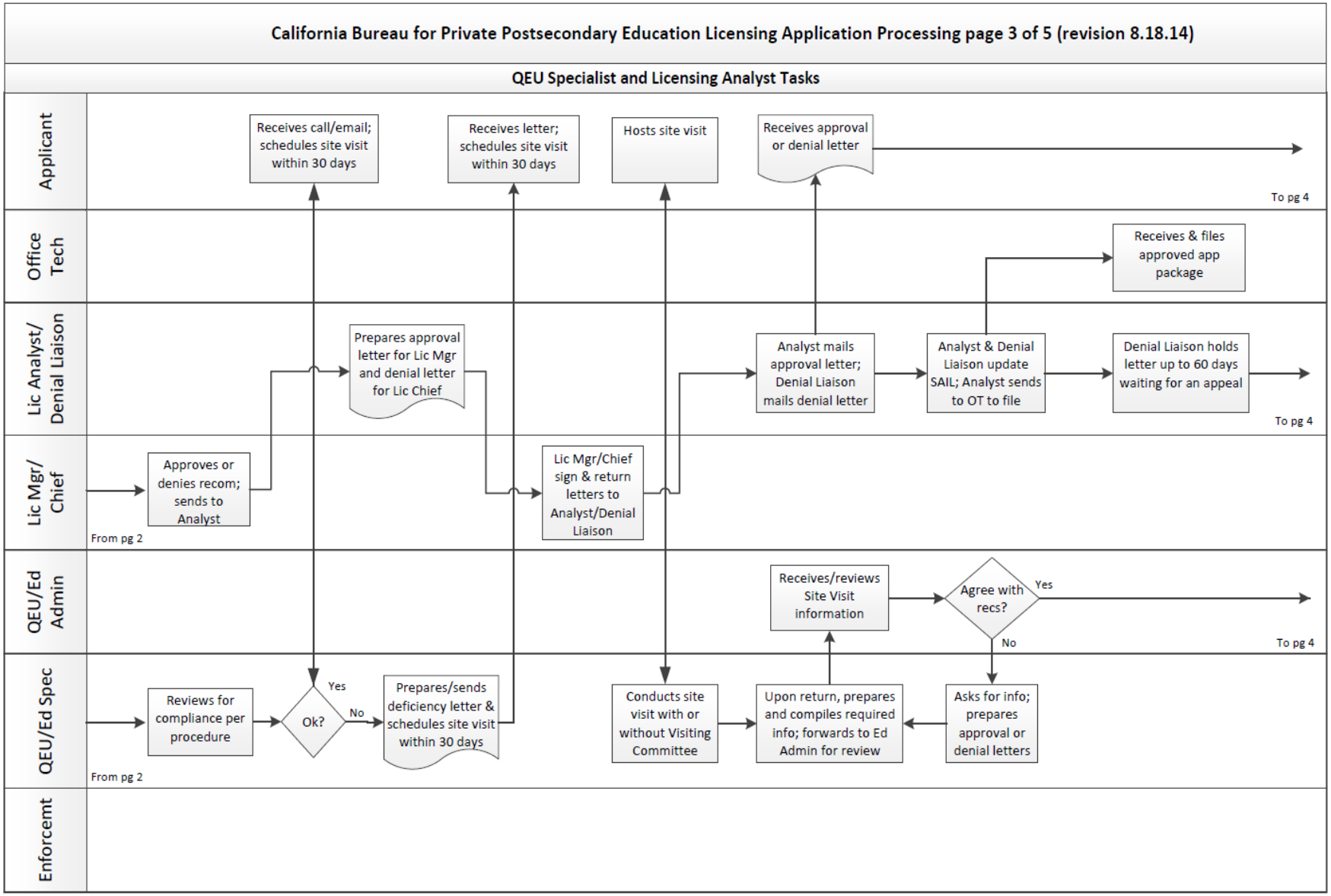
"As is" Licensing Process

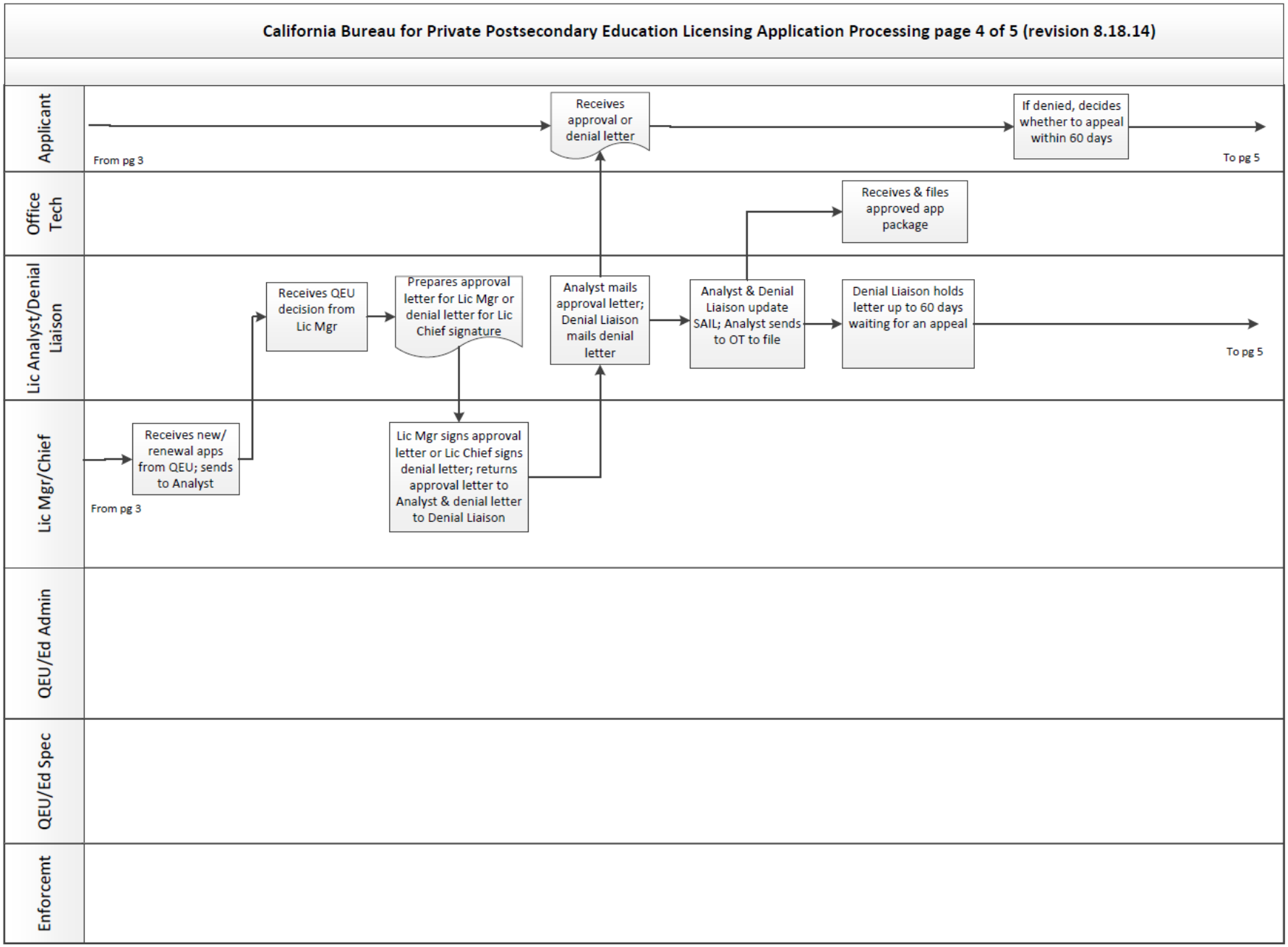
In addition to assessing the current and backlog workload and the current ability of staff to address the workload through the self-reporting PDQ, CPS HR assessed the current Licensing application "as is" process and placed it into a flow chart. The CPS HR Consultant reviewed existing procedure manuals to create a preliminary flow chart of the Licensing process followed by revised iterations based on SME feedback. The following pages represents the understanding of the Licensing process as it currently stands.

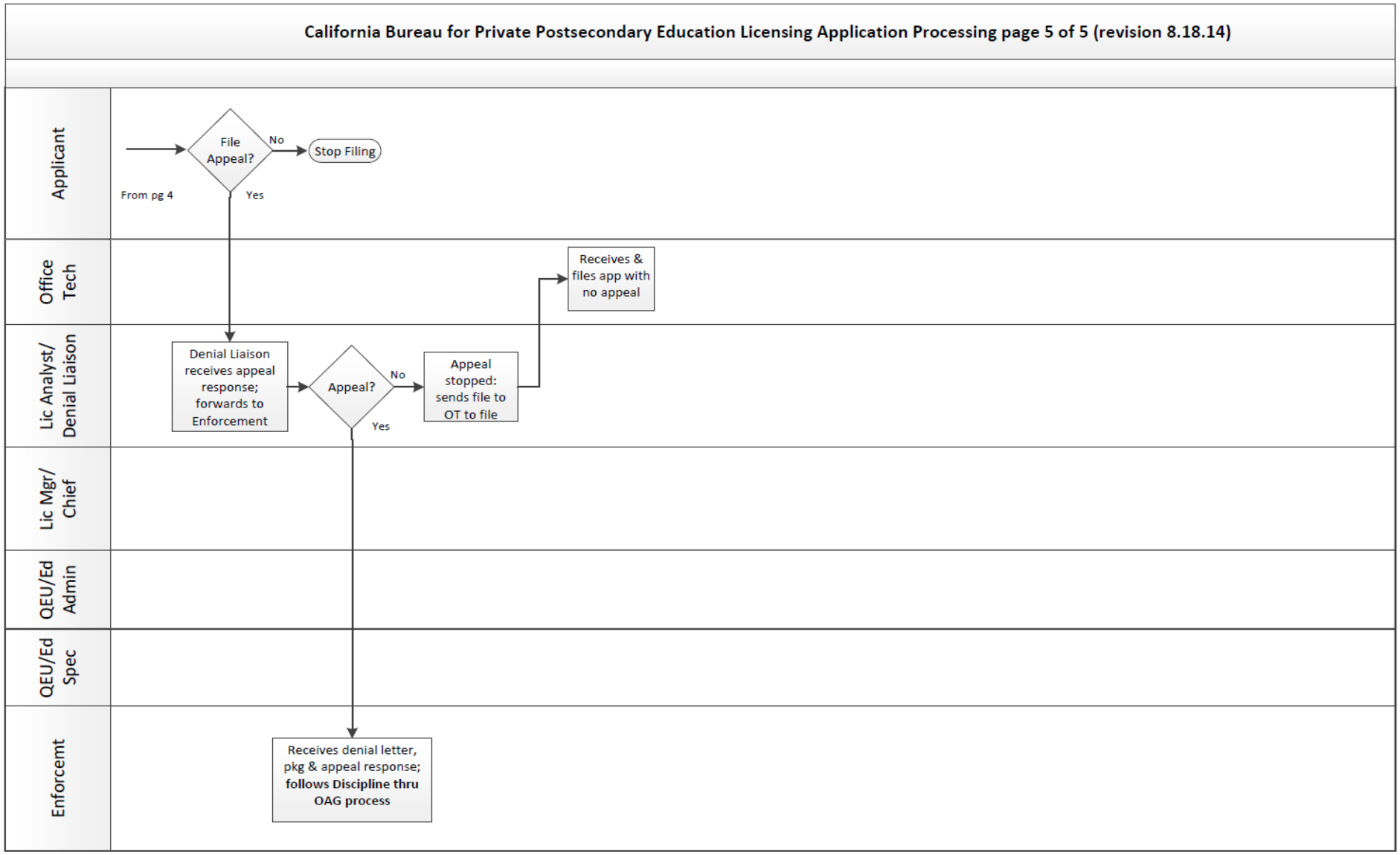
As the following five-page flowchart illustrates, there are seven parties involved in this process including the applicant; Licensing Office Technician, Analyst, Manager or Chief; Quality of Education Administrator and Education Specialist; and Enforcement staff. The process is lengthy and complex, and involves a significant number of decisions, management reviews and approvals. As previously discussed, major licensing applications for approval and renewal of accredited and non-accredited institutions take a substantial amount of time to process due to incompleteness or lack of applicant understanding. All application types average 552 days of processing time, including an average of 348 days for approval of an accredited institution and 683 days (196% longer) for a non-accredited institution. As revealed in the previous discussion, the assignment process is slow due to the lack of staff, initial contact with institutions is unhurried because of workload, and excessive communication cycles and related delays increase lost time resulting in excessive process elapsed time.


California Bureau for Private Postsecondary Education Licensing Application Processing page 1 of 5 (revision 8.18.14)
Receipt and Distribution of License Applications
Applicant
Office Tech
Lic Analyst/ Denial Liaison
Lic Mgr/ Chief
QEU/Ed Admin
QEU/Ed Spec
Enforcemt
Prepares & submits paper licensing app with fee
Files letter
Receives letter & sends requested documents.
Receives, enters paper app into SAIL DB, sends fee check to DCA accounting
Prepares & sends receipt letter to Applicant
Within 30 days, reviews app for completeness
Complete?
No
Yes
Prepares & sends letter requesting required documents
Receives & reviews requested documents
New/renewal accred or pre-apprvd accred sub change app?
No
Yes
Non-accred sub change app?
No
Yes
Priority new/ renewal non-accred or verify exemption app?
No
Yes
To pg 2
Receives app & support
Receives change app for name, location, bizorg & add branch
To pg 2
Mgr/Chief assigns app to Analyst on availability
To pg 2
Receives changes for method & ed objective; assigns to Ed Spec on availability & instit location
Receives change app and support
To pg 2


California Bureau for Private Postsecondary Education Licensing Application Processing page 2 of 5 (revision 8.18.14)
Licensing Analyst Tasks
Applicant
Office Tech
Lic Analyst/ Denial Liaison
Lic Mgr/Chief
QEU/Ed Admin
QEU/Ed Spec
Enforcemt
Receives 1st def letter, prepares/ returns response within 30 days
Receives 2nd def letter, prepares/ returns response within 30 days
Non-priority new/ renewal non-accred apps & verif apps sit in Central Records; Analyst pulls when ready
From pg 1
Reviews for compliance with min operating stds
From pg 1
App ok?
No
Yes
Prepares & sends 1st deficiency letter requesting required documents
Receives /re-reviews app & support
App ok?
No
Yes
Prepares & sends 2nd deficiency letter and calls Applicant
Receives /re-reviews app & support
New/renewal non-accred pre-approved?
Yes
No
Receives / reviews app and support
Receives/reviews app and support; forwards to QEU
To pg 3
Receives/reviews app and support; assigns to Ed Spec
Reviews for change app for compliance
From pg 1
Reviews non-accred app for compliance
To pg 3


California Bureau for Private Postsecondary Education Licensing Application Processing page 3 of 5 (revision 8.18.14)
QEU Specialist and Licensing Analyst Tasks
Applicant
Office Tech
Lic Analyst/ Denial Liaison
Lic Mgr/ Chief
QEU/Ed Admin
QEU/Ed Spec
Enforcemt
Receives call/email; schedules site visit within 30 days
Receives letter; schedules site visit within 30 days
Hosts site visit
Receives approval or denial letter
To pg 4
Receives & files approved app package
Prepares approval letter for Lic Mgr and denial letter for Lic Chief
Analyst mails approval letter; Denial Liaison mails denial letter
Analyst & Denial Liaison update SAIL; Analyst sends to OT to file
Denial Liaison holds letter up to 60 days waiting for an appeal
To pg 4
Approves or denies recom; sends to Analyst
From pg 2
Lic Mgr/Chief sign & return letters to Analyst/Denial Liaison
Receives/reviews Site Visit information
Agree with recs?
Yes
No
To pg 4
Reviews for compliance per procedure
Ok?
Yes
No
Prepares/sends deficiency letter & schedules site visit within 30 days
From pg 2
Conducts site visit with or without Visiting Committee
Upon return, prepares and compiles required info; forwards to Ed Admin for review
Asks for info; prepares approval or denial letters


California Bureau for Private Postsecondary Education Licensing Application Processing page 4 of 5 (revision 8.18.14)
Applicant
Office Tech
Lic Analyst/Denial Liaison
Lic Mgr/Chief
QEU/Ed Admin
QEU/Ed Spec
Enforcemt
From pg 3
Receives approval or denial letter
If denied, decides whether to appeal within 60 days
To pg 5
Receives & files approved app package
Receives QEU decision from Lic Mgr
Prepares approval letter for Lic Mgr or denial letter for Lic Chief signature
Analyst mails approval letter; Denial Liaison mails denial letter
Analyst & Denial Liaison update SAIL; Analyst sends to OT to file
Denial Liaison holds letter up to 60 days waiting for an appeal
To pg 5
Receives new/ renewal apps from QEU; sends to Analyst
From pg 3
Lic Mgr signs approval letter or Lic Chief signs denial letter; returns approval letter to Analyst & denial letter to Denial Liaison


California Bureau for Private Postsecondary Education Licensing Application Processing page 5 of 5 (revision 8.18.14)
Applicant
Office Tech
Lic Analyst/ Denial Liaison
Lic Mgr/ Chief
QEU/Ed Admin
QEU/Ed Spec
Enforcemt
From pg 4
File Appeal?
No
Stop Filing
Yes
Receives & files app with no appeal
Denial Liaison receives appeal response; forwards to Enforcement
Appeal?
No
Appeal stopped: sends file to OT to file
Yes
Receives denial letter, pkg & appeal response; follows Discipline thru OAG process

III: Compliance

Current Work Assessment

The Enforcement unit of BPPE is made up of Compliance Inspection, Complaints and Investigation, and Discipline and is headed by Yvette Johnson, SSM II. The focus of this section is the Compliance Unit which is made up of 17 staff including 1 filled and 1 vacant Staff Services Manager I, 11 Associate Government Program Analysts, 1 filled and 1 vacant Staff Services Analyst, and 2 Office Technicians. Of the filled positions, all except for 1 AGPA completed the PDQs with the results shown in work distribution charts 2A to 2C below.

Chart 2A: Enforcement SSM I's

Critical duties are bolded

J. Bruce – SSM I			W. Brenner – SSM I		
Reports to: Y. Johnson	**Auth Supr**	**9**	**Reports to: Y. Johnson**	**Auth Supr**	**8**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review and assign incoming complaints. Provide instructions to Investigative Analysts on the minimum expectations of what is to be included in the investigations	**D**	**10.0%**	Assign case load, review reports, update logs, data entry	**D**	**60.0%**
Review Applications for Approval to Operate, that being handled by Investigative Analysts.	**AS**	**2.0%**	Public Contact	D	5.0%
Review and discuss cases with Investigative Analysts. Provide direction for future handling.	**D**	**15.0%**	State Travel	**D**	**10.0%**
Review investigative closing reports for proper format and contents.	**D**	**25.0%**	Personnel Supervision	**D**	**15.0%**
Review outgoing letters for professionalism in appearance and content.	D	2.5%	Staff meeting, Supervisor meetings	D	10.0%
Review and discuss investigation plans with Analysts (Field). Review Investigators' itineraries and travel plans.	**D**	**15.0%**			
Respond to personnel (HR) issues. Track attendance and Leave	D, AS	5.0%			
Respond to emails and other correspondence.	**D**	**3.5%**			
Respond to incoming calls from complainants, school administrators and others.	D	2.0%			
Attend Managers' Meetings. Facilitate Monthly Staff Meetings/Training Sessions.	M, AS	5.0%			
Review aged cases to determine reason case is still open. Provide direction to Investigative analyst.	**D**	**15.0%**			
Total Time %		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**		
None reported			All work is getting done, may be a delay or evening or weekend work, due to the work flow, some days not enough time to get to all items		

Chart 2A reveals that the SSM I over Compliance (Brenner) spends a substantial amount of time performing mission-critical tasks related to the assignment, review, and approval of staff work related to compliance investigations. Additionally, the incumbent acts as a public contact, travels, and participates in staff and supervisor meetings. Although all work is getting done, some of it is delayed or done in the evening as the day does not always have sufficient time to get to all items. Overall, the SSM I reported needing **60%** of their time on average to review staff work.

Chart 2B: Compliance AGPAs

Critical duties are bolded

Loo - AGPA			Matsumoto - AGPA			Bradshaw - AGPA		
Reports to: W. Brenner	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Travel to and conduct on-site inspections to determine compliance with required operating standards	**W, D**	**50.0%**	Schedule, plan, conduct, and document onsite compliance inspection within 21 days of scheduling, including travel reservations, submitting itinerary for approval, completing inspection report within 72 hours of visit, completing enforcement referral when needed, and maintaining tracking log.	**D, W**	**55.0%**	Contact institution to review any deficiencies in catalog, enrollment agreement	**D, W**	**15.0%**
Complete desk reviews, review submitted documents, identify and send institution letter detailing any items out of compliance.	**W, D**	**20.0%**	Complete desk compliance review, including review of School Catalog, Enrollment Agreement, General Information, Annual Report, Fact Sheet, Student records/dollar amounts, school website, SAIL database, and preparing/sending deficiency letters describing any items of non-compliance.	**D,W**	**33.0%**	Review the schools response to deficiencies.	**D, W**	**15.0%**
Complete inspection reports documenting on-site inspections, gather evidence and prepare subsequent enforcement reports detailing discovered violations.	**W, D**	**20.0%**	Communicate with educational institution personnel	**AS**	**5.0%**	Review case files to identify deficiencies.	**D, W**	**40.0%**
Review file, contact institution to schedule on site inspection, respond to insititutions and supervisors requests for information	**W, D**	**5.0%**	Administrative Duties including time sheet, updating activity log, submitting travel claims	**M,D**	**7.0%**	On- site inspections.	**W**	**10.0%**
Prepare travel requests for on site inspections and monthly attendance submissions.	**W, M**	**3.0%**				Reports generated from on-site inspections.	**W**	**10.0%**
Save all necessary documentation, completing file notes/tracking logs, and return files to headquarters.	**W, D**	**2.0%**				In house activities such as reviewing outlook e-mails, work discussions.	D	7.0%
						In house meetings, conferences.	W	3.0%
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Complete Travel expenses	**2-3 hrs/month**		None reported			**Desk inspection, deficiency identification, calling schools,**	**Depends- caseload 8 + hrs**	
						On-site inspections of schools	**Caseload**	
						Reports associated with inspections of schools, before and after inspection.	**Caseload specific 3 to 4**	

Critical duties are bolded

B. Brisco - AGPA			Williams - AGPA			Bronshtegn - AGPA		
Reports to: W. Brenner	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Communication with supervisor(s) regarding case load/assigned institutions	D	2.0%	Contact institutions once identified for an inspection.	**D, W**	5.0%	Desk inspections	**D**	**35.0%**
Communication with co-workers regarding individual assigned schools (concerns, questions, issues, etc.)	D	2.0%	Review material regarding onsite visit during desk review process including enrollment agreement, catalog, website, financial statements, STRF assessment, reports, fact sheets	**D, W**	40.0%	Onsite Inspections	**D**	**40.0%**
Internal meetings	W	1.0%	Identify deficiencies based on the review of the institution file	**D, W**	10.0%	Report writing,	**D**	**15.0%**
Reviewing case files of assigned institutions	**D, W**	**40.0%**	Communicate with the institution to go over deficiencies found	**D, W**	10.0%	Telephone//email	**D**	**5.0%**
Communicating with institution regarding deficiencies/concerns, scheduling on site inspections.	**D, W**	**20.0%**	Schedule tbe onsite inspection with the institution (arrival time, items needed for the review)	**W, M**	5.0%	Data reporting, fix, update computer/printers	**W**	**5.0%**
Reviewing responses received from institutions (deficiencies, etc)	**D, W**	**10.0%**	Schedule travel, (rental car, hotel accommodations, travel time) , Submit travel request to management	W, M	5.0%			
Conducting on-site inspections	**D, W**	**15.0%**	Conduct the onsite inspection at the institution , create final report for the inspection	**W, M**	20.0%			
Completing reports of/from on-site inspections	**D, W**	**10.0%**	Participate in Compliance meetings to current cases, unit deliverables, stats, round table discussion for Q&A	W, M	5.0%			
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
With 11 Compliance Inspectors statewide, 1,937 institutions to inspect each year, results in 16 inspections per month out of 20 working days, leaving only 4 days for travel, report writing, case review/research – resulting impossible equation with	**Varies**		**Unannounced Onsite inspections for all institutions**	**2 WKS - 1 MO**		None reported		
Current backlog is about 6 months, with complaints processed by severity rather than age, and duplication of efforts with Inspector identifying violations on site, referring to Discipline, who then has to re-verify the violation by the time they get to the complaint –	**Varies**		**Final reports completed in a timely manner**	**4 hrs/mo**				
Process would be more efficient if everyone in Enforcement Division was equipped with Peace Officer powers to process the assigned complaints from desk inspection, through on site inspection, to enforcement	**Varies**		**Trainings**	**10 hrs/mo**				
			Follow up through email	2 hrs/mo				

Critical duties are bolded

Patterson - AGPA			Duron - AGPA			Sacco - AGPA		
Reports to: W. Brenner	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Conduct desk inspection, reviewing materials submitted by institution, catalog, enrollment agreement, STRF report, communicating all deficiencies with institution, scheduling an onsite visit with pre-arrival checklist, and make travel arrangements.	**W**	**45.0%**	Reviewing case files and conducting the initial desk inspection	**D, W**	**40%**	Develop case inspections for scheduled and unscheduled inspections by complying, organizing and analyzing documentation of educational schools.	**D**	**45.0%**
Conduct on site field inspection including campus tour, sampling students on institution conditions, reviewing staff/student files, writing up and explaining any deficiencies, holding exit interview/discussion.	**W**	**35.0%**	Communication and correspondence with institutions regarding questions, deficiencies, and other inspection questions.	**D, W, AS**	**20%**	Communicate/confer with schools regarding required documentation to come into compliance	**D**	**20.0%**
Organize materials from on site inspection into final report, writing up enforcement referrals and "NTCs" as needed	**W**	**20.0%**	Reviewing responses from institutions and conducting independent research on laws, website concerns, industry standards of type of institution	**D, W, AS**	**10%**	Travel through northern California to conduct onsite inspections of schools	**M**	**25.0%**
			Onsite compliance inspection: touring facility, auditing student files, auditing faculty files, review administrative files, institution books, student surveys, classes, discuss deficiencies	**W, AS**	**15%**	Prepare final inspection reports and evidence, making referrals to enforcement if needed.	**M**	**10.0%**
			Compiling collected data from onsite inspection, completing final reports including Enforcement Referral if necessary	**W, AS**	**10%**			
			Administrative: Submitting travel claims, internal communications regarding assigned institutions, complaints, applications, past due fees.	W, AS	2%			
			Communication with managers regarding current case load, questions on laws or complex situations.	W, AS	2%			
			Meetings	M, AS	1%			
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Desk inspection	15-20 hrs/wk		Redundancy in tracking spreadsheets with same information going on each makes it difficult to complete all tracking logs.			Discussions with on site education specialist/enforcement staff to better understand history and potential types of violations.	1 hr/week	
Onsite institution inspection	40 to 50 hrs/wk					Time to investigatie history of school with the Bureau	2 hr/week	
Finak inspection report	15-20 hrs/wk							

Chart 2B and the first part of Chart 2C shows the AGPAs spend a significant amount of time performing mission-critical tasks related to compliance inspections. They conduct desk compliance reviews of all pertinent documents; communicate with institutions regarding questions and deficiencies; plan, schedule and prepare travel itineraries and requests for approval; travel and conduct on-site compliance reviews; prepare and submit inspection reports for approval. Additionally, they update SAIL and activity logs; communicate with supervisors and coworkers, and some prepare and maintain statistics and reports. In terms of work not getting done, some did not report anything as not being done while others indicated desk inspections, on-site inspections, and final reports were not getting done. Some also reported the inability to complete NTC Citations, understand institution history through conversations with education and enforcement staff due to time restrictions, complete training, and updating tracking logs (which have redundancy). Overall, the AGPAs reported spending an average of 93.8% of their time to complete the activities directly related to completing and documenting compliance inspections.

Chart 2C: Compliance SSAs

Critical duties are bolded

Seib - AGPA			Wiggins - SSA			Johnson - SSA		
Reports to: W. Brenner	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Conducting on site investigations of private postsecondary institutions to ensure operations are in compliance with the law.	**AS**	**40.0%**	Review Notice to Comply for enforcability of violation as written by compliance inspector.	**D**	**15.0%**	**On Family Medical Leave**		
Responsible for ensuring that assigned enforcement cases are completed accurately, timely, and in accordance with the law.	**AS**	**10.0%**	Review Enforcement Referral (ER) for enforcability of violation as written by compliance inspector.	D	5.0%			
Conduct research and gather and analyze information on various institutions	**AS**	**10.0%**	Reviews the NTC responses from institutions to determine if compliance is achieved	**D**	**10.0%**			
Prepare and maintain case files on various institutions	**AS**	**10.0%**	Prepares written reports of recommendations on findings of NTC and ER responses to manager detailing recommendations	**W**	**15.0%**			
Collect and maintain inspection statistics, and prepare statistical reports	**AS**	**10.0%**	Prepares and issues compliance citations for failure to show compliance with Notice to Comply	**M**	**10.0%**			
Reviews laws and rules to evaluate and to determine compliance of institutions	**AS**	**10.0%**	Prepares for and attends Citation Committee meetings.	M	5.0%			
Reports findings and determines corrections required and issue compliance citation	**AS**	**10.0%**	Maintains accurate log of Notice to Complies issued, including the issue date, institution response date, review date, and	D	5.0%			
			Provides training to compliance staff relative to reviewing school catalogs, enrollment agreements, annual reports, school performance fact sheets. Fields questions and assistance in understanding the Act and Regulations as it pertains to compliance inspections.	**AS**	**10.0%**			
			Answers calls from institutions, students, and public relative to the minimum requirements identified in the Act and Regulations.	AS	10.0%			
			Provides support in developing and maintaining compliance procedures for Compliance Technician, Compliance Analyst, and Compliance Inspector.	AS	5.0%			
			Completes special projects including compliance outreach workshops and performance fact sheet review procedures as requested by management.	AS	5.0%			
			Maintains documentation on NTC responses from English Language Schools to determine their compliance with the Act and Regulations	AS	5.0%			
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**0.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
On-site investigation Student interviews take a lot of time but many Students don't take it seriously	1 hr		**Completing review of NTC as responses arrive**	**8 hr/wk**				
			Completing special projects	12 hrs/wk				
			Completing NTC Citations	**16 hrs/wk**				

Chart 2C shows the SSA reviews Notices to Comply (NTC) and Enforcement Referrals (ER) and related responses from institutions; prepares reports recommending citations or other disciplinary actions against institutions; prepares for and attends Citation Committee meetings; provides training to compliance staff; and responds to calls from institutions, students and the general public legislative and regulatory requirements. Assigned work that is not getting done includes reviewing NTCs as they arrive, completing special projects, and completing NTC citations, which would require an additional 8, 12, and 16 hours, respectively. Overall, the SSA reported spending 60% of their time in completing the activities directly related to furthering active compliance inspections.

Chart 2D: Compliance OTs

Critical duties are bolded

Brooks - OT			Cheah - OT		
Reports to: W. Brenner	**# Auth Suprv**	**0**	**Reports to: W. Brenner**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Prepare announcement letter	W	40.0%	Initial Announcement Process – Enter identified school into Master tracking log, review initial documents including the General Information Form and all Minimum Requirements forms, for accuracy and completion, verify that the deficiency letter has been sent, and ensure that all the information in SAIL and Initial Tracking Log worksheet is complete and accurate prior to sending the file to the manager for approval.	W, M	15.0%
Prepare compliance master original file including announcement letter, document dividers, SAIL printouts, mail receipts and complete an inspection checklist/inspection document validation form with institution information.	W	10.0%	On-site Preparation Process – upon manager approval, update SAIL with approval date and assigned inspector, prepare materials for the file including the SAIL detail report, approved program list, complete program list, institution structure, and update Closed Log (spreadsheet), and process/send GSO to inspector recording tracking number and items sent.	W	25.0%
Prepare compliance packet for certified mail including General information form, Web ads, general, STRF, annual and final report, enrollment agreement, and catalog Minimum requirements	W	10.0%	Post Inspection Process (Closed) – Receive and organize documents for manager to sign off, ensure SAIL is up to date and print Detail Report for the file, prepare/mail out the closure letter, and verify the inspection report is signed and uploaded into the file and all tracking sheets are updated.	D	35.0%
Review institutions compliance minimum regulatory requirements and disclosure statements for completion and consistency, review website for disclosure of regulations and whether it meets regulatory requirements, and prepares a letter notifying the institution of any deficiencies.	D	20.0%	GSO Process – send, receive, and track incoming and outgoing mail, sending material to appropriate inspector based on the stage of the inspection and inspector's calendar.	D	10.0%
Respond to inquiries via telephone/email and provide interpretations of the Bureaus CPPE Act of 2009 and the CCR to institutions Administrators and students	D	10.0%	Office Support duties including ordering/sending supplies to inspectors, copying materials, SAIL requests, tracking compliance files, updating travel binder, and conducting correspondence through phone/email.	AS	5.0%
Consult with inspectors regarding correspondence, compliance materials, original/electronic files, and institution updates	W	5.0%	Additional miscellaneous projects including SAIL projects, researching school accreditation status, Annual SAIL reports, Compliance verification project letter, Mileage Comparison Reports, Price Comparison Reports, and more	AS	10.0%
Assigned special research projects	AS	5.0%			
Total Time %		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**		
None reported			None reported		

Chart 2D shows these OTs spend an extensive amount of time performing mission-critical tasks to support compliance inspections. They prepare initial announcement letters, compliance master file and packet; receive and organize documents for the manager to review; review institution minimum regulatory requirements and disclosures; oversee the overnight mailing process and receive documents from inspectors; respond to phone and email inquiries; update SAIL and tracking logs; order office supplies and perform special projects as needed. Neither OT listed work not getting done. Overall, the OTs reported spending an average of **87.5%** of their time in completing activities directly related to compliance inspections.

Analysis of Tracking Spreadsheet/Logs

The second source of data was the tracking spreadsheets currently used by Compliance inspection staff. The compliance department provided two different spreadsheets, with some overlap in the information between them. The first contained a list of 1,946 institutions for compliance inspections, including school address, institution number, region, type, and license expiration date. Additionally, when the information was available, it listed the initial inspection month, the completed date, and the final results. The second spreadsheet contained a spreadsheet for each AGPA to list current compliance inspections, the steps involved with corresponding completion dates, and the number of days in the inspection cycle. Table 7 displays the process steps performed by job classification within the Compliance Inspection process.

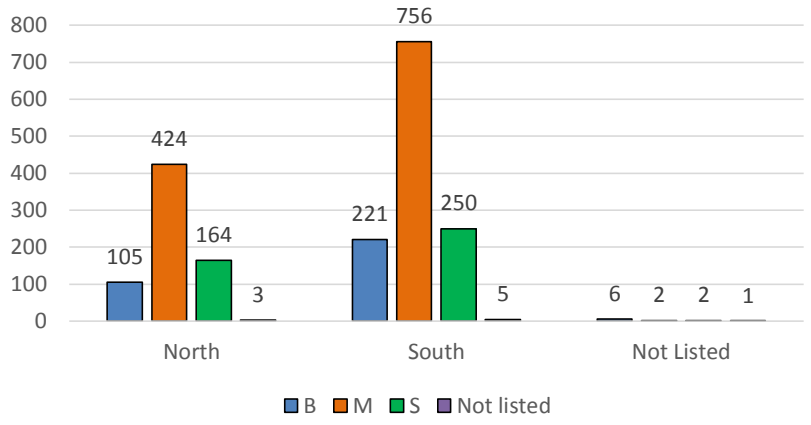
Table 7 – Compliance Inspection Process Steps

Step	OT	AGPA	Manager
Selection and assignment date:			X
Announced Inspection package mailed. SAIL updated	X		
Compliance material Received and Reviewed.	X		
Approved for Onsite Inspection.			X
School file submitted to field inspector. SAIL updated.	X		
School material received and a cursory review.		X	
Contact school. Deficiency/Confirmation/ Pre-arrival check list mailed.		X	
School Deficiency response received.		X	
Onsite Inspection completed and Results.		X	
Review and approve report			X
Closure letter mailed. SAIL/ Updates completed.			X

The spreadsheets were combined to gather as many dates as possible in one place. For the most part, the dates for the same data field matched between the two records, occasionally being off by one day, but on a couple of occasions the dates were off by several weeks. When there was a discrepancy, the data from the more comprehensive step by step tracking sheet was retained. The combined file contained the full list of institutions, but only 155 of the institutions had one or more dates filled in from the second spreadsheet.

The List of Institutions for Compliance documents the region and institution type. The following Figure 6 reveals that almost 64% of the institutions are located in Southern California. Consequently, most of the Compliance Inspectors are located there. Of the 696 Northern California institutions, 60.9% are main locations (type M). Of the 1,232 Southern California institutions, 61.3% are main locations (type M).

Figure 6 – Number of Institutions by Type and Region



The average processing times between the compliance inspection tasks is examined based on location and site type with the results displayed below in Table 8.

Table 8 – Time between Compliance Inspection Tasks

Variable Measured in average days Range (R :) N = # cases	Northern California	Southern California	Type: B	Type M:	Overall[2]
Time between Expiration Date and Manager Assignment	568.4 days before R: -2481 – 1273 N=41	534.2days before R: -3336 – 1228 N=108	811.8 days before R: -1412 - -412 N=6	532.4 days before R: -3336 - 1273 N=143	541.7 days before R: -3336 - 1273 N=150
Time Between Manager Assignment & Mail to School	1.1 R: 1 – 2 N=32	1.0 R: 1 – 1 N=104	1.0 R: 1-1 N=1	1.0 R: 1-2 N=135	1.0 R: 1- 2 N=142
Time between mail sent to school and receive/review response	22.1 R: 15-39 N=34	18.3 R: 13-37 N=104	17.7 R: 13-20 N=3	19.3 R: 13-39 N=135	19.4 R: 13-58 N=144
Time between materials received and manager approving site visit	2.3 R: -13-20 N=35	4.6 R: 1-16 N=104	1.0 R: 1-1 N=3	4.1 R: -13 - 20 N=136	4.0 R: -13 - 20 N=144
Time between manager approval and sending to inspector	2.1 R: 1-31 N=40	1.6 R: 1-5 N=106	1.0 R: 1-1 N=6	1.8 R: 1-31 N=140	1.7 R: 1-31 N=151
Time between mail received and sent to inspector	3.4 R: 1-21 N=34	5.7 R: 1-19 N=103	1.0 R: 1-1 N=3	5.2 R: 1-21 N=134	5.1 R: 1-21 N=142
Time between Inspector receiving and completing cursory review	9.1 R: 1-40 N=30	3.9 R: 1-14 N=89	1.4 R: 1-3 N=5	5.4 R: 1-40 N=114	5.2 R: 1-40 N=124
Time between receiving file and making contact with school	17.2 R: 2-61 N=26	14.1 R: 1-40 N=83	16.7 R: 5-21 N=6	14.7 R: 1-61 N=103	14.6 R: 1-61 N=113

[2] Includes records without designated region or type

Variable Measured in average days Range (R :) N = # cases	Northern California	Southern California	Type: B	Type M:	Overall[2]
Time between Contact school & Def. resp. received	10.9 R: 2-25 N=12	12.7 R: 2-30 N=35	3.3 R: 2-4 N=3	12.8 R: 2-30 N=44	12.1 R: 2-30 N=48
Time between contact school and Onsite Completion	14.2 R: 3-34 N=24	16.0 R: 4-30 N=59	6.7 R: 4-9 N=6	16.2 R: 3-34 N=77	15.3 R: 3-34 N=86
Time between Completion and Manager Approval of Report	5.0 R: 1-11 N=24	5.7 R: 1-16 N=46	8.5 R: 5-14 N=6	5.2 R: 1-16 N=64	5.4 R: 1-16 N=73
FULL Cycle Time (Manager Assign. To Report Approval)	56.7 R: 22-86 N=21	59.2 R: 34-85 N=45	37.0 R: 34-43 N=6	60.6 R: 22-86 N=60	57.8 R: 22-86 N=69

Table 9 below shows the current list of institution expiration dates from FY 99-00 through FY 22-23. During FY 11-12 through FY 13-14, 1,013 (52.2%) of the institutions have expiration dates. These fiscal years experienced a significant workload increase over prior years. In addition, the table also indicates a significant workload for the current 2014-15 fiscal year and fiscal years through FY 17-18. As new institutions are added over time, the workload will increase and push further into the future. Based on current and planned staffing levels of up to 12 Field Investigators (including AGPAs and managers), this represented a workload of about 36 schools per investigator for FY 13-14. The number of schools drops significantly to about 15 institutions per investigator in FY 14-15. Depending on the backlog rolling into FY 14-15, staff may have a chance to catch up during this fiscal year and the next. However, in FY 16-17, the number of schools spikes to 257 or about 21 schools per investigator.

Table 9 – Institution Expiration Date by Fiscal Year

Institution Expiration by Fiscal Year					
		% Total			% Total
Missing FY	43	2.22	FY 14-15	185	9.54
FY 99-00	4	0.21	FY 15-16	152	7.84
FY 06-07	1	0.05	FY 16-17	257	13.25
FY 09-10	1	0.05	FY 17-18	137	7.07
FY 10-11	98	5.05	FY 18-19	40	2.06
FY 11-12	223	11.50	FY 19-20	4	0.21
FY 12-13	364	18.77	FY 20-21	3	0.15
FY 13-14	426	21.97	FY 22-23	1	0.05
			TOTAL	**1,939**	**100.00**

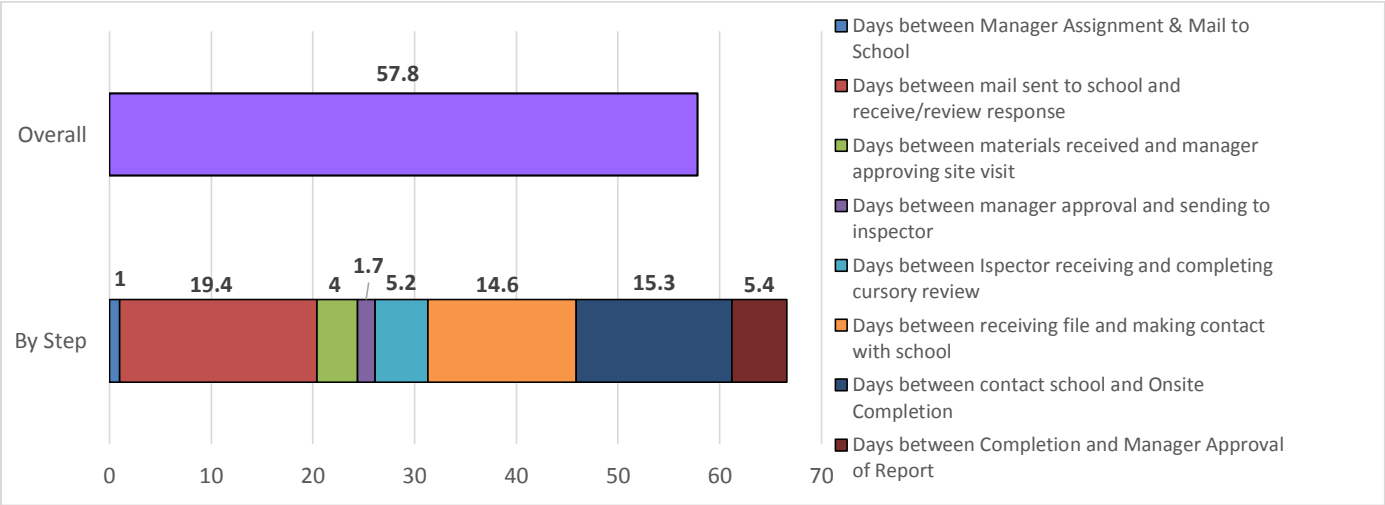
Using the combined file, the CPS HR consultant used the available dates to calculate processing times between steps and the overall elapsed time in days to complete the full cycle from assignment to manager approval of the compliance report. The processing times reported below were examined overall and also compared between regions and types. There were no Type S (satellite) institutions with sufficient data to include in this analysis.

A review of the differences between Northern and Southern region processing times demonstrates some steps took slightly longer in each region, with Southern region institutions taking approximately 2.5 days longer on average overall. A review of institution types reveals Type B (branch) institutions were assigned significantly earlier than the expiration date than Type M (main location) institutions were. In addition, with a few exceptions, Type B institutions also took notably less time in each processing step on average. As a result, the length of time to complete the full cycle with Type B compliance inspections was 67% less than the time Type M institutions took.

The reason for the significant difference in the length of processing time between the main and branch locations is that the scope of what needs to be reviewed and the time required is substantially less at a branch location.

Returning to the overall average processing time, Figure 7 compares each individual compliance inspection component to the overall processing time.

Figure 7 – Compliance Inspection Processing Time



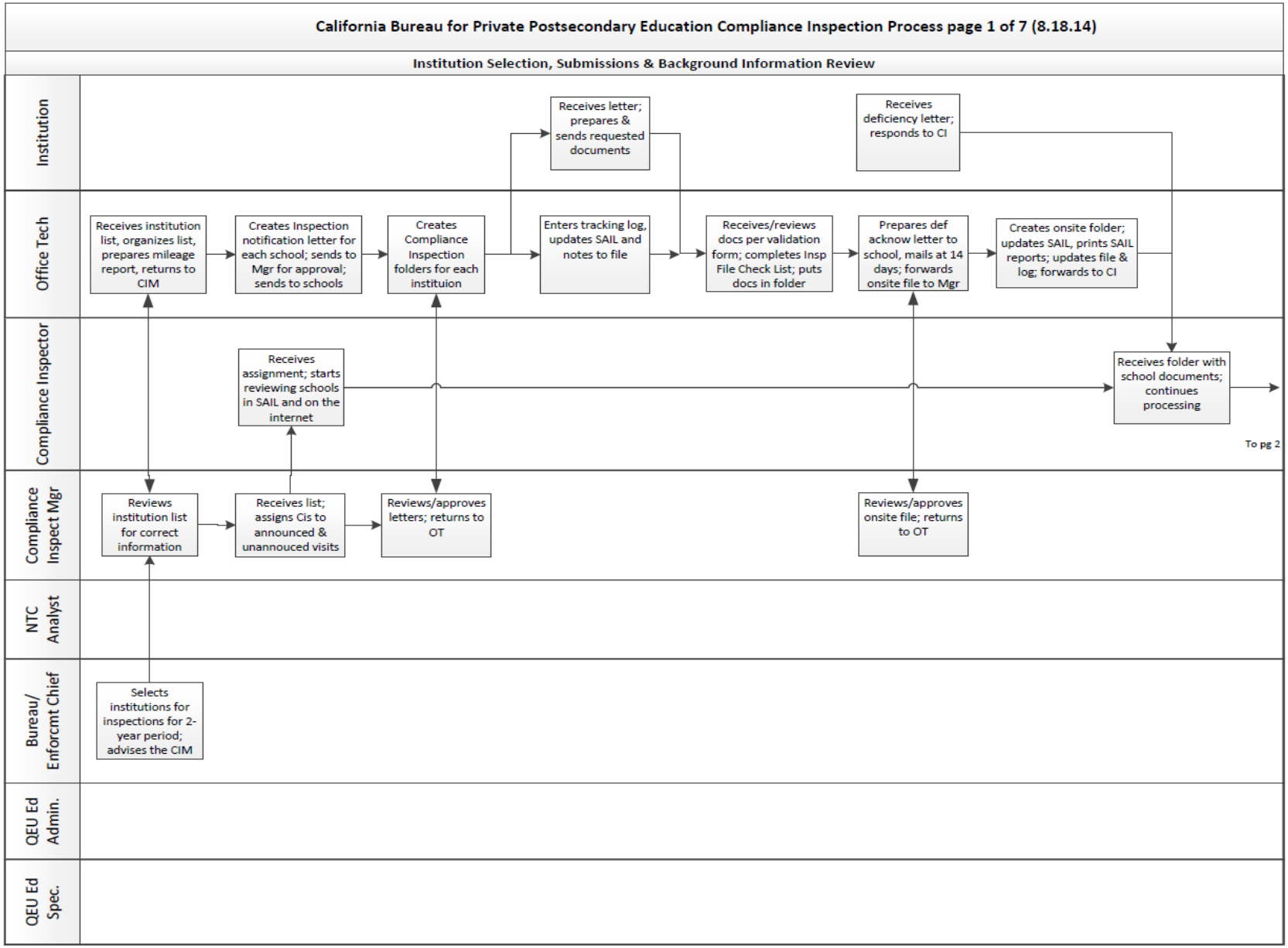
Overall, the compliance inspection process takes an average of 57.8 days. However, based on an average of each of the components[3], the overall process takes an average of 66.6 days. For announced inspections, about 29% of the time was spent waiting for a response from the school. For unannounced inspections, school are not mailed information to respond to, therefore, their waiting period is nonexistent. Furthermore, if after reviewing materials regarding a deficiency the analyst inspector contacts the school, there is an additional waiting period before completing the on-site inspection while waiting for a response to the deficiency notice. However, this is not included in the figure above since it overlaps with the time between contacting the school and onsite completion.

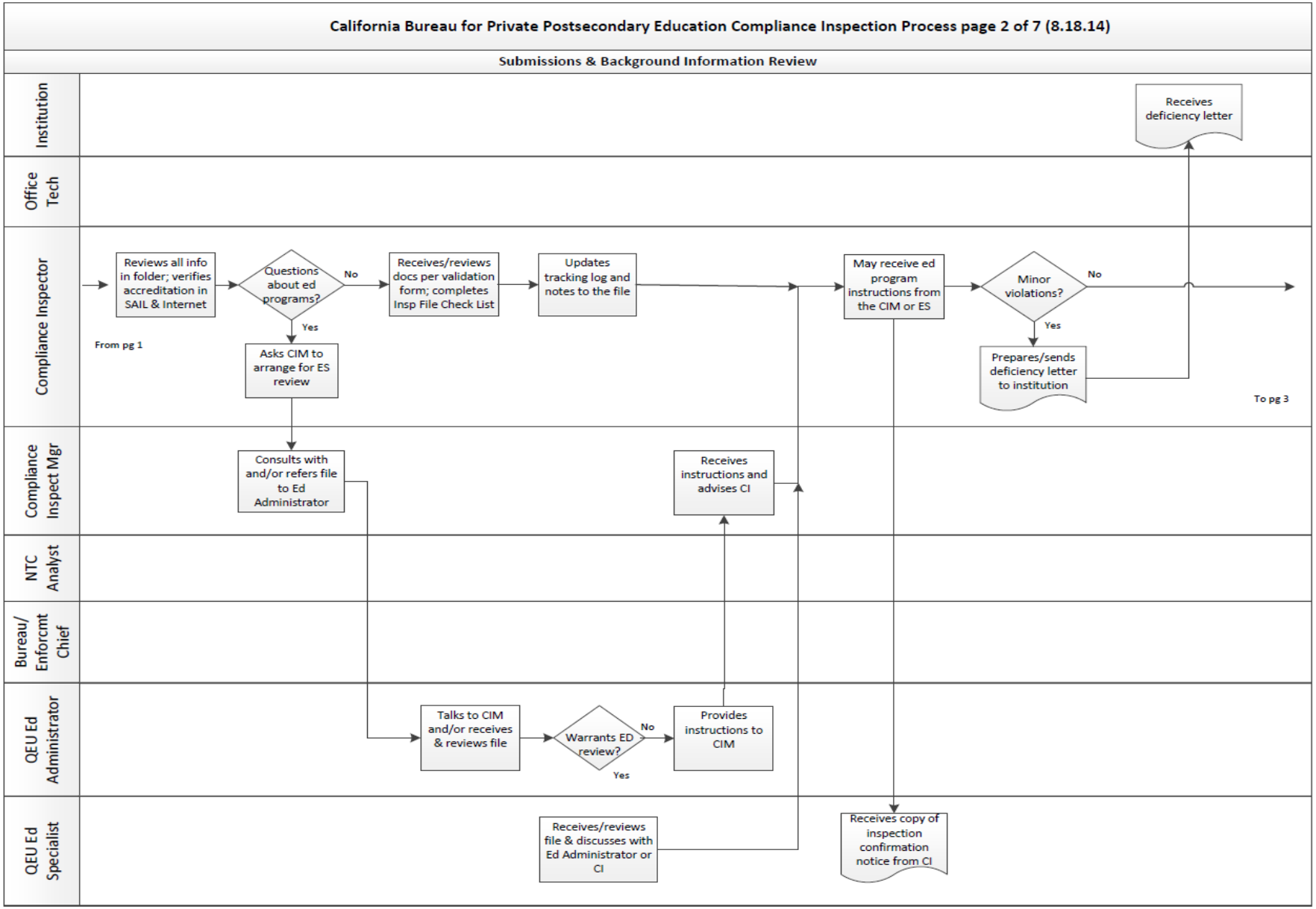
[3] The measurement of "time between material received and sent to inspector" was removed since it overlapped with the steps "time between materials received and manager approving site visit" and "time between manager approval and sending to the inspector".

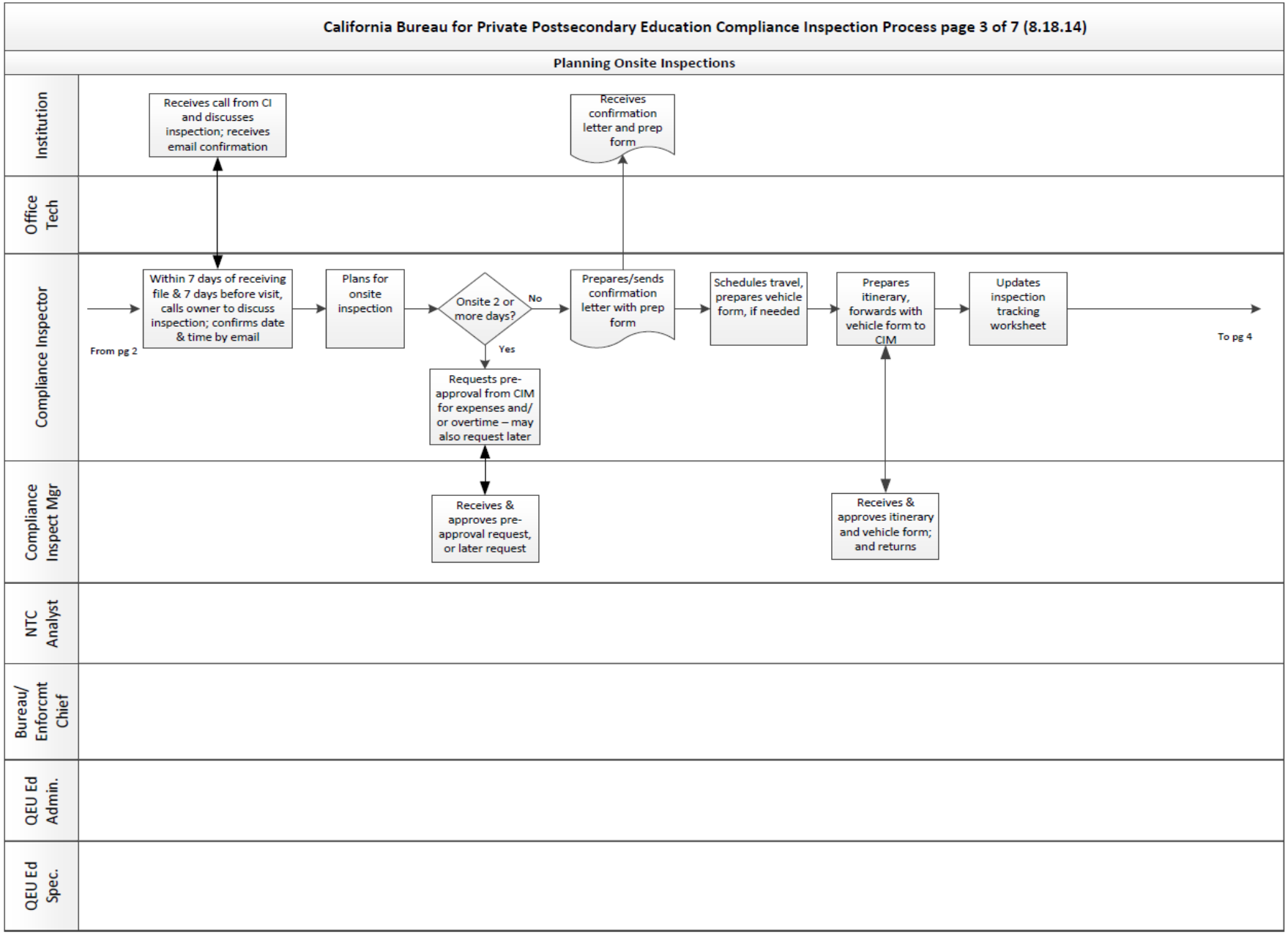
"As is" Compliance Inspection Process

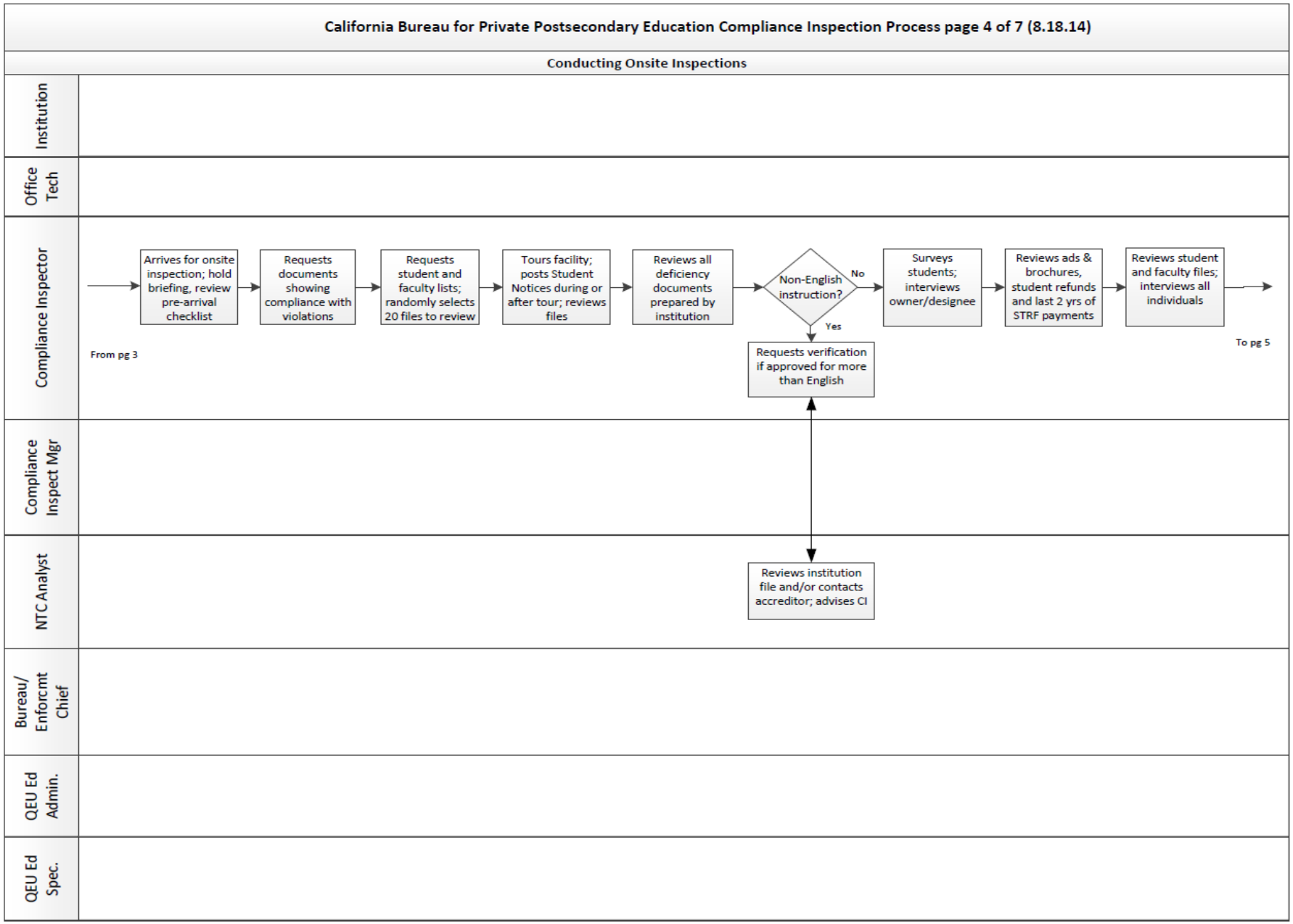
In addition to assessing the current staff reported work being completed or not completed through the self-reporting PDQ and reviewing the tracking logs, CPS HR assessed the current Compliance Inspection "as is" process and placed into a flow chart. The CPS HR Consultant reviewed existing procedure manuals to create a preliminary flow chart of the Compliance Inspection process followed by revised iterations based on SME feedback. The following pages represents the understanding of the Compliance Inspection process as it currently stands.

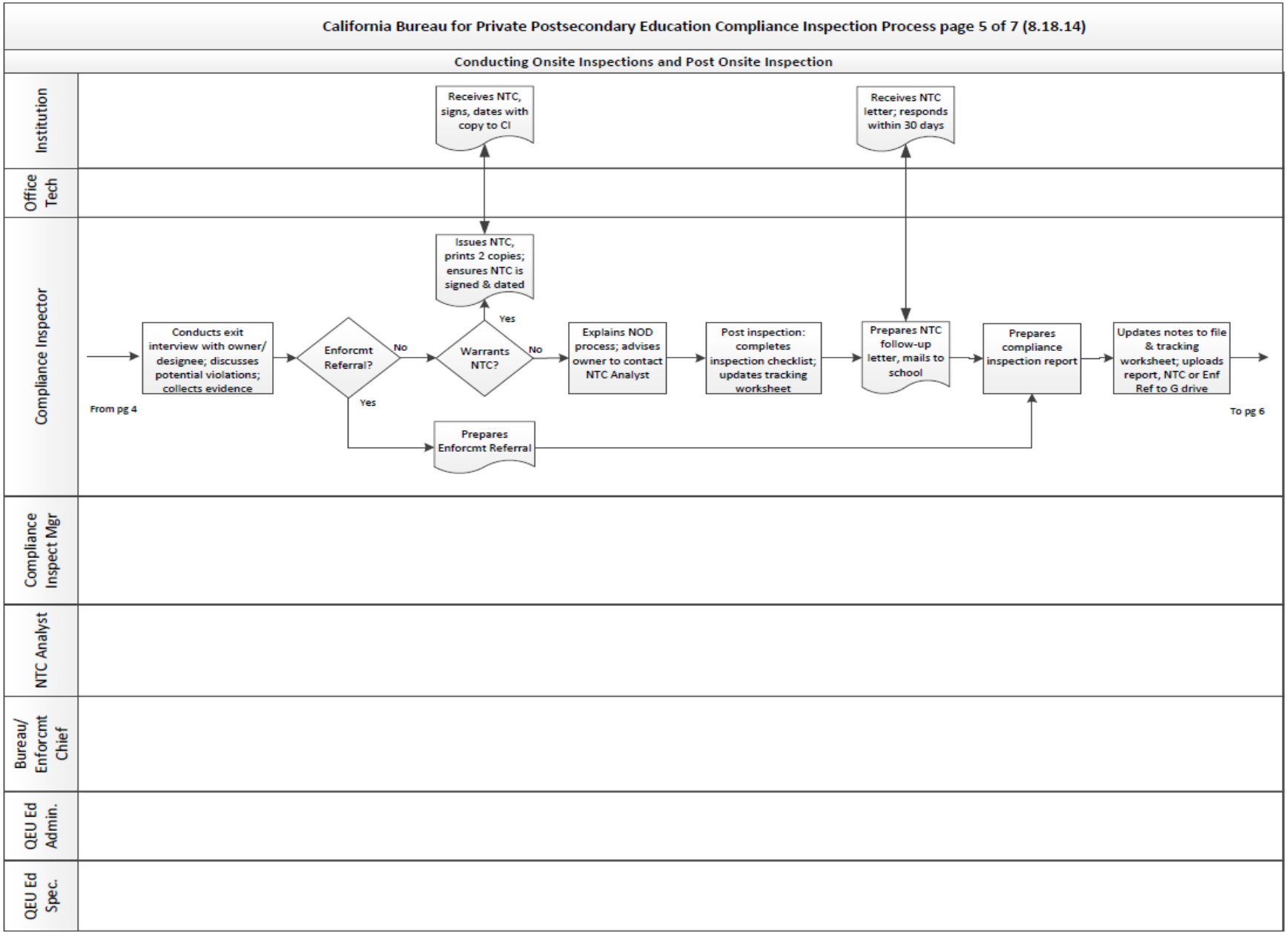
As the following seven-page flowchart illustrates, there are eight parties involved in this process including the Institution; Compliance Inspection Office Technician, Inspector, NTC Analyst and Manager; Bureau/Enforcement Chief; Quality of Education Administrator and Education Specialist. Like the licensing process, this process is also lengthy and complex, and involves a significant number of decisions, management reviews and approvals. As previously discussed, the elapsed time to perform a compliance inspection takes on average of approximately 58 to 67 days, with the inspection of main locations taking up to 67% longer than branch locations. The most untimely part of the process is assigning and completing inspections of main locations long before the license expiration date.

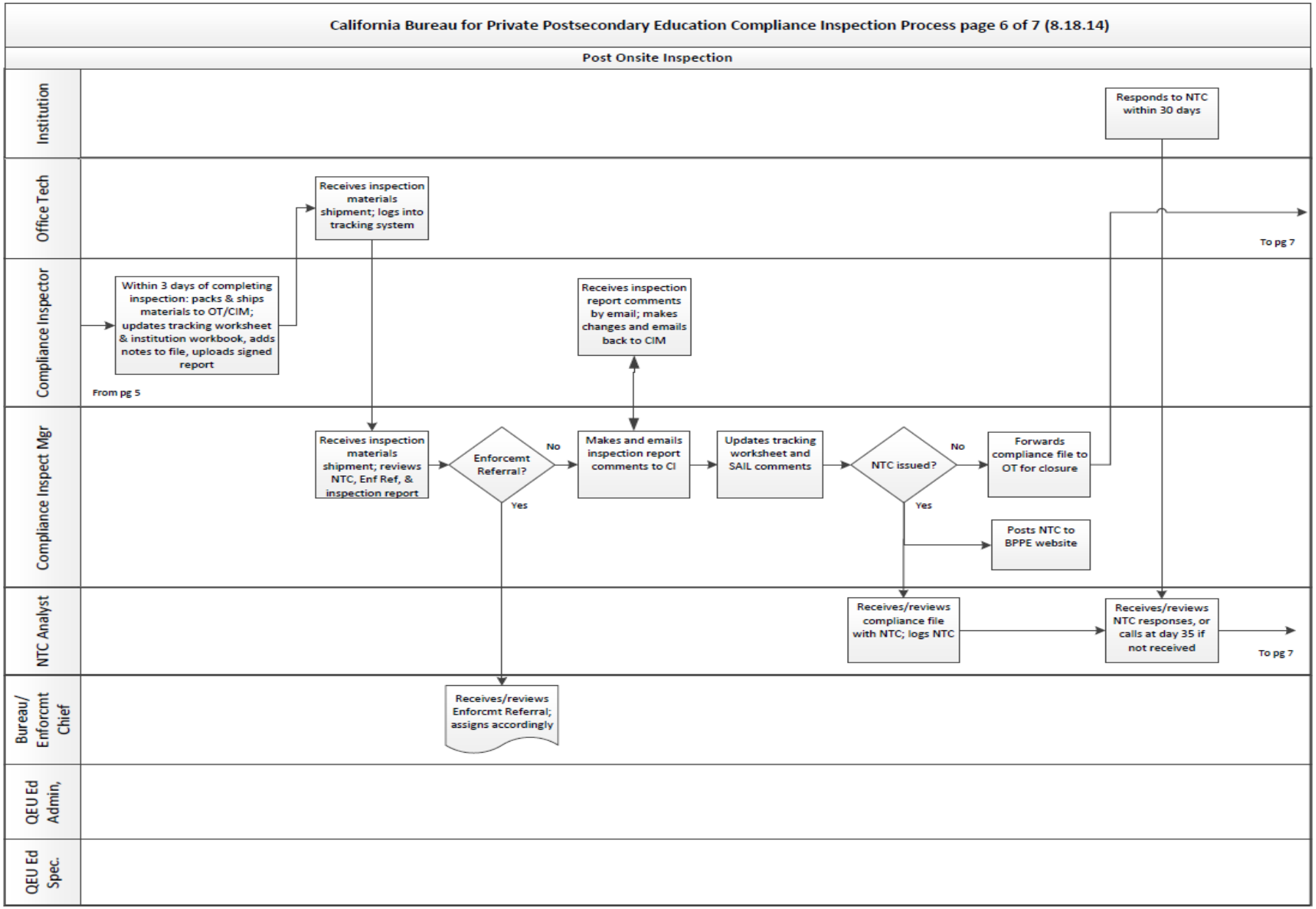

California Bureau for Private Postsecondary Education Compliance Inspection Process page 1 of 7 (8.18.14)
Institution Selection, Submissions & Background Information Review
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Admin.
QEU Ed Spec.
Selects institutions for inspections for 2-year period; advises the CIM
Reviews institution list for correct information
Receives institution list, organizes list, prepares mileage report, returns to CIM
Receives list; assigns Cis to announced & unannouced visits
Creates Inspection notification letter for each school; sends to Mgr for approval; sends to schools
Receives assignment; starts reviewing schools in SAIL and on the internet
Reviews/approves letters; returns to OT
Creates Compliance Inspection folders for each instituion
Receives letter; prepares & sends requested documents
Enters tracking log, updates SAIL and notes to file
Receives/reviews docs per validation form; completes Insp File Check List; puts docs in folder
Prepares def acknow letter to school, mails at 14 days; forwards onsite file to Mgr
Reviews/approves onsite file; returns to OT
Receives deficiency letter; responds to CI
Creates onsite folder; updates SAIL, prints SAIL reports; updates file & log; forwards to CI
Receives folder with school documents; continues processing
To pg 2

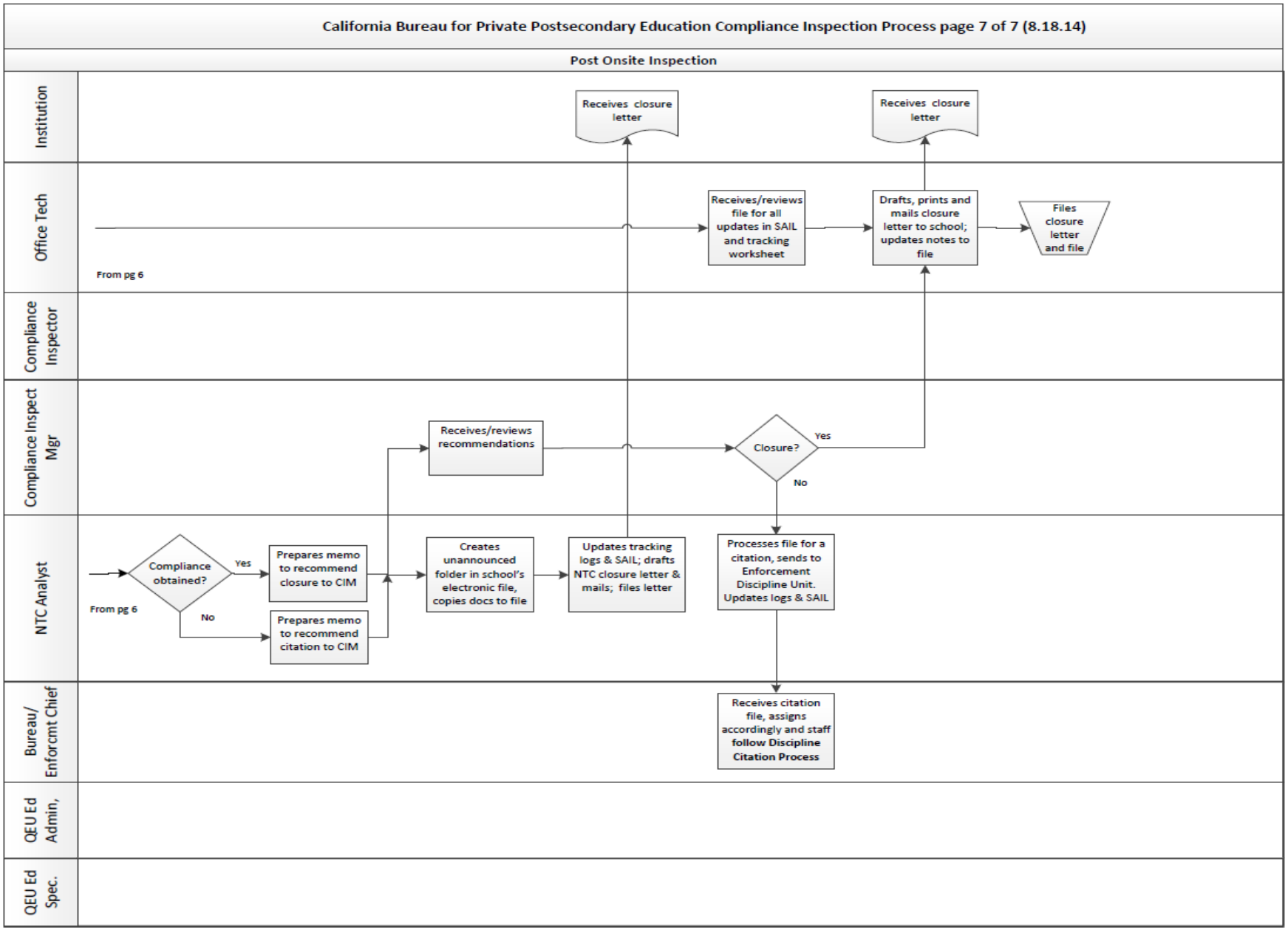

California Bureau for Private Postsecondary Education Compliance Inspection Process page 2 of 7 (8.18.14)
Submissions & Background Information Review
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Administrator
QEU Ed Specialist
Receives deficiency letter
Reviews all info in folder; verifies accreditation in SAIL & Internet
Questions about ed programs?
No
Yes
Receives/reviews docs per validation form; completes Insp File Check List
Updates tracking log and notes to the file
May receive ed program instructions from the CIM or ES
Minor violations?
No
Yes
Prepares/sends deficiency letter to institution
From pg 1
To pg 3
Asks CIM to arrange for ES review
Consults with and/or refers file to Ed Administrator
Receives instructions and advises CI
Talks to CIM and/or receives & reviews file
Warrants ED review?
No
Yes
Provides instructions to CIM
Receives/reviews file & discusses with Ed Administrator or CI
Receives copy of inspection confirmation notice from CI


California Bureau for Private Postsecondary Education Compliance Inspection Process page 3 of 7 (8.18.14)
Planning Onsite Inspections
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Admin.
QEU Ed Spec.
Receives call from CI and discusses inspection; receives email confirmation
Receives confirmation letter and prep form
From pg 2
Within 7 days of receiving file & 7 days before visit, calls owner to discuss inspection; confirms date & time by email
Plans for onsite inspection
Onsite 2 or more days?
No
Yes
Prepares/sends confirmation letter with prep form
Schedules travel, prepares vehicle form, if needed
Prepares itinerary, forwards with vehicle form to CIM
Updates inspection tracking worksheet
To pg 4
Requests pre-approval from CIM for expenses and/ or overtime – may also request later
Receives & approves pre-approval request, or later request
Receives & approves itinerary and vehicle form; and returns


California Bureau for Private Postsecondary Education Compliance Inspection Process page 4 of 7 (8.18.14)
Conducting Onsite Inspections
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Admin.
QEU Ed Spec.
From pg 3
Arrives for onsite inspection; hold briefing, review pre-arrival checklist
Requests documents showing compliance with violations
Requests student and faculty lists; randomly selects 20 files to review
Tours facility; posts Student Notices during or after tour; reviews files
Reviews all deficiency documents prepared by institution
Non-English instruction?
No
Yes
Requests verification if approved for more than English
Reviews institution file and/or contacts accreditor; advises CI
Surveys students; interviews owner/designee
Reviews ads & brochures, student refunds and last 2 yrs of STRF payments
Reviews student and faculty files; interviews all individuals
To pg 5


California Bureau for Private Postsecondary Education Compliance Inspection Process page 5 of 7 (8.18.14)
Conducting Onsite Inspections and Post Onsite Inspection
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Admin.
QEU Ed Spec.
Receives NTC, signs, dates with copy to CI
Receives NTC letter; responds within 30 days
Issues NTC, prints 2 copies; ensures NTC is signed & dated
Yes
From pg 4
Conducts exit interview with owner/ designee; discusses potential violations; collects evidence
Enforcmt Referral?
No
Warrants NTC?
No
Explains NOD process; advises owner to contact NTC Analyst
Post inspection: completes inspection checklist; updates tracking worksheet
Prepares NTC follow-up letter, mails to school
Prepares compliance inspection report
Updates notes to file & tracking worksheet; uploads report, NTC or Enf Ref to G drive
To pg 6
Yes
Prepares Enforcmt Referral


California Bureau for Private Postsecondary Education Compliance Inspection Process page 6 of 7 (8.18.14)
Post Onsite Inspection
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Admin,
QEU Ed Spec.
Responds to NTC within 30 days
Receives inspection materials shipment; logs into tracking system
To pg 7
Within 3 days of completing inspection: packs & ships materials to OT/CIM; updates tracking worksheet & institution workbook, adds notes to file, uploads signed report
From pg 5
Receives inspection report comments by email; makes changes and emails back to CIM
Receives inspection materials shipment; reviews NTC, Enf Ref, & inspection report
Enforcemt Referral?
No
Yes
Makes and emails inspection report comments to CI
Updates tracking worksheet and SAIL comments
NTC issued?
No
Yes
Forwards compliance file to OT for closure
Posts NTC to BPPE website
Receives/reviews compliance file with NTC; logs NTC
Receives/reviews NTC responses, or calls at day 35 if not received
To pg 7
Receives/reviews Enforcmt Referral; assigns accordingly


California Bureau for Private Postsecondary Education Compliance Inspection Process page 7 of 7 (8.18.14)
Post Onsite Inspection
Institution
Office Tech
Compliance Inspector
Compliance Inspect Mgr
NTC Analyst
Bureau/ Enforcmt Chief
QEU Ed Admin,
QEU Ed Spec.
Receives closure letter
Receives closure letter
Receives/reviews file for all updates in SAIL and tracking worksheet
Drafts, prints and mails closure letter to school; updates notes to file
Files closure letter and file
From pg 6
Receives/reviews recommendations
Closure?
Yes
No
Compliance obtained?
Yes
No
From pg 6
Prepares memo to recommend closure to CIM
Prepares memo to recommend citation to CIM
Creates unannounced folder in school's electronic file, copies docs to file
Updates tracking logs & SAIL; drafts NTC closure letter & mails; files letter
Processes file for a citation, sends to Enforcement Discipline Unit. Updates logs & SAIL
Receives citation file, assigns accordingly and staff follow Discipline Citation Process

IV: Complaint Investigation and Discipline

Current Work Assessment

The Enforcement unit of BPPE is made up of Compliance Inspection, Complaints and Investigation, and Discipline and is headed by Yvette Johnson, SSM II. The focus of this section is the Complaint Investigations and Discipline Units. The Complaint Investigation unit is made up of 23 staff including 1 filled and 1 vacant Staff Services Manager I, 8 filled and 6 vacant Associate Government Program Analysts, 5 filled and 1 vacant Staff Services Analyst, and 1 Office Technician. Of the filled positions, all except for 1 AGPA (position was too new) completed the PDQs with the results shown in work distribution charts 3A to 3C below. The Discipline unit is made up of 3 staff including 1 AGPA, 1 SSA, and 1 vacant OT. Both the filled positions in Discipline completed the PDQ as seen in the work distribution Chart 3D below.

Chart 3A: Enforcement SSM I's

Critical duties are bolded

J. Bruce – SSM I			W. Brenner – SSM I		
Reports to: Y. Johnson	**Auth Supr**	**9**	**Reports to: Y. Johnson**	**Auth Supr**	**8**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review and assign incoming complaints. Provide instructions to Investigative Analysts on the minimum expectations of what is to be included in the investigations	**D**	**10.0%**	Assign case load, review reports, update logs, data entry	**D**	**60.0%**
Review Applications for Approval to Operate, that being handled by Investigative Analysts.	**AS**	**2.0%**	Public Contact	D	5.0%
Review and discuss cases with Investigative Analysts. Provide direction for future handling.	**D**	**15.0%**	State Travel	**D**	**10.0%**
Review investigative closing reports for proper format and contents.	**D**	**25.0%**	Personnel Supervision	**D**	**15.0%**
Review outgoing letters for professionalism in appearance and content.	D	2.5%	Staff meeting, Supervisor meetings	D	10.0%
Review and discuss investigation plans with Analysts (Field). Review Investigators' itineraries and travel plans.	**D**	**15.0%**			
Respond to personnel (HR) issues. Track attendance and Leave	D, AS	5.0%			
Respond to emails and other correspondence.	**D**	**3.5%**			
Respond to incoming calls from complainants, school administrators and others.	D	2.0%			
Attend Managers' Meetings. Facilitate Monthly Staff Meetings/Training Sessions.	M, AS	5.0%			
Review aged cases to determine reason case is still open. Provide direction to Investigative analyst.	**D**	**15.0%**			
Total Time %		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**		
None reported			All work is getting done, may be a delay or evening or weekend work, due to the work flow, some days not enough time to get to all items		

Chart 3A reveals that the SSM I over Complaints and Investigation (Bruce) spends a substantial amount of time performing mission-critical tasks related to the assignment, review, and approval of staff work related to complaints and subsequent investigations. Additionally, the incumbent processes incoming calls and emails, participates in manager and staff meetings, and conducts personnel issues such as tracking leave and attendance. There was no work listed as not getting done. Overall, the SSM I reported needing **82%** of their time on average to assign, review, and approve staff work.

Chart 3B: Complaint and Investigation AGPAs

Critical duties are bolded

R. Acosta – AGPA			R. Aalberts – AGPA			J. Jones – AGPA		
Reports to: J. Bruce	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review completed complaint investigation reports	D	50.0%	Cursory review, recording of new complaint investigations, update tracking logs, gather information not accessible to field staff & prepare GSO Shipments to HQ.	AS	5.0%	Reviews the allegation that is presented in the complaint to determine the course of action.	D	35.0%
Train Staff	M	5.0%	Conduct complaint investigation, including telephone & witness interviews, on site inspections - copying information as needed	D-W	65.0%	Preforms internet search on institution named in complaint	D	35.0%
Assist in review of case	D	20.0%	Organize/submit gathered evidence to support/refute allegations; prepare report with recommended actions to	D-W	30.0%	Contact involved parties (complainant, school, external agencies) for investigation assistance.	AS	15.0%
Answer questions concerning Bureau law	D	10.0%				Site visits to review faculty/student records, graduation/drop out rates, financial aide records, possibly utility bills/repair orders.	AS	15.0%
Compile Complaints/Investigations and Discipline Unit Stats	M	5.0%						
Review Complaints	Q	5.0%						
Write Reports	Q	3.0%						
Review licensing file	Q	2.0%						
Total Time %		100.0%	**Total Time %**		100.0%	**Total Time %**		100.0%
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Review Licensing File	8/week		**Expense Reports**	2-3 hours		None reported		
Review Complaints	**16/month**							

V. Gaines – AGPA			D. Darling – AGPA			L. Leach – AGPA		
Reports to: J. Bruce	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Initial complaint review; read complaint to determine priority	D	5.0%	Too new to provide data			Reviews the allegation that is presented in the complaint to determine the course of action.	D	15.0%
Analyze complaint documents, determine allegations and possible law violations.	D	5.0%				Preforms internet search on institution named in complaint	D	50.0%
Web-based research; institutional website, U.S. Dept. of Ed., accreditation agencies, etc.	D	15.0%				Contact parties involved; complaint, school contact person and any outside agencies to Assist with the investigation	D	15.0%
In house research; SAIL database, licensing files, compliance documents, prior complaints	D	10.0%				Site visits to review faculty/student records, graduation/drop out rates, financial aide records, possibly utility bills/repair orders.	D	20.0%
Verbal and written correspondence with the complainant, witnesses, institutional staff, and other sources	D	5.0%						
Review and analysis of subsequent documents submitted by complainant, institution, and other sources	D	20.0%						
Site visits/investigation to interview school owner, staff, students, tour facility, review on site documents - copying as needed.	M	15.0%						
Draft/edit Investigative report with gathered information, make recommendation, prepare case for closure or for further enforcement action.	W	25.0%						
Total Time %		100.0%	**Total Time %**		0.0%	**Total Time %**		100.0%
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Timely processing of complaints due to high volume work, lack of staff and resources	Unknown		None reported			None reported		

Critical duties are bolded

R. Garcia – AGPA			J. Costamagna – AGPA		
Reports to: J. Bruce	**Auth Supr**	**0**	**Reports to: J. Bruce**	**Auth Supr**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Prepare investigation plans	**D**	**10.0%**	Review new cases to identify parties, potential CEC or CCR violations by respondents.	AS	5.0%
Prepare investigation itinerary/travel	AS	20.0%	Conduct internal research for school history, past violations and external web research for possible violations/documentation	AS	5.0%
Emails to BPPE staff/managers	D	10.0%	Contact complainant for supporting documentation, follow up as needed, establish due dates.	**AS**	**10.0%**
Calendar/Activity Tracking	**D**	**20.0%**	Review submitted documentation for potential violations, requesting additional info as needed.	**D**	**15.0%**
Review case file notes/update reports	**D**	**20.0%**	Create investigative plan, travel itinerary for site visit for supervisor review; book travel arrangements.	AS	10.0%
Review case files with peers	AS	10.0%	Site visit to conduct interviews with owner, staff, students, review financial and student records, facility health/safety concerns.	**AS**	**15.0%**
Contact other agencies/entities	AS	10.0%	Review documentation and Draft investigative report, identifying parties, potential violations, allegations, investigation synopsis, findings, and recommendation.	**D**	**30.0%**
			Administrative duties including staff meetings, updating case log, activity log, and timesheet	D	10.0%
Total Time %		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**		
None reported			None reported		

Chart 3B shows that with the exception of one AGPA who only spends about half the time on mission-critical tasks, the AGPAs spend a significant amount of time performing mission-critical tasks related to complaint investigations. They review the complaints and analyze the allegations, perform in-house (SAIL, Licensing files, etc.) and internet research on the suspect institutions, prepare investigation plans including travel itineraries, conduct the onsite investigation reviewing applicable records as needed, and prepare investigative reports documenting the evidence to support or refute the allegations. Additionally, they perform administrative activities such as maintaining activity logs, making travel arrangements, and attending meetings.

In terms of work not getting done, four did not report any work as being omitted or not getting done, one reported needing an extra 2-3 hours to complete expense reports, one indicated needing an extra 8 hours a week to review licensing files and 16 hours a month to review complaints, and one just said work was not being completed in a timely fashion due to high volume of work and lack of staff resources. Overall, the AGPAs reported spending an average of **87.5%** of their time to complete the activities directly related to completing and documenting compliance inspections.

Chart 3C: Complaint and Investigation SSAs and OT

Critical duties are bolded

L. Seely - SSA			L. Kent - SSA			J. Silva-Garcia - SSA		
Reports to: J. Bruce	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review assigned complaints to determine allegations.	**D**	**10.0%**	Case review, analysis, and update SAIL database	**D**	**10.0%**	Review complaint/allegation file to determine action plan, set up electronic tracking file with notes/time records	**D**	**5.0%**
Contact school regarding student complaint/issue, request related documentation.	**D**	**10.0%**	Phone calls with Schools and Complainants	AS, D	5.0%	Contact complainant/respondent, documenting notes, gathered information/physical evidence to complaint file; draft and obtain management approval on correspondence.	**D**	**40.0%**
Contact consumer to present self as investigator and bureau contact	**D**	**10.0%**	Investigate and Research (internet, SAIL, previous complaints, other agencies, etc.)	**D**	**35.0%**	Online research to identify business licensure, permits, ads, laws, accreditation, copying files/notes to complaint file	**D**	**5.0%**
Interview student and request supporting documentation	**D**	**20.0%**	Written Correspondence with Schools and Complainants	**AS, D**	**15.0%**	Research internal database, tracking record allegations, contact dates, printout reports, and time	**D**	**5.0%**
Review supplied documentation regarding complaint issues.	**D**	**20.0%**	Compile complaint file for closure or further action	**AS**	**5.0%**	Contact agencies related to complaints and document notes/time	**D**	**1.0%**
Confirm and cite school for any confirmed violations of the BPPE law if not compliant.	D	10.0%	Assist with Mainline Phone Calls	AS	3.0%	Discuss management issues or related cases with colleagues, documenting notes/time	**D**	**2.0%**
Analyze documentation and recommend resolution based on evidence	**D**	**10.0%**	Update SAIL notes / closure	AS	2.0%	Physical document research of school files; copy relevant evidence, record notes and track time.	**D**	**2.0%**
Write investigative report, close case	D	10.0%	Draft reports	**D**	**25.0%**	Complete or refer complaint investigation for further enforcement action; Draft/edit final report for management approval, save all information in file, track file or forward to Technician to track for any needed follow ups	**D**	**40.0%**
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Review Evidence	**Udtd**		Timely investigate new complaints received			**Timely closure (180 days) of complaint investigations due to high volume of cases per**	**8 hrs/wk per case**	
Addressing backlogged complaints	Mos		**Investigate the backlog of aged complaints for closure**			**Timely closure (180 days) for complaints due to backlogged cases assigned to analyst**	**8 hrs/wk per case**	
						Contact complainant/respondent within 10-15 days due to high volume cases/backlog assigned to	**8 hrs/wk per case**	

Critical duties are bolded

A. Windsor - SSA			J. Espinoza - SSA			D. Evans - OT		
Reports to: J. Bruce	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**	**Reports to: J. Bruce**	**# Auth Suprv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Review complaint	**D**	**12.0%**	Review incoming cases/complaints to identify root of the problem & place it under correct	**D**	**20.0%**	Processing complaints; receive, date stamp, print quick view report	**D**	**15.0%**
Contact complainant and institution - telephone, email, mail are the different contact attempts	**W**	**8.0%**	Call complainant to verify complaint, call school to notify of investigation, gather related documentation from both sides; call other	**D**	**5.0%**	Input all information into SAIL	**D**	**15.0%**
Research-internet and Bureau database	**AS**	**14.0%**	Internet research to verify school is in compliance with Bureau codes/regulations, utilizing other agency websites to	**D**	**20.0%**	Create case folder, create labels for folder and letters	**D**	**15.0%**
Review evidence	**W**	**12.0%**	Type and send average of 3 letters to student, 3 letters to school for each complaint.	**D**	**10.0%**	Create 10-day acknowledgement letter and labels for the letters, mail letters to complainant	**D**	**10.0%**
Enforcement referrals	**W**	**13.0%**	Research internal records, confer with Licensing and Closed School units to obtain current	AS	5.0%	Input all information into case aging log	**D**	**15.0%**
Review of licensing application	**W**	**13.0%**	Document all phone calls, actions taken during investigation to go into the final report.	**D**	**30.0%**	Answer phone questions about accreditation, school status, complaint status, complaint procedures	**D**	**15.0%**
Write File notes	**D**	**12.0%**	Ensure file/complaint is are managed in a timely and accurate manner, tracking necessary details.	**D**	**5.0%**	Assign analysts	D	5.0%
Write Reports	**AS**	**14.0%**	Mail: review, updated notes, input mail received and attached to correct complaint file	**W**	**5.0%**	Miscellaneous	D	10.0%
Upkeep of monthly activity attendance. Excel spreadsheet	**D**	**2.0%**						
Total Time %		**100.0%**	**Total Time %**		**100.0%**	**Total Time %**		**85.0%**
Work Not Getting Done			**Work Not Getting Done**			**Work Not Getting Done**		
Review of evidence	**4 hr/wk - many**		**Closing complaints in the time**	**As needed**		None reported		
File notes	**1-4 hrs/day**		**Outstanding customer service**	**As needed**				
Contact complainant due to backlog	**15 min to 2**		**Responding to email and phone**	**As needed**				

Chart 3C shows the SSAs spend a significant amount of time performing mission-critical tasks related to complaint investigations. They review complaints and investigation reports, perform internal and internet research on institutions, correspond with complainants and institutions by phone, email, and mail, prepare file notes, and write draft investigation reports. Additionally, they update various tracking worksheets, monitor to ensure timely processes, and assist with mainline phone questions. Assigned work that is not getting done is largely the backlogged complaints and timely investigation and closure of new complaints due to the backlogged workload. One SSA indicated needing an extra 4 hours a week at least to review evidence, along with an extra 1 to 4 hours a day to file notes. Overall, the SSAs reported spending an average of **93.6%** of their time in completing activities directly related to furthering complaint investigations.

Chart 3C also shows the one OT spends a notable amount of time on mission-critical tasks related to complaint investigations. They receive and process complaints, answer phone questions about accreditation and a schools' status, assign cases to Analysts, update SAIL, create case folders and 10 day acknowledgment letters, and inputs information into the case aging log. They did not report any work not getting done. Overall, the OT reported spending 75% of their time on activities directly related to the complaints.

Chart 3D: Discipline Staff

Critical duties are bolded

C. Villanueva - AGPA			R. Campar - SSA		
Reports to: T. Johnson	**$ Auth Supv**	**0**	**Reports to: T. Johnson**	**$ Auth Supv**	**0**
Duties	**Freq**	**% Time**	**Duties**	**Freq**	**% Time**
Process appeal requests for administrative hearings including input into denial log, requests for licensure, maintain files, logs, and SAIL mailing out certified documents as needed.	W, D, AS	25.0%	Receives and reviews enforcement file by verifying information, ensuring it supports citation, making necessary calls to school and creating electronic file	**AS, W**	**5.0%**
Process appeal requests for informal hearings including input into denial log, requests for licensure, maintain files, logs, and SAIL, mailing out certified documents, and email DAG for hearing requests, email DCA legal.	W, D, AS	25.0%	Draft background information for citation referrals including checking SAIL for any Notice to Complies, school status, accreditation status, if an annual report has been submitted and all annual/STRF fees have been paid since 2010.	AS, W	15.0%
Process Accusations by reviewing referral file, requesting licensure, create AG transmittal referncing file information, and updating logs/SAIL, and mail out certified and regular documents.	**M, W, D,AS**	**5.0%**	Process citation referral violations including identifying violation code and subsection, proposed fine amount; create an abatement order with instructions to correct the violation; document location of evidence and factors to be considered including potential harm to students, good faith of the institution.	AS, W	25.0%
Process Statement of Issues by reviewing/editing correspondence from DAG's, providing information to management, creatign memo, emailing DAG, request web posting and update logs/SAIL.	**M, W, D,AS**	**25.0%**	Schedule a monthly Citation Committee using Outlook, prepare an outline with citations to be discussed including relevant institution background, notes, proposed fines for Committee approval/rejection/ modification, and take notes for future use.	**M**	**5.0%**
Process Stipulated Settlements, Decisions, Proposed Decisions and Defaults from DAG's office including reviewing documents, obtaining management signature, updating logs/SAIL, request web posting, and close out file, filing it appropriately.	**M, W, AS**	**5.0%**	Process Citation referral based on Citation Committee decision, to either 1) postpone for further research from legal, 2) close the file, document in SAIL and in Citation Program Aging log, fill in the Citation checklist, or 3) issue the approved citation to the institution.	M	5.0%
Provide monthly statistics of current logs/files, verifying and tabulting information	M	2.5%	Issue the approved Citation including codes violated, brief description, and fine assessed along with a short background, applicable laws, Rights, Notice of Appeal, Payment of Fine/Waiver of Appeal, and Declaration of Service; Obtain approvals from management, DCA Legal, and the Enforcement Chief - editting as needed to obtain approvals, save in an electronic file and send two copies - one certified, one not.	**AS**	**25.0%**
Conduct various research from other Bureau's to create procedures, review logs for management, review complex cases through SAIL, licensing file, , internet, and background information (Importance = 1, 2, 3)	**AS, D, W, M**	**10.0%**	Document issued citation in Aging Log, SAIL, request to update discipline section of website reflecting actions taken against school, due date for school to either pay, appeal, or document no response - with the website. Update Aging Log and SAIL accordingly, and following up with school with conferences if appealed or additional notices if no response is received.	D	10.0%
Assist colleague through training, documentation and procedure review, citing information, background information from investigative reports and past reports	AS	2.5%	Maintain liaison between school and management for informal conferences, provide Chief with meeting outline to take notes, review Chief's decision to modify, keep or close citation and fill out Informal Conference Decision Citation template, mail document to school (certified and regular mail), update website with action against school, Update SAIL, Citation Log, and schedules an administrative hearing if the school requests one.	**AS**	**5.0%**
			Administrative Hearing - make required copies, fill out AG transmittal form and checklist, transfer information to AG Log and send to AG's office tracking notes in SAIL, Citation Log, and track movement of case and correspondence with AG to maintain AG log until case has a decision; send letters to complainants.	**AS**	**5.0%**
Total Time %		**100.0%**	**Total Time %**		**100.0%**
Work Not Getting Done			**Work Not Getting Done**		
Update/create procedures manual	AS - 1 hour/mo		Pre-existing Delinquent Citations have not been touched since I have started. Only 1 I am in the process of demand letter 2.	2 hrs to review, tracked for 90 days	
			Getting to new case files or following each case in in depth	90 days	

Chart 3D shows the AGPA is the Discipline Analyst who processes requests for Informal and Administrative Hearings, Accusations, Statements of Issues and Stipulated Decisions. The SSA is the Citation Analyst who deals with anything related to citation processing, including scheduling and directing monthly Citation Committee meetings and preparing citations. Assigned work not getting done for the AGPA includes updating procedure manuals while the SSA reported not getting to the pre-existing delinquent citations and getting to some in depth new cases. Overall, the AGPA reports 85% of their time, and the SSA reports 90% of their time, being spent on mission-critical activities in direct support of complaint discipline.

Analysis of Tracking Spreadsheet/Logs

The second source of data was the tracking spreadsheets currently used by the Complaint Investigations staff. The complaints unit provided three different spreadsheets – one for general complaints records, one for complaints sent to Citations, and one for complaints sent to the Attorney General for Discipline. The largest spreadsheet for the general complaints records contained a master spreadsheet, a spreadsheet for each staff member, a summary of open cases, transfer of closed and CRP closed cases, and a list of cases transferred to Citation, AG, or the Education Specialist, as well as a list of tips, and those returned from the Discipline Unit. The first step of the analysis was to combine all of the information into one spreadsheet and remove the duplicates.

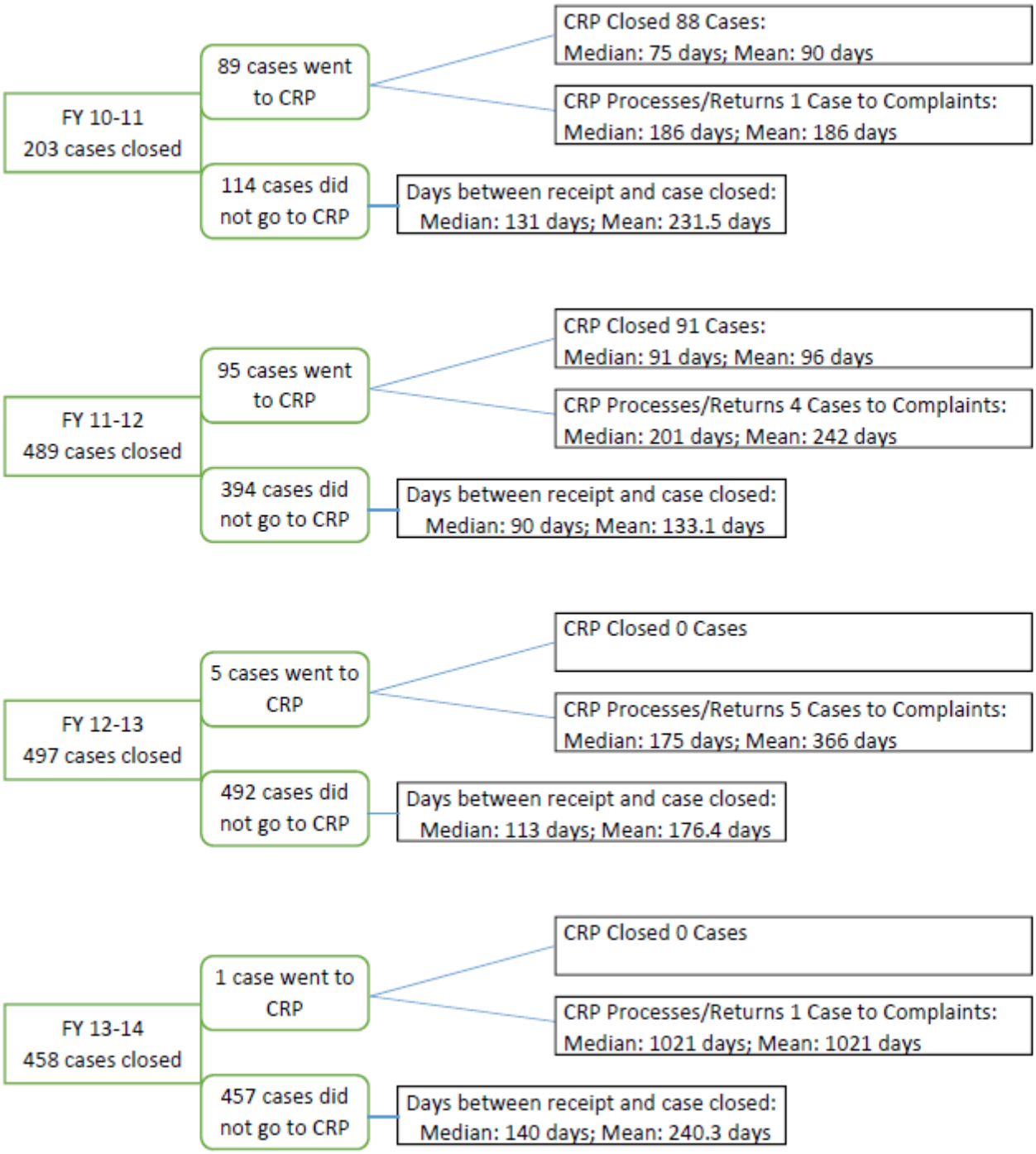
Complaints Process

Once combined, the overall general records sheet contained school information, date the complaint was received, assigned, and when applicable, closed. It also contained dates the case was sent and returned from the DCA Complaint Resolution Process (CRP) and when applicable, if the case was sent to another unit (e.g., citations, education specialists, Attorney General). The data can be separated into two areas – complaints that are completely processed and closed and those that are still active either waiting for action or currently in process. The spreadsheet contained a total of 1,647 complaints that are no longer within the Complaints Units' jurisdiction – 1,455 that have been closed through the routine process, 180 sent to and closed by the DCA CRP, 10 sent to and returned from the DCA CRP, and two were sent to Education Specialists.

Prior to analysis, the data was cleansed to eliminate data points that were potentially erroneous or did not make logical sense (i.e., when dates reflected a case being assigned before it was received). Additionally, the number of cases available for analysis was limited in some of the analysis conditions which can result in a few extreme data points overly influencing the average (mean) processing time. To account for the possibility of values higher than norm driving processing times up, the median value, which is the number found at the exact middle of a set of values, is also provided to measure processing time. The median is better suited for skewed distributions than the mean.

Figure 8 presents an overview of processing times by fiscal year and when DCA CRP was involved. It also shows timing differences between cases DCA CRP closed or returned to Complaints, and those Complaints closed without CRP involvement.

Figure 8: Days to Process Complaints from the Date Received to the Date Closed by Fiscal Year



As the figure shows, the ratio of complaints referred to and resolved by DCA CRP has significantly decreased over the past four fiscal years, starting with their involvement in 89 cases (43.8%) in FY 10-11 to one case (0.2%) in FY 13-14. As a result, the Complaints unit is handling most of the workload and receiving less assistance from DCA CRP as time progresses. However, for cases not involving CRP, processing time for the Complaints unit also increased substantially over the same time period from 90 to 140 days (median value) because of increased workload.

Given the limited number of data points provided within the Complaints Unit tracking spreadsheets, only a few steps within the process can be measured. Table 10 below presents the mean and median processing times over the four fiscal for these data points. As displayed, most of the time is spent in the process, but the spreadsheet lacks sufficient granularity to assess specifically where in the process time is spent. The table also reveals that the median values are significantly smaller than the mean values.

Table 10 – Complaint Processing Time

Average Processing Times for Completed Cases	
Days between Received and Assigned	Median: 6 Average: 54.6 Range: 1-1197 Number of Cases=1408
Average Time between Assigned and Closed	Median: 76 Average: 130.5 Range: 1-981 Number of Cases=1401
Average Time between Received and Closed	Median: 118 Average: 189.5 Range: 1-1726 Number of Cases=1466

The spreadsheet reports 981 complaints received and assigned but no closure date, including 941 general cases, 39 transferred to Citation and one transferred to the Attorney General. Table 11 breaks down when the complaints were received and how quickly they were assigned.

Table 11 – Complaint Assignment Speed by Fiscal Year

Variable Measured in average days Range (R :) N = # cases	Received in FY 09-10	Received in FY 10-11	Received in FY 11-12	Received in FY 12-13	Received in FY 13-14	OVERALL
Currently Open cases within the routine Complaint Process						
Days between Received and Assigned	Med: 545 Avg: 623 R: 344-980 N=3	Med: 592 Avg: 510.6 R: 10-1280 N=45	Med: 25 Avg: 175.6 R: 1-963 N=160	Med:13 Avg:88.3 R: 1-568 N=280	Med: 7 Avg: 24.1 R: 1-291 N=452	Med: 10 Avg: 94.2 R: 1-1280 N=940
Days between Receipt and 6/30/14	Med: 1483 Avg: 1482.3 R: 1481-1483 N=3	Med: 1237 Avg: 1242.4 R: 1103-1447 N=45	Med: 853.5 Avg: 875.4 R: 733-1083 N=160	Med:531 Avg: 533 R: 368-721 N=281	Med: 139 Avg: 160.9 R: 31-362 N=452	Med: 389 Avg: 449.4 R: 31-1483 N=941
When Cases were transferred to Citation:						
Days between Received and Assigned	Med: 906 Avg: 848.7 R: 405-1235 N=3	Med: 704 Avg: 827.2 R: 517-1161 N=5	Med: 418 Avg: 403.5 R: 182-678 N=11	Med: 111 Avg: 156.5 R: 3-656 N=17	Med: 101 Avg: 132 R: 1-294 N=3	Med: 247 Avg: 363.5 R: 1-1235 N=39
Days between Receipt and 6/30/14	Med: 1561 Avg: 1548.7 R: 1518-1567 N=3	Med: 1120 Avg: 1136.2 R: 1113-1195 N=5	Med: 845 Avg: 855.8 R: 731-1062 N=11	Med: 489 Avg: 491.7 R: 108-719 N=17	Med:290 Avg: 285 R: 237-328 N=3	Med:719 Avg:742.4 R: 108-1567 N=39
When Cases were transferred to the Attorney General:						
Days between Received and Assigned	N/A	Med: 446 Avg: 446 R: 446-446 N=1	N/A	N/A	N/A	Med: 446 Avg: 446 R: 446-446 N=1
Days between Receipt and 6/30/14	N/A	Med: 1404 Avg: 1404 R: 1404-1404 N=1	N/A	N/A	N/A	Med: 1404 Avg: 1404 R: 1404-1404 N=1
OVERALL ACROSS ALL TYPES						
Days between Received and Assigned	Med: 725.5 Avg: 735.8 R: 344-1235 N=6	Med: 592 Avg: 540.4 R: 10-1280 N=51	Med: 95 Avg: 191.2 R: 1-963 N=173	Med: 15 Avg: 92.2 R: 1-656 N=297	Med: 7 Avg: 24.9 R: 1-294 N=455	Med: 11 Avg: 105.3 R: 1-1280 N=980
Days between Receipt and 6/30/14	Med: 1500.5 Avg: 1515.5 R: 1481-1567 N=6	Med: 1208 Avg: 1235.1 R: 1103-1447 N=51	Med: 852 Avg: 873.2 R: 731-1083 N=173	Med: 530 Avg: 530.6 R: 108-721 N=298	Med: 139 Avg: 161.7 R: 31-362 N=455	Med: 406 Avg: 462 R: 31-1567 N=981

As the table demonstrates, the amount of time it takes to assign a complaint after receipt has decreased significantly with each successive year from almost two years to on average of 3.5 months, with half being assigned in less than 11 days. The Citation and Attorney General processes add from 1 to 1.5 years to the time it takes to assign the case to a Complaints Unit analyst.

Discipline Administration

The Enforcement Unit also administers discipline at the end of the complaint process. Discipline administration involves issuing citations and referring cases to the Attorney General for further action.

Analysis of Citation Records

There were two Citation logs, one for citations and one for referrals. Citation records include school information, citation type, violates, fine amounts, restitution ordered, citation issue date, last date to appeal, and if it was posted on the website. They also include dates pertaining to informal conferences, any modified fine amounts and when adopted, decision dates, if the case was referred to the Attorney General, the citation effective date, and whether the fine was paid or abatement complied with. Additionally, these records provide citation withdrawn or closure dates. Referral records are limited to school information, the date the assessment was completed, date of the citation meeting, and dates when the citation was drafted, approved and issued. They also include when the case was received, assigned, and if applicable, withdrawn.

CPS reviewed the citation records and combined them into one file, eliminating eight cases that were present in both the intake and the closed citation referral records. All but two of the records had consistent dates documented between them and when there was a discrepancy, the most recent series of dates were retained for further analysis. Generally speaking, once a violation has been potentially identified, it is referred to Citation Referral Intake where it is reviewed and either closed or moves forward as an open citation. The 89 Citation records were combined so each case was only counted once either as a part of an Intake Referral, an Open Citation, or a Closed Citation by fiscal year. This resulted in a dataset with 40 Intake Referral, 12 Open, and 39 Closed Citations. Of the 40 Intake Referrals, only four had a completed citation review worksheet. The remaining 36 (90%) had been assigned but had no further recorded actions. Table 12 presents the number of citations received and assigned in each fiscal year along with their current status.

Table 12: Current Citation Status

	Received	Assigned			
		Intake Referral	Open Citations	Closed Citations	Total Assigned
FY 09-10	3	--	--	--	0
FY 10-11	6	--	--	--	0
FY 11-12	21	0	0	10	10
FY 12-13	34	4	9	29	42
FY 13-14	25	36	3	0	39
Total	89	40	12	39	

As Table 12 shows, a majority of non-closed citations received in FY 12-13 and FY 13-14 are currently in Intake waiting to be processed. Most (29) of the closed citations in this dataset were assigned during FY 12-13.

Table 13 illustrates further evaluation to identify typical citation processing times overall and within each step of the process when data was available. The number of available dates per record varied, with fewer data points available as the process continued.

Table 13 – Citation Processing Time

Number of Days: Median value, Mean value, Range, Number of entries (N)	Intake Log (currently pending or in review for validity)	Open Citations (currently in process)	Closed Citation Log (already completed)	Overall
Time between Received and Assigned	Med: 91.5 Avg: 223.3 R: 1-1235 N = 40	Med: 497 Avg: 478.3 R: 1-1161 N = 12	Med: 64 Avg: 114.9 R: 1-469 N = 35	Med: 111 Avg: 214.9 R: 1-1235 N = 87
Time from Assignment to Completing Review	Med: 261 Avg: 211.3 R: 5-318 N = 4	Med: 245 Avg: 207.8 R: 21-371 N = 11	Med: 88 Avg: 125 R: 8-427 N = 25	Med: 102.5 Avg: 156.4 R: 5-427 N = 40
Time from Review Complete to Meeting Decision	N/A	Med: 6 Avg: 28.9 R: 1-192 N = 8	Med: 31 Avg: 29 R: 23-33 N = 3	Med: 9 Avg: 28.9 R: 1-192 N = 11
Time From meeting decision to Citation Draft	N/A	Med: 16 Avg: 47 R:5-139 N = 7	N/A	Med: 16 Avg: 47 R:5-139 N = 7
Time from Draft Written to Draft Approval	N/A	Med: 33 Avg: 25 R: 1-40 N = 9	Med: 1 Avg:2.1 R: 1-5 N = 15	Med: 3 Avg:10.7 R: 1-40 N = 24
Time from Draft Approved to Citation Issued	N/A	Med: 12 Avg: 34 R: 1-114 N = 8	Med: 1 Avg:1.3 R: 1-4 N = 16	Med: 1 Avg:12.2 R: 1-114 N = 24
Time from Citation Issued to Receiving Request for Informal Hearing	N/A	Med: 23 Avg: 21.5 R: 11-29 N = 4	Med: 22 Avg: 19 R: 5-31 N = 10	Med: 22 Avg: 19.7 R: 5-31 N = 14
Time from Informal Request to Informal Conference	N/A	Med: 27 Avg: 26.8 R: 25-28 N = 4	Med: 32.5 Avg: 34.4 R: 19-52 N =8	Med: 28.5 Avg: 31.8 R: 19-52 N =12
Time between Informal Conference and Decision Date	N/A	Med: 6 Avg:6 R: 6-6 N = 1	N/A	Med: 6 Avg:6 R: 6-6 N = 1
Time from Decision Date to Admin Hearing Request	N/A	Med: 16.5 days before Avg: 16.5 days before R: -56 to 23 N = 2	Med: 57 days before Avg: 37.8 days before R: -96 to 12 N = 5	Med: 56 days before Avg: 31.7 days before R: -96 to 23 N = 7
Time from receiving Admin Hearing Request or Referral to AG	N/A	Med: 14 Avg: 34.7 R: 7-83 N = 3	Med: 14.5 Avg: 14.5 R: 5-24 N = 2	Med: 14 Avg: 26 R: 5-83 N = 5

Number of Days: Median value, Mean value, Range, Number of entries (N)	**Intake Log** (currently pending or in review for validity)	**Open Citations** (currently in process)	**Closed Citation Log** (already completed)	**Overall**
Time between Decision date and Adoption Date	N/A	Med: 203 Avg: 203 R: 203-203 N = 1	Med: 75 Avg: 75 R: 75-75 N = 1	Med: 139 Avg: 139 R: 75-203 N = 2
Time between Adopted date and Citation Effective Date	N/A	Med: 35 Avg: 35 R: 35-35 N = 1	Med: 273 Avg: 273 R: 273-273 N = 1	Med: 154 Avg: 154 R: 35-273 N = 2
Time from Day assigned to Date Citation Effective	N/A	Med: 440 Avg: 440 R: 329-551 N = 2	Med: 176 Avg: 168.6 R: 4-411 N = 14	Med: 187 Avg: 202.6 R: 4-551 N = 16
Time from Received to Citation Effective	N/A	Med: 698.5 Avg: 698.5 R: 329-1068 N = 2	Med: 234.5 Avg: 242.9 R: 4-472 N = 14	Med: 278.5 Avg: 299.9 R: 4-1068 N = 16
Time between Received and Withdrawn	N/A	N/A	Med: 229 Avg: 260.9 R: 95-476 N = 12	Med: 229 Avg: 260.9 R: 95-476 N = 12

Table 13 presents both the median and the average processing times in days, but the remainder of the analysis is based on the median values since smaller sample sizes can be largely impacted by just one or two large or outlier data points. As Table 13 indicates, the intake cases have waited just over three months before being assigned, whereas a currently opened citation waited over a year before it was assigned. It appears the unit is getting faster at assigning cases, but there is still a delay. Proceeding through the remaining steps up to the Citation effective date, the sample size gets progressively smaller. Overall, it appears the median processing time for closed Citations is notably quicker than for those currently open. Consequently, the process is taking 278.5 days from the date received to the date the citation is effective. Almost a third of that time (91 days) is spent between receipt and assignment. Given that the overall process varies with some steps being omitted (i.e., the Administrative Hearing), the sum of all the different steps is much larger than the overall processing time. This could also be reflective of the small number of completed cases available as a basis.

There were 12 records that received a citation withdrawal. On average, citations were withdrawn 260.9 days *(R: 95-476)* after the citation was received.

Analysis of Attorney General Discipline Cases

The Complaints unit provided three different spreadsheets – one for general complaints records, one for complaints sent to Citations, and one for complaints sent to the Attorney General for Discipline. The spreadsheet for the Attorney General contained a list of 38 active/open cases, 2 that were transferred back to the Complaint Investigation unit, and 42 cases that were closed, split by fiscal year. The ensuing analysis focuses on the open and closed cases. The open cases contained school information, dates the

case was received, assigned to the AG, then assigned to a DAG, along with dates that the ACC/SOI/PCP was drafted, signed, and served and if any additional hearings were requested or if the default decision was upheld. The closed cases contained all of this plus a closure or withdrawn date if applicable. CPS Consultants combined the spreadsheets and removed any duplicative data for a cleaner analysis.

The last recorded status for the open and closed cases is presented in Figures 9 and 10, respectively.

Figure 9 – Open Cases Status

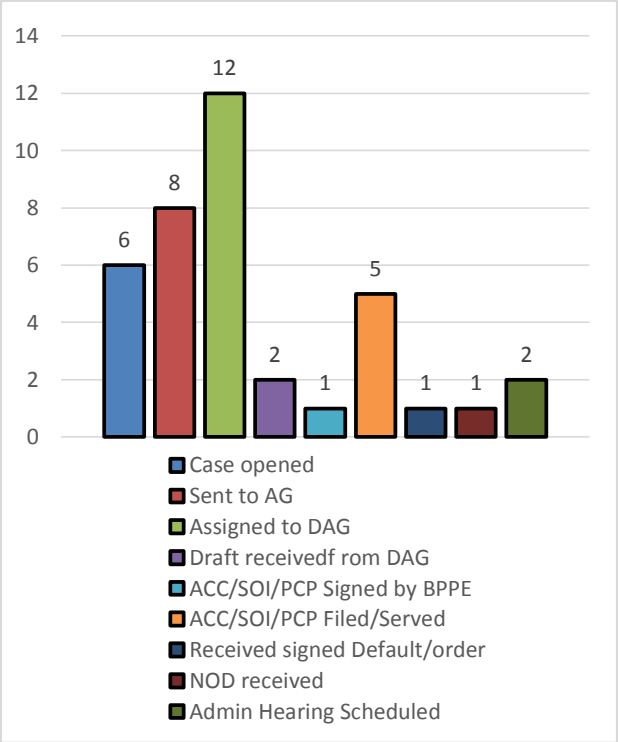


Figure 10 – Closed Cases Status

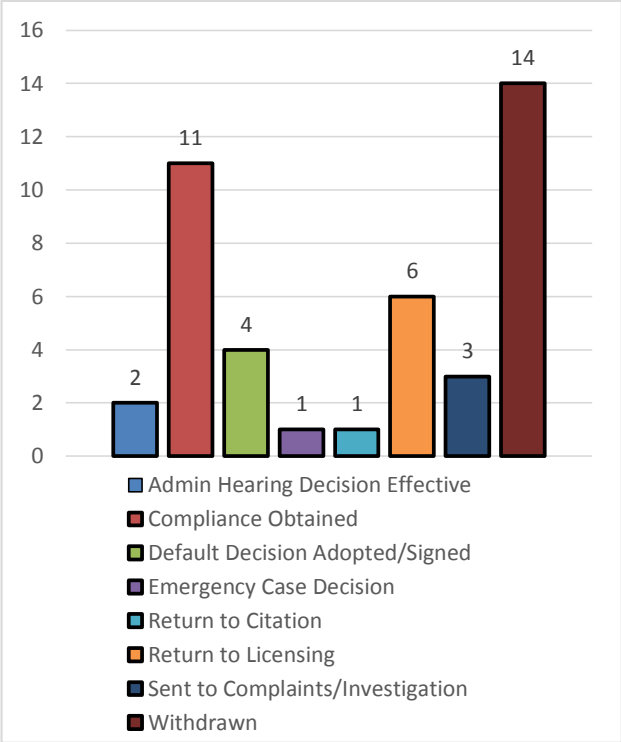


Figure 9 reveals that over half (18) of the open records are in some phase of transit to the Attorney General's Office (21.1%) or being assigned to a DAG (31.6%). Of the types of cases sent to the Attorney General, 63.2% concerned Statement of Issues. Other commonly listed case types were related to fraudulent activities and unlicensed institutions.

Figure 10 illustrates 14 (33.3%) of the closed AG records were withdrawn or compliance was obtained in 11 records (26.2%) and the AG review was no longer necessary. Of the cases closed, 71.4% were regarding Statement of Issues.

CPS further evaluated the records to identify average processing times overall and within each process step when data was available. The number of available dates per record varied, with fewer data points available as the process continued. Situational requirements and institution response method varied, therefore not all of the steps listed below were required for each situation. In addition to the first steps involving the case review, there appeared to be two options based on the institution's response. The first option is utilized when the institution is not satisfied with the initial decision and files to appeal with 30 days. The second option is used when the institution does not respond within the required 30-day

timeframe to the accusation and BPPE initiates and processes a default decision. The records reviewed show cases followed one option or the other with the exception of one case. This case had dates from both a default and a hearing. Case notes indicate DCA Legal reviewed it as a neutral 3rd party. This case was removed from the overall analysis due to what appeared to be special circumstances. Table 14 displays the results of Attorney General median and average case processing times.

Table 14 – Attorney General Case Processing

Average # Days	Open AG Cases	Closed AG Cases
From Received to Assigned	Med: 1 Avg: 58.3 R: (1-1525) N = 36	Med: 2 Avg: 22.1 R: (1-524) N = 35
From assigned to sent to AG	Med: 40.5 Avg: 60.8 R: (1-295) N = 32	Med: 14 Avg: 14 R: (1-30) N = 20
From sent to AG office to assigned to DAG	Med: 32 Avg: 30.3 R: (2-77) N = 23	Med: 25 Avg: 27.1 R: (1-66) N = 16
From assigned to DAG to ACC/ SOI/PCP Draft received from DAG	Med: 132.5 Avg: 152.9 R: (35 – 332) N = 10	Med: 82 Avg: 81.7 R: (7-146) N = 10
From DAG Draft to BPPE sign	Med: 114 Avg: 113.3 R: (6-251) N = 8	Med: 21 Avg: 41.1 R: (2-148) N = 12
From BPPE Signed to Filing of ACC/SOI/PCP	Med: 6 Avg: 5.6 R: (2-8) N = 7	Med: 5 Avg: 10.2 R: (1-76) N = 16
Steps between Filing and Closure vary by case situation – see two options below		
From Decision Effective to Case Closure (Overall)	N/A	Med: 11 Avg: 103.9 R: (1-567) N = 7
From Date received to Withdrawal (Overall)	N/A	Med: 182 Avg: 208.9 R: (35-480) N = 15
From Case received to case closure (Overall)	N/A	Med: 216.5 Avg: 282.3 R: (19-1327) N = 30
From Case Assigned to Case Closed (Overall)	N/A	Med: 209.5 Avg: 261.1 R: (19-803) N = 30

Option 1: NOD/Hearing	Open AG Cases	Closed AG Cases
From Served to NOD	Med: 13 Avg: 13 R: (13-13) N = 1	Med: 14 Avg: 17.8 R: (3-49) N = 6
From NOD to Admin. Hearing	N/A	Med:156.5 Avg:156.5 R: (104-209) N = 2
From Hearing to Decision Effective Date	N/A	Med: 85 Avg: 227.4 R: (77-560) N = 5
From Decision Effective to Case Closure	N/A	Med: 36 Avg: 37.3 R: (6-71) N = 4
From Date received to Withdrawal	N/A	Med: 270 Avg: 270 R: (215-325) N = 2
From Case received to case closure	N/A	Med: 457 Avg:467.9 R: (236-749) N = 7
From Case assigned to Case Closure	270 R: (215-325) N = 2	Med: 457 Avg: 463.7 R: (222-742) N = 7

Option 2: Default	Open AG Cases	Closed AG Cases
From ACC/SOI Served to Default Requested	N/A	Med:41 Avg: 41 R: (41-41) N = 1
From Default Request to Received	N/A	Med: 66 Avg: 66 R: (66-66) N = 1
From Default Request to Decision Effective Date	N/A	Med: 122 Avg: 122 R: (122-122) N = 1
From Decision Effective to Case Closure	N/A	Med: 1 Avg: 1 R: (1-1) N = 1
From Date received to Withdrawal	N/A	N/A
From Case received to case closure	N/A	N/A
From Case assigned to Case Closure	N/A	N/A

Overall, Table 14 shows open cases are taking significantly longer to process than previously closed cases. The table reveals that from the time the Attorney General receives a case to when it closes the case is approximately nine months (261 days), with just over three months (103.9 days) spent between the decision effective date and the case closing date. Just under three months (152.7 days) are consumed assigning the case to a DAG and receiving a draft ACC/SOI/PCP. There was limited data available for measuring the various steps within each option, but a review of closed cases shows a NOD/Administrative Hearing process can take twice as long (468 days to 230 days) to complete as a default decision.

Table 15 takes into consideration potential changes to the process and current staff levels and estimates the average median and average processing time based on the fiscal year the case closed.

Table 15 – Attorney General Case Processing Time by Fiscal Year

Average # of Days:	FY 11-12	FY 12-13	FY 13-14
From Received to Assigned	Med: 1 Avg: 1 R: (1-1) N = 1	Med: 2 Avg: 4.4 R: (1-16) N = 14	Med: 3 Avg: 36.3 R: (1-524) N = 16
From Assigned to Sending to AG	N/A	Med: 19 Avg: 18.5 R: (7-30) N = 6	Med: 9 Avg: 11.8 R: (1-28) N = 11
From Sending to AG to Assigning DAG	N/A	Med: 48 Avg: 48 R: (35-61) N = 2	Med: 21 Avg: 27.2 R: (1-66) N = 11
From Assigning DAG to Receiving Draft ACC/SOI/PCP	N/A	Med: 18.5 Avg: 18.5 R: (7-30) N = 2	Med: 83 Avg: 94.9 R: (58-146) N = 7
From Receiving draft to Obtaining BPPE Signature	N/A	Med: 22 Avg: 36.4 R: (6-95) N = 5	Med: 17 Avg: 44.4 R: (2-148) N = 7
From BPPE signature to Filing of ACC/SOI/PCP	Med: 11.5 Avg: 25.8 R: (4-76) N = 4	Med: 9 Avg: 7.8 R: (2-13) N = 5	Med: 2 Avg: 3 R: (1-8) N = 7
From Filed to Receiving NOD	Med: 28 Avg: 28 R: (7-49) N = 2	Med: 17 Avg: 17 R: (14-20) N = 2	Med: 8.5 Avg: 8.5 R: (3-14) N = 2
From Receiving NOD to Admin Hearing date	N/A	N/A	Med: 156.5 Avg: 156.5 R: (104-209) N = 2
From Hearing to Decision Effective Date	N/A	Med: 77 Avg: 77 R: (77-77) N = 1	Med: 337 Avg: 327.3 R: (85-560) N = 3
From Filed to Default request	Med: 41 Avg: 41 R: (41-41) N = 1	N/A	N/A
From Default Request to Default Received	Med: 66 Avg: 66 R: (66-66) N = 1	N/A	N/A

Average # of Days:	FY 11-12	FY 12-13	FY 13-14
From Default Received to Decision Effective Date	Med: 122 Avg: 122 R: (122-122) N = 1	N/A	N/A
From Decision Effective Date to Case Closure	Med: 1 Avg: 1 R: (1-1) N = 1	Med: 10 Avg: 9 R: (6-11) N = 3	Med: 71 Avg: 233 R: (61-567) N = 3
From Date Received to Withdrawn	N/A	Med: 186 Avg: 178.8 R: (35-315) N = 5	Med: 246 Avg: 251.6 R: (107-480) N = 8
From Date Received to Case Closure	N/A	Med: 142.5 Avg: 183.8 R: (19-470) N = 14	Med: 336 Avg: 368.4 R: (59-1327) N = 16
From Date Assigned to Case Closure	N/A	Med: 142 Avg: 179.7 R: (19-469) N = 14	Med: 329 Avg: 332.4 R: (58-803) N = 16

As Table 15 illustrates, the overall processing times increase over time as the workload and backlog increase. Contributing factors may include slower processing times with current staff, or that current staff are completing old cases first and the older cases are driving the numbers higher.

There were 10 AG records closed after the receipt of a withdrawal request. All 10 of these cases were related to Statement of Issues; three were withdrawn in FY 2012-2013 and seven in FY 2013-2014. On average, cases were withdrawn 229 days *(R: 35-480, N=9)* days after the case was assigned.

"As is" Complaint Investigation Process

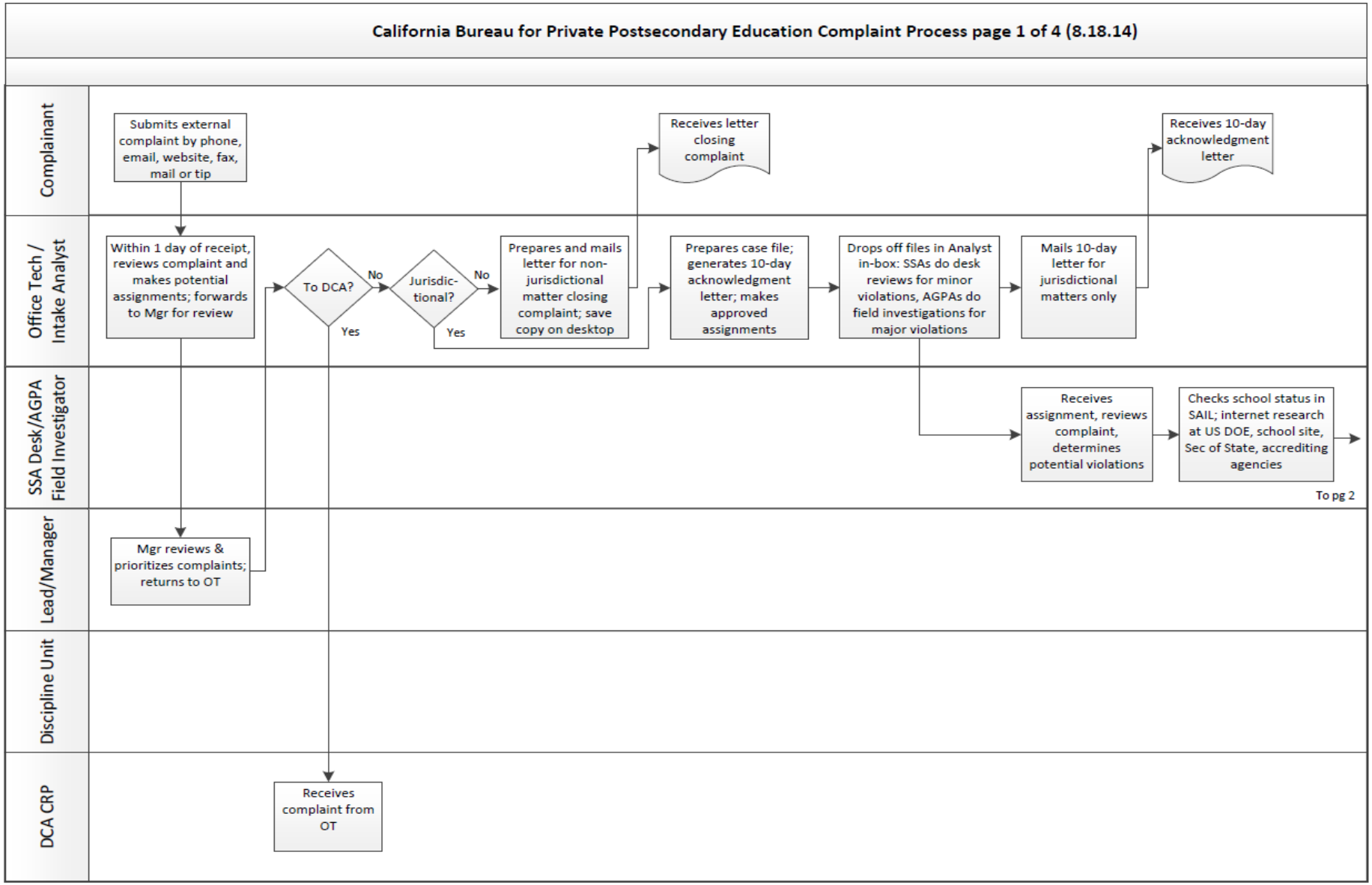
In addition to assessing the current staff reported work being completed or not completed through the self-reporting PDQ and reviewing the tracking logs, CPS assessed the current Complaint Investigation "as is" process and placed into a flow chart. The CPS Consultant reviewed existing procedure manuals to create preliminary flow charts of these processes followed by revised iterations based on SME feedback. The following pages represents the understanding of the Complaint Investigation process as it currently stands. It also includes the processes when Citations or the Attorney General is required for discipline and/or enforcement.

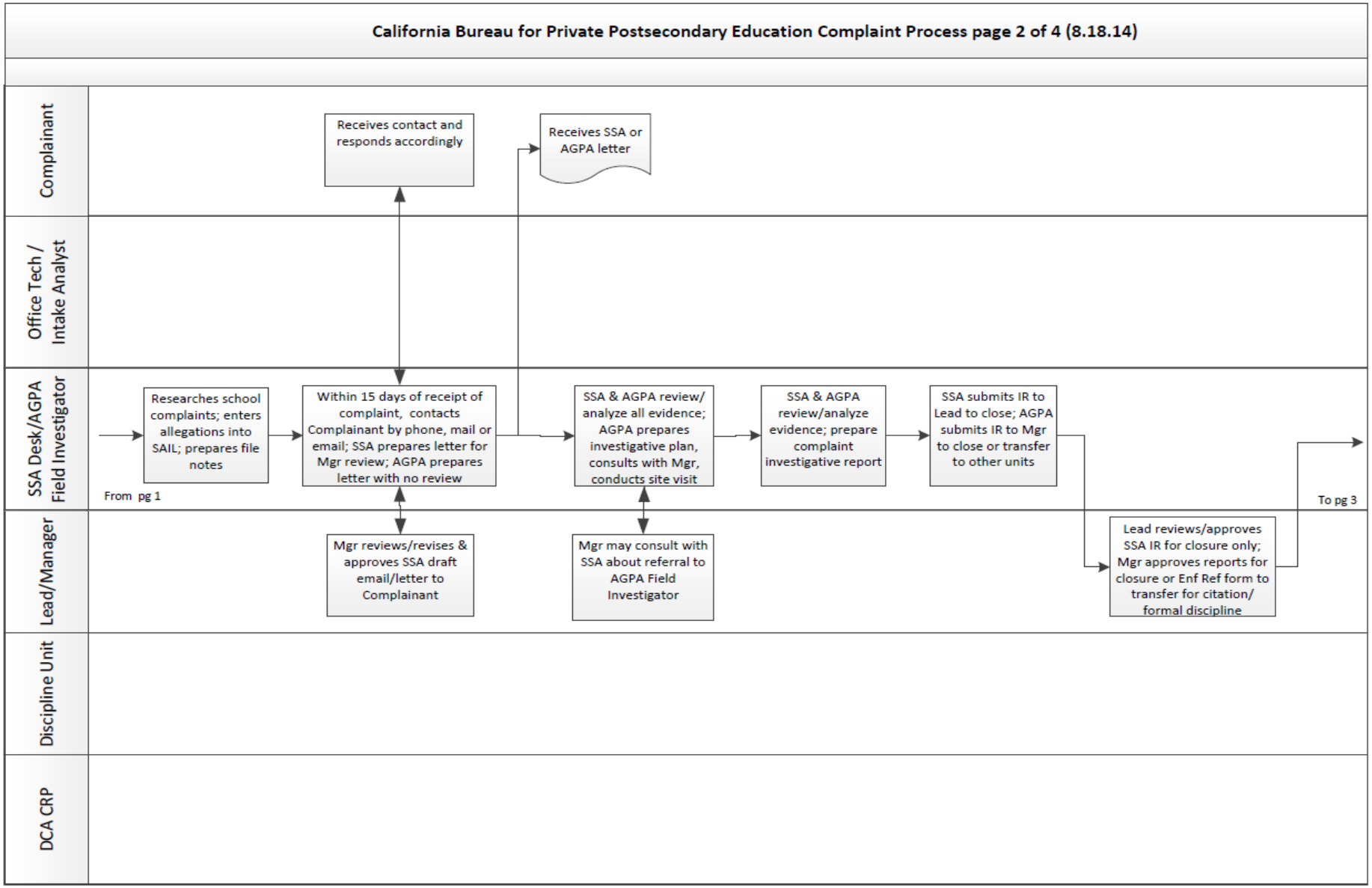
The following four-page Complaint Investigation flowchart, five-page Discipline Citation process flowchart and six-page Discipline through the OAG process flowchart contain numerous parties involved in their respective processes including Complainants/Institutions/Respondents; Complaint Office Technician, Desk Inspectors and Field Investigators, Citation and Discipline Analysts, Complaint Manager; and Bureau/Enforcement Chief. Like the other processes described in this report, these processes are lengthy

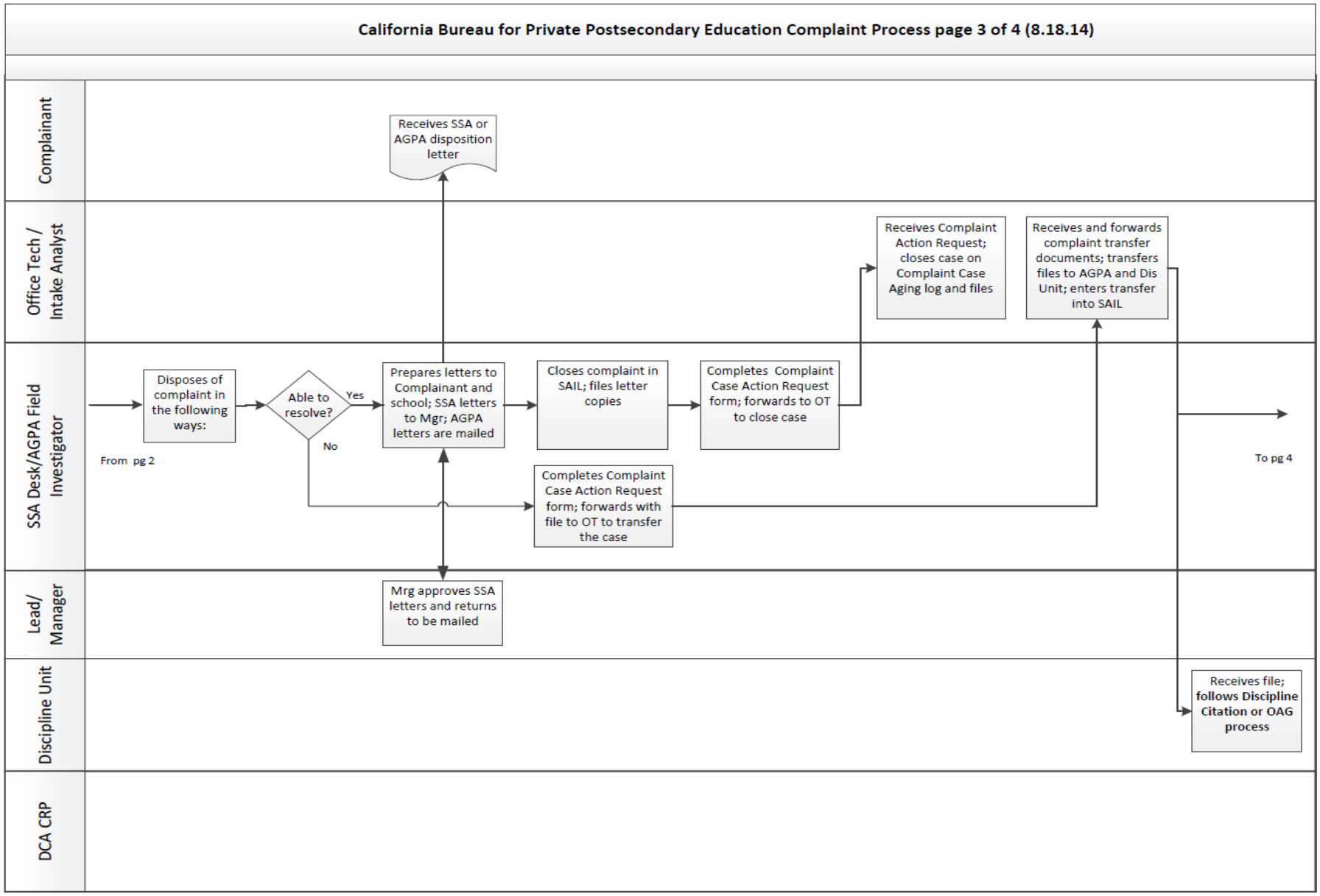
and complex, and involve a significant number of decisions, management reviews and approvals, and external interaction with the Attorney General's Office.

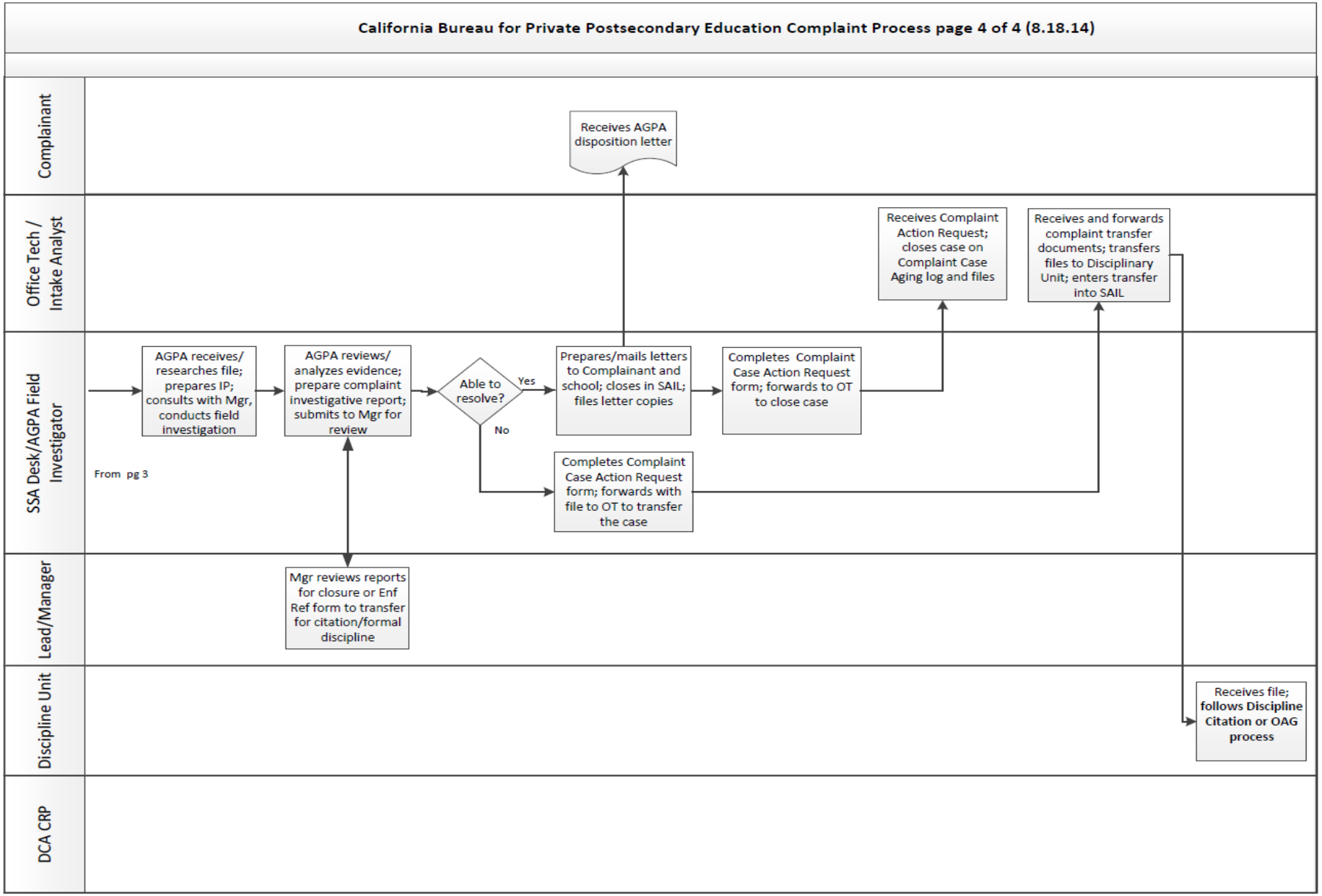
As previously presented, the median processing time to close a complaint is approximately 118 days. This analysis also indicates the Complaints Unit workload has increased substantially because of reduced involvement by the DCA CRP, and the addition of citation and Attorney General discipline processes can add 1 to 1.5 years of time to assign the case to a Complaints Unit analyst.

Finally, the median/average processing time to issue a citation is about 279/300 (median/average) days and to close an Attorney General case is 329/332 days.

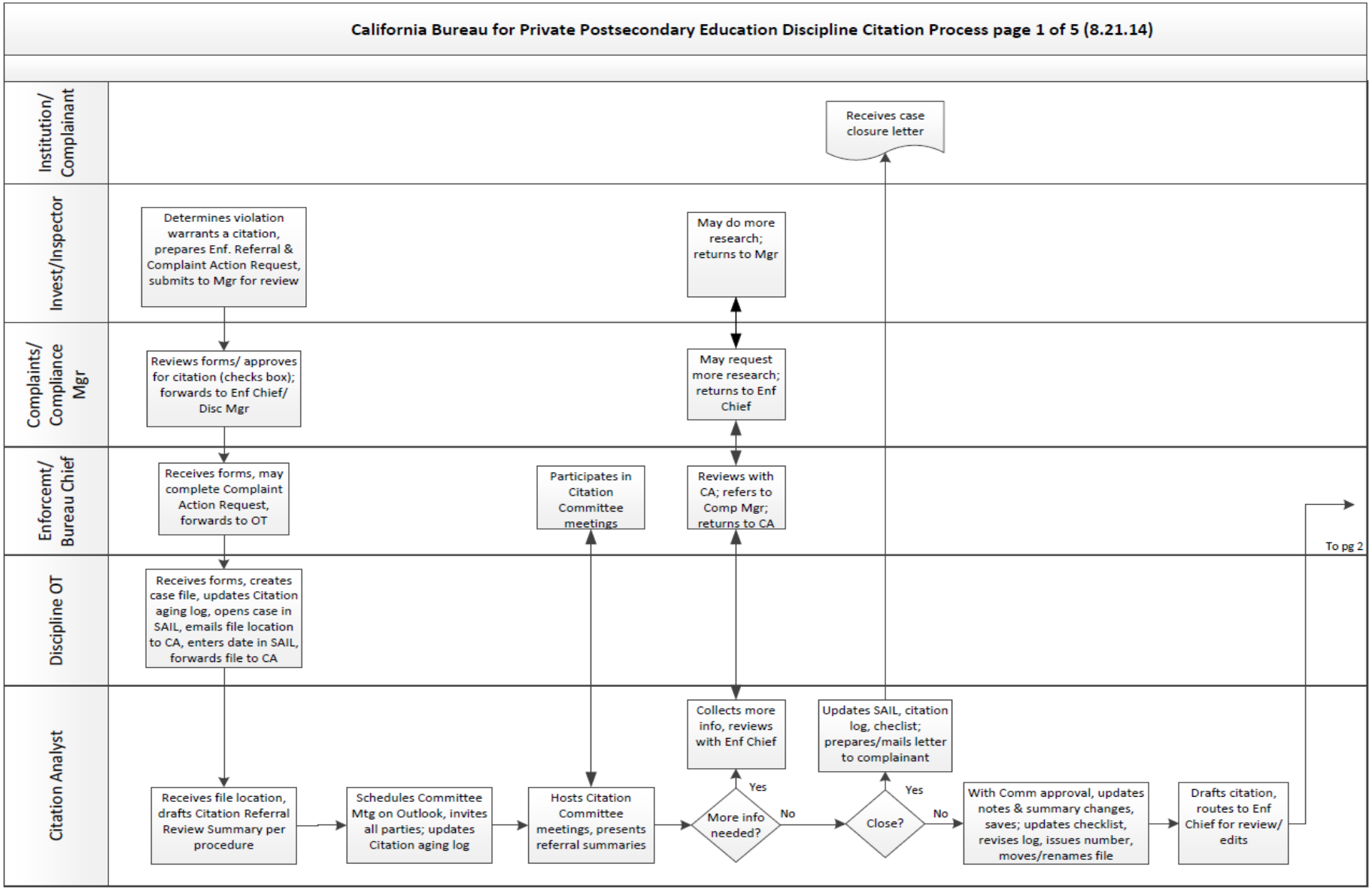

California Bureau for Private Postsecondary Education Complaint Process page 1 of 4 (8.18.14)
Complainant
Office Tech / Intake Analyst
SSA Desk/AGPA Field Investigator
Lead/Manager
Discipline Unit
DCA CRP
Submits external complaint by phone, email, website, fax, mail or tip
Receives letter closing complaint
Receives 10-day acknowledgment letter
Within 1 day of receipt, reviews complaint and makes potential assignments; forwards to Mgr for review
To DCA?
No
Yes
Jurisdic-tional?
No
Yes
Prepares and mails letter for non-jurisdictional matter closing complaint; save copy on desktop
Prepares case file; generates 10-day acknowledgment letter; makes approved assignments
Drops off files in Analyst in-box: SSAs do desk reviews for minor violations, AGPAs do field investigations for major violations
Mails 10-day letter for jurisdictional matters only
Receives assignment, reviews complaint, determines potential violations
Checks school status in SAIL; internet research at US DOE, school site, Sec of State, accrediting agencies
To pg 2
Mgr reviews & prioritizes complaints; returns to OT
Receives complaint from OT

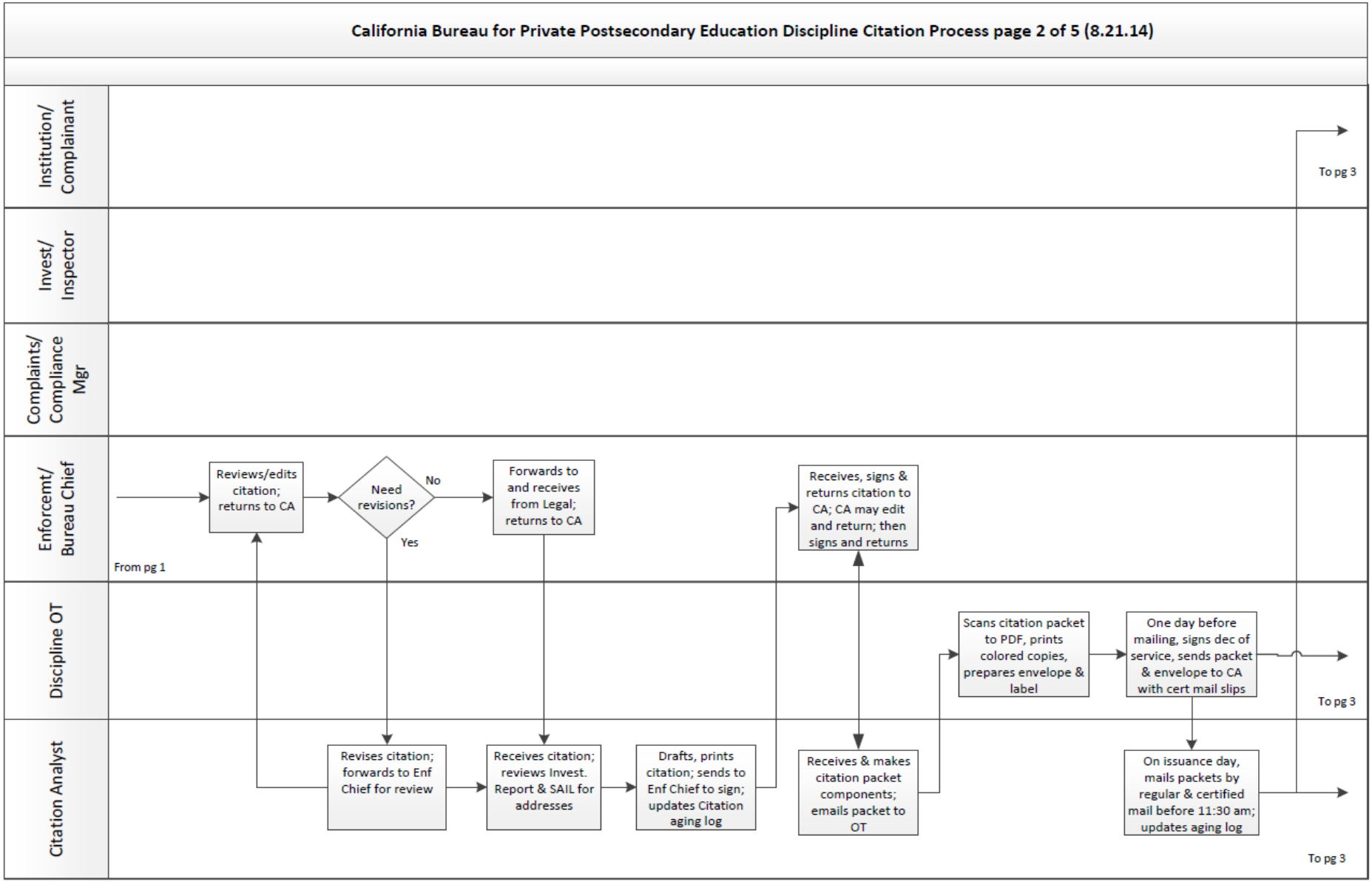

California Bureau for Private Postsecondary Education Complaint Process page 2 of 4 (8.18.14)
Complainant
Office Tech / Intake Analyst
SSA Desk/AGPA Field Investigator
Lead/Manager
Discipline Unit
DCA CRP
Receives contact and responds accordingly
Receives SSA or AGPA letter
From pg 1
Researches school complaints; enters allegations into SAIL; prepares file notes
Within 15 days of receipt of complaint, contacts Complainant by phone, mail or email; SSA prepares letter for Mgr review; AGPA prepares letter with no review
SSA & AGPA review/ analyze all evidence; AGPA prepares investigative plan, consults with Mgr, conducts site visit
SSA & AGPA review/analyze evidence; prepare complaint investigative report
SSA submits IR to Lead to close; AGPA submits IR to Mgr to close or transfer to other units
To pg 3
Mgr reviews/revises & approves SSA draft email/letter to Complainant
Mgr may consult with SSA about referral to AGPA Field Investigator
Lead reviews/approves SSA IR for closure only; Mgr approves reports for closure or Enf Ref form to transfer for citation/ formal discipline

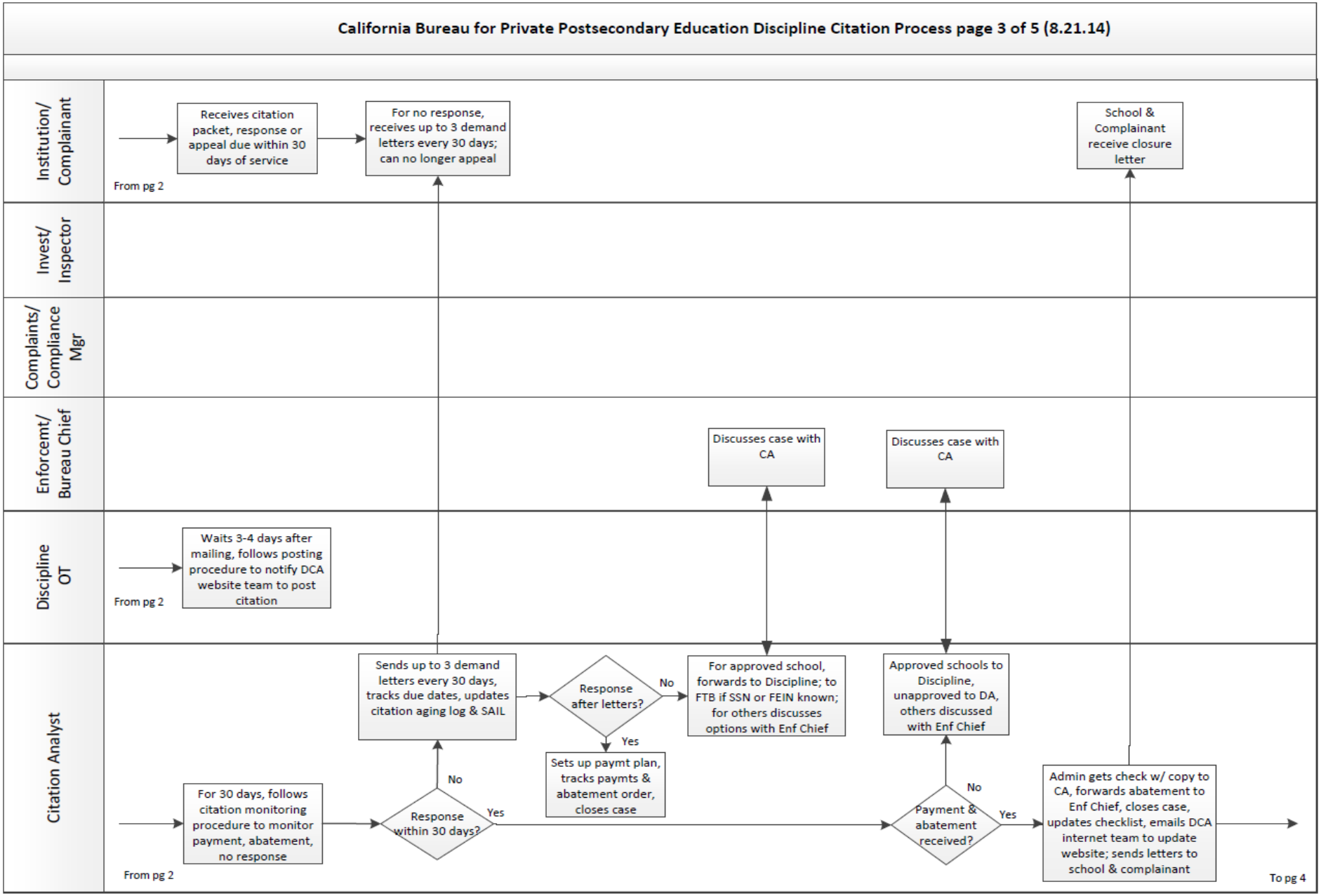

California Bureau for Private Postsecondary Education Complaint Process page 3 of 4 (8.18.14)
Complainant
Office Tech / Intake Analyst
SSA Desk/AGPA Field Investigator
Lead/ Manager
Discipline Unit
DCA CRP
Receives SSA or AGPA disposition letter
Receives Complaint Action Request; closes case on Complaint Case Aging log and files
Receives and forwards complaint transfer documents; transfers files to AGPA and Dis Unit; enters transfer into SAIL
Disposes of complaint in the following ways:
Able to resolve?
Yes
No
Prepares letters to Complainant and school; SSA letters to Mgr; AGPA letters are mailed
Closes complaint in SAIL; files letter copies
Completes Complaint Case Action Request form; forwards to OT to close case
Completes Complaint Case Action Request form; forwards with file to OT to transfer the case
From pg 2
To pg 4
Mrg approves SSA letters and returns to be mailed
Receives file; follows Discipline Citation or OAG process

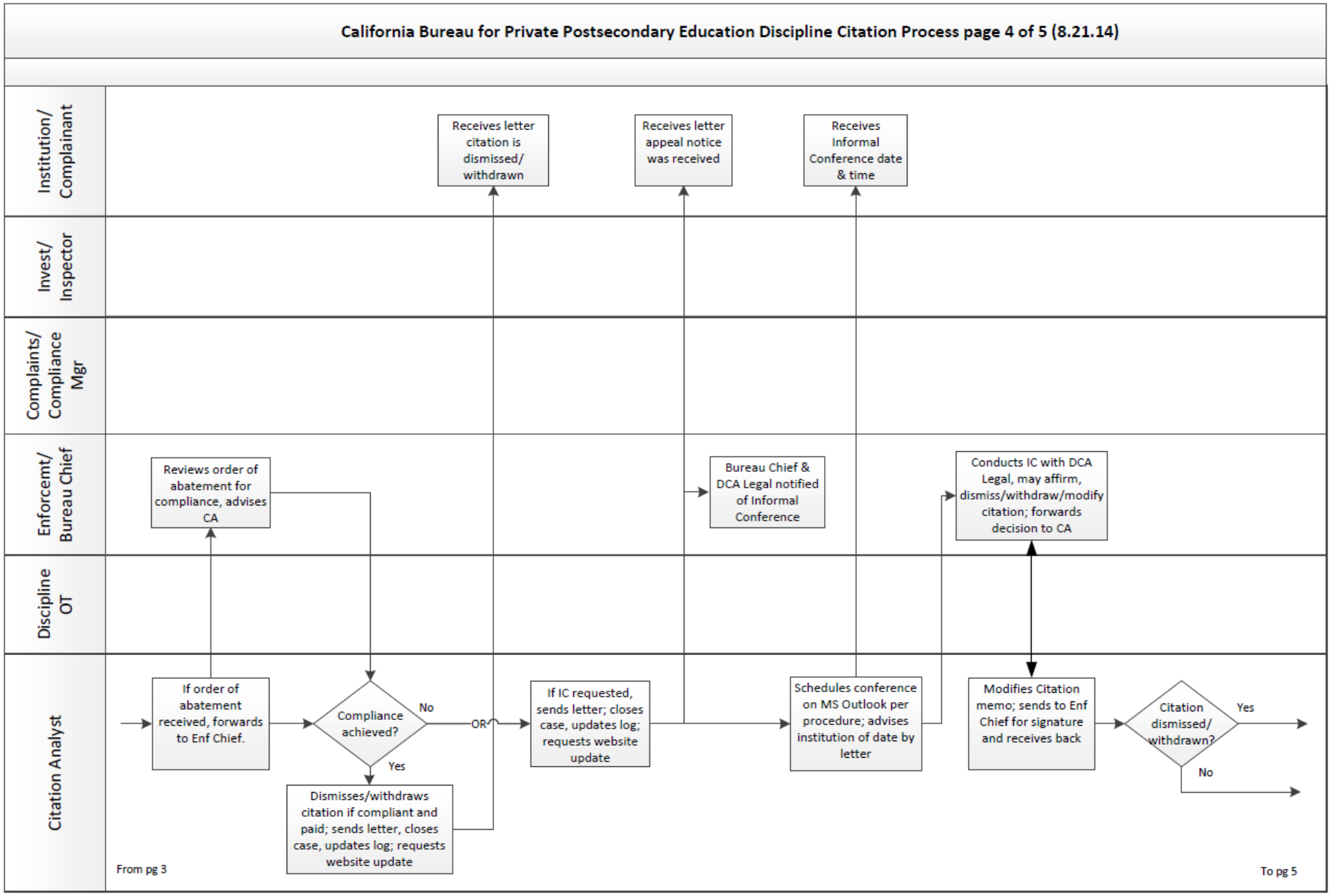

California Bureau for Private Postsecondary Education Complaint Process page 4 of 4 (8.18.14)
Complainant
Office Tech / Intake Analyst
SSA Desk/AGPA Field Investigator
Lead/Manager
Discipline Unit
DCA CRP
Receives AGPA disposition letter
Receives Complaint Action Request; closes case on Complaint Case Aging log and files
Receives and forwards complaint transfer documents; transfers files to Disciplinary Unit; enters transfer into SAIL
AGPA receives/ researches file; prepares IP; consults with Mgr, conducts field investigation
AGPA reviews/ analyzes evidence; prepare complaint investigative report; submits to Mgr for review
Able to resolve?
Yes
No
Prepares/mails letters to Complainant and school; closes in SAIL; files letter copies
Completes Complaint Case Action Request form; forwards to OT to close case
Completes Complaint Case Action Request form; forwards with file to OT to transfer the case
From pg 3
Mgr reviews reports for closure or Enf Ref form to transfer for citation/formal discipline
Receives file; follows Discipline Citation or OAG process

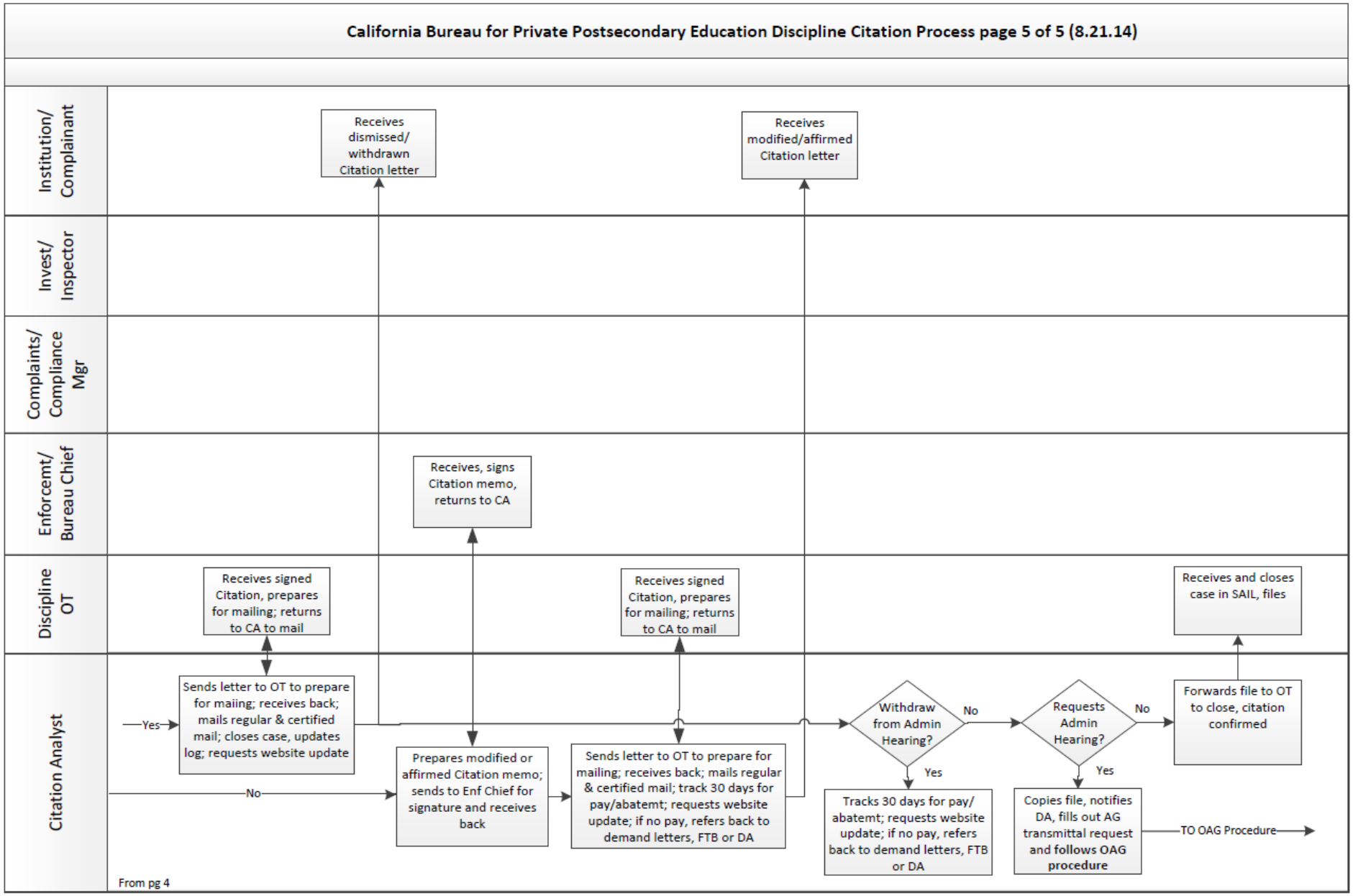
DISCIPLINE CITATION PROCESS



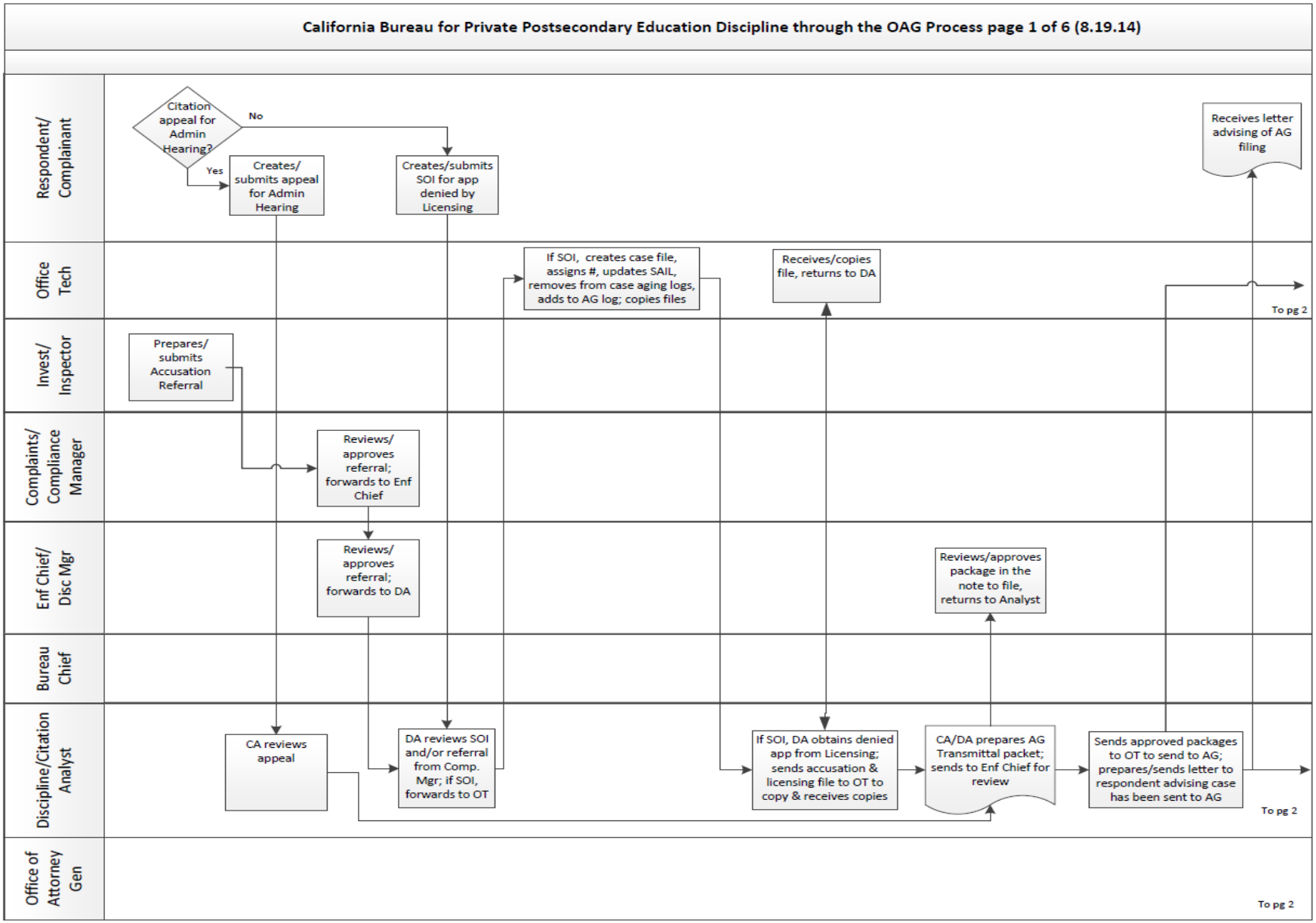

California Bureau for Private Postsecondary Education Discipline Citation Process page 2 of 5 (8.21.14)
Institution/ Complainant
Invest/ Inspector
Complaints/ Compliance Mgr
Enforcemt/ Bureau Chief
Discipline OT
Citation Analyst
To pg 3
From pg 1
Reviews/edits citation; returns to CA
Need revisions?
No
Yes
Forwards to and receives from Legal; returns to CA
Receives, signs & returns citation to CA; CA may edit and return; then signs and returns
Scans citation packet to PDF, prints colored copies, prepares envelope & label
One day before mailing, signs dec of service, sends packet & envelope to CA with cert mail slips
To pg 3
Revises citation; forwards to Enf Chief for review
Receives citation; reviews Invest. Report & SAIL for addresses
Drafts, prints citation; sends to Enf Chief to sign; updates Citation aging log
Receives & makes citation packet components; emails packet to OT
On issuance day, mails packets by regular & certified mail before 11:30 am; updates aging log
To pg 3

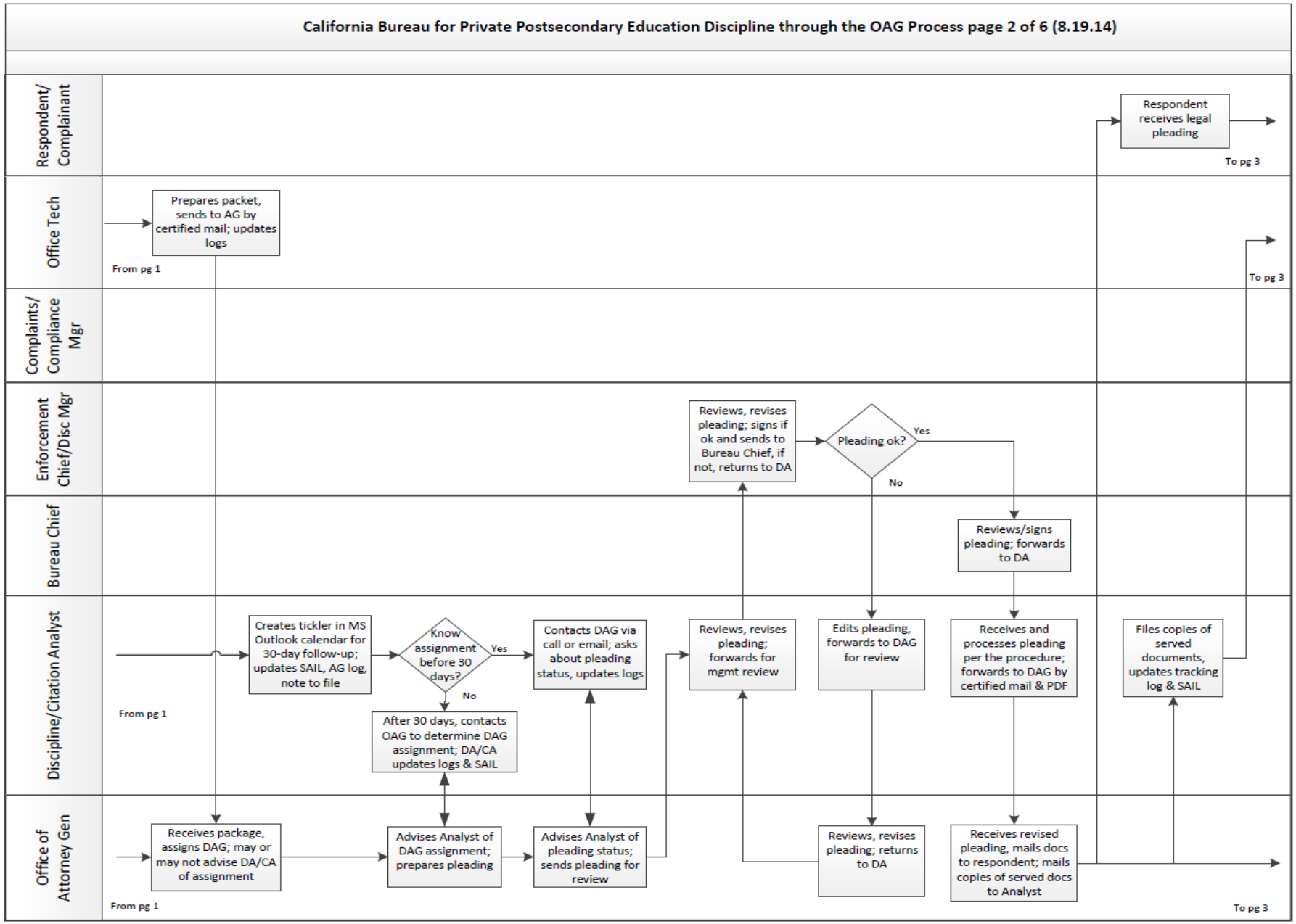

California Bureau for Private Postsecondary Education Discipline Citation Process page 3 of 5 (8.21.14)
Institution/ Complainant
Invest/ Inspector
Complaints/ Compliance Mgr
Enforcemt/ Bureau Chief
Discipline OT
Citation Analyst
From pg 2
Receives citation packet, response or appeal due within 30 days of service
For no response, receives up to 3 demand letters every 30 days; can no longer appeal
School & Complainant receive closure letter
Discusses case with CA
Discusses case with CA
From pg 2
Waits 3-4 days after mailing, follows posting procedure to notify DCA website team to post citation
Sends up to 3 demand letters every 30 days, tracks due dates, updates citation aging log & SAIL
Response after letters?
No
Yes
For approved school, forwards to Discipline; to FTB if SSN or FEIN known; for others discusses options with Enf Chief
Sets up paymt plan, tracks paymts & abatement order, closes case
Approved schools to Discipline, unapproved to DA, others discussed with Enf Chief
No
Yes
Payment & abatement received?
Admin gets check w/ copy to CA, forwards abatement to Enf Chief, closes case, updates checklist, emails DCA internet team to update website; sends letters to school & complainant
From pg 2
For 30 days, follows citation monitoring procedure to monitor payment, abatement, no response
Response within 30 days?
No
Yes
To pg 4

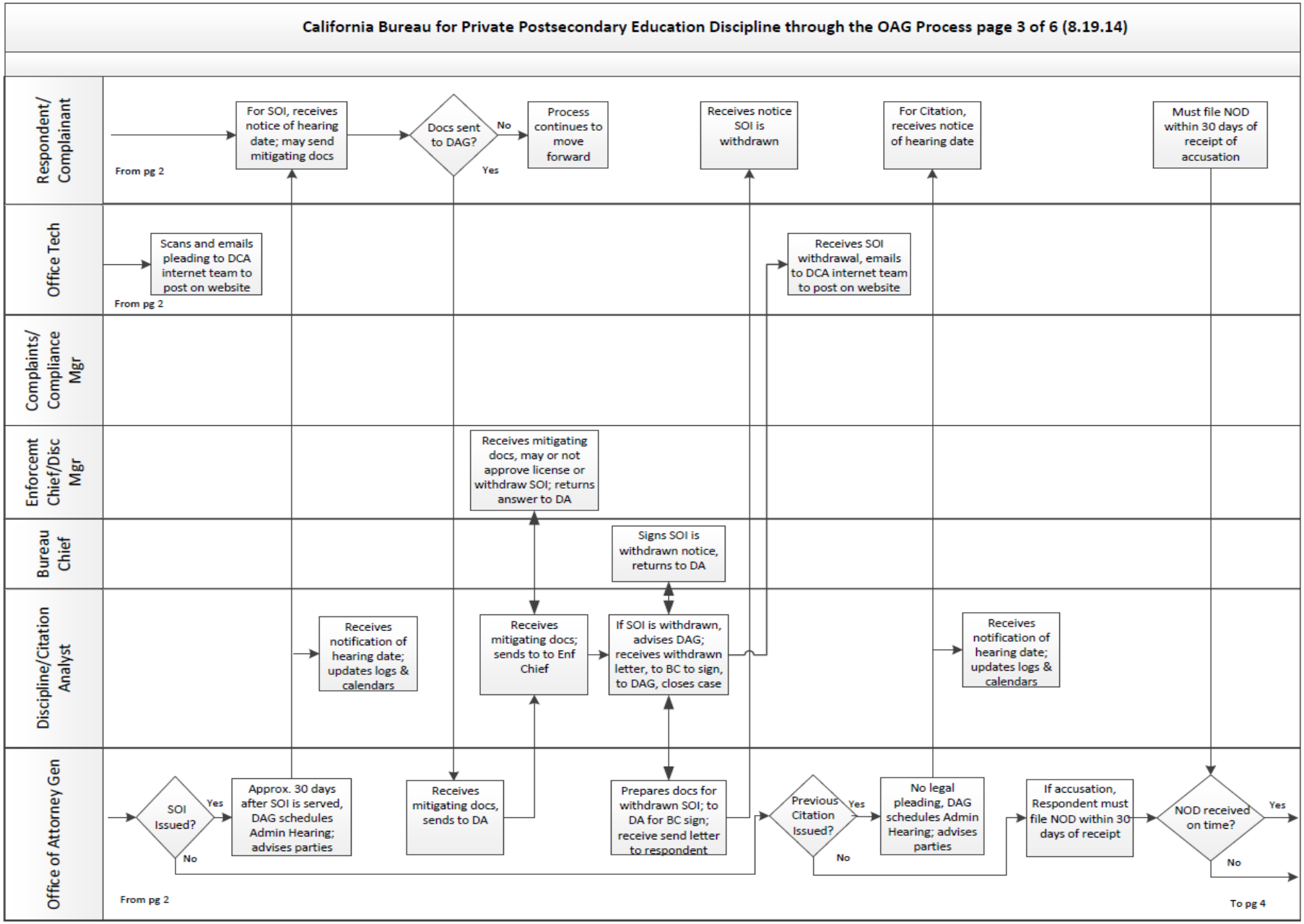

California Bureau for Private Postsecondary Education Discipline Citation Process page 4 of 5 (8.21.14)
Institution/ Complainant
Invest/ Inspector
Complaints/ Compliance Mgr
Enforcemt/ Bureau Chief
Discipline OT
Citation Analyst
Receives letter citation is dismissed/ withdrawn
Receives letter appeal notice was received
Receives Informal Conference date & time
Reviews order of abatement for compliance, advises CA
Bureau Chief & DCA Legal notified of Informal Conference
Conducts IC with DCA Legal, may affirm, dismiss/withdraw/modify citation; forwards decision to CA
If order of abatement received, forwards to Enf Chief.
Compliance achieved?
No
Yes
OR
Dismisses/withdraws citation if compliant and paid; sends letter, closes case, updates log; requests website update
If IC requested, sends letter; closes case, updates log; requests website update
Schedules conference on MS Outlook per procedure; advises institution of date by letter
Modifies Citation memo; sends to Enf Chief for signature and receives back
Citation dismissed/ withdrawn?
Yes
No
From pg 3
To pg 5

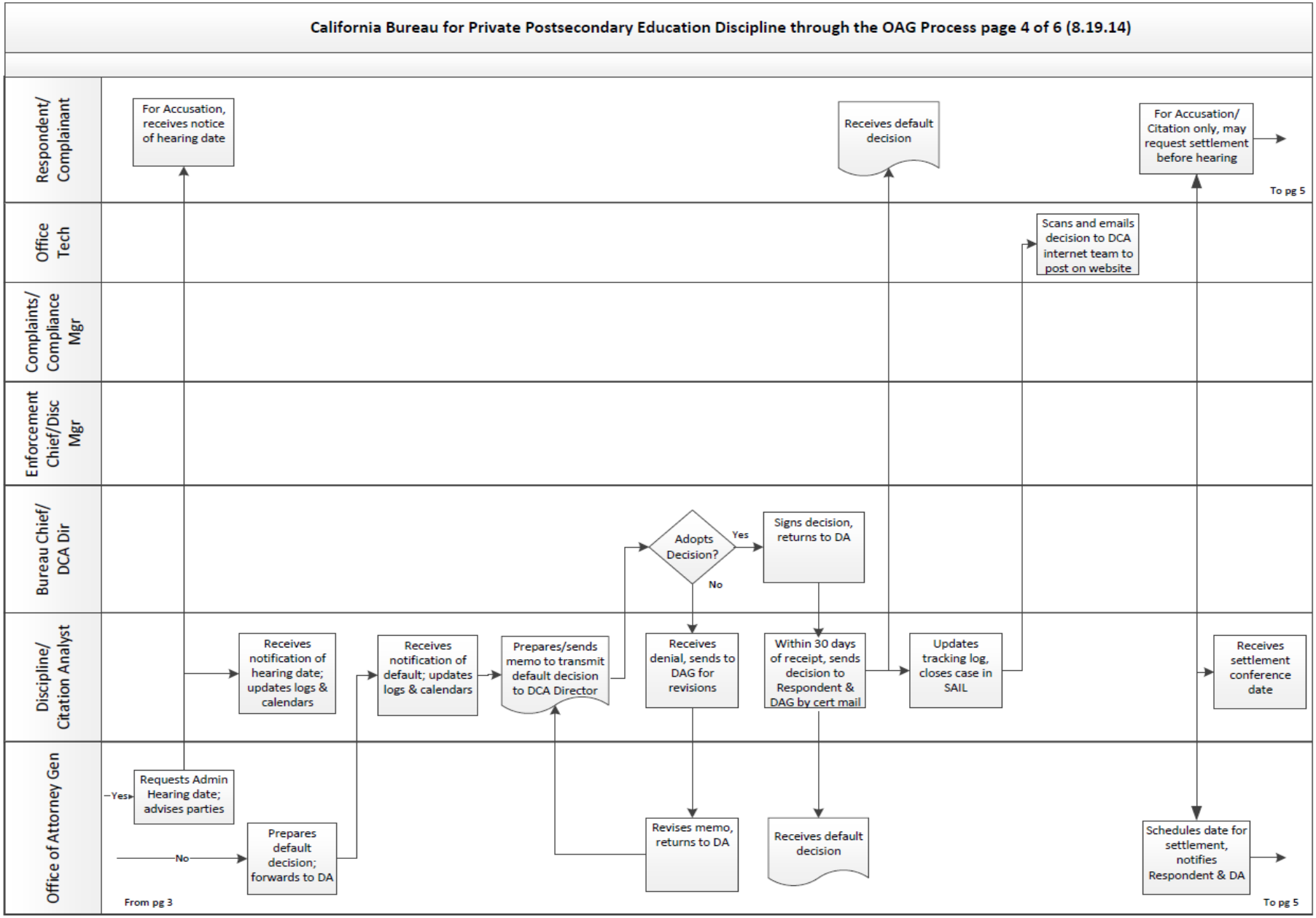

California Bureau for Private Postsecondary Education Discipline Citation Process page 5 of 5 (8.21.14)
Institution/ Complainant
Invest/ Inspector
Complaints/ Compliance Mgr
Enforcemt/ Bureau Chief
Discipline OT
Citation Analyst
Receives dismissed/ withdrawn Citation letter
Receives modified/affirmed Citation letter
Receives, signs Citation memo, returns to CA
Receives signed Citation, prepares for mailing; returns to CA to mail
Receives signed Citation, prepares for mailing; returns to CA to mail
Receives and closes case in SAIL, files
Yes
Sends letter to OT to prepare for maiing; receives back; mails regular & certified mail; closes case, updates log; requests website update
No
Prepares modified or affirmed Citation memo; sends to Enf Chief for signature and receives back
Sends letter to OT to prepare for mailing; receives back; mails regular & certified mail; track 30 days for pay/abatemt; requests website update; if no pay, refers back to demand letters, FTB or DA
Withdraw from Admin Hearing?
No
Yes
Tracks 30 days for pay/ abatemt; requests website update; if no pay, refers back to demand letters, FTB or DA
Requests Admin Hearing?
No
Yes
Copies file, notifies DA, fills out AG transmittal request and follows OAG procedure
TO OAG Procedure
Forwards file to OT to close, citation confirmed
From pg 4

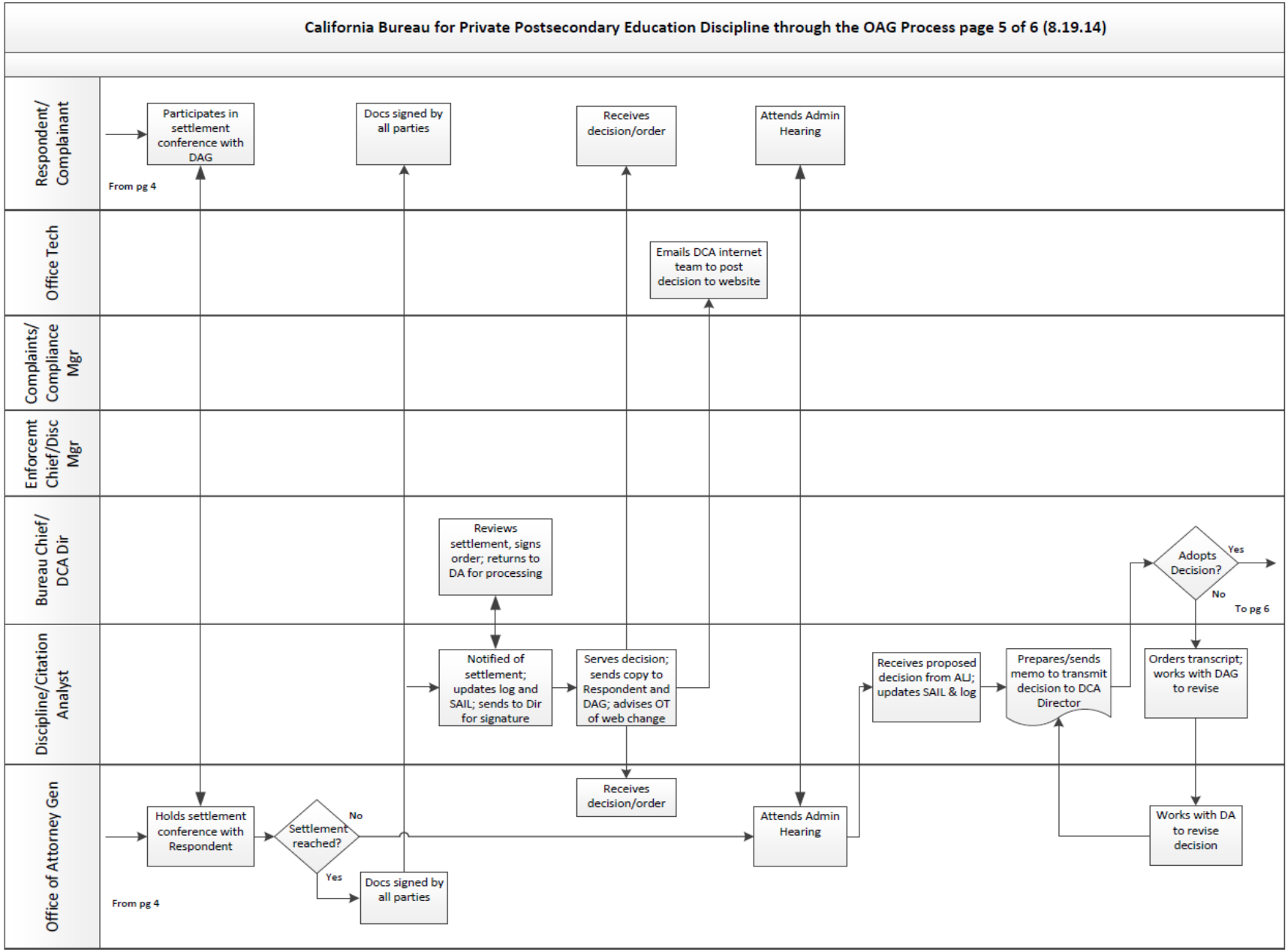
DISCIPLINE THROUGH THE OAG PROCESS

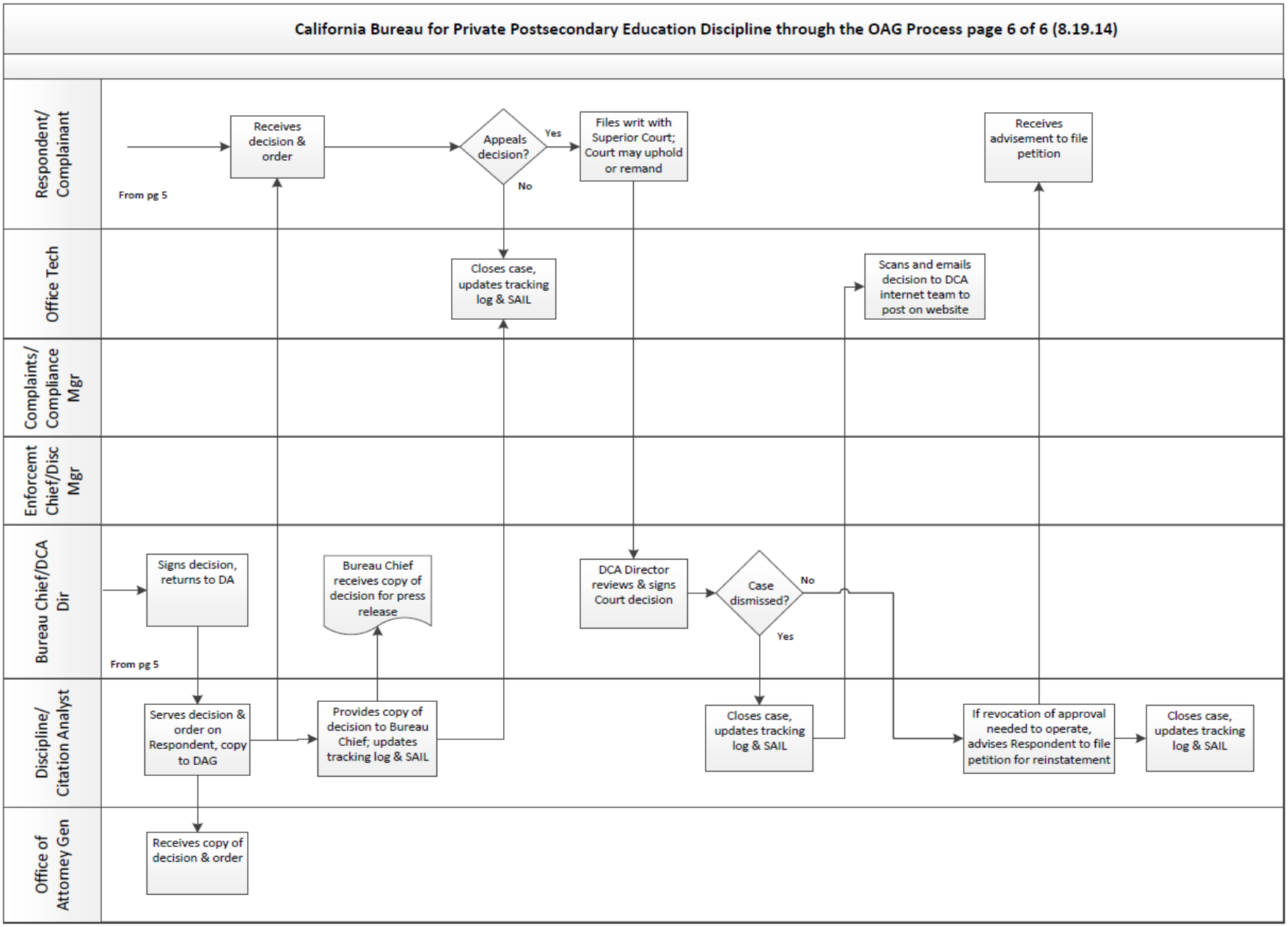



California Bureau for Private Postsecondary Education Discipline through the OAG Process page 2 of 6 (8.19.14)
Respondent/ Complainant
Office Tech
Complaints/ Compliance Mgr
Enforcement Chief/Disc Mgr
Bureau Chief
Discipline/Citation Analyst
Office of Attorney Gen
Respondent receives legal pleading
To pg 3
Prepares packet, sends to AG by certified mail; updates logs
From pg 1
To pg 3
Reviews, revises pleading; signs if ok and sends to Bureau Chief, if not, returns to DA
Pleading ok?
Yes
No
Reviews/signs pleading; forwards to DA
Creates tickler in MS Outlook calendar for 30-day follow-up; updates SAIL, AG log, note to file
Know assignment before 30 days?
Yes
No
Contacts DAG via call or email; asks about pleading status, updates logs
Reviews, revises pleading; forwards for mgmt review
Edits pleading, forwards to DAG for review
Receives and processes pleading per the procedure; forwards to DAG by certified mail & PDF
Files copies of served documents, updates tracking log & SAIL
From pg 1
After 30 days, contacts OAG to determine DAG assignment; DA/CA updates logs & SAIL
Receives package, assigns DAG; may or may not advise DA/CA of assignment
Advises Analyst of DAG assignment; prepares pleading
Advises Analyst of pleading status; sends pleading for review
Reviews, revises pleading; returns to DA
Receives revised pleading, mails docs to respondent; mails copies of served docs to Analyst
From pg 1
To pg 3


California Bureau for Private Postsecondary Education Discipline through the OAG Process page 3 of 6 (8.19.14)
Respondent/ Complainant
Office Tech
Complaints/ Compliance Mgr
Enforcemt Chief/Disc Mgr
Bureau Chief
Discipline/Citation Analyst
Office of Attorney Gen
From pg 2
For SOI, receives notice of hearing date; may send mitigating docs
Docs sent to DAG?
No
Yes
Process continues to move forward
Receives notice SOI is withdrawn
For Citation, receives notice of hearing date
Must file NOD within 30 days of receipt of accusation
Scans and emails pleading to DCA internet team to post on website
From pg 2
Receives SOI withdrawal, emails to DCA internet team to post on website
Receives mitigating docs, may or not approve license or withdraw SOI; returns answer to DA
Signs SOI is withdrawn notice, returns to DA
Receives notification of hearing date; updates logs & calendars
Receives mitigating docs; sends to to Enf Chief
If SOI is withdrawn, advises DAG; receives withdrawn letter, to BC to sign, to DAG, closes case
Receives notification of hearing date; updates logs & calendars
SOI Issued?
Yes
No
Approx. 30 days after SOI is served, DAG schedules Admin Hearing; advises parties
Receives mitigating docs, sends to DA
Prepares docs for withdrawn SOI; to DA for BC sign; receive send letter to respondent
Previous Citation Issued?
Yes
No
No legal pleading, DAG schedules Admin Hearing; advises parties
If accusation, Respondent must file NOD within 30 days of receipt
NOD received on time?
Yes
No
From pg 2
To pg 4


California Bureau for Private Postsecondary Education Discipline through the OAG Process page 4 of 6 (8.19.14)
Respondent/ Complainant
Office Tech
Complaints/ Compliance Mgr
Enforcement Chief/Disc Mgr
Bureau Chief/ DCA Dir
Discipline/ Citation Analyst
Office of Attorney Gen
For Accusation, receives notice of hearing date
Receives default decision
For Accusation/ Citation only, may request settlement before hearing
To pg 5
Scans and emails decision to DCA internet team to post on website
Adopts Decision?
Yes
No
Signs decision, returns to DA
Receives notification of hearing date; updates logs & calendars
Receives notification of default; updates logs & calendars
Prepares/sends memo to transmit default decision to DCA Director
Receives denial, sends to DAG for revisions
Within 30 days of receipt, sends decision to Respondent & DAG by cert mail
Updates tracking log, closes case in SAIL
Receives settlement conference date
Yes
Requests Admin Hearing date; advises parties
No
Prepares default decision; forwards to DA
Revises memo, returns to DA
Receives default decision
Schedules date for settlement, notifies Respondent & DA
From pg 3
To pg 5


California Bureau for Private Postsecondary Education Discipline through the OAG Process page 5 of 6 (8.19.14)
Respondent/ Complainant
Office Tech
Complaints/ Compliance Mgr
Enforcemt Chief/Disc Mgr
Bureau Chief/ DCA Dir
Discipline/Citation Analyst
Office of Attorney Gen
Participates in settlement conference with DAG
From pg 4
Docs signed by all parties
Receives decision/order
Attends Admin Hearing
Emails DCA internet team to post decision to website
Reviews settlement, signs order; returns to DA for processing
Adopts Decision?
Yes
No
To pg 6
Notified of settlement; updates log and SAIL; sends to Dir for signature
Serves decision; sends copy to Respondent and DAG; advises OT of web change
Receives proposed decision from ALJ; updates SAIL & log
Prepares/sends memo to transmit decision to DCA Director
Orders transcript; works with DAG to revise
Receives decision/order
Holds settlement conference with Respondent
Settlement reached?
No
Yes
Docs signed by all parties
From pg 4
Attends Admin Hearing
Works with DA to revise decision


California Bureau for Private Postsecondary Education Discipline through the OAG Process page 6 of 6 (8.19.14)
Respondent/ Complainant
Office Tech
Complaints/ Compliance Mgr
Enforcemt Chief/Disc Mgr
Bureau Chief/DCA Dir
Discipline/ Citation Analyst
Office of Attorney Gen
From pg 5
Receives decision & order
Appeals decision?
Yes
No
Files writ with Superior Court; Court may uphold or remand
Receives advisement to file petition
Closes case, updates tracking log & SAIL
Scans and emails decision to DCA internet team to post on website
Signs decision, returns to DA
Bureau Chief receives copy of decision for press release
DCA Director reviews & signs Court decision
Case dismissed?
No
Yes
From pg 5
Serves decision & order on Respondent, copy to DAG
Provides copy of decision to Bureau Chief; updates tracking log & SAIL
Closes case, updates tracking log & SAIL
If revocation of approval needed to operate, advises Respondent to file petition for reinstatement
Closes case, updates tracking log & SAIL
Receives copy of decision & order

CPS HR CONSULTING

February 13, 2015

Bureau for Private Post-Secondary Education

Estimated Workload and Staffing Recommendations for 'As-Is' Processes

Interim Report

Submitted by:
Richard E. Mallory, MM, PMP
Project Manager
CPS HR Consulting
241 Lathrop Way
Sacramento, CA 95815
Tel: (916) 471-3128
E-mail: rmallory@cpshr.us
www.cpshr.us

February 13, 2015

Ms. Joanne Wenzel, Bureau Chief
Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400
Sacramento, CA 95833

Special Report: Bureau Workload and Staffing Recommendations for 'As-Is' Processes

Introduction: This is an interim report provided to the Bureau and the Department of Consumer Affairs, to quantify the workload and staffing resource needs and requirements of the principal operational programs of the Bureau under the 'As Is' process configurations. It provides specific staffing recommendations for the following existing units: Licensing, Complaint Investigation, Compliance, Discipline and STRF. In addition, it provides a preliminary estimated staffing need for the Annual Report Review Unit. This work is being conducted under the rules of ethics, objectivity and independence prescribed in the Government Auditing Standards of Comptroller General of the United States (2011 Revision). Those rules prescribe that performance auditors provide "reliable, useful, and timely information for transparency and accountability of these (studied) programs and their operations." They require that we objectively acquire and evaluate sufficient appropriate evidence in making recommendations, and that we maintain independence, practice intellectual honesty, and remain free of conflicts of interest. Our report will disclose all material facts known to us, that if not disclosed, could distort an appropriate understanding of the activities under review. General Accounting Standards presume that our commitment to the public interest is the highest value in drawing conclusions and reporting our findings. So while we have solicited your continuing input on findings and recommendations, we can assert that the findings of this report are based on our objective and independent viewpoint, and that we have clearly expressed any difference of opinion. In short, we can certify that this is an independent review.

This preliminary report provides more than one possible future staffing configuration for several of the Divisions studied, based on slight variation in assumptions and constraints. Each of these is clearly explained in the report.

CPS HR Consulting
Richard E. Mallory, Project Manager

Table of Contents

Executive Summary 4
Summary of Workload Review and Recommendations 4
Licensing 5
Quality of Education Unit 6
Compliance Inspections 7
Complaint Investigations 9
Discipline 11
Administrative Unit – STRF and Annual Reports 11
Estimated Bureau Workload Recommendations for 'As-Is' Processes 14
Purpose 14
Methodology 14
Estimation of Staffing Availability by Program 15
Work Process Requirement Calculation Methodology 18
Program Unit Reports 19
Licensing 19
Quality of Education Unit 27
Compliance Inspection Unit 32
Complaint Processing Unit 39
Discipline Unit 45
Administrative – STRF and Annual Report Review 49
References 56

Executive Summary

Bureau Mission

As part of the Department of Consumer Affairs, the Bureau for Private Postsecondary Education (BPPE or Bureau) has been responsible for regulating private postsecondary educational institutions in California since 2010. The Bureau's mission is to promote and protect the interests of students and consumers through: a) The effective and efficient oversight of California's private postsecondary educational institutions; b) The promotion of competition that rewards educational quality and employment outcomes; c) Proactively combating unlicensed activity; and d) Resolving student complaints in a manner that benefits both the complainant student and future students.

Based on information provided up to January, 2015, this report provides an independent assessment of the staffing level requirements for its key operational units including Licensing, Compliance Inspection, Complaints Investigation, and administration of the Student Tuition Recovery Fund (STRF). It also provides a review of the Annual Report Submission and Review Process, which is a nascent but important function within BPPE, and its related review of Performance Fact Sheets. This report evaluates staffing needs to catch up work that is currently backlogged, and levels required to stay current and deal with anticipated future workloads.

While not called out specifically in each Division investigated, this study finds that the forced dependence on Limited Term (LT) positions has been a significant impediment to having sufficient fully-trained staff available to complete the work on hand, and is therefore a primary contributor to backlog in all program areas. Moreover, this study uniformly recommends the replacement of all current LT positions with Permanent Full Time, until the significant backlog of work is eliminated. This conversion of LT to Full-Time is also supplemented with recommendations for additional staff, where appropriate.

It should also be noted that since staffing levels sufficient to reduce and eliminate backlog and to stay current with existing work depend on authorized positions being filled[1], that all our computations of required positions have been factored by an average long-term position vacancy rate for all state agencies. It is a known fact that routine promotions, transfers, departures and extended leave status result in vacant authorized positions, and this routine vacancy factor must be accounted for if there is a serious commitment to resolving backlog and becoming current on all agency work.

Summary of Workload Review and Recommendations

This report recommends immediate staffing augmentation, as follows, in the following Units:

- Licensing: Add 0.5 OT, 1.0 SSA, 7 AGPA and 1 SSM I – **Total increase of 9.5 PY.**
- Quality of Education Unit: Remove one Limited Term ES – **Total decrease of 1 PY.**
- Compliance Inspections (with recommended 5 year timeline to be on schedule): Add 2.0 OT, 1.5 SSA, 8 AGPA, 1 SSM I – **Total increase of 12.5 PY;** or to be caught up in 2 years: Add 3.0 OT, 2.5 SSA, 11 AGPA, 2 SSM I – Total increase of 18.5 PY.

[1] The number of currently allocated, filled, and vacant staff was provided by Bureau Chief, Joanne Wenzel, as of 1-1-15.

- Complaint Investigation (with recommended 2/3 reduction): Add 0.5 OT, 5.5 SSA – **Total increase of 6.0 PY;** or without the reduction: Add 3 OT, 14 SSA, and 1 SSM I – Total increase of 18.0 PY.
- Administrative Unit recommendations are dependent on the percent of time staff is committed to certain program areas and total PY needed to catch up are presented in the main report.

This report also includes a list of proposed alternatives to be used in lieu of, or in combination with, the suggested augmentations in order to eliminate backlog and to bring the units current with current workflow within 2-5 years. Analysis for each change is provided.

Licensing

The Licensing Department receives, reviews, and approves or denies applications from schools requesting approval or renewal to operate the school, changes to business organizations, school name, school location, method of instruction, the addition of a separate branch, and verifications of exempt status. The Licensing unit currently has a staff of 17, including 6 Limited Term positions set to expire on June 30, 2016. In addition, the organization has used blanket funds to supplement staffing with an additional SSM I, 3 full-time AGPA's, 1 part-time AGPA, and 1 OT to assist in the workload. These positions will expire on June 30, 2015 and are not counted toward the authorized total.

At the time of this report[2], 594 applications were assigned/in progress, 275 were backlogged, an additional 87.1, on average, applications were being received each month. In contrast, the unit is completing an average of 86.7 applications per month with the processing time varying between 2 and 64 hours based on application type. The recommendation is to convert all existing limited term to permanent positions, fill the two vacant AGPA positions as permanent positions, and increase the authorized staff by one-half OT, one SSA and seven additional AGPA's positions. The change in staffing is presented in the following table.

Classification:	OT	SSA	AGPA	SSM I	SSM II	TOTAL PY
Recommended Number of PY Needed to catch up	**2.5**	**5**	**16**	**3**	**1**	**27.5**
Total Allocated Staffing: Perm/*Limited Term*	1	4	9	2	*1*	17
Permanent Filled	1	4	3	2	0	
Limited Term Filled	0	0	4	0	1	
Permanent *(Vacant)*	0	0	**1**	0	0	
Limited Term *(Vacant)*	0	0	**1**	0	0	
Net Change in staff to catch up:	**+1.5**	**+1**	**+9**	**+1**	**+0**	**+12.5**
Vacant positions to be filled	0	0	**2**	0	0	+2
Additional authorized positions needed	1.5	1	7	1	0	**+10.5**
Number of PY Needed after caught up	2	4	10	2	1	19

Alternatives

Since it is required that post-secondary institutions be licensed, any means of arbitrarily reducing the workload (i.e., number of institutions to be licensed) is not practical. In addition to converting the limited term positions to permanent positions and filling the existing positions, the most feasible means of improving the licensing work flow follows:

[2] Except for analysis of Complaints Investigations, operational data in this report is based on BPPE Operational Records updated to January, 2015. Within Complaints, data was updated up to June, 2014.

1. Continue to emphasize the work recently initiated by BPPE to provide training for institutions on properly completing licensing applications. This includes creating/providing training to institutions through classroom training, webcasts, and informational materials. Staff can also continue to update internal procedures to improve process flow.
2. Simplify the requirements of the Licensing process by including segments in the Annual Report process or Compliance Inspections. This will only be possible over a 1-2 year period.
3. Obtain legislative approval to reject Licensing applications when institutions cannot provide a complete, approvable application after two opportunities to correct deficiencies. Authorize BPPE to require response to licensing application correction requests within 30 days, and to issue denial when that response is not timely.

Quality of Education Unit

The Quality of Education unit, working closely with the Licensing Unit, reviews compliance of new or renewal applications for non-accredited institutions, and changes to educational objectives or instructional methods by non-accredited institutions. The current staff consists of one Education Administrator, three Senior Education Specialists, and three Education Specialists of which one is a vacant permanent position, and two are Limited Term (set to end on or before June 30, 2016) – one vacant and one filled. In addition, the organization has used blanket funds to supplement staffing with an additional OT to assist in the workload. This position will expire on June 30, 2015 and is not counted toward the authorized total.

At the time of this report, 91 applications were assigned/in progress, 41 were backlogged, an additional 7.7, on average, applications were being received each month. The unit is completing an average of 6.3 applications per month with the processing time averaging 56.9 hours per application. The recommendation is to add one OT, fill the vacant Education Specialist and make one of the two Limited Term Positions permanent, while letting the other one expire unfilled. The change in staffing is presented in the following table.

Classification:	Office Technician	Education Specialist/ Sr. Education Specialist	Education Administrator	TOTAL PY
Recommended Number of PY Needed to catch up	**1**	**5**	**1**	**7**
Total Allocated Staffing: Perm/*Limited Term*	0	4/*2*	1	7*
Permanent Filled	0	3	1	
Limited Term Filled	0	1	0	
Permanent *(Vacant)*		**1**		
Limited Term *(Vacant)*		**1**		
Net Change in staff to catch up:	**+1**	**+1**	**+0**	**+1**
Vacant positions to be filled	0	**+1**	0	1
Additional authorized positions needed	**1**	**0**	**0**	**1**
Number of PY Needed after caught up	1	3	1	5

*Recommendations include the elimination of 1 currently allocated Limited Term ES position – letting it expire unfilled but adding one OT position, resulting in the same total allocated 7 PY.

Alternatives

Since it is required that post-secondary institutions be licensed, any means of arbitrarily reducing the workload (i.e., number of institutions to be licensed) is not practical for the QEU Unit. In addition to converting one of the limited term positions to a permanent position and filling the existing vacant ES position, CPS HR presents the following alternatives for consideration in conjunction with the increased permanent staff:

- Internal procedures updated to improve process flow (currently in progress).
- Provide assistance to institutions including creating/providing classroom training, webcasts, and informational materials.

Compliance Inspections

Compliance Inspections are a part of the Enforcement Unit focusing on the completion of an announced and unannounced compliance inspection every five years at each of the 1,879 monitored institutions, as mandated by SB1247 CEC 94932.5(a). The current staff consists of two SSM I's, ten AGPA's, two SSA positions, and two OT's, of which one SSA and two AGPA's are currently vacant. The records were examined for most recent inspections and a schedule of inspection dates for the purposes of workload estimation was created. This revealed there are 659 overdue or immediately due inspections (due by 6-30-15), with approximately 300-400 anticipated scheduled inspections a year. This is depicted in the following table, with the acknowledgement that the number of unannounced inspections will increase once a timetable is established and the inspections start revolving on the 5 year timetable.

	Number of Institutions	
	Announced	Unannounced
Overdue/backlog	645	24
FY15-16	41	94
FY16-17	390	103
FY17-18	343	72
FY18-19	305	16
FY19-20	118	22
FY20-21	1	3
FY21-22	2	0
FY22-23	1	1
Grand Total	**1846**	**335**

The Compliance Inspection unit is completing an average of 21 inspections a month based on work records for the first four months of FY15-16, which implies capacity to complete 252 annually with

current staffing – a number insufficient to respond to required work. The recommended number of employees for the Compliance Inspection Unit to catch up on overdue inspections and to maintain a legislatively mandated 5 year rotational schedule for inspections is presented in the following tables. One table shows catching up on all overdue Inspections within two years and the other assumes catching up in five years.

Comparison of Existing and Recommended Staffing to catch up in 2 years

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**5**	**4.5**	**21**	**4**	**34.5**
Total Allocated Staffing: Perm/*Limited Term*	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent *(Vacant)*		**1**	**2**		
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+3**	**+3.5**	**+13**	**+2**	**+21.5**
Vacant positions to be filled		**1**	**2**		
Additional authorized positions needed	3	2.5	11	2	**+18.5**
Number of PY Needed after caught up	3	1.5	16	2	22.5

Comparison of Existing and Recommended Staffing to catch up in 5 years

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 5 yrs.	**4**	**3.5**	**18**	**3**	**28.5**
Total Allocated Staffing: Perm/*Limited Term*	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent *(Vacant)*		**1**	**2**		
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+2**	**+2.5**	**+10**	**+1**	**+15.5**
Vacant positions to be filled		**1**	**2**		
Additional authorized positions needed	2	1.5	8	1	**+12.5**
Number of PY Needed after caught up	3	1.5	16	2	22.5

It must be noted that while catching up to Compliance Inspection requirements in five years **will not meet legislative requirements**, the approach may best reflect the practical reality of addressing such a large body of work in a fairly short period of time. Obtaining a current schedule within two years would require more than a doubling of staff which will raise significant logistical issues regarding hiring new personnel, providing space and equipment, and training. The strategy of coming into compliance over five years will require an adaptive approach by Bureau management, which will have more focus on schools that are new or have problem indicators. Imminent licensing review will also likely trigger priority Compliance Inspections. It is assumed that a pragmatic and balanced approach towards five-year compliance will best reflect program needs, but adoption of this strategy will also require

concurrence and approval by representatives of Agency, the legislature, and the California State Auditor.

Alternatives

Postsecondary institutions can continue to function as long as they have one announced and one unannounced inspection every 5 years. This provides some flexibility in the scheduling of compliance inspections, but even with a 5 year rotational schedule – the Compliance Unit would need to double the staff. In lieu of adding this level of recommended staffing, CPS HR presents the following alternatives for consideration:

- Simplify the requirements of the Compliance Inspection process by including segments in the Annual Report process. This will only be possible over a 1-2 year period.
- Internal procedures updated to improve process flow (currently in progress).
- Request modification in current legislative requirements so unannounced inspections are only required if the institution reaches a certain risk score during the announced inspection or via a series of deficiencies/concerns from other units (such as Complaint Investigation).

Complaint Investigations

The Complaint Investigations unit is a part of the Enforcement Unit focusing on investigating allegations against institutions including desk reviews of institution information, witness interviews, and on-site investigations, and determining an outcome based on evidence gathered. The staff consists of 2 SSM I's, 13 AGPA's, 4 SSA's, and 1 OT, including one SSM I and ten AGPA limited term positions set to expire on June 30, 2017, of which one permanent SSA and SSM I and two limited term AGPA's are vacant. In addition, the Bureau has supplemented staffing with one part-time AGPA and two part-time SSA's using blanket funds that will expire by June 30, 2015. These blanket covered positions were not included in the total authorized positions.

At the time of this report, 1,158 were backlogged and/or in progress (they are assigned within a day of receipt usually, but it is unlikely that they are all in progress), an additional 58.1 complaints, on average, were being received each month, while the unit is completing an average of 37.2 complaints per month, resulting not only in no progress being made toward the backlog numbers but approximately 21 complaints being added to the backlog total each month. In order to catch up within 2 years, the Complaints Investigations unit would need to complete approximately 2,646 investigations/conclusions within two years. The number of staff needed to catch up with the backlog and the projected number of complaints in this time frame is presented in the following table.

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**4**	**18**	**12**	**3**	**37**
Total Allocated Staffing: Perm/*Limited Term*	1	4	3/*10*	1/*1*	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent *(Vacant)*		**1**		**1**	

Limited Term *(Vacant)*			**2**		
Net Change in staff to catch up:	**+3**	**+15**	**+1**	**+2**	**+21**
Vacant positions to be filled		**1**	**1**	**1**	+3
Additional authorized positions needed	+3	+14	0	+1	**+18**
Number of PY Needed after caught up	2	10	7	2	21

*Recommendations include the elimination of 1 currently allocated Limited Term AGPA position – letting it expire unfilled, resulting in a new total allocated 19 PY.

Similar to the other units, in order to get caught up with backlog, it is recommended that one SSM I and nine of the ten AGPA existing limited term positions be converted to permanent positions and filled – allowing the remaining limited term to expire unfilled. In addition to these existing positions, catching up would require one additional SSM I, 14 more SSA's and three more OT's.

Alternatives:

Currently, the number of complaints coming in is well beyond the staffing resources given the need to address every complaint that comes in with a full investigation. In addition to looking at staffing resources, the Complaints Investigation must restructure its complaint intake and initial prioritization, and adopt and test a system of prioritization. The following table presents the needed staffing to catch up on the backlogged and current complaints within two years with a 2/3rd reduction based on an assumed restructuring of the complaint investigation process with a prioritization of complaints received, so that only 1/3 of received complaints result in a need for the full investigative process.

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs. with 2/3 reduction.	**1.5**	**9.5**	**9**	**1**	**21**
Total Allocated Staffing: Perm/*Limited Term*	1	4	3/*10*	1/*1*	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent *(Vacant)*		**1**		**1**	
Limited Term *(Vacant)*			**2**		
Net Change in staff to catch up:	**+0.5**	**+6.5**	**-2**		**+5**
Vacant positions to be filled		**1**	**-2**		-1
Additional authorized positions needed	0.5	5.5			**+6**
Number of PY Needed after caught up	0.6	5	4.5	0.5	10.6

*Recommendations include the elimination of 1 currently allocated Limited Term SSM I position either upon hire of the permanent SSM I or when it expires and more immediate elimination of 4 Limited Term AGPA position, of which 2 are currently filled, resulting in a new total allocated of 15 PY.

The recommendation to catch up within 2 years with a 2/3 reduction in workload is to fill the vacant SSM I and allow the Limited Term one to expire, convert six of the Limited Term positions to permanent while allowing the two vacant AGPA's to expire unfilled and either reallocating the two filled AGPA or leave them unfilled as they become vacant, and add an additional 5.5 SSA and 0.5 OT positions.

Discipline

The Discipline Unit is a part of the Enforcement Unit that focuses on the processing of citation or enforcement referrals received from the Complaints and Compliance Inspection Units. If a disciplinary citation results in the request for an Administrative Hearing, this unit corresponds with the Attorney's General office throughout the Hearing process. The current staff consists of 1 AGPA and 1 SSA, both of which are currently filled. In addition, the organization has used blanket funds to supplement staffing with an additional OT to assist in the workload. This position will expire on June 30, 2015 and is not counted toward the authorized total. A difficult part of the workload analysis of this work unit comes from the fact that while overall analysis shows the unit staffing allocation is sufficient, the work actually completed annually does not appear to match this need. Using the projected rate of completion calculated in this section we can only conclude that allocated staff positions have both been vacant and assigned staff has worked on reportable items for only approximately 852 hours annually. This is equivalent to only 45% of the available work time of a single SSA position, and is less than one full time PY. Management must resolve this problem in order to adequately respond to assigned work. As a result, no additional SSA and AGPA staffing is recommended at this time. The OT position needs to be further assessed to determine the recommended PY needed to support the discipline unit. Additionally, Phase 2 of this analysis project will complete additional review of this unit to refine and improve its future business process.

Recommendations that may assist in improving unit processing time include the following:

- Internal procedures updated to improve process flow (currently in progress).
- Examine the necessity of the pre-set waiting periods, determine if any could reasonably be shortened through procedural change or through legislative modifications.

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**1**	**1**	**1**	**0**	**3**
Total Allocated Staffing: Perm/*Limited Term*	0	1	1	0	2
Permanent Filled		1	1		
Limited Term Filled					
Permanent *(Vacant)*					
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+1**	**0**	**0**		**+1**
Vacant positions to be filled					
Additional authorized positions needed	+1				**+1**
Number of PY Needed after caught up	1	1	1		3

Administrative Unit – STRF and Annual Reports

The BPPE Administrative Division has dual function including traditional administrative duties and program operations functions. Its operational functions include the review and approval of Student Tuition Recovery Fund (STRF) applications and the review of required Annual Reports and Performance Fact Sheets (AR-PFS) from licensed institutions. This staff consists of 1 SSM I, 2 AGPA's, 5 SSA's, and 3 OT's, of which 1 AGPA and 1 SSA are vacant. In addition, the Bureau has used blanket funds to

supplement staffing with an additional 2 full-time and 1 part-time AGPA, 1 SSA, 1 OA, and 1 Seasonal Clerk to assist in the workload. These positions will expire on June 30, 2015 and are not counted toward the authorized total.

Within this Administrative unit, the STRF unit has 1 AGPA and 2 SSA positions dedicated to the processing of STRF claims, making up 30% of the staff (not including the SSM I or Seasonal Clerk), of which the two SSA positions are filled with regular staff. In addition, the STRF staff is currently supplemented by one SSA and a part time AGPA from the blanket fund positions.

As of records provided in January 2015, there were 152 STRF claims (in queue or with no status since receipt) in the backlog, 38 currently assigned claims, and a projected average of 279.7 new claims anticipated each year based on a 3 year historical average. Meanwhile, operational data reflected an average of 9.12 hours to complete each claim. The table below presents the recommended number of PY to be dedicated full time to processing STRF claims in order to catch up with the backlog and then once the backlog is eliminated. If the staff assigned to STRF claims is also working on other tasks, the number would need to be adjusted accordingly – for example, if the staff assigned is only working on it 50% of the time – then the number required would be doubled.

The STRF unit needs to be staffed with enough staff to cover the required 2.10 SSA and 0.30 AGPA PY to catch up on the claims within two years. This could be done with three SSA's able to commit 70% of their time and 1 AGPA able to commit 30% of their time exclusively to the STRF claims.

Classification:	SSA	AGPA	TOTAL PY
Recommended Number of Full-time PY Needed to catch up in 1 year	**2.10**	**0.30***	**2.40**
Total Allocated Staffing: Perm/*Limited Term*	2	1	3
Permanent Filled	2	0	
Limited Term Filled			
Permanent *(Vacant)*		**1**	
Limited Term *(Vacant)*			
Net Change in staff to catch up:	**0**	**+1**	**+1**
Vacant positions to be filled		**+1**	+1
Additional full-time PY needed	0	0	**0**
Number of PY Needed after caught up	1.2	0.2	1.4

*The 0.30 AGPA time reflects the portion of the 9.12 hours that was exclusive to the AGPA role in the EPT analysis. The AGPA also participates in the activities done by the 2.11 proposed SSA PY.

The process for receiving and reviewing the Annual Reports and Performance Fact Sheets (AR-PFS) is an evolving process. Based on operational records provided in January 2015, there were a total of 1,090 institutions listed required to submit an Annual Report. Meanwhile, staff provided estimations indicated the Annual Report review would take a once a year processing time of 1,935 minutes plus 28 minutes per report and an additional 410 minutes, on average, for the review of the Performance Fact Sheets. The table below presents the recommended number of PY to be dedicated to the review of the AR-PFS each year. Similar to the STRF projections, if the staff is assigned to other tasks (as expected), the number would need to be adjusted accordingly.

Classification:	SSA/AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to process AR-PFS each year	4.66	0.22	4.88

In addition to the total staffing numbers recommended for each position, CPS HR presents the following suggestions to assist in the processing of STRF and AR-PFS reviews.

- Continue to develop and refine internal procedures updated to improve process flow (currently in progress).
- Develop a training or webinar to train institutions on the requirements of the AR-PFS to reduce the number of deficient responses.
- Reduce repetitive reviewing by identifying institutions up for a compliance inspection or license renewal to ensure the information is only reviewed once.

Estimated Bureau Workload Recommendations for 'As-Is' Processes

Purpose

This report provides an analysis for each of the key operational programs within the Bureau, including Licensing, Compliance, Complaints, Discipline, STRF, and Annual Reports. It is based on close analysis of each as-is process, that was flowcharted and documented in a report presented to the Bureau on Sept. 15, 2014. Each section of this report presents a calculation of current processing time requirements based on a time per task analysis and an examination of estimated available work hours per employee. This information is used to estimate future staffing level requirements and recommendations based on as-is process configuration[3] in order to respond to current projections of need and to resolve any existing backlog in an expeditious and effective manner.

Methodology

A multi-faceted approach was used to collect measurable data in the calculation of work process requirements. The calculation of current work process requirements has some variation from unit to unit, but was generally derived as follows:

- Utilizing written procedures and subject matter expert feedback, a flow chart of the current "as-is", process was created within each unit as a part of the independent evaluation of Bureau processes. Staff was asked to estimate the average processing time[4] for key tasks on the flow chart;
- Average processing time was calculated from management records detailing received work requests, program output, and the calendar time spent in completing the work. This was correlated with the staff hours available during that time;
- Records were obtained from the Department of Consumer Affairs (DCA) indicating the number of hours spent per classification within each unit over a two year period including both work time and leave time;
- Completed Position Description Questionnaire Data was obtained from employees in the subject programs in which they estimated the percentage of time that is spent on mandated work unit outputs; and
- Audits of cases completed and supplemental workload surveys/staff work logs were used to provide in-depth and additional data sources to reconcile differences between the various data collection methods when necessary.

The calculation of future staffing requirements was derived from the following: 1) Calculation of the current workload and existing backlog; 2) An analysis of expected incoming work requests based on historical records of incoming work and work output; 3) The processing time calculated using the hours records from DCA adjusted for the time spent on mandated program work, and; 4) An

[3] This report is being prepared as an interim work product in January, 2015, for consideration as part of pending budget requests. This project will develop a better understanding of process re-engineering through value stream mapping that will be done in February and early March.

[4] Processing time was defined as the number of minutes spent actively working on the task. Survey instructions asked that reported time not include time spent waiting for action/client response. The report will refer to this as Estimated Processing Time or EPT since it is based on employee estimates only.

examination of current unit staff characteristics in terms of size, and if needed, the impact of how turnover and training time impacted processing time[5].

Recommendations for future staffing were established with the following considerations:

- Assumption that the time to process each work request remains consistent with the processing speeds calculated using the management records of previously completed work, documented hours worked, and staff input on current processing times.
- Assumption that the average number of work requests received on an annual basis is consistent with what has been received historically based on management provided records.
- Staffing need was calculated with a goal of catching up with the backlog and being current with incoming work requests within approximately two years, unless otherwise noted.

Any additional considerations or modified analyses required are described within each of the work unit sections.

Estimation of Staffing Availability by Program

The calculation of current work process requirements and the estimation of future staffing requirements are both dependent on a calculation of the available work year, and the percentage of that time that is used for mandated program work.

The available work year is a calculation of the amount of time, by classification, that staff is on-duty and in the office. It is calculated by taking the base work year (52 weeks per year and 40 hours per week – 2,080 hours) and adjusting it to remove annual leave, vacation, and sick leave. Overtime hours are disregarded in this calculation because the purpose of this study is to calculate the number of regular, full-time positions necessary to complete the work of the agency.

In this study, consultants obtained the actual staff time charged within the Bureau from DCA[6], including the number of regular hours, holiday time, and leave time of all types. In order to calculate the average **available work year (AWY)** for each class, the entire work year of 2,080 hours was factored by the percentage of **available work hours[7] (AWH)** (the work hours minus leave) per class within each unit. Overall across all units, the average percent of leave taken by the core staff[8] was 11.5%, resulting in an AWY of 88.5%, or an average of 1,840.8 AWH per employee, per year.

The calculated available work year was then adjusted to estimate the number of hours spent on activities directly impacting the department's mandated program work (e.g., processing applications, complaints, etc.) as opposed to administrative work and other non-program activity. The available **program work hours** (PWH) was calculated by factoring the available work year by a percentage determined by an analysis of Position Description Questionnaires filled out by each staff member documenting the time spent on unit work versus administrative work (e.g., meetings, record keeping,

[5] A complete and in-depth explanation of methodology will be included in the final report associated with this project, and that is expected by March 30.

[6] Records provided covered November 2012 to October 2014, a period that includes one fiscal year and two partial fiscal years. The hours were divided into working time (regular hours on the clock, excluding overtime and excess hours) and non-working time (paid leave/non-paid time off). A table showing this data source is available in the supplement to this report.

[7] Number of working time hours/Total hours documented

[8] Does not include Chief, CEA, SSM II, or Seasonal Clerks

filing, etc.) The following tables present a summary of the overall percentage of time spent as working hours (% AWH), percentage spent on program work (% PW), and the resulting available hours spent on mandated program activities (PWH) per employee within each classification for Fiscal Year 2013-2014. The staff that had not completed a PDQ at the time of this report show N/A in the %PW column and the available mandated program working hours reflect annual working time across all activities. [9]

[9] The annual report process is still in development, however PDQ's showed approximately 159.9 Office Tech hours (8.3%), 184.7 SSA hours (9.8%), and 271.8 AGPA hours (14.7%) are spent on activities related to the annual report.

Table A-1: Licensing

	%AWH	%PW	PWH
Office Tech	91.2%	45.0%	853.6
SSA	88.3%	87.8%	1612.6
AGPA	90.6%	83.6%	1575.4
SSM I	90.8%	61.5%	1161.5
SSM II	92.8%	N/A	1930.2

Table A-2: QEU Unit

	%AWH	%PW	PWH
QEU Admin	96.2%	N/A	2001
QEU Spec/Sr. Spec	91.9%	95.8%	1831.2

Table A-3: Compliance

	%AWH	%PW	PWH
Office Tech	91.6%	87.5%	1667.1
SSA	69.6%	60.0%	868.6
AGPA	90.0%	93.8%	1755.9
SSM I	87.2%	60.0%	1088.3

Table A-4: Complaints

	%AWH	%PW	PWH
Office Tech	87.1%	75.0%	1358.8
SSA	90.8%	93.6%	1767.8
AGPA	91.1%	87.5%	1658.0
SSM I	97.0%	82.0%	1654.4

Table A-5: Discipline

	%AWH	%PW	PWH
Office Tech	(vacant)		
SSA	93.8%	90.0%	1755.9
AGPA	89.8%	85.0%	1587.7

Table A-6: STRF

	%AWH	%PW	PWH
SSA	91.6%	38%	724.0
AGPA	93.1%	14.0%	271.1

It can be observed that the number of program work hours for the SSA and AGPA staff who are most focused on single program assignments varies from 1,575 hours per year up to 1,767 hours – roughly 75-85% of all payroll hours. The time spent by managers and OTs with broader responsibilities are far lower. The program hours available by classification and program are used to determine how many staff in each classification is necessary to meet program workload requirements and then factored appropriately to estimate the number of staff required to complete the work.

Work Process Requirement Calculation Methodology

The PWH are used in further calculations to determine work process requirements. Calculation of the staffing and workload requirements must be based on a calculation of labor requirements, which depends on a calculation of the processing time per action. There are two primary means used in this review to estimate processing time per action. First is a calculation of **current processing time** (CPT) that is based on actual operational records including documented hours and number of completed mandated program outputs during the same time period. Second is a calculation of the **estimated processing time** (EPT) that is obtained from subject matter expert estimates of time spent on each type of task or task process. While the Current Processing Time is generally considered more reliable as an end-to-end measure of process time, the Estimated Processing Time is considered as a reflection of the proportional time spent in different process task groups and better reflects any recent procedural changes. Wherever large discrepancies in the reported times exist, this study supplemented its approach and performed case reviews or conducted supplemental workload surveys. Any additional analyses and the corresponding results are described in more detail within the unit report in which it was used.

The next sections look at the individual units to assess processing rates with current staff and projected staffing needed to bring each department up to date within approximately two years.

Program Unit Reports

Licensing

The Licensing Department receives, reviews, and approves or denies applications from schools requesting approval or renewal to operate the school, changes to business organizations, school name, school location, method of instruction, the addition of a separate branch, and verifications of exempt status. The Licensing unit currently has a staff of 18, including 6 Limited Term positions set to expire on June 30, 2016. In addition, the organization has used blanket funds to supplement staffing with an additional SSM I, 3 full-time AGPA's, and 1 part-time AGPA to assist in the workload. These positions will expire on June 30, 2015 and are not counted toward the authorized total.

Calculation of Work Process Requirements – Current Processing Time

The Current Processing Time within the Licensing Unit was calculated using operational performance data to estimate the average processing time per application for each classification by looking at the number of applications completed and the number of hours used during the corresponding period of time. For Licensing, the current processing time was calculated using the work log and staffing hours for the two year period from November 2012 to October 2014. These work records showed a total of 2,081[10] applications being completed during this period, including the Abandoned, Approved, Denied, Withdrawn, Exempt, Ineligible for Renewal, and those that were complete but just waiting approval from another agency. The total number of working hours per classification across all incumbents was factored by the percentage dedicated to mandated program work in order to estimate the number of program work hours (PWH) spent on the 2,081 applications. The results of this analysis are shown in Table L-2 below. Meanwhile, the records indicated a total of 2,091 applications being received during this time (after removing the Add Satellite location requests), resulting in a deficiency of 5 applications a year being added to the existing 869 unfinished applications – of which 275 have not been assigned despite a recent, and temporary, increase in staffing as discussed below.

The total number of regular hours for the Licensing Unit over the two year period (including the Staff Services Manager I, Associate Government Program Analysts, Staff Services Analysts, and Office Technicians) was 60,709.22, of which 54,199.67 were working hours, including regular time but not overtime or excess time, or approximately 27,099.84 working hours per year. This is equivalent to approximately 14.6 Personnel Years (PY) per year. Breaking it down by classification, the Licensing Unit had an average of approximately 1.7 SSM I, 7.9 AGPA, 3.3 SSA, and 1.7 OT staff per year. The factored staffing levels in Licensing over two years appears in Table L-1.

Table L-1: Projected PY by time of fiscal year.

	Projected Number of PY per year[11]				
	OT	SSA	AGPA	SSM I	Total PY
Hours from Nov. 2012 to June 2013	1.9	2.3	5.2	1.1	10.5
Hours from July 2013 to June 2014	1.3	4.2	8.9	1.6	16.0

[10] Total after removing 249 non-substantive changes requiring minor actions/minimal attention. These were included in the operational data as "add satellite" applications due to system requirement for an application type prior to allowing any changes. A survey of staff indicated these took from 10 to 180 minutes, averaging approximately 25 minutes.

[11] When using the partial year's reported hours, the number of PY was extrapolated out with the assumption of the hours remaining consistent for the remaining months from that fiscal year.

Hours from July 2014 to Oct. 2014	2.2	2.5	10.5	3.3	18.5

While there is an apparent increase in staffing from year to year, we are also aware that there is annual turnover from the loss of limited term (LT) positions. For example, of the 12 LT positions hired in Licensing since 1/1/14, four left during the year (within an average of 159.8 days after starting). The most recent time period shows an increase in staffing, with 23 current employees, although six are limited term set to expire June 30, 2016 and five are administratively authorized and paid with blanket funds which will expire on June 30, 2015.

While not a specific focus of this analysis, this study has observed that the learning curve of new specialized staff in Licensing is such that a rapid turn-over is a major detriment to employee productivity. We therefore conclude that the forced dependence on LT positions has been a significant impediment to having a sufficient number of fully-trained staff available to complete the work on hand, and is therefore a primary contributor to the application backlog. **As a result this study recommends the replacement of all LT positions with Permanent Full Time, until the significant backlog of work is eliminated, in addition to supplemental staff as described below.**

The following table shows the two initial approaches to estimating work hours per licensing application. It includes the total working hours (including overtime and excess time), the percentage of time spent in program work, the program work hours, and the resulting average number of hours spent on each application per classification. It is noted that the processing times for different application types, with some taking longer than the two year sample period, are addressed later and are not reflected in these overall averages. This method resulted in an average CPT of 20.56 hours of work time being spent on each application.

Table L-2: Calculated processing times per application

Classification	AWY hours for Nov' 12 to Oct'14	% PW	PWH for all reported employees	**CPT:** Avg. # hours per application (based on 2,081 apps)	**EPT:** Avg. Hours for key tasks from Workflow Analysis[12]
SSM I	6,496	61.5%	3,995.04	1.92 hours	12 min (without QEU process)
AGPA	30,420.16	83.6%	25,431.25	12.21 hours	4,188 minutes; approx. 69.8 hours (69.3-denials; 70.3-approvals) without QEU process
SSA	12,079.50	87.8%	10,605.80	5.09 hours	
OT	6,190.75	45%	2,785.84	1.34 hours	68 minutes
TOTAL	**55,186.41**		**42,817.93**	**20.56 hours**	**71.13 hours**

Calculation of Work Process Requirements – Estimated Processing Time

The Estimated Processing Time method relies on subject matter expert judgments based on the day to day work being completed. Each member of the staff completed a workflow analysis document asking

[12] Based on estimations for backlogged applications

them to identify the number of minutes spent processing key tasks within the Licensing process, resulting in an overall time frame of approximately 71.1 hours spent per application. The average time per class is also presented in Table L-2 above. There is a notable discrepancy between the CPT of 20.6 hours of work estimated based on the operational data and the EPT of 71.1 hours per application with the largest discrepancy within the estimated hours for the AGPA and the SSA staff. There are numerous possible explanations for the discrepancy, although it seems most likely that staff may have over-estimated time based on recollections of work done on the most difficult applications. The unit manager agreed, and speculated that time estimates may have been reflective of the backlogged applications, which represent the (non-accredited license) applications with the longest processing times.

However, further clarification was needed. The discrepancy was discussed with the Licensing SSM II and two key considerations were developed. First, there is a great variation in time based on the type of application. Analysis of the operational records revealed that the applications completed during the assessed period from November 2012 to October 2014 took anywhere from 0 days (completed the day it came in) to just over 4 years (1,517 days), with non-accredited school applications estimated to require the preponderance of labor hours. Many of the backlogged applications are from non-accredited agencies and would take longer to address than the average processing time calculated in Table L-2 above. However, without knowing how much actual staff time is spent on these and other types of applications, compared to time waiting for institution response or staff availability, this knowledge is not sufficient to reconcile the differences between the CPT and EPT data. The second issue is the consistent turnover resulting from the use of limited term positions, and time it takes from existing trained staff to train the new staff. This is of more concern as it implies that a significant amount of the applied labor hours were required for teaching and learning, and may not create a basis of accurate future projections. This is addressed further in the future projections segment of the unit report.

In order to reconcile the two sources, the Licensing SSA's, Licensing AGPA's and QEU Education Specialists filled out a supplemental workload survey for a full week[13]. This was based on a work log that recorded the number and type of applications worked on, the specific process phase, and the percent of the process phase completed based on the time spent[14]. This method was devised to gather a snapshot of the program work hours required to complete the various application types.

A total of 14 Licensing staff (11 AGPA and 3 SSA) completed this work log. Staff reported a total of 310 applications assigned/in progress, of which 96 received some form of action during the logged week. However, once the data was cleaned up, 62 applications had sufficient data to calculate projected processing times[15]. The results of these calculations are summarized in Table L-3 which depicts the

[13] The supplemental survey was conducted from Jan. 12- Jan.16. While a longer period would have been preferred, time was limited by the need to produce timely results for budgeting consideration. It was assumed, however, that having the entire work group complete the survey for a short period would give the same kind of sampling diversity as having a smaller group report over an extended period. In other words, the approach is believed to be an acceptable means of reconciling the difference between CPT and EPT.

[14] A copy of this work log in addition to a summary of the responses is available in a supplement report containing supporting analyses/information.

[15] The projected processing time was only able to be calculated on cases where the ending percentage completed was higher than the baseline percentage and time spent to get from one to the other was provided. When feasible, if the baseline was larger or missing, the difference between documented advancements was used. Acknowledging that there were instances in

number of minutes each application type required for both SSA's and AGPA's under the assumption that the complexity level could vary between classifications. This total processing time was calculated by summing the time spent in each of the following three process segments for each class, or when data was not available for one of the classes – an average processing time when combining both classes was used[16]. The Licensing process was divided into three distinct segments as follows:

a) **Initial Review:** Time spent from receiving the application and corresponding materials to sending the first deficiency letter.
b) **Subsequent Communications/Review:** Review of response from first (and any subsequent) deficiency letters up to the completion of the review where there is sufficient information to make a recommendation.
c) **Drafting/Mailing Approved Recommendation**: Time spent making/drafting a recommendation from the completion of review through mailing the final approval/denial letter after manager approval.

Table L-3: Adjusted Processing Times by Application Type

Application Type	Average Processing Times	
	SSA	AGPA
Addition of a Separate Branch	**440 min. (7.3 hrs.)**	**740 min. (12.3 hrs.)**
Approval to Operate an Accredited Institution	**803.5 min. (13.4 hrs.)**	**1,029.9 min. (17 hrs.)**
Approval to Operate an Institution Non-Accredited	**3,841.6 min. (64 hrs.)**	**3,841.6 min. (64 hrs.)**
Change in Method of Instructional Delivery	**115.2 min. (1.9 hrs.)[1]**	**115.2 min. (1.9 hrs.)[1]**
Change of Business Organization/Control/Ownership	**134.2 min. (2.2 hrs.)[1]**	**134.2 min. (2.2 hrs.)**
Change of Educational Objective	**845 min. (14.1 hrs.)**	**845 min. (14.1 hrs.)**
Change of Location	**132.8 min. (2.2 hrs.)[1]**	**132.8 min. (2.2 hrs.)[1]**
Change of Name	**83.8 min. (1.4 hrs.)[1]**	**83.8 min. (1.4 hrs.)[1]**
Renewal for Approval to Operate an Accredited Institution	**425 min. (7.1 hrs.)**	**447.1 min. (7.5 hrs.)**
Renewal for Approval to Operate an Institution Non-Accredited	**3,360 min.[2] (56 hrs.)**	**3,360 min.[2] (56 hrs.)**
Verification of Exempt Status	**355.4 min. (5.9 hrs.)[1]**	**355.4 min. (5.9 hrs.)[1]**
OVERALL	**1,394.2 min. (23.2 hrs.)**	**3,572 min. (59.5 hrs.)**

which additional research was needed and the completion percentage actually decreased from baseline, it was not feasible to include these cases in the projections and this type of case should be monitored in future projections when a longer evaluation of time spent is feasible.

[16] A full breakdown by processing segment is depicted in the supplemental report materials.

[1] Total calculated using Little's Law due to insufficient data to make a projected process time calculation. Little's Law was developed by John D. Little, a PhD and former professor at Massachusetts Institute of Technology, who found that time in process is equal to the amount of work in process divided by the average rate of completion.
[2] Consulting with the Licensing SSM II, the original estimate of 3,841.6 minutes was too high due to new staff and SSA's being assigned to current non-accredited renewals. The new total was determined using the non-accredited approval rate and the ratio that the accredited approval/renewal.

Our review of this Adjusted Processing Time (APT) data by application type concludes that it is reasonable, and appears consistent and reliable. For example, the 3,360 minutes calculated for an Approval to Operate a Non-Accredited Institution converts to 56 hours which is between the CPT and EPT, and is approximately 27% less that the 71.13 hours for Estimated Processing Time[17]. As a result this section will utilize the APT as the most reliable data source.

Future Staffing Projection

Based on its appearance of reasonability, the APT result was extrapolated to estimate the processing time for each of the application types and factored into the number of backlogged and anticipated new applications of each type. The number of anticipated application assignments per class were derived from the ratio of assignment between SSA and AGPA's for the same type of application as currently assigned. The time needed to process this workload was estimated using primarily the APT calculated for the specific class as presented in Table L-3, or the APT when combining the SSA/AGPA data in those instances where there was insufficient data to calculate a class specific processing time. In the event that there was insufficient data to calculate an APT for SSA/AGPA combined, Little's Law (George, 2003) was applied using the operational data to estimate a rough processing time. Given the close alignment between the CPT and EPT for the Staff Services Manager I's and Office Technicians, no additional workload analyses were required and the CPT was used in further analysis for these classes.

In order to estimate the needed staffing level to catch up with the backlog and become current within two years, the analytical method used herein begins by computing the workload requirement for the next two years, including the existing applications and the projected incoming applications. Historical records from January 1, 2011 to December 31, 2014 were consulted to determine the average number of applications and the ratio of application types received per year. The records indicated an average of approximately 1,121 applications received per year. This was used, in conjunction with the historical ratios of each type of application, to identify a projected number of annually expected applications in each application type, which is presented, in addition to those currently assigned or awaiting assignment (backlog), in Table L-4. Additionally, the ratio of each type of application assigned to each class, as identified by the work log records, was applied to the number of backlog and projected incoming to project how many of each type would be assigned to each classification.

[17] The Division Chief stated that Estimated Processing Time was based on the time required to process a non-accredited licensing applications. Given the natural human tendency to overestimate the time necessary to complete tasks, as a natural hedge against failure, an 11% over-estimate seems plausible and expected.

Table L-4: Current and projected workloads

	# in Backlog	#currently Assigned[18]	Projected Incoming/Year	APT (min)
Addition of a Separate Branch	None	SSA – 7 AGPA – 17 Other – 3	**7.0% of apps** SSA – 35 AGPA - 44	SSA – 440 AGPA – 740
Approval to Operate an Accredited Institution	SSA – 4 AGPA – 1	SSA – 31 AGPA – 3	**9.8% of apps** SSA – 96 AGPA – 14	SSA – 803.5 AGPA – 1020.9
Approval to Operate an Institution Non-Accredited	SSA – 2 AGPA – 69	SSA – 5 AGPA – 82 Other – 37	**8.5% of apps** SSA – 2 AGPA – 93	SSA – 3841.6 AGPA – 3841.6
Change in Method of Instructional Delivery	None	SSA –10 AGPA – 4 Other - 9	**2.8% of apps** SSA – 25 AGPA – 6	Little's Law Calculation: SSA/AGPA: 112 min; 1.9 hours
Change of Business Organization/Control/Ownership	None	SSA – 9 AGPA – 16 Other - 6	**6.7% of apps** SSA – 33 AGPA – 42	Little's Law Calculation: SSA/AGPA: 189.9 min; 3.2 hours
Change of Educational Objective	SSA – 14 AGPA – 3	SSA – 36 AGPA – 12 Other – 49	**21.2% of apps** SSA – 200 AGPA – 38	SSA – 845 AGPA – 845
Change of Location	None	SSA – 5 AGPA – 13 Other - 5	**4.4% of apps** SSA – 17 AGPA – 33	Little's Law Calculation: SSA/AGPA: 135.9 min; 2.3 hours
Change of Name	None	SSA – 5 AGPA – 9 Other - 3	**3.7% of apps** SSA – 23 AGPA – 18	Little's Law Calculation: SSA/AGPA: 123.6 min; 2.1 hours
Renewal for Approval to Operate an Accredited Institution	SSA – 1	SSA – 48 AGPA – 1 Other - 3	**8.7% of apps** SSA – 91 AGPA – 7	SSA – 425 AGPA – 447.1
Renewal for Approval to Operate an Institution Non-Accredited	SSA – 20 AGPA – 137	SSA – 20 AGPA – 77 Other – 25	**10.5% of apps** SSA – 15 AGPA – 103	SSA/AGPA – 3,360
Verification of Exempt Status	AGPA – 24	SSA – 1 AGPA – 39	**16.6% of apps** AGPA - 186	Little's Law Calculation: AGPA:

[18] Of the 145 marked "Other" not included in the hourly estimations - 126 are currently assigned to the QEU unit or enforcement and the remaining 19 are primarily on the SSM I/II desks. The time spent by QEU will be addressed in its on unit report, and the remaining adds up to less than 40 hours total time across two years.

	# in Backlog	#currently Assigned[18]	Projected Incoming/Year	APT (min)
		Other – 5		418.9 min; 7 hours
TOTAL	**275**	**594**	**1121**	

In order to estimate the number of needed staff, the total number of minutes/hours needed per application type was used to calculate the total PWH requirements including: 1) the total amount of time needed to address the backlog (not assigned), 2) the total time to address currently assigned applications[19], and 3) the time to process the projected number of new applications as depicted in Table L-4 above. However, given that we are assuming the backlog will be reduced over two years, our initial projection of workload must also span two years. So the projected number of new applications needs to be doubled in the initial summation of hours required.

The CPT for the Office Technician and Staff Services Manager I were used for all application types, while the APT for each application type for the SSA and AGPA classifications were multiplied by the number of backlog, currently assigned, and two years' worth of anticipated applications[20]. The resulting number of PWH was then adjusted backwards to identify the number of full time employees that would be required to catch up within two years, and divided by two to identify the annual requirement. A summary of the hours needed per class per year is presented in Table L-5[21].

Table L-5: Needed Personnel to catch up on applications within two years.

Classification	OT	SSA	AGPA	SSM I
Total Needed PWH per year	1,885.38	7620.29	23120.49	2,701.44
Total Needed AWY	4,189.73	8679.15	27656.09	4,392.59
Total Hours per year	4,594.01	9829.16	30525.48	4,837.65
Number of PY Needed	2.21	4.73	14.68	2.32

The current staff consists of 17 authorized positions – 1 SSM II, 2 SSM I's, 9 AGPA's, 4 SSA's, and 1 OT but is currently filled with 1 SSM II (LT exp. 6-30-16), 2 SSM I's, 7 AGPA's (3 permanent and 4 LT exp. 6-30-16[22]), 4 SSA's, and 1 OT. In order to meet the minimal staffing recommendations to complete applications that are currently backlogged and currently assigned, along with projected applications over the next two years, the Licensing Unit would need a total of approximately 2 OT, 5 SSA, 15 AGPA, 2 SSM I, and 1 SSM II authorized positions. It is noted that the current authorized staff of 17 contains 6 limited term positions, which are not expected to remain for the full two years projected due to the confines of limited term appointments. In order to assist with the number of hires, that need to be made, it is recommended that the limited term positions immediately be made permanent as a first

[19] Those in process/partially done were assigned a rough estimated processing time using 50% of the calculated time needed with the assumption that some would be further along and some would be in the beginning of the process still.

[20] The source believed to be most accurate is always used for the process time estimate, as noted in methodology.

[21] A full breakdown of the calculation with the corresponding number of applications and processing times can be found in the supplemental report documenting supporting materials.

[22] The position is granted for three years, but any individual can only work a maximum of two years – meaning it has a minimum of 2 different employees filling this position IF it is staffed full time resulting in multiple hiring/training processes occurring during the duration of the position.

step[23]. The unit can then open a recruitment to fill the currently vacant AGPA positions. However even with the current staff and limited term positions converted to Permanent, the Licensing Unit would not be able to keep up with the incoming applications, or to address any of the backlogged applications. In addition to currently authorized positions, the Licensing Unit would need one additional SSA and six more AGPA's in order to meet the workload requirements.

The numbers calculated above reflect the *minimum number* of staff needed. In consideration of the average state vacancy rate[24] it is recommended that the number of authorized positions account for turnover and unfilled positions so that the filled positions meet the minimum calculated workload requirement. . Applying this to the minimum number above, the final recommended number of employees for the Licensing Unit for the next two years is presented in Table L-6 below along with the number of employees that would be required to maintain current status once the backlog has been addressed.

Table L-6: Comparison of Existing and Recommended Staffing

Classification:	OT	SSA	AGPA	SSM I	SSM II	TOTAL PY
Recommended Number of PY Needed to catch up	**2.5**	**5**	**16**	**3**	**1**	**27.5**
Total Allocated Staffing: Perm/*Limited Term*	1	4	9	2	*1*	17
Permanent Filled	1	4	3	2	0	
Limited Term Filled	0	0	4	0	1	
Permanent *(Vacant)*	0	0	**1**	0	0	
Limited Term *(Vacant)*	0	0	**1**	0	0	
Net Change in staff to catch up:	**+1.5**	**+1**	**+9**	**+1**	**+0**	**+12.5**
Vacant positions to be filled	0	0	**2**	0	0	+2
Additional authorized positions needed	1.5	1	7	1	0	**+10.5**
Number of PY Needed after caught up	2	4	10	2	1	19

Overall, the recommendation is to convert all existing limited term to permanent positions, fill the two vacant AGPA positions as permanent positions, and increase the authorized staff by one and a half OT, one SSA, seven AGPA, and one SSM I position. It is recommended that the unit allow attrition to reduce staffing once the backlog is caught up in two years, and that the use of LT positions be avoided.

[23] The use of Limited Term staff reduces the effectiveness of a business unit due to time spent on hiring and training the limited term staff instead of on program mandated work.

[24] The state vacancy rate is the difference between the number of authorized positions and those that are actually filled at any point in time. It is variously reported at about 10%. However a comprehensive study conducted was performed by CPS HR in 2012, based on a study of all California State filled positions from 2009 to 2011. This study found that 12% of all authorized positions statewide are vacant. So when estimating how many staff are needed to complete a given amount of work, an increase that reflects vacancy will always need to be included or the defined work will not be completed.

Quality of Education Unit

The Quality of Education unit, working closely with the Licensing Unit, reviews compliance of new or renewal applications for non-accredited institutions, and changes to educational objectives or instructional methods by non-accredited institutions. The current staff consists of one Education Administrator, three Senior Education Specialists, and three Education Specialists of which one is a vacant permanent position, and two are Limited Term (set to end on or before June 30, 2016) – one vacant and one filled. In addition, the organization has used blanket funds to supplement staffing with an additional OT to assist in the workload. This position will expire on June 30, 2015 and is not counted toward the authorized total.

Calculation of Work Process Requirements

The QEU process is a sub-process within the Licensing function. The Current Processing Time within the QEU was calculated using operational performance data to estimate the average processing time per application. This calculation looked at the number of applications completed and the number of hours used during the corresponding period of time. These applications are a subset of the Licensing applications that were forwarded to the QEU for compliance verification prior to being approved/denied by the Licensing analyst. For QEU, the current processing time was calculated using the management provided work records and staffing hours for the two year period from November 2012 to October 2014. These work records showed a total of 151 applications being approved, denied, abandoned, or withdrawn by the QEU staff during this time. They also showed a total of 185 applications being sent to the Educational Queue or being assigned but not yet complete during this time frame, resulting in a deficiency of approximately 17 applications a year. The total number of working hours for the Education Specialists, Senior Education Specialists, and a part time AGPA were combined to get the total number of hours required for analysts, and the admin. position was totaled separately. The number of hours across all incumbents was factored by the percentage dedicated to program time in order to estimate the number of program work hours (PWH) spent on the 151 applications. The results of this analysis are shown in Table Q-2 below.

The total number of hours for the QEU over the two year period (including the Education Specialists, Senior Education Specialists, AGPA, and Education Admin.) was 21,760 hours, of which 20,006 were working hours, including regular time but not overtime and excess time, or approximately 10,003 working hours, or 5.2 Personnel Years (PY), per year. Breaking it down by classification, the QEU had an average of 4.8 ES/Sr. ES/AGPA and 0.4 Admin staff per year. Table Q-1 shows the three-year trend of PY based on payroll hours in the QEU unit.

Table Q-1: Projected PY by FY based on Reported Hours

	Projected Number of PY per year[25]		
	Admin	ES/Sr. ES/ AGPA	Total PY
Hours from Nov. 2012 to June 2013	0.0	4.8	4.8
Hours from July 2013 to June 2014	0.9	4.3	5.2

[25] When using the partial year's reported hours, the number of PY was extrapolated out with the assumption of the hours remaining consistent for the remaining months from that fiscal year.

Hours from July 2014 to Oct. 2014	0.0	6.2	6.2

Moving beyond the number of staff, the following table shows the total working hours including overtime and excess hours, the percentage of time spent in program work, the program work hours, and the resulting average number of hours spent on each application per classification. It is noted that the processing times for different application types, with some taking longer than the two year sample period, are addressed later and are not reflected in these overall averages. This method resulted in an average CPT of 122.3 hours of work time being spent on each application.

Table Q-2: Calculated processing times per application

Classification	AWY hours for Nov' 12 to Oct'14	% PW	PWH for all reported employees	**CPT:** Avg. # hours per application (based on 151 apps)	**EPT:** Avg. Hours for key tasks from Workflow Analysis[26]
ES, Sr. ES, AGPA	18,191	91.9%	16,717.5	110.7 hours	3,414 min (56.9 hours)
Educ. Admin.	1824	96.2%	1754.7	11.6 hours	No data available
TOTAL	**20,015**		**18,472.2**	**122.3 hours**	**56.9 hours**

Calculation of Work Process Requirements – Estimated Processing Time

The Estimated Processing Time method relies on subject matter expert judgments based on the day to day work being completed. Each member of the staff completed a workflow analysis document asking them to identify the number of minutes spent processing key tasks within the Quality of Education process, resulting in an overall time frame of approximately 56.9 hours spent per application. This time reflects only the analyst time estimates as shown in table Q-2 above, as the tasks for the admin were minimal and not assessed as key contributions to the overall processing time during the workflow analysis. There is a notable discrepancy between the analyst time CPT of 110.7 hours of work estimated based on the operational data and the EPT of 56.9 hours per application.

There are numerous possible explanations for the resulting discrepancy. Similar to the Licensing Unit, there was a great variation in the time based on the type of application, ranging from 0 days (completed the day it came in) to just over 1.5 years (560 days) in the operational records during the two year assessed period, with an average processing time of just under half a year (174.5 days) for the QEU segment of the process. It is also possible that generalized work, such as reviewing procedures, doing research, or creating special reports is reflected within this total time.

As described in the Licensing Unit section, in an effort to reconcile the two processing time estimations, the QEU Education Specialists filled out a supplemental workload for a full week to gather a snapshot of program work hours required to complete the various application types. A total of 4 Education Specialists completed this work log. Staff reported a total of 73 applications assigned/in progress, of

[26] Based on estimations for backlogged applications

which 17 received some form of action during the logged week. However, once the data was cleaned up, 15 applications had sufficient data to calculate projected processing times within at least one of the process segments (see footnote 16 on page 20).

The results of these calculations are summarized in Table L-3 which depicts the number of minutes each application type required for both SSA's and AGPA's under the assumption that the complexity level could vary between classifications. This total processing time was calculated by summing the time spent in each of the following three process segments for each class, or when data was not available for one of the classes – an average processing time when combining both classes was used[27]. The Licensing process was divided into three distinct segments.

The results of these calculations are summarized in Table Q-3 which depicts the number of minutes each application type required. This total processing time was calculated by summing the time spent in each of the following three process segments:

a) **Initial Review:** Time spent from receiving the application and corresponding materials to fully understand the changes and/or necessary scope of review.
b) **Subsequent Communications/Review:** Conducting the review for compliance with procedure.
c) **Drafting/Mailing Approved Recommendation**: Time spent making/drafting a recommendation from the completion of review through mailing the final approval/denial letter after manager approval.

Table Q-3: Adjusted Processing Times by Application Type

Application Type	Average Processing Time
Approval to Operate an Institution Non-Accredited (For Subsequent Review and Recommendation Segments Only)	**1,767 min.** **(29.5 hrs.)**
Change in Method of Instructional Delivery (for Recommendation Segment Only)	**169.7 min.** **(2.8 hrs.)**
Change of Educational Objective (For Subsequent Review and Recommendation Segments Only)	**1,126.3 min.** **(18.8 hrs.)**
Renewal for Approval to Operate an Institution Non-Accredited (For Subsequent Review Segment Only)	**1,200 min.** **(20 hrs.)**
OVERALL AVERAGE: **(For Subsequent Review and Recommendation Segments)**	**Subsequent Review Segment:** **612.7 min (10.2 hrs.)** **Recommendation Segment:** **881.2 min (14.7 hrs.)**

The review of the Adjusted Processing Time (APT) data by application type for the Subsequent Review and Recommendation segments are reasonable and relatively consistent with the EPT estimates. For example, the average processing time for the Subsequent Review and Recommendation segments based on the work logs was 24.9 hours (1493.9 min) while the same area on the EPT was 22.3 hours (1336 min). Based on the similarity to the EPT, the future staffing projections will utilize the EPT of 56.9 hours, which includes the initial review not assessable in the work APT, per application as the best available estimate of processing time.

[27] A full breakdown by processing segment is depicted in the supplemental report materials.

Future Staffing Projection

In order to estimate the number of needed staff, the total number of hours needed per application was used to calculate the total PWH requirements including: 1) the total amount of time needed to address the backlog (not assigned), 2) the total time to address currently assigned applications, and 3) the time to process the projected number of new applications based on the average number received across historical records from January 1, 2011 to December 31, 2014. Consulting the management provided work records, there were a total of 41 unassigned applications in the backlog, 91 currently assigned applications, and a projected average of 92.5 new applications anticipated each year[28]. However, given that it is assumed the backlog will be reduced over two years, the projection of workload must be made for two years and then halved. So the number of projected new applications is doubled in this calculation. Additionally, it was assumed that the applications currently assigned were 50% done on average. This resulted in the following equation to determine the number of PWH needed to process the applications for the next two years.

- TOTAL PWH = (56.9 hrs.*41 *backlog*) + (56.9*185 anticipated new applications over 2 years) + (56.9*91 *in process*50%).

This calculation resulted in a total of 15,448.35 Program Work Hours (PWH) needed to process applications over the next two years. The calculated PWH was then adjusted backwards to identify the number of full time employees that would be required to catch up within two years, and divided by two to identify the annual staffing requirement. A summary of the hours needed per year is presented in Table Q-4.

Table Q-4: Projected workload staffing requirements

	Workload Estimations
Total PWH for two years	15,448.35 hours
Total Needed PWH per year	7,724.175 hours
Total Needed AWY	8,062.81 hours
Total Hours per year	8,773.46
Number of PY Needed	4.22 PY

The current staff consists of 7 authorized PY – 1 Education Administrator, 3 Senior Education Specialist, and 3 Education Specialists (two are Limited Term set to end by June 30, 2016) and it is currently staffed with 1 Education Administrator, 3 Senior Education Specialists, and 1 Limited Term Education Specialist. In addition, the Bureau has used blanket funds to supplement staffing with an additional OT to assist in the workload. This position will expire on June 30, 2015 and is not counted toward the authorized total. In order to meet the minimal staffing recommendations to complete the current backlogged, currently assigned, and projected applications over the next two years, the Quality of Education Unit would need to maintain the current staffing level of 4 Education Specialists/Senior Education Specialists with the Limited Term being replaced by the authorized permanent ES upon hire and the addition of one OT.

[28] Determined by counting applications assigned to staff currently listed as education specialists as a rough estimate.

With these changes to staff, the unit would be able to be caught up or close to caught up by the end of the two years.

The numbers calculated above reflect the minimum number of staff needed. Consideration of the statewide vacancy rate (see footnote 24 on page 24) requires that the recommended number of authorized positions account for turnover and unfilled positions so that the remaining staff meets the minimum workload requirements Applying a 12% vacancy factor to the minimum number above results in the final recommended number of employees for the Quality of Education Unit for the next two years that is presented in Table Q-5 below. This table also shows the number of employees that would be required to maintain current status in the unit once the backlog has been addressed.

Table Q-5: Comparison of Existing and Recommended Staffing

Classification:	Office Technician	Education Specialist/ Sr. Education Specialist	Education Administrator	TOTAL PY
Recommended Number of PY Needed to catch up	**1**	**5**	**1**	**7**
Total Allocated Staffing: Perm/*Limited Term*	0	4/*2*	1	7*
Permanent Filled	0	3	1	
Limited Term Filled	0	1	0	
Permanent *(Vacant)*		**1**		
Limited Term *(Vacant)*		**1**		
Net Change in staff to catch up:	**+1**	**+1**	**+0**	**+1**
Vacant positions to be filled	0	**+1**	0	1
Additional authorized positions needed	**1**	**0**	**0**	**1**
Number of PY Needed after caught up	1	3	1	5

*Recommendations include the elimination of 1 currently allocated Limited Term ES position – letting it expire unfilled but adding one OT position, resulting in the same total allocated 7 PY.

It is noted that the current staff includes two Limited Term positions that cannot be assumed to be retained for the full two years to meet this demand. The recommendation is to convert one of the two Limited Term positions to Permanent, and fill the vacant Education Specialist to meet the staffing requirements to address the backlog. Based on workload calculations, the second authorized Limited Term ES can remain unfilled until it expires. Acknowledging the calculations are based on more limited data records, it is recommended that the Quality of Education Unit have 5 authorized positions including 1 Education Administrator, 3 Education Specialists/Senior Specialists, and 1 Office Technician once the backlog is addressed.

Compliance Inspection Unit

Compliance Inspections are a part of the Enforcement Unit focusing on the completion of an announced and unannounced compliance inspection every five years at each of the 1,879 monitored institutions (after removing the closed and exempt institutions). Compliance Inspections may be conducted at the main, satellite, and branch locations. The frequency of inspections is mandated by SB1247 CEC 94932.5(a), which recently changed requiring each institution to have one announced and one unannounced inspection every five years, replacing the prior requirement requiring one announced and one unannounced inspection every two years. The current staff consists of two SSM I's, ten AGPA's, two SSA positions, and two OT's, of which one SSA and two AGPA's are currently vacant.

Calculation of Work Process Requirements – Current Processing Time

The approach for calculating the current work process requirements for Compliance Inspection is based on the completion of a calculation of Current Processing Time and Estimated Processing Time, as seen in Table CI-1. The operational inspection data records obtained showed inspections assigned from mid-February to December 2014. Since the administrative procedure and protocol used for Compliance Inspection was re-written and standardized during 2014, this analysis focused on the most recent time period, from July 2014 to October 2014[29] in which we have the corresponding number of hours used from DCA time records. As a result of this smaller time frame, data was extrapolated out to represent annual processing times.

The total number of hours spent for the Compliance Inspection Unit over the four month period (including the Staff Services Manager I, Associate Government Program Analysts, Staff Services Analysts, and Office Technicians) was 11,452 of which 9,940 were working hours, including regular time but not overtime and excess time. For this four month period, the Compliance Unit utilized 0.56 SSM I, 3.77 AGPA, 0.38 SSA, and 0.79 OT PY. If staffing levels remained consistent for the duration of the fiscal year – the unit will use a total of 16.52 PY (1.68 SSM I, 11.33 AGPA, 1.14 SSA, and 2.37 OT) per year. The total number of working hours per classification across all incumbents was factored by the percentage dedicated to program time in order to estimate the number of program work hours (PWH) spent on the 83 inspections completed during this four month period according to the unit work records. Table CI-1 below shows the total working hours including overtime and excess hours, the percentage of time spent in program work, the program work hours, and the resulting average number of hours spent on each inspection per classification. This illustrates the number of estimated hours spent on activities directly related to the processing of compliance inspections.

[29] Compliance Inspection procedures were reported to have been rewritten in early 2014, and only implemented in a standardized format after July 1.

Table CI-1: Calculated processing times per inspection

Classification	AWY hours for July' 14 to Oct'14	% PW	PWH for all reported employees	**CPT:** Avg. # hours per inspection[30] (based on 90 apps)	**EPT:** Avg. Hours for key tasks from Workflow Analysis
SSM I	1,048	60%	628.8	6.99 hours	206 min – approx. 3.4 hours.
AGPA	7,034	93.8%	6,597.89	76.62 hours (combining AGPA/SSA hrs.)[31]	2,780 min. approx. 46.3 hours.
SSA	496	60%	297.6		683 min. – approx. 11.4 hours IF NTC issued.
OT	1,408	87.5%	1,232	13.69 hours	488 minutes, approx. 8.1 hours
TOTAL	**9,986**		**8,756.29**	**97.3 hours**	**Approx. 57.9 hours with No NTC; OR 69.3 hours with NTC issued**

*Of the 90 inspections, 52 elicited a need for the Notice to Comply requiring additional steps.

The resulting Current Processing Time (CPT), as determined by the four month average, was approximately 97.3 hours

Calculation of Work Process Requirements – Estimated Processing Time

The Estimated Processing Time method relies on subject matter expert judgments based on the day to day work being completed. Each member of the staff completed a workflow analysis document asking them to identify the number of minutes spent processing key tasks within the Compliance Inspection process, resulting in an overall time frame of approximately 57.9 hours per inspection when the school was in compliance or 69.3 hours when adding the NTC hours spent for non-compliant institutions. The average time per class is also presented in Table CI-1 above. There is a notable discrepancy between the CPT of 97.3 hours of work estimated based on the operational data and the EPT of 57.9 to 69.3 hours per inspection. There are numerous possible explanations for the discrepancy, including the inflation of hours for the CPT due to multiple investigators going out on inspections during part of this time period for training purposes, the EPT being based on key activities to prepare/conclude the inspection – but not the time spent on site. Due to the omitted assessment of time spent on site and discussion with the unit manager indicating the estimates from the workflow analysis are not the best representation, it was determined that the CPT of 97.3 hours would be used.

Future Staffing Projection

Unlike Licensing where the influx of applications is dependent on discretionary actions of the institutions, compliance inspections are more predictable and depend on mandated numbers of visits to each licensed institution within a 5 year period. In examining a list of institutions provided by the compliance manager in January 2015, there are a total of 1,976 institutions listed, of which 78 have notations indicating closed status and 19 were exempt resulting in a list of 1,879 institutions to be

[30] Total completed based on unit records of approved scheduled inspections.

[31] There was no SSA for a majority of the assessed period, with the AGPA's covering the responsibilities so it was determined the best estimate combined both AGPA and the limited number of SSA hours to get an overall Analyst average processing time.

regularly inspected. Many of the institutions did not have either an announced or unannounced inspection on file, despite the approval date being expired, while others had an announced, but not an unannounced visit, or occasionally vice versa. In order to estimate the number of inspections required each year with regard to the new 5 year requirement, the list was examined and a tentative expected due date for both announced and unannounced was determined using the following assumptions[32].

- If the institution did not have an announced or unannounced inspection on record, and the approval date expired prior to 2015 – they were assigned a due date of 1/1/15 (i.e. – as soon as possible). (These overdue CI's are alternately referred to as "backlogged", even though the intent is to now get each school on a schedule of visits that complies with the new requirement, even if they have not been in the past.)
- If the institution had either announced or unannounced, but not the other AND the approval date expired prior to 2015 – make the missing inspection date the same as the provided one to start the 5 year clock on both of these. For example, if the announced was completed 3/1/13 and it was set to expire 4/1/14 – make the 5 year period start on the date of the last inspection for both types making both an announced and unannounced due by 3/1/18.
- If the institution had either announced or unannounced AND the approval has NOT expired:
    - If the expiration is in 2015 and the completed inspection was in 2014 – make both inspection dates the same to start the 5 year rotational clock since the CI would have VERY recently visited the school and another inspection before the end of 2015 is not practical;
    - If the expiration is in 2015 and the completed inspection was before 2014 – make the other inspection due by the expiration date since it would have been more than a year between the prior inspection and the approval expiration;
    - If the expiration is after 2015 – make the missing inspection date equivalent to the approval expiration date.
- If the institution approval expiration date is after 2015, the dates of the past inspection were either retained or if there was a missing one – it was made equivalent to the expiration date.

After applying these organizational guidelines to obtain a due date for both announced and unannounced inspections with consideration to the new 5 year requirement instead of 2 year requirement, the following table reflects the number of inspections anticipated over the next 5 years (after which, they would start to recycle). These dates were only determined for the purposes of projecting the workload and are not intended to replace any dates or strategies in progress by the Compliance Inspection Unit for assigning such dates in the future. A summary of the projected dates is presented in Table CI-2.

[32] While the number conducted each year is a discretionary decision by the Bureau, the minimum five year total is fixed. This report estimates a uniform chronological distribution of only the required numbers in order to best support level staffing requirements and compliance with law.

Table CI-2: Estimated Number of Inspection Due Dates by Year

	Number of Institutions	
	Announced	Unannounced
Backlog	645	24
FY15-16	41	94
FY16-17	390	103
FY17-18	343	72
FY18-19	305	16
FY19-20	118	22
FY20-21	1	3
FY21-22	2	0
FY22-23	1	1
Grand Total	**1846**	**335***

*If the Announced and Unannounced were due the same day, only the announced is shown in the totals above. Once the timetable is more established, there will be an increase in the number of unannounced.

In order to estimate the needed staffing level to catch up with the backlog and become current within two and a half years, the CPT was multiplied by the number of inspection due dates that were overdue ("backlogged")[33] or due in FY15-16 and FY16-17. A total of 1,076 announced and 221 unannounced inspections are projected to be due by the end of FY16-17 to ensure that each of the institutions whose approval was set to expire before or by the end of FY16-17 had at least one inspection documented. Conducting both an announced and unannounced within such a short period did not appear necessary given the number of institutions needing inspections in the short duration.

Using the CPT, the total number of PWH needed to complete the two years of inspections was determined for each classification. The resulting number of PWH was then adjusted backwards to identify the number of full time employees that would be required to catch up within two and a half years, and divided by two and a half to identify the annual requirement. A summary of the hours needed per class per year is presented in Table CI-3.

Table CI-3: Needed Personnel to catch up on compliance inspections within two and a half years.

Classification	OT	AGPA (incl. SSA duties)	SSM I
Total Needed PWH per year	7,102.37	39,750.46	3,626.41
Total Needed AWY	8,117.00	42,377.88	6,044.02
Total Hours per year	8,661.35	47,086.54	6,931.21
Number of PY Needed	4.25	22.64	3.33

The current staff consists of 16 authorized PY – two SSM I's, ten AGPA's, two SSA's and two OT's and is currently staffed with two SSM I's, eight AGPA's, one SSA, and two OT's – one SSA and two AGPA

[33] The inspection due dates that fell from January – June of 2015 were included in the backlogged numbers.

positions are currently vacant. In order to meet the minimal staffing recommendations to complete the current backlogged and projected inspections over the next two and a half years to the end of FY 16-17, the Compliance Inspection Unit would need to fill approximately 1 more SSM I, more AGPA, 2 more SSA (based on assumption of 19 AGPA and 4 SSA's needed to maintain the current ratio of SSA/AGPA authorized positions), and 2 more OT PY in addition to filling the existing vacancies.

The numbers calculated above reflect the minimum number of staff needed. Consideration of the statewide vacancy rate (see footnote 24 on page 24) requires that the recommended number of authorized positions account for turnover and unfilled positions so that the remaining staff meets the minimum workload requirements. Applying a 12% vacancy factor to the minimum number above results in the final recommended number of employees for the Compliance Inspection Unit for the next two and a half years is presented in Table CI-4 below along with the number of employees that would be required to maintain current status once the backlog has been addressed. In order to establish an up to date rotating schedule of inspections within 2.5 years, it is recommended to request authorization to fill an additional 3 OT, 3.5 SSA, 13 AGPA, and 2 SSM I's in addition to filling the current vacancies for a total of 34.5 PY. Once the backlog has been addressed and a more routine rotation has been established, it is recommended that the Compliance Inspection Unit maintain a staff of 22.5 PY (2 SSM I, 16 AGPA, 1.5 SSA, and 3 OT's) to maintain current on the compliance inspections.

Table CI-4: Comparison of Existing and Recommended Staffing to catch up in 2 years

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**5**	**4.5**	**21**	**4**	**34.5**
Total Allocated Staffing: Perm/*Limited Term*	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent *(Vacant)*		**1**	**2**		
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+3**	**+3.5**	**+13**	**+2**	**+21.5**
Vacant positions to be filled		**1**	**2**		
Additional authorized positions needed	3	2.5	11	2	**+18.5**
Number of PY Needed after caught up	3	1.5	16	2	22.5

Alternatively, given the change in regulation from a 2 to a 5 year rotational schedule, it could be reasonably expected to catch up and be on a more routine schedule within 5 years. The number of PWH hours, converted to number of PY, to catch up with the 1,842 announced and 331 unannounced inspections by the end of FY19-20 is presented in Table CI-5.

Table CI-5: Minimum Needed Personnel to catch up on compliance inspections within 5 years.

Classification	OT	AGPA (incl. SSA duties)	SSM I
Total Needed PWH per year	5,949.67	33,299.05	3,037.85
Total Needed AWY	6,799.63	35,500.06	5,063.09
Total Hours per year	7,423.17	39,444.51	5,806.39

Number of PY Needed	3.56	18.96	2.79

With consideration to the current staff size, in order to meet the minimal staffing recommendations to complete the current backlogged and projected inspections over the next five years, the Compliance Inspection Unit would need to fill approximately one more SSM I, 6 more AGPA, 1 more SSA (based on current ratio of SSA/AGPA authorized positions), and 2 more OT positions in addition to the current vacancies. Taking the state vacancy rate into consideration, the summary of changes needed to current staff to meet this same deadline is presented in Table CI-6. In order to establish an up to date rotating schedule of inspections within 5 years, it is recommended to request authorization to fill an additional 2 OT, 1.5 SSA, 8 AGPA, and 1 SSM I in addition to filling the current vacancies for a total of 28.5 PY. Once the backlog has been addressed and a more routine rotation has been established, the Compliance Inspection Unit would require 22.5 PY as described above.

Table CI-6: Comparison of Existing and Recommended Staffing to catch up in 5 years

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 5 yrs.	**4**	**3.5**	**18**	**3**	**28.5**
Total Allocated Staffing: Perm/*Limited Term*	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent *(Vacant)*		**1**	**2**		
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+2**	**+2.5**	**+10**	**+1**	**+15.5**
Vacant positions to be filled		**1**	**2**		
Additional authorized positions needed	2	1.5	8	1	**+12.5**
Number of PY Needed after caught up	3	1.5	16	2	22.5

It must be noted that while catching up to CI requirements in five years **will not meet legislative requirements**, the approach may best reflect the practical reality of addressing such a large body of work in a fairly short period of time. Obtaining a current schedule within two years would require a tripling of staff which will raise significant logistical issues regarding hiring new personnel, providing space and equipment, and training. The strategy of coming into compliance over five years will require an adaptive approach by Bureau management, which will have more focus on schools that are new or have problem indicators. Imminent licensing review will also likely trigger priority Compliance Inspections. It is assumed that a pragmatic and balanced approach towards five-year compliance will best reflect program needs, but adoption of this strategy will also require concurrence and approval by representatives of Agency, the legislature, and the California State Auditor.

It is noted that significant changes in the conduct of Compliance Inspections are conducted and how many personnel going out on these visits has occurred throughout 2014. While several means of

accounting for changes were investigated, no more valid indicator of time that the CPT was found, and so it has been retained without modification for estimating workload requirements.

Complaint Processing Unit

Complaint Processing is a part of the Enforcement Unit focusing on investigating allegations against institutions. This includes desk reviews of institution information, witness interviews, on-site investigations, and determining an outcome based on evidence gathered. Possible outcomes include closure without action, the issuance of a citation, or referral to the Discipline Unit for a Citation or Enforcement action. This latter course of action is discussed further in the Discipline Unit section. The current Complaint Processing staff consists of 2 SSM I's, 13 AGPA's, 4 SSA's, and 1 OT, including one SSM I and ten AGPA limited term positions set to expire on June 30, 2017, of which one permanent SSA and SSM I and two limited term AGPA's are vacant. In addition, the Bureau has supplemented staffing with one part-time AGPA and two part-time SSA's using blanket funds that will expire by June 30, 2015. These blanket covered positions were not included in the total authorized positions.

Calculation of Work Process Requirements – Current Processing Time

The Current Processing Time within the Complaints Processing Unit was developed from operational performance data that was used to estimate the average processing time per complaint for each classification. This was done by looking at the number of complaints completed and the number of hours used during the closest corresponding period of time. For Complaints, the current processing time was calculated using work records and staffing hours for the 20 months from November 2012 to June 2014[34]. The work records indicated a total of 743 complaints were closed during this time period. The total number of hours for the Complaints Processing Unit over the 20 month period (including the Staff Services Manager I, Associate Government Program Analysts, Staff Services Analysts, and Office Technicians) was 38,841.50, of which 34,474.50 were working hours, including regular time but not overtime or excess time. This is equivalent to an average of 11.2 PY per year. Table C-1 shows the three-year trend of PY based on payroll hours in the Complaint Investigation unit.

Table C-1: Projected PY by FY based on Reported Hours

	Projected Number of PY per year[35]				
	OT	SSA	AGPA	SSM I	Total PY
Hours from Nov. 2012 to June 2013	1.2	5.5	2.8	1.2	10.7
Hours from July 2013 to June 2014	1.1	5.5	4.0	0.9	11.5
Hours from July 2014 to Oct. 2014	1.2	5.6	9.6	2.0	18.4

The total number of working hours per classification across all incumbents was factored by the percentage dedicated to program time in order to estimate the number of program work hours (PWH) spent on the 743 complaints. The results of this analysis, including the total working hours with overtime and excess hours, the percentage of time spent in program work, the program work hours, and the resulting average number of hours spent on each complaint per classification, are shown in Table C-2 below. It should be noted that there are three different work paths for complaints. Path 1 is a minor

[34] It was not completely possible to align the two. The hours used reflected the period from November 2012 to June 2014, while the work records were about 2 weeks behind that, from mid-October 2012 to mid-June 2014.

[35] When using the partial year's reported hours, the number of PY was extrapolated out with the assumption of the hours remaining consistent for the remaining months from that fiscal year.

complaint, and is at least initially assessed as one that does not have significant monetary impact on a student nor to involve a large number of students. Paths 2 and 3 are believed to have monetary impact or involve a large number of students, and both go to field investigation. The primary difference is that Path 2 starts with an AGPA investigation while Path 3 starts with an SSA investigation to be solved administratively and escalates to an AGPA for a field investigation upon discovery of further violations or concerns during the administrative review. Depending on the results of the investigation, Path 1 can be resolved, referred to an AGPA (i.e., it becomes Path 3), or for formal discipline while Paths 2 and 3 are either resolved or referred for formal discipline. Meanwhile, the records indicated a total of 1,161 complaints being received during this time, resulting in a deficiency of 418 complaints or approximately an average of 251 a year being added to the existing backlog of unfinished complaints (at 1,158 complaints as of mid-June 2014).

Table C-2: Calculated processing times per application

Classification	AWY hours for Nov'12 to June '14	% PW	PWH for all reported employees	**CPT:** Avg. # hours per inspection (based on 743 complaints)	**EPT:** Avg. Hours for key tasks from Workflow Analysis
SSM I	3,200	82.0%	2,624	3.53 hours	299 min – approx. 5.0 hours.
SSA	16,906.50	93.6%	15,824.48	21.30 hours	**Path 1: SSA only** 2091 min approx. 34.85 hours
AGPA	11,268.25	87.5%	9,859.72	13.26 hours	**Path 2: AGPA only** 1426.5 min; approx. 23.8 hours
SSA/AGPA					**Path 3: SSA→AGPA** 3882 min; approx. 64.7 hours
OT	3,472	75%	2,604	3.50 hours	22 minutes
TOTAL	**34,846.75**		**30,912.2**	**41.59 hours per complaints**	**Path 1: 40.2 hours** **Path 2: 29.13 hours** **Path 3: 70.07 hours**

The resulting Current Processing Time (CPT) was approximately 41.59 hours of work per complaint on average.

Calculation of Work Process Requirements – Estimated Processing Time

The CPT is based on overall payroll hours and completed past complaint processes, regardless of the type of complaint process. The Estimated Processing Time method relies on subject matter expert judgments based on the day-to-day work being completed. Each member of the staff completed a workflow analysis document asking them to identify the number of minutes spent processing key tasks within the Complaints process. Unlike the CPT which was based on overall processing times with consideration to payroll hours and total completed complaints, the EPT resulted in three different processing times depending on the type of process followed. The complaints handled by the SSA through administrative investigations are reflected as Path 1, taking a little bit longer than the complaints handled by the AGPA investigations. The AGPA investigations typically include administrative and field investigations, and are considered Path 2. Path 3 is reflective of investigations initially assigned to an SSA for processing and then referred to an AGPA upon discovery of further violations requiring AGPA investigation. The complaints follow one of the three paths, so unlike the

prior sections where the time from all classes was added to get a total processing time, the EPT has 3 different processing times depending on the path. The resulting process times ranged from 29.13 to 70.07 hours, with an average of 46.28 hours. This is only about 11.5% higher than the calculated processing time, and as mentioned before, there is a natural human tendency to overestimate the time necessary to complete tasks as a natural hedge against failure. Given the similarity between the CPT and EPT's, the less-subjective CPT will be used as the representative average processing time for further analysis.

It is also highly relevant to our later recommendations to note that Path 1 investigations, even though presumed to be of lower urgency and risk, are still given a large commitment of time (35-40 hours) that is devoted to broad research of the school and its good standing, and further documentation of the complaint.

Future Staffing Projection

The estimated future staffing projection, and staffing recommendation for Complaints Investigation will follow a somewhat different path than was done for Licensing and for Compliance Inspection. This is the result of an observation that the defined complaint process may have poor program design. For example, it was confirmed that all complaints receive an extensive initial investigation, and check multiple sources for school good standing and for potential vulnerability in other venues, despite the fact that the complaint could be isolated, minor, or without basis. Additionally, program staff has advised us that most complaints go to field investigation, even though a minority of such investigations result in any kind of sanction. Table C-3 shows the number of cases referred to Citations and to the Attorney General by fiscal year in addition to the number of complaints that were completed that year (since discipline referral occurs at the end of the standard complaint process). It is noted that the discipline referrals could come from either complaints or compliance so the percentage shown reflects the maximum ratio of complaints requiring discipline if one were to assume that all the referrals received that year were from complaints. Looking across the three years assessed, on average, a maximum of 10.8% of complaints resulted in a discipline referral. Due to the small percentage that resulted in sanctions, future staffing requirements must assume a better job of allocating resources to complaints with the largest potential consequences, then establish a risk assessment process to identify the level of staff attention required for incoming and backlogged complaints[36]. Ultimately, improvements in the Licensing review and Compliance Inspection processes should result in earlier detection of non-compliance, which should reduce the number of valid complaints filed.

Table C-3: Frequency of complaints escalating to sanctions

	FY11-12	FY12-13	FY13-14*
Number of Complaints completed (including referrals)	399	497	459
Number of Complaints received by Citations	21	34	25
Number of Complaints received by Attorney General	9	34	27
Max percent of completed complaints referred to sanction	7.5%	13.7%	11.3%

[36] For example, non-minor complaints are now assumed to be any which potentially could involve significant dollar impact or to affect multiple students. The Bureau could easily reduce the majority of complaints that follow this route by requiring both criteria, or by devising an administrative process to do a simple administrative screening of complaints by a three-party teleconference.

*Covers July 1, 2013 to June 9, 2014 – slightly less than 1 FY.

In addition to looking at the discipline work records, unit management identified statistics for the full FY13-14 including 772 complaints received (compared to 706 from the partial FY work records), of which 35 went to citations, 0 went to the Attorney General, 10 went to DCA's Complaint Resolution Program, and 52 utilized Path 3 in which the SSA did the initial review and then based on their findings, forwarded it to an AGPA for further investigation. Comparing these numbers to the 459 complaints closed from July 1/2013 to June 9, 2014, approximately 18.9% needed additional investigation (7.6% went to enforcement while 11.3% went to path 3 requiring additional AGPA review after initial SSA review – thus taking up more time). This is only an approximation as the total complaints completed reflects slightly less than a year and the stats provided by unit management reflects the full FY13-14. In examining both the work records and the numbers provided by the unit, the general picture presents that approximately 1 in 5 (or less) require additional investigation and/or disciplinary sanctions.

As a result of the above, this study presents the staffing requirements for urgent and serious complaints by factoring the existing complaint workload by an assumed 2/3rds reduction when considering that 80% (or more) of complaints may not need the additional analysis or lead to discipline. It also builds on the assumption that complaints of apparent consequence but uncertain validity can be referred either to the existing compliance inspection process or to the nascent Annual Report review process[37]. As a point of comparative reference, the staffing that would be required without this reduction is also presented.

As a starting point for this kind of workload factor, the staffing required to catch up and become current within two years considering all backlogged and current complaints was calculated, followed by how long it would take to catch up on the most critical complaints, while allowing lesser complaints to be addressed during compliance inspections. The estimated time to complete the backlogged, current, and anticipated complaints was calculated by multiplying that number by the average processing time to resolve them, considering each classification involved. The average number of incoming complaints was determined using historical records from May 31, 2011 to May 30, 2014, resulting in an average of 744 complaints per year. A total of 2,646 complaints would need to be processed in two years to be caught up. A summary of the hours needed per class per year is presented in Table C-4. Once adjusted to account for the statewide average vacancy rate of 12% (see footnote 24 on page 24), the needed staff hours per classification is presented in Table C-5.

Table C-4 – Minimum needed Complaints Investigation Personnel to catch up within two years

Classification	OT	SSA	AGPA	SSM I
Total Needed PWH per year	4,630.50	28,179.90	17,542.98	4,670.19
Total Needed AWY	6,174	30,106.73	20,049.12	5695.35
Total Hours per year	7,088.40	33,157.19	22,007.82	5.871.50
Number of PY Needed per year	3.41	15.94	10.58	2.82
Number of PY after adjusting for average state vacancy rate	3.82	17.85	11.85	3.16

37 While 2/3rds appears arbitrary, it is reflective of the 1/3 of projected staff time needed to process the 20% (or less) of complaints requiring further analysis and/or sanctions with an additional 10-15% of the time spent on other legitimate program needs, including the prioritization of all incoming complaints.

Table C-5: Needed Complaints Investigation Personnel to catch up (State vacancy rate considered)

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**4**	**18**	**12**	**3**	**37**
Total Allocated Staffing: Perm/*Limited Term*	1	4	3/*10*	1/*1*	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent *(Vacant)*		**1**		**1**	
Limited Term *(Vacant)*			**2**		
Net Change in staff to catch up:	**+3**	**+15**	**+1**	**+2**	**+21**
Vacant positions to be filled		**1**	**1**	**1**	+3
Additional authorized positions needed	+3	+14	0	+1	**+18**
Number of PY Needed after caught up	2	10	7	2	21

*Recommendations include the elimination of 1 currently allocated Limited Term SSM I position either upon hire of the permanent SSM I or when it expires and more immediate elimination of 4 Limited Term AGPA position, of which 2 are currently filled, resulting in a new total allocated of 15 PY.

Similar to the other units, in order to get caught up with backlog within two years, it is recommended that one SSM I and nine of the ten AGPA existing limited term positions be converted to permanent positions and filled – allowing the remaining limited term to expire unfilled. In addition to these existing positions, catching up would require one additional SSM I, 14 more SSA's and three more OT's. This would result in almost double the current staff levels. Once the backlogged complaints are processed, the Complaints Unit would need to maintain a staff level of 21 PY including two SSM I, seven AGPA, ten SSA, and two OT PY to remain current on incoming complaints,

Alternatively, by applying the 2/3rds reduction to the 2,646 backlogged, current, and anticipated complaints as discussed above, the total number of higher priority complaints to be processed in order to be caught up would be reduced to 882. The processing time per complaint on these utilized the SSA/AGPA EPT from Path 3 since CPT was not separated by process type and Path 3 is more reflective of the difficult complaints being retained for immediate processing[38]. With this reduction, the complaint investigation unit would need 2 additional staff to catch up on the higher priority complaints once considering the average state vacancy rate. The breakdown of hours and staff numbers by classification for this alternate situation are presented in Tables C-6 and C-7, respectively.

Table C-6 – Minimum requirement to catch up within two years with a 2/3 workload reduction

Classification	OT	SSA	AGPA	SSM I
Total Needed PWH per year	1543.5	15051.33	13481.37	1556.73
Total Needed AWY	2058.0	16080.48	15407.28	1898.45
Total Hours per year	2362.8	17709.78	16912.49	1957.17
Number of PY Needed per year	1.14	8.51	8.13	0.94
Number of PY after adjusting for	1.28	9.53	9.10	1.05

[38] It is noted that this estimate may still be a little high as Path 3 accounted for both SSA/AGPA review and there may have been some duplicative review occurring. When breaking the Path 3 time down by SSA and AGPA, SSA had 34.1 hours and AGPA had 30.6 hours.

average state vacancy rate				

Table C-7: Needed Personnel to catch up with state vacancy rate considered with 2/3 reduction

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs. with 2/3 reduction.	**1.5**	**9.5**	**9**	**1**	**21**
Total Allocated Staffing: Perm/*Limited Term*	1	4	3/*10*	1/*1*	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent *(Vacant)*		**1**		**1**	
Limited Term *(Vacant)*			**2**		
Net Change in staff to catch up:	**+0.5**	**+6.5**	**-2**		**+5**
Vacant positions to be filled		**1**	**-2**		-1
Additional authorized positions needed	0.5	5.5			**+6**
Number of PY Needed after caught up	0.6	5	4.5	0.5	10.6

*Recommendations include the elimination of 1 currently allocated Limited Term SSM I position either upon hire of the permanent SSM I or when it expires and more immediate elimination of 4 Limited Term AGPA position, of which 2 are currently filled, resulting in a new total allocated of 15 PY.

With consideration to the current staff size, the recommendation to catch up within 2 years with a 2/3 reduction in workload is to allow the Limited Term SSM I position to expire once the permanent position is filled, convert six of the Limited Term positions to permanent while allowing the two vacant AGPA's to expire unfilled and either reallocating the two filled AGPA or leave them unfilled as they become vacant, and add an additional 5.5 SSA and 0.5 OT positions. Once the backlog is addressed and a prioritization system is in place, the Complaints Unit would need to maintain a staff of 10.6 PY consisting of 0.5 SSM I, 4.5 AGPA, 5 SSA, and 0.6 OT PY. However, it is noted that the SSA's may need to be replaced by AGPA's since it is the more complex complaints requiring field investigations that would be retained as needing immediate attention. Once the backlog of high priority complaints has been completed, the SSA/AGPA's can move on to those complaints categorized as a medium priority using a risk assessment scale developed for the purpose of prioritizing the complaints.

Discipline Unit

The Discipline Unit is a part of the Enforcement Unit that focuses on the processing of citation or enforcement referrals received from the Complaints and Compliance Inspection Units. If a disciplinary citation results in the request for an Administrative Hearing, this unit corresponds with the Attorney's General office throughout the Hearing process. The current staff consists of 1 AGPA and 1 SSA. In addition, the organization has used blanket funds to supplement staffing with an additional OT to assist in the workload. This position will expire on June 30, 2015 and is not counted toward the authorized total. A difficult part of the workload analysis of this work unit comes from the fact that while overall analysis shows the unit staffing allocation is sufficient, the work actually completed annually does not appear to match this need. Using the projected rate of completion calculated in this section we can only conclude that allocated staff positions have both been vacant and assigned staff has worked on reportable items for only approximately 852 hours annually. This is equivalent to only 45% of the available work time of a single SSA position, and is less than one full time PY. Management must resolve this problem in order to adequately respond to assigned work. As a result, no additional SSA/AGPA staffing is recommended at this time. Additionally, Phase 2 of this analysis project will complete additional review of this unit to refine and improve its future business process.

Calculation of Work Process Requirements – Current Processing Time

The approach for calculating the current work process requirements for Discipline is based on the completion of a calculation of Current Processing Time and Estimated Processing Time, as seen in Table D-1. The operational inspection data records utilized in this analysis showed discipline referrals received from October 2012 to May 2014[39], which will be used with the corresponding DCA provided payroll records from November 2012 to June 2014. The total number of hours spent by the Discipline Unit over 20 months from November 2012 to June 2014 (including the AGPA and SSA) was 6,205.91 of which 5,487.50 were working hours, including regular time but not overtime and excess time. For this twenty month period, the Discipline Unit utilized 1.55 SSA and 1.44 AGPA PY, indicating less than one full-time of each per year on average. Specifically, this indicates an annual staffing in the unit of 1.8PY of which .93 SSA were employed and .86 AGPA.

The total number of working hours per classification across all incumbents was factored by the percentage dedicated to program time in order to estimate the number of program work hours (PWH).

Analysis of operational records for workload required an adjustment from the 20-month period reported, so that a 12-month period (60% of the reported 20-month period) was reflected. This resulted in a conclusion that 13.8 citations and 16.8 Attorney General referrals were completed in a one-year period, with available staff. Table D-1 below shows the total working hours including overtime and excess hours, the percentage of time spent in program work, the program work hours, and the resulting

[39] Operational data is approximately one month behind the payroll hours, but was considered close enough between time and actual completions to be an adequate estimate.

average number of hours spent on each referral[40] per classification. This illustrates the number of estimated working hours spent on activities directly related to the processing of discipline referrals.

Table D-1: Calculated processing times per discipline referral completed

Classification	AWY hours for Nov' 12 to June'14	% PW	PWH for all reported employees	**CPT:** Avg. # hours per referral (based on 51 referrals)	**EPT:** Avg. Hours for key tasks from Workflow Analysis
AGPA	2605.5	85%	4835.48	94.81 hours	• Citation only: 29.9 hours • OAG portion only: 17.23 • Combined Citation→OAG: 47.13 hours
SSA	2912	90%			
TOTAL	**5517.50**		**4835.48**		

The resulting Current Processing Time (CPT), as determined by the twenty month average was approximately 94.81 hours.

Calculation of Work Process Requirements – Estimated Processing Time

The Estimated Processing Time method relies on subject matter expert judgments based on the day to day work being completed. Each member of the staff completed a workflow analysis document asking them to identify the number of minutes spent processing key tasks within the Discipline Referral process, resulting in an overall time frame of approximately 29.9 hours per Citation only referral, 17.23 hours for just the OAG portion of the referral process, and a combined 47.13 hours for those the start of the citation process through the end of the OAG process when it requires both. There is a notable discrepancy between the CPT of 94.81 hours of work estimated based on the operational data and the EPT of 17.23 to 29.9 per discipline referral (treating it as a new referral when sent to OAG) or even compared to the EPT of the combined processes at 47.13 hours. There are numerous possible explanations for the discrepancy, including turnover and other duties assigned to the responsible staff. Where turnover is a factor it will cause more training time and will require trained staff to counsel trainees. Payroll records seem to support that and report two different individuals held both the SSA and the AGPA position during the time assessed. In contrast, the EPT was estimated by one employee in each classification who were regarded as more experienced. Due to the potential time spent training new staff in the CPT estimate resulting in an inflated processing time, it was determined the best available source would be the EPT projected by staff.

Future Staffing Projection

The number of discipline referrals is variable based on the findings of the Compliance and Complaints Investigations, however work records were used to estimate the workload for the purposes of a future

[40] Citations can escalate and become an OAG referral, but were considered a new referral once it was received by OAG for the total number of referrals. I.e. If an institution went to citation only, it would only be 1 referral, but if it was forwarded to OAG, it was then attributed with two discipline referrals.

staffing projection. In order to estimate the number of needed staff, the total number of hours needed per referral was used to calculate the total PWH requirements including: 1) the total amount of time needed to address the backlog (no action beyond assignment recorded), 2) the total time to address currently assigned referrals, and 3) the time to process the projected number of new referrals based on the average number received across historical records from May 1, 2011 to April 30, 2014. Consulting the management provided work records, there are as many as 40 citations and 23 Attorney General referrals that are backlogged, 12 citations and 15 Attorney General referrals in progress, and a projected average of 28 new citation and 22 new Attorney General referrals each year. However, given that it is assumed the backlog will be reduced over two years, the projection of workload must be doubled to account for two years and then the total of all backlogged, current, and anticipated will be halved to identify the annual workload. Additionally, it was assumed that the referrals currently assigned were 50% done on average. This resulted in the following equations to determine the number of PWH needed to process the backlogged and projected referrals for the next two years.

- TOTAL Citations PWH = (29.9 hrs.*40 *backlog*) + (29.9*56 anticipated new referrals over 2 years) + (29.9*12 *in process*50%) = 3,049.8 hours or 1,524.9 hours per year.
- TOTAL OAH PWH = (17.2 hrs.*23 *backlog*) + (17.2*44 anticipated new referrals over 2 years) + (17.2*15 *in process*50%) = 1,281.4 hours or 640.7 hours per year.

These calculations resulted in a total of 2,165.6 Program Work Hours (PWH) per year needed to process and catch up with referrals over the next two years. The calculated PWH was then adjusted backwards to identify the annual staffing requirement to catch up within two years[41]. A summary of the hours needed per year is presented in Table D-2.

Table D-2: Projected workload staffing requirements

	SSA/AGPA combined
Total Needed PWH per year	2,165.6
Total Needed AWY	2,474.97
Total Hours per year	2,696.05
Number of PY Needed	1.30

The current staff consists of 2 authorized PY – 1 AGPA and 1 SSA, both of which are currently filled. In addition, the Bureau has used blanket funds to provide 1 OT to assist in completing the work. This staff must be dedicated to assigned duties and managed to eliminate corollary and intermediate reporting duties. If this is done, then the Discipline unit appears to have an appropriate number of allocated positions for the SSA and AGPA. Further analysis would be needed to determine how much of an OT PY would be required to complete the process. With consideration to the number of hours needed to process the backlog and anticipated discipline referrals, the Discipline unit would be able to catch up and maintain current status with a full staff. Even with consideration of the state vacancy rate the current allocations of 1 AGPA and 1 SSA, with the addition of an OT position should suffice as noted in

[41] The process time covers all both classifications, so the average percent of program work time and available work year between the SSA/AGPA was used since the work duties were combined for the purposes of this analysis.

the table below. As can be seen in table D-3, based on the average processing times and number of backlogged referrals, the Discipline Unit has the appropriate number of allocated positions to catch up and remain current in the future.

Table D-3: Comparison of Existing and Recommended Staffing

Classification:	OT	SSA	AGPA	SSM I	TOTAL PY
Recommended Number of PY Needed to catch up in 2 yrs.	**1**	**1**	**1**	**0**	**3**
Total Allocated Staffing: Perm/*Limited Term*	0	1	1	0	2
Permanent Filled		1	1		
Limited Term Filled					
Permanent *(Vacant)*					
Limited Term *(Vacant)*					
Net Change in staff to catch up:	**+1**	**0**	**0**		**+1**
Vacant positions to be filled					
Additional authorized positions needed	+1				**+1**
Number of PY Needed after caught up	1	1	1		3

*Since the Office Technician was not available during the process time estimation activities, it is assumed that the 1 PY being used is sufficient. Further evaluation of the OT position is needed.

Discontinuity of Projections

The Bureau Operational Reports regarding work completion by the Discipline Unit show that an average of 13.8 Citations and 16.8 Attorney General referrals have been completed each year. Using the projected rate of completion calculated above, we can only conclude that assigned staff has worked on reportable items only for approximately 852.4 hours estimated to complete these referrals, after adjusting for available work time.

Administrative – STRF and Annual Report Review

The BPPE Administrative Division has dual function including traditional administrative duties and program operations functions. Those program operations functions include a defined operational unit that performs review and approval of Student Tuition Recovery Fund (STRF) applications, and an integrated staff function responsible for receipt and review of required Annual Reports and Performance Fact Sheets (AR – PFS) submitted annually by licensed institutions. The STRF review process has been a part of BPPE Operations since its re-authorization in 2010, and its requirements are established and well-known. The receipt and review of required Annual Reports and Performance Fact Sheets (AR – PFS) is a nascent process that has been performed in a ministerial manner for the past several years, and will now be structured to allow the Bureau to "establish priorities for its inspections and other investigative and enforcement resources," as mandated within SB 1247 requirements signed by the Governor on Sept. 29, 2014. This report has considered a means of estimating the workload that will be required for the receipt and review of required Annual Reports and Performance Fact Sheets as a part of current processes.

Current Administrative Unit staff consists of 1 SSM I, 2 AGPA's, 5 SSA's, and 3 OT's, of which 1 AGPA and 1 SSA are vacant. In addition, the Bureau has used blanket funds to supplement staffing with an additional 2 full-time and 1 part-time AGPA, 1 SSA, 1 OA, and 1 Seasonal Clerk to assist in the workload. These positions will expire on June 30, 2015 and are not counted toward the authorized total. Within this Administrative unit, the STRF unit has 1 AGPA and 2 SSA positions dedicated to the processing of STRF claims, making up 30% of the staff (not including the SSM I or Seasonal Clerk)[42], of which the two SSA positions are filled with permanent staff. In addition, the STRF staff is currently supplemented by one SSA and a part time AGPA from the blanket fund positions.

Overall, the total number of working hours for the Administrative Unit (including the SSM I, AGPA's, SSA's, OT's, OA, and Seasonal Clerk) for the two year period assessed was 42,214.09 hours, of which 36,143.50 were working hours including regular time, but not overtime or excess. This comprises approximately 18,071.75 hours or approximately 10.1 PY per year across the entire Administrative unit. Breaking it down by classification, this is equivalent to 1 SSM I, 1.28 AGPA's, 3.2 SSA's, 2.8 OT's, 0.04 OA, and 0.37 Seasonal Clerk PY's per year.

While the amount of Administrative Unit time that will have to be spent on the AR-PFS Review Process in the future is estimated as a part of the report, the amount of time currently spent was able to be estimated from several sources. These included Position Description Questionnaires (PDQ) filled out by staff identifying the percentage of time spent on key activities; payroll records for November 2012-October 2014 showing the number of total working hours; work records/tracking provided by the Administrative Unit staff covering STRF records from January 2011 to December 2014; and limited Annual Report records for July to December, 2014. The following pages present an analysis of current and needed projected staffing for the STRF function followed by an estimate of existing staffing needs for the Annual Report review process. The total Administrative time reported to payroll, including leave time, was used as the basis of computing actual staff work hours in conjunction with estimates of

[42] It can be assumed that the SSM-1 spends 30% of her time in management of STRF.

percentage of time spent on actual program activities from the PDQ's was used to identify a rough computation of Current Processing Time for each analyzed program activity.

STRF Calculation of Work Process Requirements – Current Processing Time

The Current Processing Time for STRF related activities was calculated using operational performance data and payroll records in conjunction with PDQ responses to estimate the average processing time per STRF claim. This calculation looked at the number of STRF claims completed and the number of hours used during the corresponding two year period of time from November 2012 to October 2014. The department provided work records that showed a total of 435 claims received and 641 claims completed as closed, denied, ineligible, or unable to contact during this time, resulting in an average gain on the backlog of approximately 103 claims per year during this period.

Due to the nature of the Administrative Unit positions, it could not be assumed that all the documented payroll hours were dedicated to any specific activity. In order to identify the approximate time spent on STRF activities, the PDQ's completed by the AGPA's and SSA's were analyzed and the average percentage of SSA and AGPA hours overall dedicated to STRF activities was estimated across all incumbents. This percentage was then factored to determine time dedicated to 640 claims completed. The results of this analysis are shown in table AS-2 below.

The total number of working hours for the SSA's and AGPA's for the two year period was 21,207.51, of which 18,700 were working hours including regular time, but not overtime and excess time. This was determined to be approximately 9,350 working hours per year. Breaking it down by classification, the Administrative Unit as a whole had an average of 1.45 AGPA and 3.64 SSA's per year. Table AS-1 shows the three-year trend of PY for the core Admin staff[43] based on payroll hours in the Admin unit overall encompassing all duties.

Table AS-1: Projected PY by FY based on Reported Hours

	Projected Number of PY per year[44]					
	OA	OT	SSA	AGPA	SSM I	TOTAL
Hours from Nov. 2012 to June 2013	0	2.96	3.70	1.18	1.12	8.96
Hours from July 2013 to June 2014	0	2.85	3.86	1.41	1.12	9.24
Hours from July 2014 to Oct. 2014	0.25	4.75	2.90	2.11	0.66	10.67

The following table shows the total working hours including overtime and excess hours, the percentage of time spent in program work, the program work hours, and the resulting average number of hours spent on each claim per classification.

[43] Payroll records also included Chief, CEA, SSM II, and marginal QEU Specialist hours that are not a normal part of the Administrative processes discussed herein.

[44] When using the partial year's reported hours, the number of PY was extrapolated out with the assumption of the hours remaining consistent for the remaining months from that fiscal year.

Table AS-2: Calculated processing times per claim[45]

Classification	AWY hours for Nov' 12 to Oct'14	% PW	PWH for all reported employees	**CPT:** Avg. # hours per STRF claim (based on 640 claims)	**EPT:** Avg. Hours for key tasks from Workflow Analysis
SSA	13,385.5	38%	5086.49	7.95 hours	381 min = 6.35 hours
AGPA	5,357	14%	749.98	1.17 hours	421 min = 7.02 hours
TOTAL	**18,742.50**		**5836.47**	**9.12 hours**	**6.35 to 7.02 hours**[46]

Given the overlapping of SSA and AGPA tasks in completion of this work, the 9.12 hour per STRF claim was used and future calculations are based on total analyst time (SSA and AGPA combined).

Calculation of Work Process Requirements – Estimated Processing Time

The Estimated Processing Time method relies on subject matter expert judgments based on the day to day work being completed. Each member of the staff completed a workflow analysis document asking them to identify the number of minutes spent processing key tasks within the STRF claim process, resulting in an overall time frame of approximately 6.35 to 7 hours spent per claim. The CPT estimate is about 28% higher than the EPT, however the overall difference is relatively small at approximately 2 hours. There are numerous possible explanations for the resulting discrepancy. The CPT may reflect the increase in staffing, as can be seen in Table A-1, which implies the need for training time for new staff and it is also possible that general work related to processing STRF claims but not directly tied to a specific claim is included in the CPT. On the opposite side, it is possible the EPT is slightly lower due to the focus on key steps so it does not capture the full process and the inadvertent omission of the assessment of SSA initial research on the claim. Given these considerations, the proximity of the estimates, and the more objective nature of the CPT, it will be used in calculations for future staffing.

Future Staffing Projection

In order to estimate the number of needed staff, the total number of hours needed per STRF claim was used to calculate the total PWH requirements including: 1) the total amount of time needed to address the backlog (not assigned), 2) the total time to address currently assigned claims, and 3) the time to process the projected number of new claims based on the average number received across historical records from January 1, 2012 to December 31, 2014. Consulting the management provided work records, there were a total of 152 claims (in queue or with no status since receipt) in the backlog, 38 currently assigned claims, and a projected average of 279.7 new claims anticipated each year. However, given that it is assumed the backlog will be reduced over two years, the projection of workload must be made for two years and then halved once combined with the backlogged and in progress claims. So the number of projected new claims is doubled in this calculation. Additionally, it was assumed that the claims currently assigned were 50% done on average. This resulted in the following equation to determine the number of PWH needed to process the claims for the next two years.

[45] These work process tasks are used as a combined total in staffing calculations, due to the overlap in duties and tasks.

[46] The AGPA has one additional step, otherwise the SSA/AGPA follow the same estimated pathway and the 7.02 hours includes the overlap of 6.35 hours).

- SSA/AGPA TOTAL PWH = (9.12 hrs.*152 *backlog*) + (9.12*559.4 anticipated new applications over 2 years) + (9.12*38 *in process*50%).

This calculation resulted in a total of 6,661.25 Program Work Hours (PWH) needed to process STRF claims over the next two years, or 3,330.63 PWH per year. The calculated PWH was then adjusted backwards to identify the number of staff hours, once adjusting for average leave time, that should be dedicated to the STRF processes within the Administrative Unit. Given that the STRF staff is gaining on the backlog in the two year period assessed, the number of PY needed to catch up in one year was also assessed. A summary of the hours needed per year is presented in Table AS-3.

Table AS-3: Projected workload staffing requirements

	Catch up in 2 years	Catch up in 1 year
Classification	SSA/AGPA	SSA/AGPA
Total Needed PWH per year	3,330.62	4110.42
Total Hours per Year after accounting for leave	3,606.52	4450.91
Number of PY Needed	1.73	2.14
Number of PY Needed after accounting for average State vacancy rate	1.94	2.4

The staff focused on STRF claims consists of 3 authorized PY, currently filled by three SSA's and one part time AGPA, of which only two of the SSA's are regular staff and the other SSA and part time AGPA are supplementary staff covered by blanket funds. Since the staff within the Administrative Unit has multiple responsibilities, the numbers above reflect the number of PY needed to catch up within 1 and 2 years, with the assumption that the PY identified are working on STRF claims 100% of their work time. If the staff assigned to STRF claims is also working on other tasks, the number would need to be adjusted accordingly – for example, if the staff assigned is only working on it 50% of the time – then the number required would be doubled.

Based on the AWY for each class we can predict that each SSA works 1,905.28 hours per year and each AGPA works 1,936.48 hours per year. If we then apply those calculated times to STRF applications we would assume that the three authorized positions apply 5,747.04 hours annually overall. With an average processing time of 9.12 hours per application combining SSA and AGPA hours, the assigned staff of three should be able to complete approximately 630.2 STRF claims a year. However, looking at records from 6/1/12 to 5/31/14, an average of 334.5 are being completed a year **indicating only about 53% of the time is being spent on those applications.**

Assuming that the existing positions are being allocated to other administrative essential duties (which is not verified by this study) it is observed that the administrative staff may need augmentation so that the allocated STRF positions can be used for that purpose.

Following the standard format for this report, we have calculated above to reflect the minimum number of staff needed for STRF processing. Consideration of the statewide vacancy rate (see footnote 24 on page 24) requires that the recommended number of authorized positions account for turnover and

unfilled positions so that the remaining staff meets the minimum workload requirements. The total number of recommended employees to be dedicated to the STRF claims in order to catch up within one year after applying a 12% vacancy factor is presented in table AS-4 below. As can be seen, the currently allocated positions would be sufficient to catch up within a year if the time was dedicated to processing the STRF claims. This table also shows the number of employees that would be required to maintain current status in the unit once the backlog has been addressed.

Table AS-4: Comparison of Existing and Recommended Staffing

Classification:	SSA	AGPA	TOTAL PY
Recommended Number of Full-time PY Needed to catch up in 1 year	**2.10**	**0.30***	**2.40**
Total Allocated Staffing: Perm/*Limited Term*	2	1	3
Permanent Filled	2	0	
Limited Term Filled			
Permanent *(Vacant)*		**1**	
Limited Term *(Vacant)*			
Net Change in staff to catch up:	**0**	**+1**	**+1**
Vacant positions to be filled		**+1**	+1
Additional full-time PY needed	0	0	**0**
Number of PY Needed after caught up	1.2	0.2	1.4

*The 0.30 AGPA time reflects the portion of the 9.12 hours that was exclusive to the AGPA role in the EPT analysis. The AGPA also participates in the activities done by the 2.10 proposed SSA PY

The STRF unit needs to be staffed with enough staff to cover the required 2.10 SSA and 0.30 AGPA PY to catch up on the claims within one year. This could be done with three SSA's able to commit 70% of their time and 1 AGPA able to commit 30% of their time exclusively to the STRF claims.

AR-PFS Process - Calculation of Work Process Requirements – Current Processing Time

The process related to the receipt and review of required Annual Reports and Performance Fact Sheets (AR-PFS) is under development so the estimates provided herein are based on limited department records and the evolving process as it is currently practiced. Overall it is assumed that the Annual Report and Performance Fact Sheet review process should be viewed as an adjunct and improvement to the Licensing and Compliance Inspection processes that should be able to obtain its primary staffing requirement from those positions. It is recommended that a future workload analysis be conducted once the process has stabilized and had time to be vetted.

This section will quantify the workload requirement of the current practice, in the same manner as done previously. The Current Processing Time is typically calculated using the hours spent and the number of Annual Reports completely reviewed, however due to the infancy of the formal process, the records at this point are limited and the CPT could not be calculated. In addition, due to the nature of the Administrative Unit positions, it could not be assumed that all the documented payroll hours were dedicated to any specific activity. The total number of PY used by the Administrative Unit is summarized in Table AS-1 above.

In order to identify the approximate time spent on AR-PFS activities, the PDQ's completed by the Administrative Unit staff were analyzed and the average percentage of hours overall dedicated to AR-

PFS activities was estimated across all incumbents. This percentage was then factored into the working hours to determine the number of staff hours dedicated to AR-PFS activities. The following table shows the total working hours including overtime and excess hours, the percentage of time spent in program work, and the resulting number of program work hours dedicated to AR-PFS activities per classification. The results of this analysis are shown in table AP-1 below.

Table AP-1: Calculated processing times per application

Classification	AWY hours for July '14 to Oct'14	% PW	4 months PWH for all reported employees	**CPT:** Avg. # hours per Annual Report	**EPT:** Avg. Hours for key tasks from Workflow Analysis
SSM I	432	20%	86.4		AR: 195 min each year = 3.25 hrs. PFS: 20 min each
AGPA	1365	15.7%	214.3		AR: 1740 min each year + 28 min per report PFS: 540 min = 9 hours
SSA	1717	9.8%	168.3		
OT	2618	10%	261.8		AR: no data collected PFS: N/A
TOTAL	**6132**		**730.8**		AR: 1935 min flat + 28 min/each PFS: 9.3 hours each

Based on the information reported on the PDQ's, an estimated 730.8 hours for the assessed four month period is dedicated to the AR-PFS review. Assuming a consistent level of staffing, this would extrapolate out to approximately 2,192.4 program work hours (259.2 for SSM I, 642.9 for AGPA, 504.9 for SSA, and 785.4 for OT) a year is dedicated to Annual Report activities.

Calculation of Work Process Requirements – Estimated Processing Time

The Estimated Processing Time method relies on subject matter expert judgments based on the day-to-day work being completed. The unit completed a workflow analysis document asking them to identify the number of minutes spent processing key tasks within the Annual Report and the Performance Fact Sheet review process. The Annual Report review consisted of a series of tasks to be done once a year totaling 1,935 minutes in addition to approximately 28 minutes per report. The data for the Performance Fact sheet indicates approximately 9.3 hours spent by the Compliance Analyst including a manager review. A secondary estimated processing time, which was provided with the operational work records, indicated that it takes approximately 4 hours to do a review of a Performance Fact sheet up through the review of one deficiency letter response.

Given that there is no current processing time directly tied to the AR-PFS review, the EPT of 1935 minutes one time a year in addition to 28 minutes per report will be used for the annual report, and the average of the two SSA/AGPA EPT (390 min) plus the 20 minutes each for the SSM I will be used for the PFS for the purposes of future projections.

Future Staffing Projection

The anticipated future workload is more consistent than any of the other units as each licensed institution is required to submit an AR-PFS each year. Based on the operational records provided in January 2015, there are a total of 1090 institutions listed, of which only 787 had submitted one for FY13-

14. However, it is anticipated that a follow up with those who do not submit the annual report will be built into the evolving process so the estimation is based on the full 1090 licensed institutions listed. In order to determine the total number of hours needed for all 1090 institutions, the processing times for the Annual Report and Performance Fact Sheets were summed.

- AR: 1935 min + 28*1090 = 32455 min = 540.92 hours
- PFS: 410 min * 1090 = 446900 min = 7448.33 hours[47]

This calculation resulted in a total of 7989.25 Program Work Hours (PWH) needed to process the AR-PFS each year – or which only about 7% - the amount needed for Annual Report Review, is currently encumbered. The projected workload has therefore been calculated as a planning number, and this staffing need is identified is provided as a planning number only.

As with previous analysis, this calculated PWH was adjusted backwards to identify the number of staff hours needed, adjusting for average leave time. A summary of the hours needed per year is presented in Table AP-2.

Table AP-2: Projected workload staffing requirements

Classification	SSA/AGPA	SSM I
Total Needed PWH per year	7622.67	366.58
Total Hours per Year after accounting for leave	8642.48	407.3
Number of PY Needed	4.16	0.20

Based on the EPT, the Administrative Unit would require approximately 4 SSA/AGPA's to process all the annual reports and performance fact sheets each year with oversight by a SSM I.

Since the staff within the Administrative Unit has multiple responsibilities, the numbers above reflect the number of PY needed each year, with the assumption that the PY identified are working on these activities 100% of their work time. Since the work currently done on the Annual Report reflects only 541 hours, or about 28% of a single PY, it is assumed staff is assigned to other administrative duties.

The numbers calculated above reflect the minimum number of staff needed for initial deployment of this function. Consideration of the statewide vacancy rate (see footnote 24 on page 24) requires that the recommended number of authorized positions account for turnover and unfilled positions so that the remaining staff meets the minimum workload requirements. The total number of recommended employees to be dedicated to the AR-PFS reviews each year after applying a 12% vacancy factor is presented in table AP-3 below.

Table AP-3: Planning Number - Staffing for AR-PFS Function

Classification:	SSA/AGPA	SSM I	TOTAL PY
Planning Number - PY Needed to process AR-PFS each year	4.66	0.22	4.88

[47] It is unknown how many performance fact sheets would need annual review and this process is now performed only by Licensing and Compliance Inspection as an adjunct to their duties. This analysis includes this analysis only as a future planning number.

References

George, M. L. (2003). *Lean Six Sigma for Service.* New York: McGraw-Hill.

DEPARTMENT OF CONSUMER AFFAIRS

ORGANIZATION CHART
BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

June 2012

CURRENT ORG CHART

FY 2011-12: 60 PY / Positions
1.0 Bureau Chief
1.0 Deputy Bureau Chief
1.0 Staff Services Manager II
5.0 Staff Services Manager I
1.0 Education Senior Specialists
4.0 Education Specialists
20.0 Associate Governmental Program Analysts
17.0 Staff Services Analysts
10.0 Office Technicians – Typing

BPPE Blanket Funded Positions
1.0 Staff Services Analyst (PI)
1.0 Office Technician (Typing) (PI)
1.0 Retired Annuitant
2.0 Student Assistance

DIRECTOR, DCA
Denise Brown

BUREAU CHIEF
Laura Metune
644-100-9934-002

DEPUTY BUREAU CHIEF
Joanne Wenzel
644-100-7500-001 CEA

VACANT
644-100-1139-003 OT Typ.

ENFORCEMENT
Connie Bouvia
644-100-4801-001 SSM II

EDUCATION SPECIALIST UNIT
Alicia Colby
644-130-2743-006 Ed Sr. Specialist
Reginald Micthell Jr.
644-130-2742-001 Ed Specialist
Lalu (Drew) Saeteune
644-130-2742-003 Ed Specialist
Gina Brougham
644-130-2742- 002Ed Specialist
Seyed Dibaji
644-130-2742-004 Ed Specialist

ADMIN/SUPPORT & STRF
Michele Alleger
644-100-4800-001 SSM I

N. California COMPLIANCE INSPECTIONS
Fayne Boyd
644-140-4800-001 - SSM I

S. California COMPLIANCE INSPECTIONS
Sandra (Sandee) Sheely
644-140-4800-002 SSM I

COMPLAINTS & INVESTIGATIONS/ DISCIPLINE
Yvette Johnson
644-150-4800-001 SSM I

LICENSING
Leeza Rifredi
644-110-4800-001 SSM I

Student Tuition Recovery Fund
Susan Hargrove
644-120-5393-001 AGPA
Shane Schloesser
644-120-5157-001 SSA
VACANT
644-120-5157-803 SSA

COMPLIANCE INSPECTIONS
Wayne Brenner
644-140-5393-806 AGPA
Richard Acosta
644-140-5393-807 AGPA
David Lui
644-140-5393-808 AGPA
Greg Seib
644-140-5393-809 AGPA
Janice Joy
644-140-5393-810 AGPA
Matthew Wiggins
644-140-5157-001 SSA
Danielle Scott
644-140-5157-002 SSA
Laura Cheah
644-140-1139-001 OT Typ.

COMPLIANCE INSPECTIONS
Roxana Aalberts
644-140-5393-800 AGPA
VACANT
644-140-5393-801 AGPA
Jeanne Matsumoto
644-140-5393-802 AGPA
Nicole Vinh
644-140-5393-803 AGPA
Diana Bronshteyn
644-140-5393-804 AGPA
Gary Catalano
644-140-5393-805 AGPA
Melanie Otsuji
644-140-5157-003 SSA
Jeanette Johnson
644-140-5157-005 SSA
Nicholas Robinson
644-140-5157-004 SSA
Tia Brooks
644-140-1139-002 OT Typ.

COMPLAINTS & INVESTIGATIONS
Victoria (Tori) Gaines
644-150-5393-800 AGPA
Jennifer Jones
644-150-5393-801 AGPA
Lloyd Seeley
644-150-5157-001 SSA
Lori Kent
644-150-5157-002 SSA
Brian Castro
644-150-5157-004 SSA
Ashley Windsor (Cornejo)
644-150-5157-003 SSA
Dedria Evans
644-150-1139-001 OT Typ.

DISCIPLINE
Jennifer Fulton
644-160-5393-802 AGPA
Janel Quayle
644-160-5157-001 SSA
Susan Hertle
644-160-1139-001 OT Typ.

LICENSING
Erica Smith
644-110-5393-800 AGPA
Angela Smith
644-110-5393-801 AGPA
Revonna Roper
644-110-5393-802 AGPA
Jeff Mackey
644-110-5393-803 AGPA
Alicia Newcomb
644-110-5157-004 SSA
VACANT
644-110-5157-007 SSA
Delilah Esquivel
644-110-1139-001 OT Typ.
Audria Arceo
644-110-1139-002 OT Typ.

ADMIN/SUPPORT
Jennifer Juarez
644-100-5393-800 AGPA
Jessica Liu
644-100-5157-003 SSA
Houa Her
644-100-5157-001 SSA
Michael Ojeda
644-100-5157-002 SSA
Valerie McZeek
644-100-1139-002 OT Typ.
Angela Brady
644-100-1139-004 OT Typ.
VACANT
644-100-1139-001 OT Typ.

BPPE BLANKET FUND
Carol Gochanour
644-100-1139-907 – OT Typ. (RA)
VACANT
644-100-5157-907 SSA (PI)
VACANT
644-100-1139-907 OT (Typing) (PI)
Thai Nguyen Ngo
644-100-4870-907 SA
John Gordillo
644-100-4870-907 SA

Human Resources Date

Denise Brown, Director Date

Bureau Chief Date

DEPARTMENT OF CONSUMER AFFAIRS

ORGANIZATION CHART
BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

June 2013

Current
ORG CHART

FY 2012-13: 57 PY / Positions
1.0 Bureau Chief
1.0 Deputy Bureau Chief
1.0 Staff Services Manager II
5.0 Staff Services Manager I
1.0 Education Senior Specialists
4.0 Education Specialists
20.0 Associate Governmental Program Analysts
17.0 Staff Services Analysts
7.0 Office Technicians – Typing

BPPE Blanket Funded Positions
2.0 Office Technician (Typing)
3.0 Associate Governmental Program Analysts
3.0 Staff Services Analyst
1.0 Education Administrator

DIRECTOR, DCA
Denise Brown

BUREAU CHIEF
Laura Metune
644-100-9934-002

Stephanie Lee
644-100-1139-003 OT Typ.

DEPUTY BUREAU CHIEF
Joanne Wenzel
644-100-7500-001 CEA

Patricia Wohl
644-130-2744-907
Education Administrator

ENFORCEMENT
Connie Bouvia
644-100-4801-001 SSM II

EDUCATION SPECIALIST UNIT
Alicia Colby
644-130-2743-006 Ed Sr. Specialist
Reginald Mitchell Jr.
644-130-2742-001 Ed Specialist
Lalu (Drew) Saeteune
644-130-2742-003 Ed Specialist
VACANT
644-130-2742- 002 Ed Specialist
Seyed Dibaji
644-130-2742-004 Ed Specialist

N. California COMPLIANCE INSPECTIONS
Fayne Boyd
644-140-4800-001 - SSM I

S. California COMPLIANCE INSPECTIONS
Sandra (Sandee) Sheely
644-140-4800-002 SSM I

COMPLAINTS & INVESTIGATIONS/ DISCIPLINE
Yvette Johnson
644-150-4800-001 SSM I

LICENSING
Leeza Rifredi
644-110-4800-001 SSM I

ADMIN/SUPPORT & STRF
Michele Alleger
644-100-4800-001 SSM I

COMPLIANCE INSPECTIONS
John L. Bruce Jr.
644-140-5393-806 AGPA
Richard Acosta
644-140-5393-807 AGPA
David Lui
644-140-5393-808 AGPA
Greg Seib
644-140-5393-809 AGPA
Janice Joy
644-140-5393-810 AGPA
Matthew Wiggins
644-140-5157-001 SSA
Laura Cheah
644-140-1139-001 OT Typ.

COMPLIANCE INSPECTIONS
Roxana Aalberts
644-140-5393-800 AGPA
Michelle Loo
644-140-5393-801 AGPA
Jeanne Matsumoto
644-140-5393-802 AGPA
Nicole Vinh
644-140-5393-803 AGPA
Diana Bronshteyn
644-140-5393-804 AGPA
Melanie Otsuji
644-140-5157-003 SSA
Jeanette Johnson
644-140-5157-005 SSA
Nicholas Robinson
644-140-5157-004 SSA
Tia Brooks
644-140-1139-002 OT Typ.

COMPLAINTS & INVESTIGATIONS
Wayne Brenner
644-150-5393-800 AGPA
Jennifer Jones
644-150-5393-801 AGPA
VACANT
644-150-5393-XXX AGPA
Lloyd Seeley
644-150-5157-001 SSA
Lori Kent
644-150-5157-002 SSA
Houa Her
644-150-5157-004 SSA
Ashley Windsor (Cornejo)
644-150-5157-003 SSA
Dedria Evans
644-150-1139-001 OT Typ.
Victoria (Tori) Gaines
644-150-5393-907 AGPA – PI
VACANT
644-150-5157-907 SSA - PI
Julissa Silva-Garcia
644-150-5157-907 SSA - PI

DISCIPLINE
Jennifer Fulton
644-160-5393-802 AGPA
Janel Quayle
644-160-5157-001 SSA

LICENSING
Erica Smith
644-110-5393-800 AGPA
Angela Smith
644-110-5393-801 AGPA
Revonna Roper
644-110-5393-802 AGPA
Jeff Mackey
644-110-5393-803 AGPA
Alicia Newcomb
644-110-5157-004 SSA
Audria Arceo
644-110-5157-007 SSA
Kimberly Harris
644-110-1139-002 OT Typ.
Delilah Esquivel
644-110-1139-907 OT Typ.
Mariann Bjorkmann
644-110-5393-804 AGPA
Louman Cheung
644-110-5393-907 AGPA - PI
VACANT
644-110-5393-907 AGPA - PI

Student Tuition Recovery Fund
Susan Hargrove
644-120-5393-001 AGPA
Shane Schloesser
644-120-5157-001 SSA
Susan Hertle
644-120-5157-803 SSA
VACANT
644-120-5393-XXX AGPA - PI
VACANT
644-120-5157-XXX SSA - PI

ADMIN/SUPPORT
Jennifer Juarez
644-100-5393-800 AGPA
Jessica Liu
644-100-5157-003 SSA
Mandy Duron
644-100-5157-001 SSA
Michael Ojeda
644-100-5157-002 SSA
Valerie McZeek
644-100-1139-002 OT Typ.
VACANT
644-100-1139-001 OT Typ.
Kelly Piccione
644-100-5157-907 SSA - PI

Human Resources Date

Denise Brown, Director Date

Bureau Chief Date

Department of Consumer Affairs

Bureau for Private Postsecondary Education

JUNE 2014

CURRENT

FY 2013/14
Authorized Positions…….66
14/15 BCP Positions…….11
907 Blanket Positions……18
999 Blanket Positions…….3

DIRECTOR, DCA
Denise Brown

BUREAU CHIEF
Joanne Wenzel
Exempt
644-100-9934-002

Cathy Creeggan (RA)
Ed Specialist
644-100-2742-907

DEPUTY BUREAU CHIEF
Alyson Cooney
CEA
644-100-7500-001

Enforcement Unit
Yvette Johnson
Staff Services Manager II
644-100-4801-001

Complaint & Investigation

Staff Services Manager I
John Bruce
644-150-4800-001

Assoc Gov Prog Analyst
150-5393-001 Acosta
150-5393-800 Aalberts
150-5393-801 Jones
150-5393-907 Gains**
150-5393-907 Darling*
150-5393-907 Leach*
150-5393-907 Garcia***

Staff Services Analyst
150-5157-001 Seely
150-5157-002 Kent
150-5157-907 Garcia**

Office Tech (Typing)
150-1139-001 Evans

Complaint & Investigation

Staff Services Manager I
VACANT*
644-150-4800-907

Assoc Gpv Prog Analyst
150-5393-907 Costamag*
150-5393-907 VACANT*
150-5393-907 VACANT*
150-5393-907 VACANT*
150-5393-907 VACANT*
150-5393-907 VACANT*
150-5393-907 VACANT*

Staff Services Analyst
150-5157-003 Windsor
150-4687-001 Espinoza
150-5157-907 VACANT**

Compliance Inspection

Staff Services Manager I
Wayne Brenner
644-140-4800-001

Assoc Gov Prog Analyst
140-5393-004 Loo
140-5393-005 Matsumoto
140-5393-806 Bradshaw
140-5393-810 Brisco
140-5393-811 Williams

Staff Services Analyst
140-5157-008 Wiggins

Office Tech (Typing)
140-1139-002 Brooks

Compliance Inspection

Staff Services Manager I
VACANT
644-140-4800-XXX

Assoc Gov Prog Analyst
140-5393-002 Bronshteyn
140-5393-003 Patterson
140-5393-800 Duron
140-5393-807 Sacco
140-5393-809 Seib

Staff Services Analyst
140-5157-005 Johnson
140-5157-907 VACANT**

Office Tech (Typing)
140-1139-003 Cheah

Discipline

Assoc Gov Prog Analyst
160-5393-800 Villanueva

Staff Services Analyst
160-5157-001 Campos*

Office Tech (T)
160-1139-999 VACANT

Licensing Unit
Leeza Rifredi
Staff Services Manager II
644-110-4800-600*

Staff Services Manager I
Mary-Ann Reed*
644-110-4800-001

Assoc Gov Prog Analyst
110-5393-600 Yee*
110-5393-602 Her*
110-5393-603 Cartwright*
110-5393-801 VACANT
110-5393-802 Roper
110-5393-804 VACANT

Staff Services Analyst
110-5157-007 Arceo
110-5157-010 Robinson

Office Tech (Typing)
110-1139-999 Hammitt

Staff Services Manager I
Erica Smith
644-110-4800-002

Assoc Gov Prog Analyst
110-5393-601 Thornros*
110-5393-604 Quayle*
110-5393-803 Mackey
110-5393-907 Cheung**
110-5393-907 Owen**

Staff Services Analyst
110-5157-009 Otsuji
110-5157-004 Harris

Office Tech (Typing)
110-1139-002 Mam

Staff Services Manager I
VACANT
644-110-4800-907*

Assoc Gov Prog Analyst
110-5393-907 VACANT*
110-5393-907 VACANT*
110-5393-907 VACANT*
110-5393-907 VACANT*
110-5393-907 VACANT*
110-5393-907 VACANT*

Admin/STRF Unit
Michele Alleger
Staff Services Manager I
644-100-4800-002

Admin Support

Assoc Gov Prog Analyst
100-5393-001 Oakley
100-5393-600 VACANT*
100-5393-800 Juarez

Staff Services Analyst
100-5157-001 Halsell
100-5157-002 Ojeda
100-5157-003 Liu
100-5157-907 VACANT**

Office Tech (Typing)
100-1139-001 VACANT
100-1139-002 McZeek
100-1139-003 Lee
100-1120-907 Smith**

Student Tuition Recv Fund

Assoc Gov Prog Analyst
120-5393-907 Piccione**

Staff Services Analyst
120-5157-001 Morales
120-5157-803 Hertle
120-5157-907 Fider**

Quality of Ed Unit
VACANT
Ed Administrator
644-100-2744-001

Senior Ed Specialist
130-2743-006 Colby

Ed Specialist
130-2742-001 Brogham
130-2742-003 Saeteune
130-2742-004 Debaji
130-5393-800 Bjorkma***
130-2742-602 Parsons*

Office Tech (Typing)
130-1139-999 VACANT

***Limited Term**
****Permanent Intermittent**
*****Training & Development**

Denise Brown, Director — Date

Joanne Wenzel, Bureau Chief — Date

Vanessa Haynes, C&P Analyst — Date

Department of Consumer Affairs

Bureau for Private Postsecondary Education

JUNE 2015

CURRENT

FY 2014/15
Authorized Positions…….77
907 Blanket Positions……16
999 Blanket Positions…….3
Loaned Positions……1

DIRECTOR, DCA
Awet Kidane

Mina Hamilton[8]
Attorney
644-100-5778-907

BUREAU CHIEF
Joanne Wenzel
Exempt
644-100-9934-002

Cathy Creeggan (RA)[6]
Ed Specialist
644-100-2742-907

DEPUTY BUREAU CHIEF
Alyson Cooney
CEA
644-100-7500-001

Enforcement Section
Yvette Johnson
Staff Services Manager II
644-100-4801-001

Complaint Investigation Unit
Staff Services Manager I
Blessilda Canlas
644-150-4800-001

Assoc Gov Prog Analyst
150-5393-001 Acosta
150-5393-601 Johnson, K.[2]
150-5393-602 Kauth[2]
150-5393-607 Campos [2]
150-5393-610 VACANT[2]

Staff Services Analyst
150-5157-001 VACANT
150-5157-003 Windsor

Office Tech (Typing)
150-1139-001 Evans

Complaint Investigation Unit
Staff Services Manager I
Phoung Thach[2]
644-150-4800-600

Assoc Gpv Prog Analyst
150-5393-606 Alcantar[2]
150-5393-609 Francies[2]
150-5393-801 Jones
150-5393-907 Gains[4]
150-5393-800 VACANT

Staff Services Analyst
150-5157-907 Silva-Garcia[4]
150-5157-907 Castro[4]

Complaint Investigation Unit
Staff Services Manager I
VACANT
644-150-4800-XXX

Assoc Gov Prog Analyst
150-5393-612 Sanders[2]
150-5393-604 Costamanga[2]
150-5393-608 Lewis[2]

Staff Services Analyst
150-5157-002 VACANT
150-5157-004 Costello[7]

Discipline Unit
Assoc Gov Prog Analyst
160-5393-800 Villanueva

Staff Services Analyst
160-5157-001 Wright[7]

Office Tech (T)
160-1139-999 VACANT

Compliance Unit
Staff Services Manager I
Wayne Brenner
644-140-4800-001

Assoc Gov Prog Analyst
140-5393-004 Loo
140-5393-005 Matsumoto
140-5393-806 Bradshaw
140-5393-807 Wiggins
140-5393-810 Brisco

Staff Services Analyst
140-5157-006 Espinoza[7]

Office Tech (Typing)
140-1139-002 Brooks

Compliance Unit
Staff Services Manager I
Michele Alleger
644-140-4800-003

Assoc Gov Prog Analyst
140-5393-002 Bronshteyn
140-5393-003 Patterson
140-5393-800 Springer
140-5393-809 Seib
140-5393-811 Morales[7]

Staff Services Analyst
140-5157-005 Cheah

Office Tech (Typing)
140-1139-003 VACANT

Licensing Section
Leeza Rifredi
Staff Services Manager II
644-110-4801-600[1]

Staff Services Manager I
Brenda Cartwright[7]
644-110-4800-001

Assoc Gov Prog Analyst
110-5393-602 Her[1]
110-5393-603 VACANT[1]
110-5393-604 Hernandez[1]
110-5393-804 Quayle
110-5393-907 Vang[3]

Staff Services Analyst
110-5157-009 VACANT[7]

Office Tech (Typing)
110-1139-999 Mam

Staff Services Manager I
Erica Smith
644-110-4800-002

Assoc Gov Prog Analyst
110-5393-600 Castillo[1]
110-5393-801 Robinson
110-5393-907 Bojorques[3]

Staff Services Analyst
110-5157-007 Arceo
110-5157-010 Garvin

Office Tech (Typing)
110-1139-002 VACANT

Staff Services Manager I
Jeff Mackey[3]
644-110-4800-907

Assoc Gov Prog Analyst
110-5393-601 Thornros[1]
110-5393-802 VACANT[7]
110-5393-803 Clark[7]
110-5393-907 Cheung[4]
110-5393-907 Rule [3]

Staff Services Analyst
110-5157-004 Harris

Admin/STRF Section
Jennifer Juarez
Staff Services Manager I
644-100-4800-002

Admin Support Unit
Assoc Gov Prog Analyst
100-5393-002 Oakley
100-5393-800 Liu

Staff Services Analyst
100-5157-001 Principe
100-5157-002 Ojeda
100-5157-003 McClary

Office Tech
100-1138-001 Carrasco
100-1138-XXX Ebert
100-1138-003 Hanna

Seasonal Clerk
100-1120-907 A. Lee[6]

STRF Unit
Assoc Gov Prog Analyst
120-5393-907 Piccione[4]

Staff Services Analyst
120-5157-001 Morales
120-5157-907 Fider[4]

Unnamed Unit
Assoc Mangmnt Auditor
400-4159-003 Hines[9]

Assoc Gov Prog Analyst
120-5393-001 Gray
100-5393-907 Triffo[8]

Staff Services Analyst
120-5157-803 Hertle

Quality of Edu. Section
Benjamin Walker
Ed Administrator
644-130-2744-001

Senior Ed Specialist
130-2743-008 Saeteune

Ed Specialist
130-2742-XXX Pryor
130-2742-XXX Murray
130-2742-XXX*Phanachone
130-2742-001 VACANT
130-2742-602 Parsons[1]
130-2742-604 VACANT[1]

Office Tech (Typing)
130-1139-999 S. Lee

Limited Term - 13/14 BCP 1
Limited Term - 14/15 BCP 2
Limited Term – WIA 3
Permanent Intermittent 4
Training & Development 5
TAU 6
Limited Term – Due to possible mandatory reinstatement 7
SB 1247 8
Position on permanent loan from DCA 9

Awet Kidane, Director — Date

Alyson Cooney, Deputy Bureau Chief — Date

Vanessa Haynes, C&P Analyst — Date

Department of Consumer Affairs
Bureau for Private Postsecondary Education

September 1, 2015

CURRENT

FY 2015/16
Authorized Positions.....101
907 Blanket Positions.....8
999 Blanket Positions.....3
Loaned Positions.....1

DIRECTOR, DCA
Awet Kidane
CHIEF DEPUTY DIRECTOR
Tracy Rhine

Mina Hamilton
Attorney
644-100-5778-001

BUREAU CHIEF
Joanne Wenzel
Exempt
644-100-9934-002

Advisory Committee

Shawn Crawford
Diana Amaya
Mitchell Furst
Katherine Lee-Carey
Marie Roberts De La Parra
David Wood
Assemblyman Jose Medina
Margaret Reiter
Tamika Butler
Sylton Hurdle
Ken McEldowney
Patrick Uetz
Senator Jerry Hill

DEPUTY BUREAU CHIEF
Alyson Cooney
CEA
644-100-7500-001

Licensing Section
Leeza Rifredi
Staff Services Manager II
644-110-4801-001

Admin/STRF Section
Jennifer Juarez
Staff Services Manager I
644-100-4800-002

Quality of Edu. Section
Benjamin Walker
Ed Administrator
644-130-2744-001

Staff Services Manager I
Brenda Cartwright
644-110-4800-001

Assoc Gov Prog Analyst
110-5393-805 Houa Her
110-5393-806 VACANT (Wiggins)
110-5393-807 Eric Hernandez
110-5393-804 Chee Vang
110-5393-907 Dianne Arechiga

Staff Services Analyst
110-5157-007 Audria Arceo

Office Tech (Typing)
110-1139-999 Karen Mam

Staff Services Manager I
Erica Smith
644-110-4800-002

Assoc Gov Prog Analyst
110-5393-808 Lucy Castillo
110-5393-801 Nicholas Robinson
110-5393-810 Alexxsia Bojorques
110-5393-811 VACANT (New)
110-5393-XXX Mika Scott
110-5393-907 Dawn McMillan Collier
110-5393-907 Fayne Boyd

Staff Services Analyst
110-5157-010 Tamika Garvin

Office Tech (Typing)
110-1139-002 VACANT (Hammitt)

Staff Services Manager I
Jeff Mackey
644-110-5393-812

Assoc Gov Prog Analyst
110-5393-809 Shakira Rule
110-5393-802 Shauna Hernandez
110-5393-803 Meghan Zapata
110-5393-907 Louman Cheung

Staff Services Analyst
110-5157-004 Kimberly Harris

Office Tech (Typing)
110-1139-003 Ashley Piper

Admin Support Unit

Assoc Mangmnt Auditor
400-4159-003 Vern Hines

Assoc Gov Prog Analyst
100-5393-002 April Oakley
100-5393-800 Jessica Liu
120-5393-001 Kent Gray
100-5393-6XX VACANT (Triffo)
100-5393-003 Ben Triffo

Staff Services Analyst
100-5157-001 Nicole Principe
100-5157-002 Michael Ojeda
100-5157-003 Sean McClary

Office Tech (General)
100-1138-001 Cassandra Carrasco
100-1138-004 Danette Ebert
100-1138-003 Lucy Hanna

Seasonal Clerk
100-1120-907 An Lee

STRF Closed School Unit

Assoc Gov Prog Analyst
120-5393-907 VACANT (Piccoine)

Staff Services Analyst
120-5157-001 Victoria Morales
120-5157-803 Susan Hertle
120-5157-907 Gema Fider

Senior Ed Specialist
130-2743-008 Drew Saeteune

Ed Specialist
130-2742-602 Vicky Parsons
130-2742-604 VACANT (Bjorkman)
130-2742-001 Jeanne Matsumoto
130-2742-005 Ebony Pryor
130-2742-006 Joanna Murray
130-2742-007 Kathleen Rainey
130-2742-605 Chandara Phanachone
130-2742-606 Janell Quayle
130-2742-607 Unity Taylor
130-2742-608 VACANT (New)

Office Tech (Typing)
130-1139-999 Stephanie Lee

Awet Kidane, Director — Date

Alyson Cooney, Deputy Bureau Chief — Date

Vanessa Haynes, C&P Analyst — Date

Department of Consumer Affairs

Bureau for Private Postsecondary Education

September 1, 2015

BUREAU CHIEF
Joanne Wenzel
Exempt
644-100-9934-002

DEPUTY BUREAU CHIEF
Alyson Cooney
CEA
644-100-7500-001

Enforcement Section
Yvette Johnson
Staff Services Manager II
644-100-4801-001

Complaint Investigation Unit

Staff Services Manager I
Blessilda Canlas
644-150-4800-001

Assoc Gov Prog Analyst
150-5393-001 Richard Acosta
150-5393-003 Karen Johnson
150-5393-004 Brian Kauth
150-5393-005 Renee Campos
150-5393-006 Leslie Feist

Staff Services Analyst
150-5157-004 VACANT (Costello)
150-5157-003 Ashley Windsor

Office Tech (Typing)
150-1139-001 Dedria Evans

Complaint Investigation Unit

Staff Services Manager I
Elainea Shotwell
644-150-4800-002

Assoc Gov Prog Analyst
150-5393-007 Jocelyn Sanders
150-5393-800 Carla Newman
150-5393-XXX Ronald Quilacio

Staff Services Analyst
150-5157-002 Benjamin Graber
150-5157-001 VACANT (Seeley)

Discipline Unit

Assoc Gov Prog Analyst
160-5393-800 Christina Villanueva

Staff Services Analyst
160-5157-001 Jody Wright

Office Tech (T)
160-1139-999 Gurinder Sandhu

Complaint Investigation Unit

Staff Services Manager I
Phoung Thach
644-150-4800-002

Assoc Gov Prog Analyst
150-5393-008 Justin Costamanga
150-5393-009 Edward Lewis
150-5393-010 Sam Alcantar
150-5393-011 Taleka Francies
150-5393-801 Jennifer Jones
150-5393-907 Victoria Gaines

Staff Services Analyst
150-5157-907 Julissa Silva-Garcia
150-5157-907 Eva Castro

Office Tech (Typing)
150-1139-002 Lisa McGuire

Enforcement Section
Robert Bayles
Staff Services Manager II
644-100-4801-001

Annual Report Compliance Unit

Staff Services Manager I
Marcus Dawson
644-140-5393-006

Assoc Gov Prog Analyst
140-5393-817 Kelley Piccione

Staff Services Analyst
140-5157-813 VACANT (New)
140-5157-814 VACANT (New)
140-5157-815 VACANT (New)
140-5157-816 VACANT (New)
110-5157-009 VACANT (Flores)

Office Tech (Typing)
140-1139-004 VACANT (New)

Compliance Unit

Staff Services Manager I
Wesley Roberson
644-140-4800-001

Assoc Gov Prog Analyst
140-5393-004 Michelle Loo
140-5393-005 Jessica Rodriguez
140-5393-806 Paul Bradshaw
140-5393-807 Matthew Wiggins
140-5393-003 Isaiah Patterson

Staff Services Analyst
140-5157-006 Jessica Espinoza

Office Tech (Typing)
140-1139-002 VACANT (Brooks)

Compliance Unit

Staff Services Manager I
Michele Alleger
644-140-4800-003

Assoc Gov Prog Analyst
140-5393-002 Diana Bronshteyn
140-5393-810 Michelle Allee
140-5393-800 Richard Springer
140-5393-809 Greg Selb
140-5393-811 Shari Morales
140-5393-812 VACANT (New)

Staff Services Analyst
140-5157-005 Laura Cheah

Office Tech (Typing)
140-1139-003 VACANT (Cheah)