

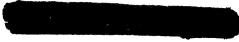
BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

Sunset Review Report 2015

Presented to the Senate Committee on Business, Professions, and Economic Development

VOLUME 2



Title: Monthly Statistics	Supersedes: None	Procedure #: 2013-0049
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 1
Issue Date: July 1, 2013	Approved By:  Bureau Chief Bureau for Private Postsecondary Education	

Policy: *The Bureau for Private Postsecondary Education reports statistical data to the Department of Consumer Affairs for the Consumer Protection Enforcement Initiative (CPEI)*

Purpose: *These procedures outline the process for collecting Enforcement related data.*

Definitions:

Enf. – *Enforcement*

SAIL – *Schools Automated Information Link database*

SOI – *Statement of Issues*

Monthly Statistics

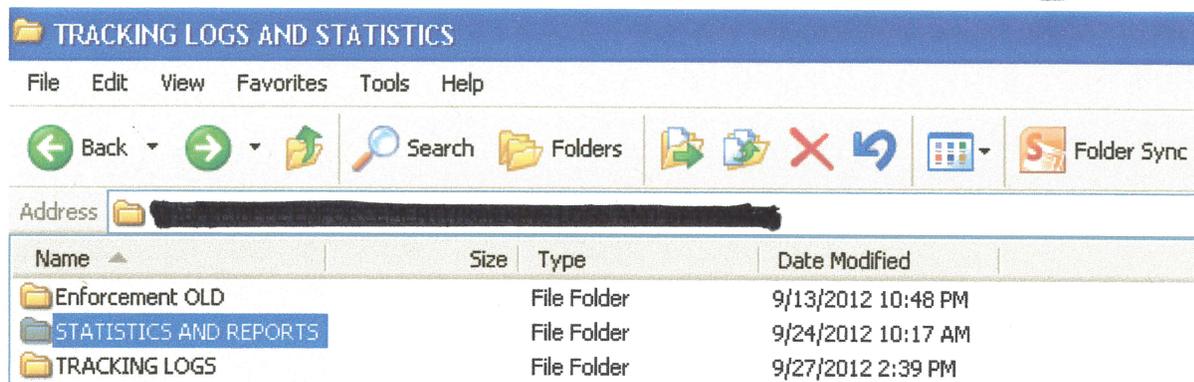
1. Directions to Monthly Statistic Folder
2. Screen shots of tabs and sections used in Monthly Statistic Itemization
3. Print Workload Analysis Report by date from S.A.I.L.
4. Applying complaint data to statistical data breakdown sheets:
 - a. ALL {STAT mo.} BY DATE REC'D
 - b. All {STAT mo.} BY DATE ASSIGN'D
 - c. DESK Invest. DATE ASSIGN'D
 - d. ALL complaints CLOSED – STAT mo.
 - e. DESK Investigations CLOSED
 - f. ALL {stat month} PENDING
 - g. DESK PENDING – DATE REC'D
 - h. FIELD Invest. DATE ASSIGN'D
 - i. FIELD Investigations CLOSED
 - j. FIELD PENDING – DATE REC'D
 - k. ENF ACTION BRKDOWN
5. Applying monthly statistical data to Statistic Itemization tabs:
 - a. Complaint Intake
 - b. Investigations
 - c. Enforcement (Enf) Actions
6. Inputting Statistic Itemization information to Summary Sheet
7. Transferring from Master Summary Sheet to Monthly Summary Sheet
8. Transferring Monthly Statistics from Summary sheet to CPEI (web based) database

Directions to Monthly Statistic Folder

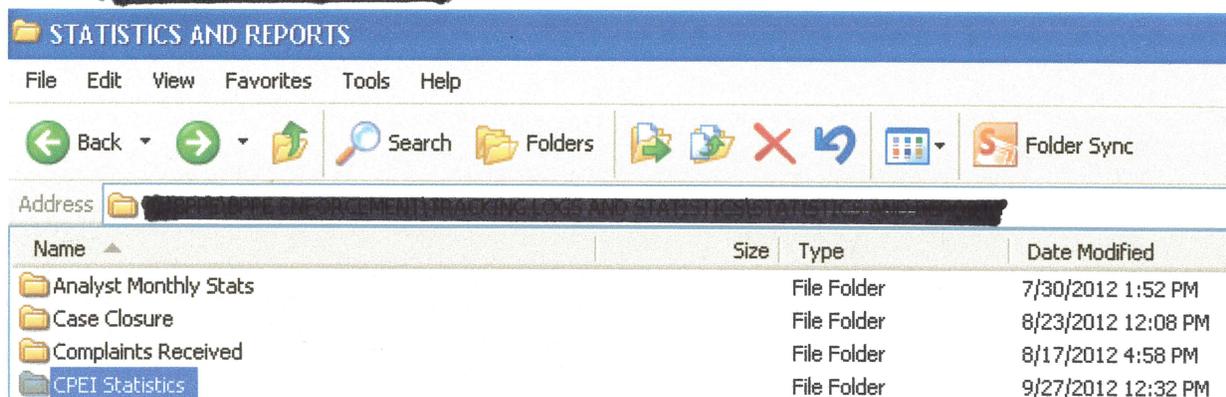
Monthly statistical data is reported to the Department of Consumer Affairs (DCA) Consumer Protection Enforcement Initiative (CPEI). The data must be reported by the 15th of every month. The data reported is obtained from the previous month

Example: Monthly statistics for August 2012 are due no later than September 15, 2012.

1. Open the STATISTICS AND REPORTS FOLDER located in the [REDACTED]



2. Open the CPEI Statistics folder located at [REDACTED]



3. Once the CPEI STATISTICS folder is opened, open the CPEI STATS MASTER excel worksheet:



Monthly Statistic Itemization

- Once the CPEI STATS MASTER excel worksheet is open you will see the following tabs:

a. *Summary* –

CPEI STATS MASTER [Compatibility Mode]

Complaint Intake		Enforcement Actions	
Received	47	<i>AG Cases</i>	
Closed w/o Assignment for Investigation	0	AG Cases Initiated	0
Assigned for Investigation*	42	AG Cases Pending	6
Average Days to Close or Assign for Investigation	3	<i>SOIs/Accusations</i>	
Pending	0	SOIs Filed	0
Investigation		SOIs Withdrawn	0
<i>Desk Investigation</i>		SOIs Dismissed	0
Initial Assignment for Desk Investigation	34	SOIs Declined	0
Closed	41	Average Days to Complete SOIs	0
Average Days to Close	121	Accusations Filed	0
Pending	301	Accusations Withdrawn	0
<i>Field Investigation (Non-Sworn)</i>		Accusations Dismissed	0
Assignment for Non-Sworn Field Investigation	8	Accusations Declined	0
Closed	4	Average Days to Complete Accusations	0
Average Days to Close	81	<i>Decisions/Stipulations</i>	
Pending	225	Proposed/Default Decisions	0
<i>Field Investigation (Sworn)</i>		Stipulations	1
Assignment for Sworn Field Investigation	0	<i>Disciplinary Orders</i>	
Closed	0	Final Orders	0
Average Days to Close	0	Average Days to Complete	0
Pending	6	Interim Suspension Orders	0
<i>All Investigations</i>		<i>Citations</i>	
Closed	45	Final Citations	1
Average Days to Close	130	Average Days to Complete	125
Pending	526		
* Includes Case Reassignment			

* Includes Case Reassignment

Summary Complaint Intake Investigations Enf Actions ALL (STAT mo.) by DATE REC'D All (ST/

b. *Complaint Intake* – COMPLAINTS RECEIVED and ASSIGNED FOR INVESTIGATION:

CPEI STATS MASTER [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

Clipboard Font Alignment Number

G9

	A	B	C	D	E
1	Complaints Received				ALL COMPLAINTS RECEIVED WITHIN
2	<i>01/01/13 to 01/31/13</i>				
3					
4			DATE REC'D	COMP #	INSTITUTION NAME
5	1		1/2/13		
6	2		1/2/13		
7	3		1/4/13		
8	4		1/6/13		
9	5		1/7/13		

Summary **Complaint Intake** Investigations Enf Actions ALL {STAT mo.} by I

CPEI STATS MASTER [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

Clipboard Font Alignment Number

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	A	B	C	D	E
60					ALL COMPLAINTS ASSIGNED FOR INVESTIGATION* SORTED BY DATE ASSIGNED FOR INVESTIGATION* THIS INCLUDES COMPARISON OF YOUR STATISTICAL
61					
62	Assigned for Investigation*				
63	<i>Includes case re-assignment</i>				
64			DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
65	1		7/16/12	1/2/13	
66	2		7/10/12	1/2/13	
67	3		10/30/12	1/4/13	
68					

Summary **Complaint Intake** Investigations Enf Actions ALL {STAT mo.} by I

Ready

- c. *Investigation* – Initial Assignment for Investigation (Desk Investigation), Closed (Desk Investigation), Pending (Desk Investigation):

Initial Assignment for Investigation
Desk Investigation

ALL DESK INVE:
STATISTICAL M
SORTED BY DA

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	10/30/12	1/4/13	[REDACTED]
2	10/8/12	1/4/13	[REDACTED]
3	9/24/12	1/4/13	[REDACTED]
4	9/19/12	1/4/13	[REDACTED]

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE

Closed
Desk Investigation

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	7/19/12	8/3/12	[REDACTED]	14
2	9/28/11	8/7/12	[REDACTED]	309
3	11/17/11	8/7/12	[REDACTED]	260
4	7/19/12	8/7/12	[REDACTED]	18
5	7/18/11	8/9/12	[REDACTED]	381

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE

Pending
Desk Investigation

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	2/24/11	3/1/11	[REDACTED]
2	3/10/11	3/11/11	[REDACTED]
3	5/20/11	5/25/11	[REDACTED]
4	6/10/11	11/18/11	[REDACTED]
5	6/10/11	11/18/11	[REDACTED]

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT

cc. *Investigation* cont. - Assignment (Field Investigation (Non-Sworn)), Closed (Field Investigation (Non-Sworn)), Pending (Field Investigation (Non-Sworn)):

Assignment
Field Investigation (Non-Sworn)

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	8/6/12	8/7/12	[REDACTED]
2	8/6/12	8/10/12	[REDACTED]
3	7/18/12	8/10/12	[REDACTED]
4	8/7/12	8/15/12	[REDACTED]

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT r

Closed
Field Investigation (Non-Sworn)

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	6/4/12	8/7/12	[REDACTED]	63
2	10/7/10	8/14/12	[REDACTED]	667
3	5/18/12	8/20/12	[REDACTED]	92
4	6/19/12	8/29/12	[REDACTED]	70

Average Days to Close: **81**

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE RE

Pending
Field Investigation (Non-Sworn)

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	3/16/10	5/31/11	[REDACTED]
2	3/22/10	5/18/11	[REDACTED]
3	3/24/10	6/17/11	[REDACTED]
4	3/29/10	8/11/11	[REDACTED]
5	5/4/10	6/13/11	[REDACTED]

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT m

ccc. *Investigation* cont. - Assignment (Field Investigation (Sworn)), Closed (Field Investigation (Sworn)), Pending (Field Investigation (Sworn)):

Assignment
Field Investigation (Sworn)

NONE

▶ ▶ Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT n

Closed
Field Investigation (Sworn)

NONE

▶ ▶ Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT m

Pending
Field Investigation (Sworn)

	COMP #	DATE REC'D	DATE REF'D	INSTITUTION NAME
1	████████	9/16/10	5/12/12	████████████████████
2	████████	3/29/10	10/11/11	████████████████████

▶ ▶ Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT n

cccc. *Investigation* cont. - Closed (All Investigations), Pending (All investigations),
 Transfer for Citation ("Closed" Desk Investigation / Transfer to Discipline):

Closed
All Investigations

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	7/19/12	8/3/12	[REDACTED]	14
2	9/28/11	8/7/12	[REDACTED]	309
3	11/17/11	8/7/12	[REDACTED]	260

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE RE

Pending
All Investigations

COMP #	DATE REC'D	DATE ASSGN'D	INSTITUTION NAME
1	3/16/10	5/31/11	[REDACTED]
2	3/22/10	5/18/11	[REDACTED]
3	3/24/10	6/17/11	[REDACTED]
4	3/29/10	8/11/11	[REDACTED]

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

This is trans:

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1			
2			
3			

*Date Rec'd is the date the Bureau received the complaint.

*Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D

cccc. *Investigation* cont. – Transfer from Citation to AG, Transfer to AG, Transfer from Citation, Transfer from AG:

Transfer from Citation to AG
Formal appeals to a Citation

All CI AG's

COMP #	DATE ISSUED	DATE APPEALED	INSTITUTION NAME	DATE SENT TO AG'S
1				
2				

- *Date Issued is the date the Citation was issued.
- * Date Appealed is the date the appeal was received.
- *Date sent to AG's is the date the response to the appeal was sent to the AG's office.

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D

Transfer to AG
"Closed Desk Investigation" / Transfer to Discipline

This is all co transferring (explain late)

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1			
2			

- *Date Rec'd is the date the Bureau received the complaint.
- *Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D

Transfer from Citation
"Closed" Discipline Case / More Investigation Needed

All complaints that were s month, asking for more in

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1			
2			
3			

- *Date Rec'd is the date the citation referral was received.
- *Date Assig'd is the date the case was transferred back to an analyst for more investigation

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D / All {ST

Transfer from AG
"Closed" Discipline Case / More Investigation Needed

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME

- *Date Rec'd is the date the AG referral was received.
- *Date Assig'd is the date the case was transferred back to an analyst for more investigation

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D / All {ST

d. *Enf (Enforcement) Actions* – AG Cases (Initiated), AG Cases (Pending) SOI's Filed, SOI's Withdrawn, SOI's Dismissed, SOI's Declined:

AG Cases Initiated			
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE
1 998285	6/20/12	City Beauty College	09/17/12

ALL CASES INITIATED (SENT TO THE AG'S OFFICE) WITHIN YOUR STATISTICAL MONTH

AG Cases Pending							
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
1 [REDACTED]	8/26/10	[REDACTED]	11/14/11	Citation Appeal Hearing	N/A	N/A	9/26/2012
2 [REDACTED]	2/14/12	[REDACTED]	2/13/12	ACC	2/23/2012	9	6/21/2012
3 [REDACTED]	2/7/12	[REDACTED]	3/8/12	ACC	5/18/12	101	
4 [REDACTED]	4/3/12	[REDACTED]	5/9/2012	SOI	N/A		
5 [REDACTED]	5/1/12	[REDACTED]	5/10/2012	SOI	N/A		
6 [REDACTED]	7/10/12	[REDACTED]	7/30/2012	ACC			
7 [REDACTED]	6/20/12	[REDACTED]	9/17/2012	ACC			

Summary / Complaint Intake / Investigations / **Enf Actions** / All {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE

SOI's Filed							
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	SOI DATE	DAYS TO COMPLETE	HEARING DATE
1							

SOI's Withdrawn						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES
1						

SOI's Dismissed						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DISMISSED	NOTES
1						

SOI's Declined						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DECLINED	NOTES
1						

Summary / Complaint Intake / Investigations / **Enf Actions** / All {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE

dd. *Enf (Enforcement) Actions* cont. – Accusations Filed, Accusations Withdrawn, Accusation Dismissed, Accusations Declined, AG Cases (Decisions/Stipulations), Citations Issued:

Accusations Filed

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC DATE	DAYS TO COMPLETE	HEARING DATE
1							

Accusations Withdrawn

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES
1						

Accusations Dismissed

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DISMISSED	NOTES
1						

Accusations Declined

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DECLINED	NOTES
1						

Summary / Complaint Intake / Investigations / **Enf Actions** / ALL {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE

AG Cases

Decisions/Stipulations

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	STIP/PD/ DEFAULT REC'D	DECISION TYPE	EFFECTIVE DATE	DAYS TO COMPLETE
1								

Summary / Complaint Intake / Investigations / **Enf Actions** / ALL {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE ASSIGN'

Citations Issued

COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE
1	07/16/12		09/28/12	72

Summary / Complaint Intake / Investigations / **Enf Actions** / ALL {STA

ddd. *Enf (Enforcement) Actions* cont. – AG Cases (Closed):

AG Cases
Closed

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	STIP/PD/ DEFAULT REC'D	DECISION TYPE	CLOSURE DATE
1	1/18/2012		01/27/12	SOI	No Decision	Withdrawn	9/10/2012

Summary / Complaint Intake / Investigation / **Enf Actions** / ALL {STAT mo.} by DATE REC'D / All {STAT mo.} By DA

2. Once the complaint data has been sorted and placed into each corresponding tab you will apply that data into the appropriate tabs:

a. Complaint Intake

- i. Complaints received
- ii. Assigned for investigation

b. Investigations

- i. Initial Assignment for Investigations – Desk Investigations
- ii. Closed – Desk Investigation
- iii. Pending – Desk Investigation
- iv. Assignment – Field Investigation (Non-Sworn)
- v. Closed – Field Investigation (Non-Sworn)
- vi. Pending – Field Investigation (Non-Sworn)
- vii. Assignment – Field Investigation (Sworn)
- viii. Closed – Field Investigation (Sworn)
- ix. Pending – Field Investigation (Sworn)
- x. Closed – All Investigations
- xi. Pending – All Investigations
- xii. Transfer for Citation – “Closed” Desk Investigation / Transfer to Discipline
- xiii. Transfer from Citation to AG – Formal Appeals to a Citation
- xiv. Transfer to AG – “Closed” Desk Investigation / Transfer to Discipline
- xv. Transfer from Citation – “Closed” Discipline Case / More Investigation Needed
- xvi. Transfer from AG – “Closed” Discipline Case / More Investigation Needed

c. *Enf Actions*

- i. AG Cases - Initiated
- ii. AG Cases – Pending
- iii. SOI's Filed
- iv. SOI's Withdrawn

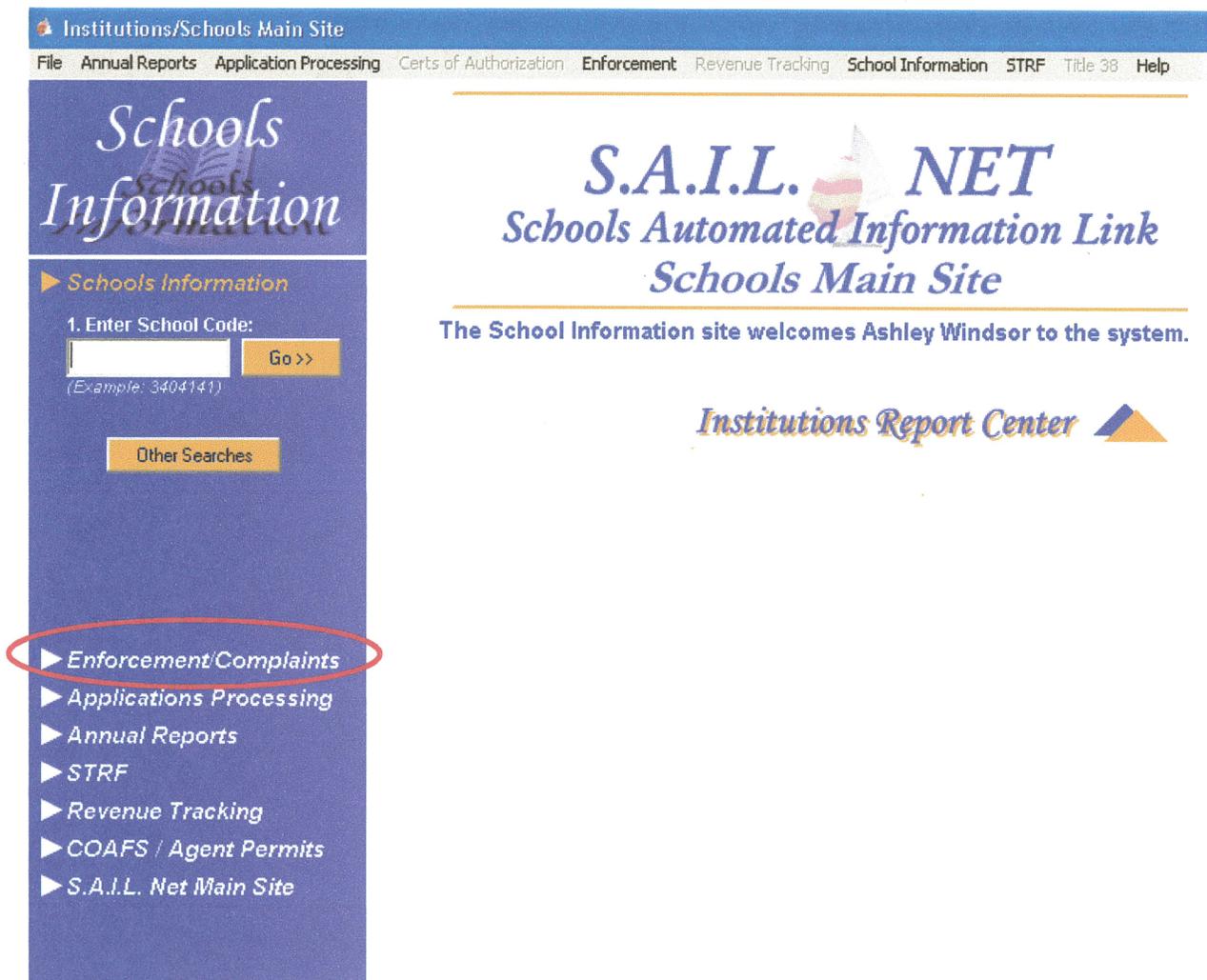
- v. SOI's Dismissed
- vi. SOI's Declined
- vii. Accusations Filed
- viii. Accusations Withdrawn
- ix. Accusations Dismissed
- x. Accusations Declined
- xi. AG Cases – Decisions/Stipulations
- xii. Citations Issued
- xiii. AG Cases - Closed

Schools Automated Information Link (S.A.I.L.) Workload Analysis Report

1. Open S.A.I.L. via the shortcut on your desktop:



2. Once S.A.I.L. is opened click on the Enforcement/Complaints section on the left side of the screen:

A screenshot of the S.A.I.L. NET web application. The browser title bar reads "Institutions/Schools Main Site". The navigation menu includes: File, Annual Reports, Application Processing, Certs of Authorization, Enforcement, Revenue Tracking, School Information, STRF, Title 38, and Help. The main content area features the "S.A.I.L. NET Schools Automated Information Link Schools Main Site" logo and a welcome message: "The School Information site welcomes Ashley Windsor to the system." Below the logo is the "Institutions Report Center" logo. On the left sidebar, under "Schools Information", there is a search form with the text "1. Enter School Code:", a text input field, a "Go >>" button, and an example "(Example: 3404141)". Below the search form is an "Other Searches" button. At the bottom of the sidebar, a list of menu items is shown: Enforcement/Complaints, Applications Processing, Annual Reports, STRF, Revenue Tracking, COAFS / Agent Permits, and S.A.I.L. Net Main Site. The "Enforcement/Complaints" item is circled in red.

3. Click on Enforcement Report Center:

Enforcement/Complaints - Main Site

File Annual Reports Application Processing Certs Of Authorization Enforcement Revenue Tracking School Information STRF Title 38 Help

Enforcement/Complaints

► Enforcement/Complaints

1. Enter Complaint Number:
 Go >>
(Example: 991088)

2. Search by School Code:
 Go >>
(Example: 1928871)

3. Search by Institution Name:

Go >>
(Example: Elite Progressive)

4. Search by Complainant Name:
 Go >>

S.A.I.L. NET

Schools Automated Information Link

Enforcement Main Site

The Enforcement and Compliance Site welcomes Ashley Windsor.

[Enforcement Staff Mailbox](#) ▲

[Enforcement Staff Current Workload](#) ▲

[Add An Enforcement File Manually](#) ▲

[Enforcement Report Center](#) ▲

4. The following screen will appear:

Enforcement Report Center

File Institutions Enforcement Help

ENFORCEMENT - Report Center

Please Provide Required Information: **Complaint #** **School Code** [Instructions](#)

<p><u>Approved/Registered Institutions</u></p> <p><input type="checkbox"/> 'No Authority' Letter - A *</p> <p><input type="checkbox"/> '10 Day Acknowledgement' Letter - B *</p> <p><input type="checkbox"/> 'Summary' Letter - C *</p> <p><input type="checkbox"/> 'No Merit Recommendation' Letter - D *</p> <p><input type="checkbox"/> 'Recommendation' Letter - E *</p> <p><input type="checkbox"/> 'Complaint Closure' Letter - F1 *</p> <p><u>Complaint Mediation Program - Pilot</u></p> <p><input type="checkbox"/> 10 Day Acknowledgement Letter</p> <p><input type="checkbox"/> Unable to Contact Letter</p> <p><input type="checkbox"/> 'Unenforceable Contract Letter'</p> <p><input type="checkbox"/> Complaint Stats by Date</p> <p><input type="checkbox"/> Complaint Transfer Letter</p> <p><input type="checkbox"/> Approved Institution Enforcement History *</p>	<p><u>Unapproved/Unregistered Activity</u></p> <p><input type="checkbox"/> '10 Day Acknowledgement' Letter *</p> <p><input type="checkbox"/> 'Initial Contact - Unapproved' Letter *</p> <p><input type="checkbox"/> 'Final Enforcement - Unapproved' Letter *</p> <p><input type="checkbox"/> 'Unenforceable Contract' Letter</p>	<p><u>Statistical/Misc Reports</u></p> <p><input type="checkbox"/> Complaint File Detail *</p> <p><input type="checkbox"/> Complaint Disposition Report *</p> <p><input type="checkbox"/> 'File Follow-Up' Report for [REDACTED]</p> <p>Complaints Received - By Date - "Aqinq Format"</p> <p><input type="checkbox"/> Consumer Complaint Form Log</p> <p><input type="checkbox"/> Detail Workload Report for [REDACTED]</p> <p><input type="checkbox"/> Summary Workload Report for [REDACTED]</p> <p><input type="checkbox"/> Detail Workload Report for All Analysts</p> <p><input type="checkbox"/> Summary Workload Report for All Analysts</p> <p><input type="checkbox"/> Workload Analysis Report - Summary (by date)</p> <p><input type="checkbox"/> Workload Analysis Report - Detail (by date)</p>
--	---	--

* Requires a Complaint #
* Requires a School Code

5. Once the previous screen is opened you will need to check the *Workload Analysis Report - Detail (by date)* option:

- Consumer Complaint Form Log
- Detail Workload Report for [REDACTED]
- Summary Workload Report for [REDACTED]
- Detail Workload Report for All Analysts
- Summary Workload Report for All Analysts
- Workload Analysis Report - Summary (by date)
- Workload Analysis Report - Detail (by date)

School Code

6. After this option is checked you will need to hit the PRINT button and a box requesting a date range will appear:

Enforcement Report Center
File Institutions Enforcement Help

ENFORCEMENT - Report Center

Please Provide Required Information: Complaint # School Code

Approved/Registered Institutions	Unapproved/Unregistered Activity	Statistical/Misc Reports
<input type="checkbox"/> 'No Authority' Letter - A *	<input type="checkbox"/> '10 Day Acknowledgement' Letter *	<input type="checkbox"/> Complaint File Detail *
<input type="checkbox"/> '10 Day Acknowledgement' Letter - B *	<input type="checkbox"/> 'Initial Contact - Unapproved' Letter *	<input type="checkbox"/> Complaint Disposition Report *
<input type="checkbox"/> 'Summary' Letter - C *	<input type="checkbox"/> 'Final Enforcement - Unapproved' Letter *	<input type="checkbox"/> 'File Follow-Up' Report for ASHLEY WINDSOR
<input type="checkbox"/> 'No Merit Recommendation' Letter - D *	<input type="checkbox"/> 'Unenforceable Contract' Letter	
<input type="checkbox"/> 'Recommendation' Letter - E *		
<input type="checkbox"/> 'Complaint Closure' Letter - F1 *		

Complaint Mediation

- 10 Day Acknowledgement
- Unable to Contact Letter
- 'Unenforceable Contract'
- Complaint Stats by Date
- Complaint Transfer Letter
- Approved Institution En

Printing: 'Workload Analysis Report - Detail'

Enter Date Range Below

Begin Date: TO End Date:

* Requires a Complaint # * Requires a School Code

- Consumer Complaint Form Log
- Detail Workload Report for [REDACTED]
- Summary Workload Report for [REDACTED]
- Detail Workload Report for All Analysts
- Summary Workload Report for All Analysts
- Workload Analysis Report - Summary (by date)
- Workload Analysis Report - Detail (by date)

7. Choosing a date range is dependent on the statistical month for which you are requesting data:

- a. Example: it is September 1, 2012 and you need to do August 2012 stats. The date range you enter would be 08/01/12 to 08/31/12 –

The screenshot shows the 'Enforcement Report Center' web application. At the top, there is a navigation bar with 'File', 'Institutions', 'Enforcement', and 'Help'. Below this is a large blue header with the text 'ENFORCEMENT - Report Center'. The main content area is divided into three columns: 'Please Provide Required Information:', 'Complaint #', and 'School Code'. There are three main sections of reports: 'Approved/Registered Institutions', 'Unapproved/Unregistered Activity', and 'Statistical/Misc Reports'. A modal dialog box titled 'Printing: Workload Analysis Report - Detail' is open, with the subtitle 'Enter Date Range Below'. It contains two input fields: 'Begin Date:' with the value '08/01/12' and 'End Date:' with the value '08/31/12', separated by 'TO'. A 'Print Report' button is located at the bottom of the dialog. The background interface shows various report options with checkboxes, such as '10 Day Acknowledgement Letter - A', 'Complaint File Detail', and 'Workload Analysis Report - Detail (by date)' which is checked.

8. Click the Print Report button and the following *Printing Records* box should appear:

The screenshot shows a 'Printing Records' dialog box. It contains the following text: 'Copy: 1', 'Printing Page 1', and a 'Cancel Printing' button. At the bottom of the dialog, there is a 'Print Report' button, which is highlighted with a red box.

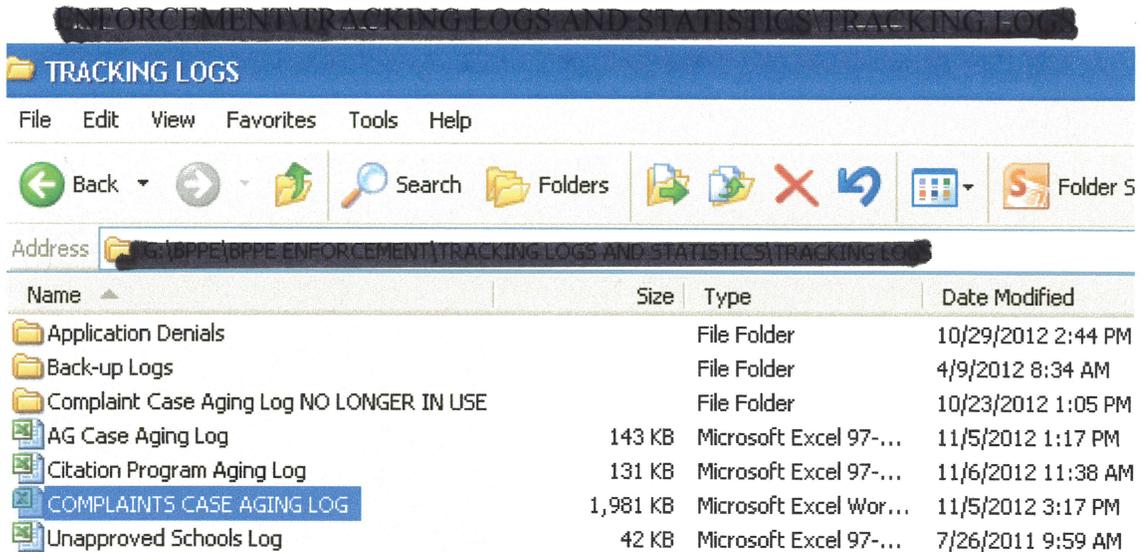
9. After you pick the report up from the printer you will notice the following reports have printed (see example print out):
 - a. Workload Analysis – Enforcement – Complaints (Against Approved Institutions) Processed
 - b. Workload Analysis – Enforcement – Complaints (Against Approved Institutions) Received
 - c. Workload Analysis – Enforcement – Complaints (Against Unapproved Institutions) Received: No data on this report is normal
 - d. Workload Analysis – Enforcement – Complaints (Against Unapproved Institutions) Processed: No data on this report is normal

10. Use the reports to compare with the monthly statistical data breakdown sheets.

Compare complaint data with statistical data breakdown sheets

1. You will use the following log to accumulate complaint data:

a. Complaint Case Aging Log – located at [REDACTED]



2. Enter the data on the “statistical data breakdown” tabs in the CPEI STATS MASTER excel worksheet:

a. All {STAT mo.} by DATE REC'D & All {STAT mo.} by DATE ASSIGN'D

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
2	1	LS	9/1/12	9/10/12		51	[REDACTED]	[REDACTED]
3	1	LK	9/4/12	9/7/12		48	[REDACTED]	[REDACTED]
4	1	BC	9/4/12	9/10/12		48	[REDACTED]	[REDACTED]
5	0	IA	9/5/12	9/5/12	9/5/12	0	[REDACTED]	[REDACTED]
6	1	BC	9/5/12	9/7/12		47	[REDACTED]	[REDACTED]
7	1	JJ	9/6/12	9/10/12		46	[REDACTED]	[REDACTED]
8	1	AW	9/6/12	9/7/12		46	[REDACTED]	[REDACTED]
<p align="center"> ALL {STAT mo.} by DATE REC'D All {STAT mo.} By DATE ASSIGN'D </p>								

b. DESK Invest. DATE ASSIGN'D & ALL complaints CLOSED in {STAT mo.}

	I	J	K
T	INSTITUTION NAME	LOCATION	REGION
	[REDACTED]	Hanford	
	[REDACTED]	San Francisco	N. CA
	[REDACTED]	pinole	
	[REDACTED]	Sacramento	N. CA
	[REDACTED]	Los Angeles	S. CA
	[REDACTED]	Campbell	
	[REDACTED]	Moreno Valley	S. CA
	DESK Invest. DATE ASSIGN'D	ALL complaints CLOSED - STAT mo	

c. DESK Investigations CLOSED & ALL {stat month} PENDING

F	G	H	I	J
ASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME	LOCATION
106	[REDACTED]	Licensing	[REDACTED]	Berkeley
178	[REDACTED]	[REDACTED]	[REDACTED]	San Francisco
178	[REDACTED]	[REDACTED]	[REDACTED]	San Francisco
51	[REDACTED]	[REDACTED]	[REDACTED]	Orange County
mo	DESK Investigations CLOSED	ALL {stat month} PENDING	DESK PENDING	

d. DESK PENDING-DATE REC'D & FIELD Invest. DATE ASSIGN'D

E	F	G	H	I
DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME
	936	[REDACTED]	[REDACTED]	[REDACTED]
	930	[REDACTED]	[REDACTED]	[REDACTED]
	928	[REDACTED]	[REDACTED]	[REDACTED]
	923	[REDACTED]	[REDACTED]	[REDACTED]
	888	[REDACTED]	[REDACTED]	[REDACTED]
PENDING	881	990840 Students	Healthcare Education Advancement Center	FIELD Invest. DATE ASSIGN'D
	DESK PENDING-DATE REC'D	FIELD Invest. DATE ASSIGN'D	FIELD Inves	

e. FIELD Investigations CLOSED & FIELD PENDING-DATE REC'D

	J	K	L	M	N	O	P	Q	T
ME	LOCATION	REGION	SCHOOL STATUS	SCHOOL CODE	APP #	ALLEGED VIOLATION	STATUS	CURRENT DATE	
[REDACTED]	Sacramento	N. CA	A	[REDACTED]				10/22/12	
	San Diego	S. CA	A	[REDACTED]				10/22/12	
	Campbell		A	[REDACTED]				10/22/12	
	Santa Ana		A	[REDACTED]				10/22/12	
	Bakersfield							10/22/12	
								10/22/12	
	[REDACTED]	S. CA	A	[REDACTED]				10/22/12	
ND	FIELD Investigations CLOSED		FIELD PENDING-DATE REC'D						

Applying complaint data to statistical data breakdown sheets:

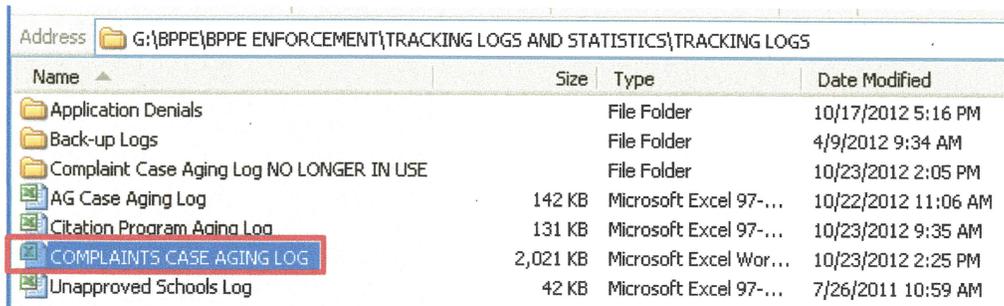
ALL {STAT mo.} BY DATE REC'D

1. Open the Complaint Case Aging Log:

- a. Open the TRACKING LOGS folder, located in the **BPPE ENFORCEMENT FOLDER** in the G DRIVE:



- b. Open the COMPLAINTS CASE AGING LOG excel worksheet located in the TRACKING LOGS folder:



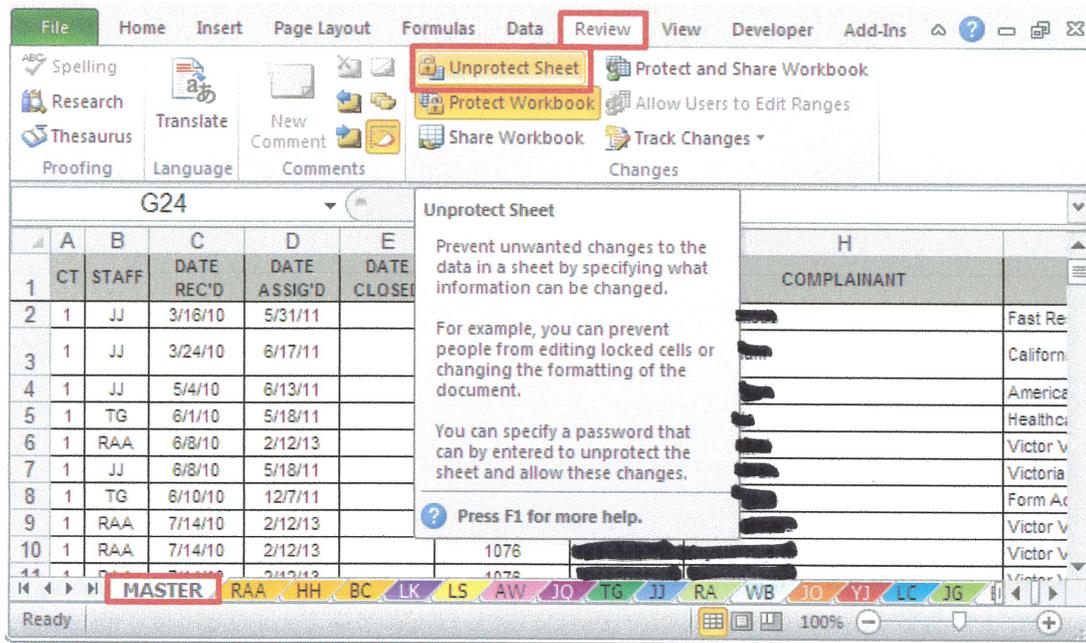
- c. Once the COMPLAINTS CASE AGING LOG spreadsheet is opened go to the Master Tab and continue with the following directions:

The screenshot shows an Excel spreadsheet with the following columns: CT, STAFF, DATE REC'D, DATE ASSIG'D, DATE CLOSED, CASE AGE (in days), COMP #, and COMPLAINANT. The 'MASTER' tab is highlighted with a red box.

	A	B	C	D	E	F	G	H
	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
2	1	JJ	3/18/10	5/31/11		937		
3	1	JJ	3/22/10	5/18/11		931		
4	1	JJ	3/24/10	6/17/11		929		
5	1	JJ	3/29/10	8/11/11		924		
6	1	JJ	5/4/10	6/13/11		889		
7	1	TG	6/1/10	5/18/11		862		
8	1	JJ	6/8/10	6/15/11		855		
9	1	JJ	6/8/10	5/18/11		855		
10	1	TG	6/10/10	12/7/11		853		
11	1	JJ	7/14/10	6/15/11		819		
12	1	JJ	7/14/10	6/15/11		819		
13	1	JJ	7/14/10	6/15/11		819		
14	1	JJ	7/27/10	8/12/11		808		
15	1	JJ	8/1/10	8/1/11		801		

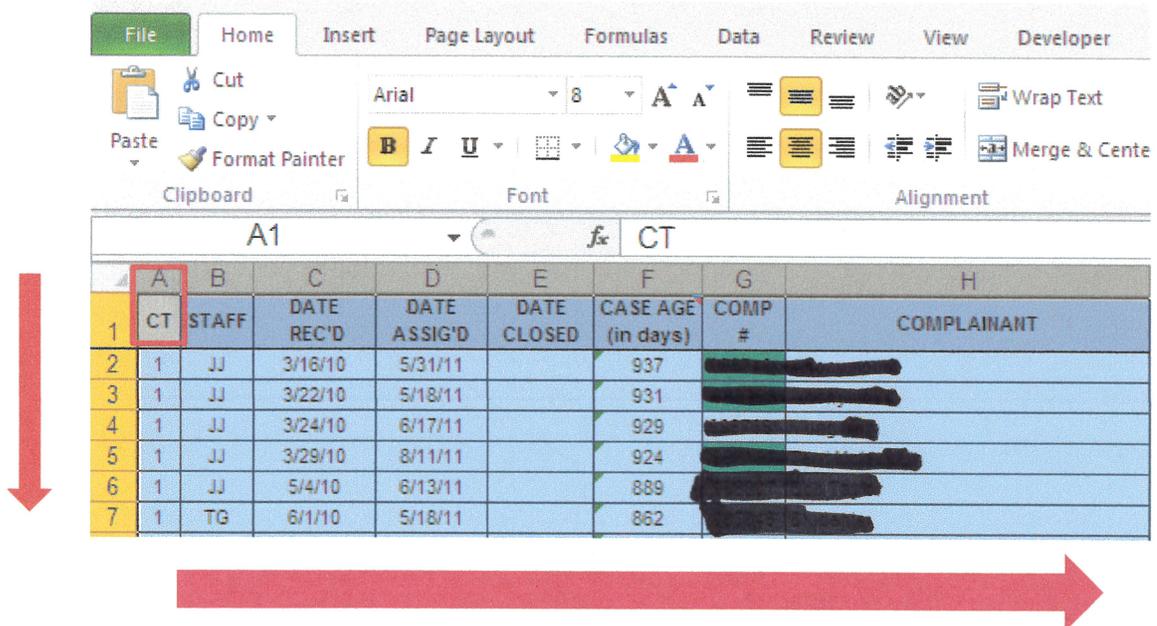
2. Unprotect the Master Tab Sheet:

- a. Choose the Review option
- b. Choose the Unprotect Sheet option
- c. Enter the password, twice,— ask your supervisor for the password

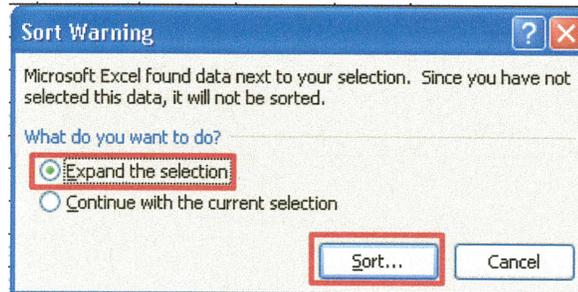


3. Once the sheet is unprotected Cut all closed complaints from the Master Tab and paste onto the Closed tab:

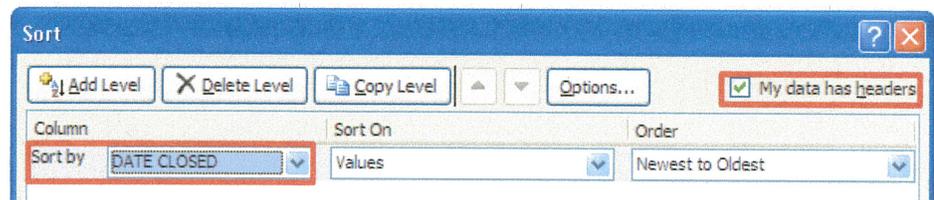
- a. Sort the Mater tab by Date Closed –
 - i. Highlight columns by placing the mouse over the A in the first column, left click and hold down while dragging your mouse to the right until you are over the column Q (the last column) release the mouse:



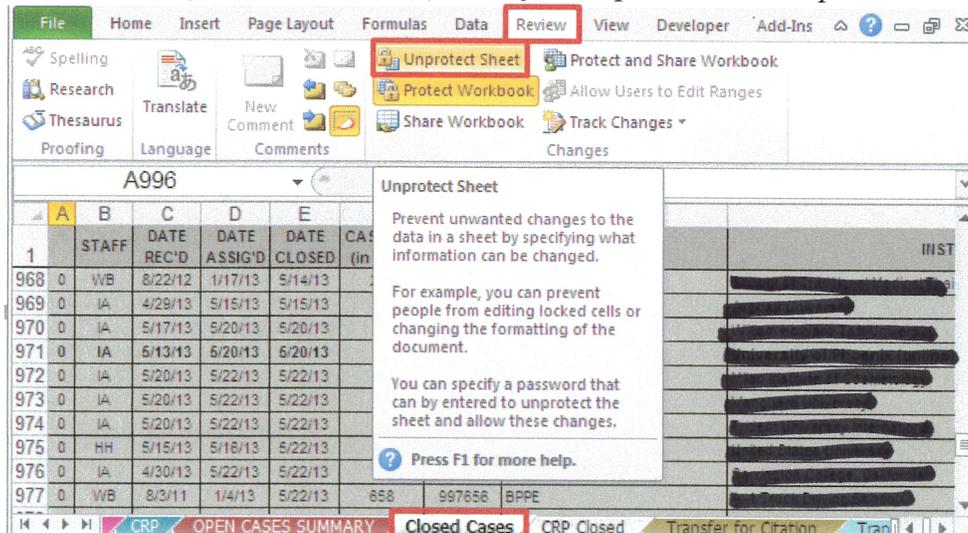
- ii. Once the data is highlighted sort the data by DATE CLOSED –
 1. Choose the DATA option on the menu at the top of the screen
 2. Click on Column E – DATE CLOSED
- iii. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:



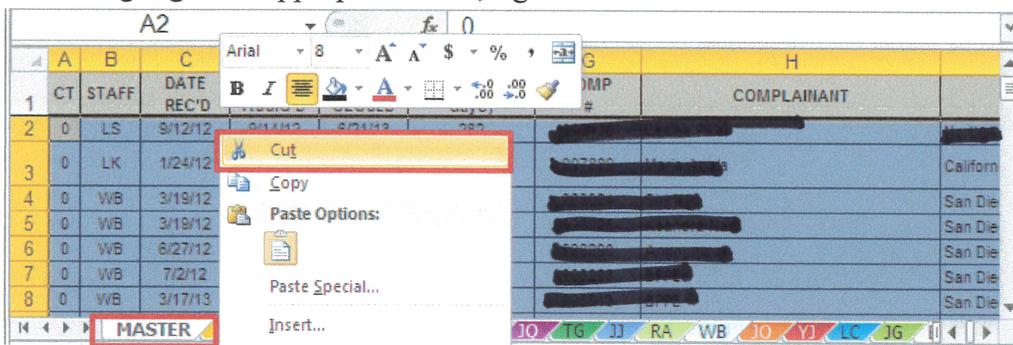
- iv. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE closed as the Sort By option and hit OK:



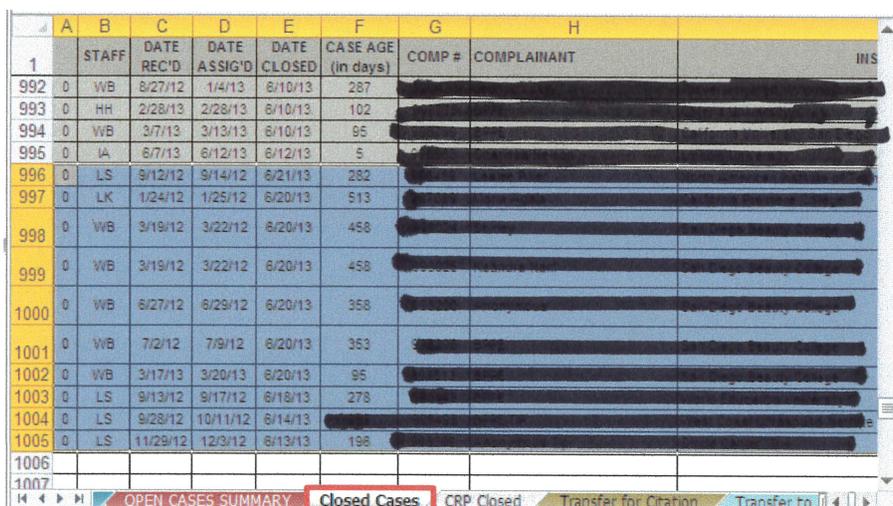
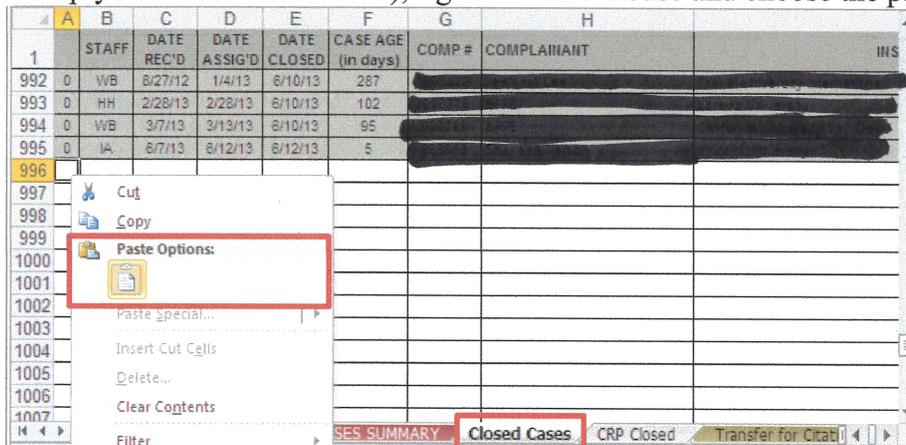
- 4. Once the data is sorted go to the Closed Complaints tab and Unprotect the Closed Cases tab Sheet:
 - a. Choose the Review option
 - b. Choose the Unprotect Sheet option
 - c. Enter the password in (twice) – ask your supervisor for the password



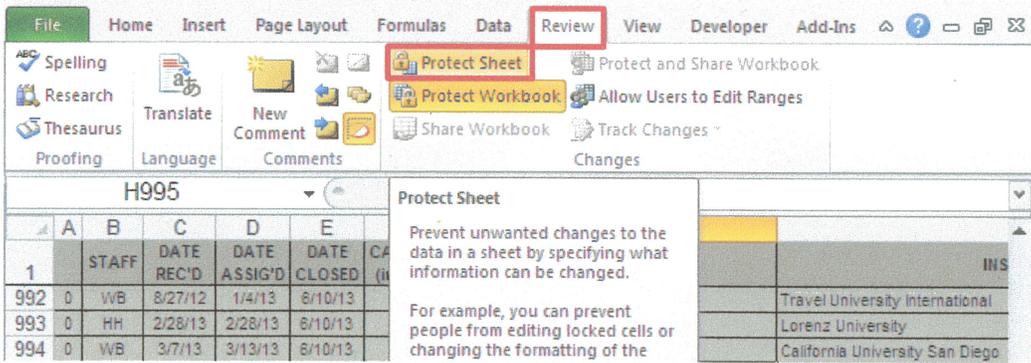
5. Once you have unlocked the Closed Complaints tab return to the Master tab and CUT all complaint data that has a closure date –
 - d. Highlight the appropriate rows, right click the mouse and choose the CUT option



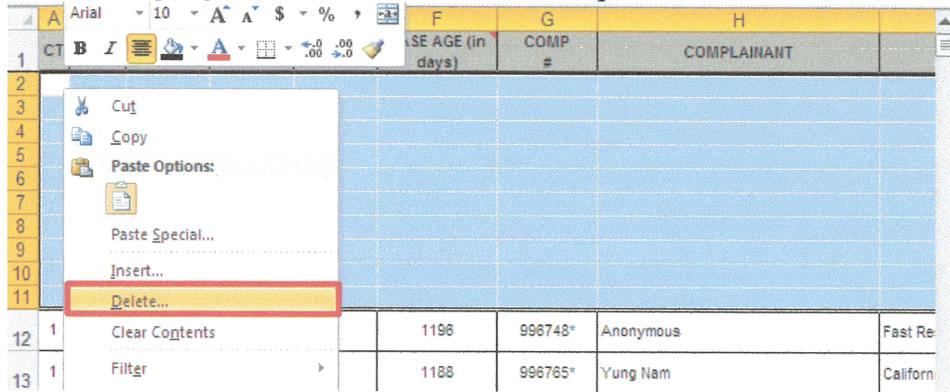
6. Go back to the Closed Cases Tab, scroll to the bottom of the data to the first available row (the first empty row with no data in it), right click the mouse and choose the paste option:



7. Hit the save button and protect the sheet (ask your supervisor for the worksheet password):
 - a. Choose the REVIEW option at the top of the screen
 - b. Choose the Protect Sheet Option
 - c. Enter the correct Password (twice)



8. Return to the Master Tab, the rows you just cut will still be highlighted, right click the mouse over the highlighted rows, choose the delete option. This will eliminate these rows -



9. Next, highlight Columns A through Column Q on the Master Tab:
 - a. Highlight columns by placing the mouse over the A in the first column, left click and hold down while dragging your mouse to the right until you are over the column Q (the last column) release the mouse:

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
2	1	JJ	3/16/10	5/31/11		937	998748*	Anonymous
3	1	JJ	3/22/10	5/18/11		931	998748*	Anonymous
4	1	JJ	3/24/10	6/17/11		929	998748*	Anonymous
5	1	JJ	3/29/10	8/11/11		924	998748*	Anonymous
6	1	JJ	5/4/10	6/13/11		889	998748*	Anonymous
7	1	TG	6/1/10	5/18/11		862	998748*	Anonymous

e. Right click the mouse and choose copy:

	L	M	N	O	P	Q	R	S
1	SCHOOL STATUS	SCHOOL CODE	APP #	ALLEGED VIOLATION	STATUS	CURRENT DATE		Agin
2		[REDACTED]				10/23/12		0-30
3		[REDACTED]				10/23/12		31-60
4	A	[REDACTED]				10/23/12		61-90
5	A	[REDACTED]						91-12
6		[REDACTED]						121-15
7	A	[REDACTED]						151-18
8	A	[REDACTED]				10/23/12		181-21
9		[REDACTED]				10/23/12		211-24
10	UA/AP	[REDACTED]				10/23/12		241-27
11	A	[REDACTED]				10/23/12		271-30
12	A	[REDACTED]				10/23/12		301-33
13	A	[REDACTED]				10/23/12		331-36
14	AP	[REDACTED]	17965			10/23/12		361-39
15	A	[REDACTED]				10/23/12		391-42
16	A	[REDACTED]				10/23/12		421-45
17	A	[REDACTED]				10/23/12		451-48

10. Go back to the CPEI STATS MASTER excel worksheet and paste the information you just collected from the COMPLAINT CASE AGING LOG - MASTER TAB into the sort PAGE for Master Log tab:

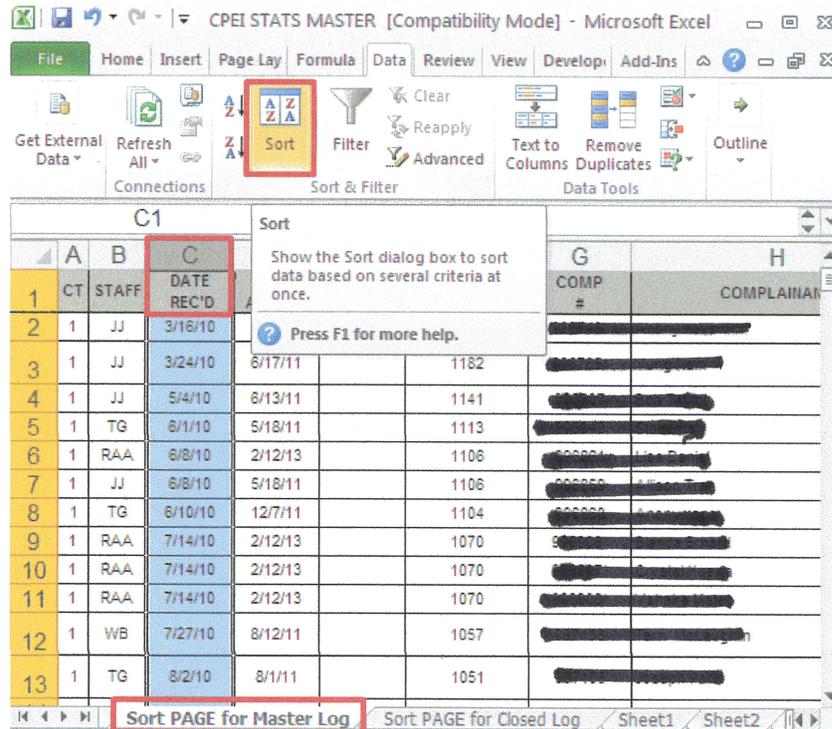
a. Right click column A and hit Paste:

	A	B	C	D	E	F	G	H
1	CT	DATE	DATE G'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	
2	1				1189	[REDACTED]	[REDACTED]	
3	1				1181	[REDACTED]	[REDACTED]	
4	1				1140	[REDACTED]	[REDACTED]	
5	1				1112	[REDACTED]	[REDACTED]	
6	1				1105	[REDACTED]	[REDACTED]	
7	1				1105	[REDACTED]	[REDACTED]	
8	1				1103	[REDACTED]	[REDACTED]	
9	1				1069	[REDACTED]	[REDACTED]	
10	1				1069	[REDACTED]	[REDACTED]	
11	1				1069	[REDACTED]	[REDACTED]	
12	1				1056	[REDACTED]	[REDACTED]	
13	1				1050	[REDACTED]	[REDACTED]	

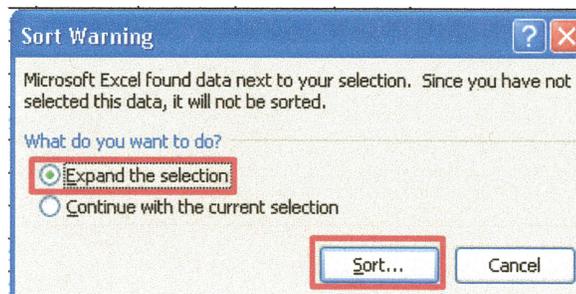
ENF ACTION BRKDOWN / ENF Cases / **Sort PAGE for Master Log** / Sort PAGE

11. Once the data is Pasted sort the data by DATE REC'D:

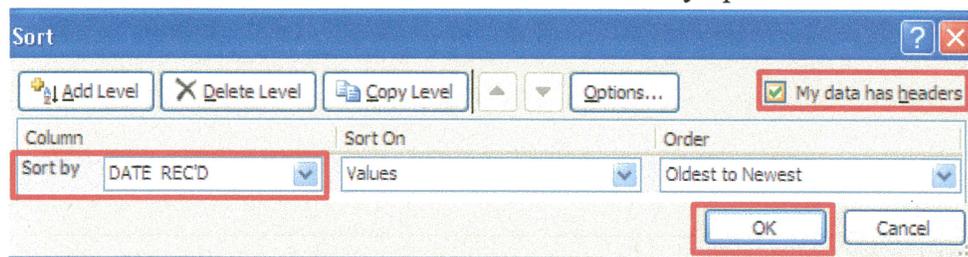
- a. Choose the DATA option on the menu at the top of the screen
- b. Click on Column C – DATE REC'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:

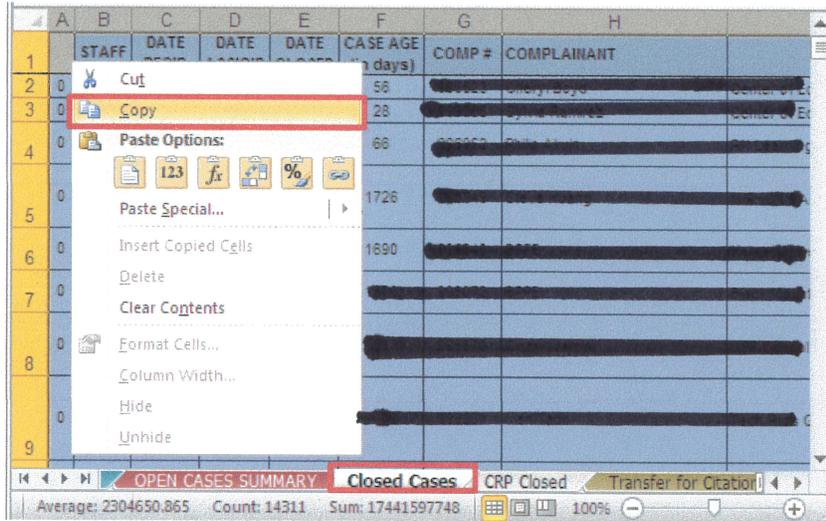


- e. In the Sort box, click the box by "My data has headers" and underneath the Column section choose DATE REC'D as the Sort By option and hit OK:



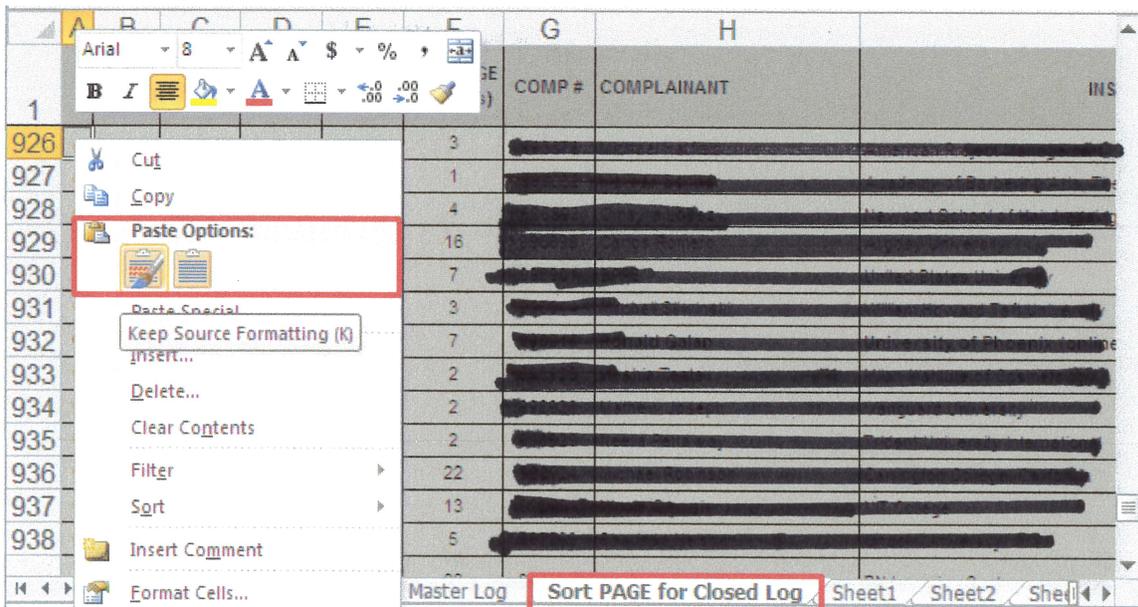
12. Return to the COMPLAINT CASE AGING log and copy the Closed Cases tab:

- a. Once on the Closed Cases tab highlight Columns A through Column Q by placing the mouse over the A in the first column, left click and hold down while dragging your mouse to the right until you are over the column Q (the last column) release the mouse.
- b. Right click the mouse and choose copy:



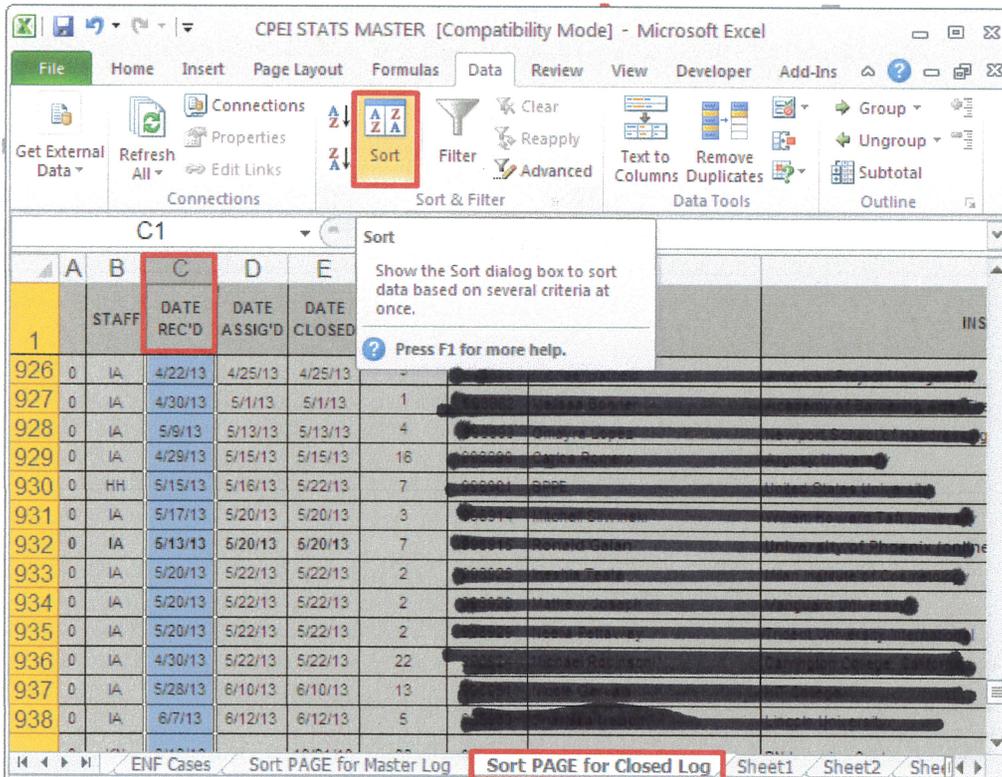
13. Go back to the CPEI STATS MASTER excel worksheet and paste the information you just collected from the COMPLAINT CASE AGING LOG – CLOSED CASES tab into the sort PAGE for Closed Log tab:

- a. Right click underneath column A “CT” and hit Paste:

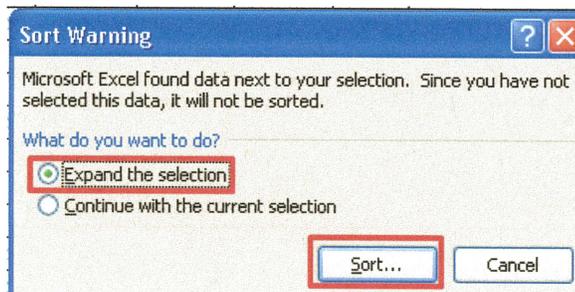


14. Once the data is Pasted sort the data by DATE REC'D:

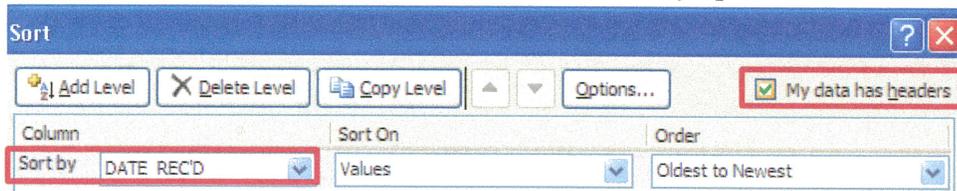
- a. Choose the DATA option on the menu at the top of the screen
- b. Click on Column C – DATE REC'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:



- e. In the Sort box, click the box by "My data has headers" and underneath the Column section choose DATE REC'D as the Sort By option and hit OK:



15. After the data has been sorted, copy and paste all data that has a DATE REC'D within your statistical month from the Sort PAGE for Master Log tab **AND** the Sort Page for Closed Log tab to the ALL {STAT mo.} BY DATE REC'D tab:

b. Example – the statistical month you are obtaining stats for is May 2013. So highlight and copy any data that has a DATE REC'D date from 05/01/2013 to 05/31/2013 -

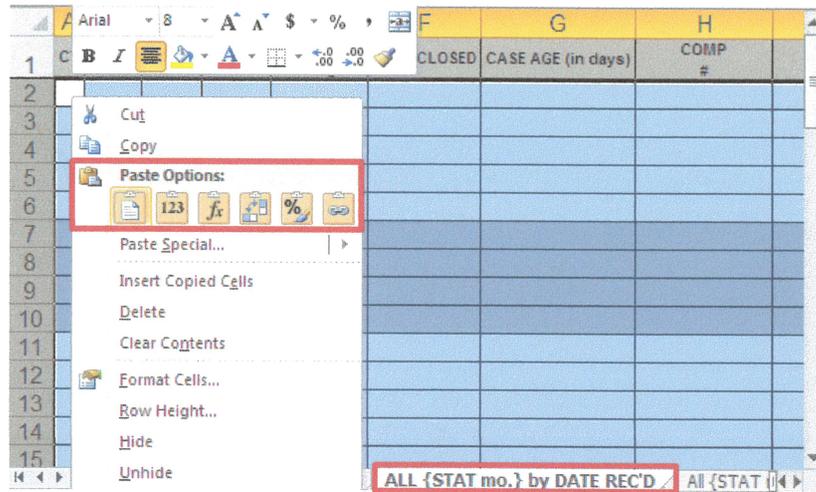
	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
639	1	JG	4/30/13	5/1/13		49		
640	1	WB	5/1/13	5/6/13		48		
641	1	JJ	5/1/13	5/6/13		48		
642	1	AW	5/2/13	5/6/13		47		
643	1	LK	5/2/13	5/6/13		47		
644	1	HH	5/2/13	5/6/13		47		
645	1	WB	5/2/13	5/20/13		47		
646	1	JJ	5/3/13	5/15/13		46		
647	1	TG	5/6/13	5/16/13		43		
648	1	AW	5/7/13	5/16/13		42		
649	1	LS	5/9/13	5/16/13		40		
650	1	RAA	5/9/13	5/16/13		40		
651	1	LS	5/10/13	5/20/13		39		

	A	B	C	D	E	F	G	H
1	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INS
931	0	IA	5/17/13	5/20/13	5/20/13	3		
932	0	IA	5/13/13	5/20/13	5/20/13	7		
933	0	IA	5/20/13	5/22/13	5/22/13	2		
934	0	IA	5/20/13	5/22/13	5/22/13	2		
935	0	IA	5/20/13	5/22/13	5/22/13	2		
936	0	IA	4/30/13	5/22/13	5/22/13	22		
937	0	IA	5/28/13	6/10/13	6/10/13	13		
938	0	IA	6/7/13	6/12/13	6/12/13	5		
939	0	KN	8/16/10		10/21/10	66		

c. Once the data is highlighted in each perspective tab right click the mouse and choose the copy option for each tab (you must do one tab at a time) –

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
639	1	JG	4/30/13	5/1/13		49		
640	1	WB	5/1/13	5/6/13		48		
641	1	JJ	5/1/13	5/6/13		48		
642	1	AW	5/2/13	5/6/13		47		
643	1	LK	5/2/13	5/6/13		47		

- d. Go to the ALL {STAT mo.} BY DATE REC'D tab, right click the mouse under the first column titled CT and choose the Paste option (do this for both the Sort PAGE for Master Log tab & the SORT Page for Closed Log tab) pasting the data under each other –



This is from the Sort PAGE for Master Log Tab. →

This is from the Sort PAGE for Closed Log Tab. →

1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMP
50	1	CRP	5/28/13	6/11/13		23			
51	1	CRP	5/29/13	6/4/13		22			
52	1	LS	5/29/13	6/4/13		22			
53	1	WB	5/29/13	6/19/13		22			
54	0	IA	5/9/13	5/13/13	5/13/13	4			
55	0	IA	5/13/13	5/20/13	5/20/13	7			
56	0	HH	5/15/13	5/16/13	5/22/13	7			
57	0	IA	5/17/13	5/20/13	5/20/13	3			
58	0	IA	5/20/13	5/22/13	5/22/13	2			
59	0	IA	5/20/13	5/22/13	5/22/13	2			
60	0	IA	5/20/13	5/22/13	5/22/13	2			

16. Once the data is pasted check that information against the Workload Analysis – Enforcement – Complaints (Against Approved Institutions) Received print out from S.A.I.L.

17. If the data doesn't match up, verify in S.A.I.L. what happened to the complaint that has the discrepancy:

- a. Discrepancy types:

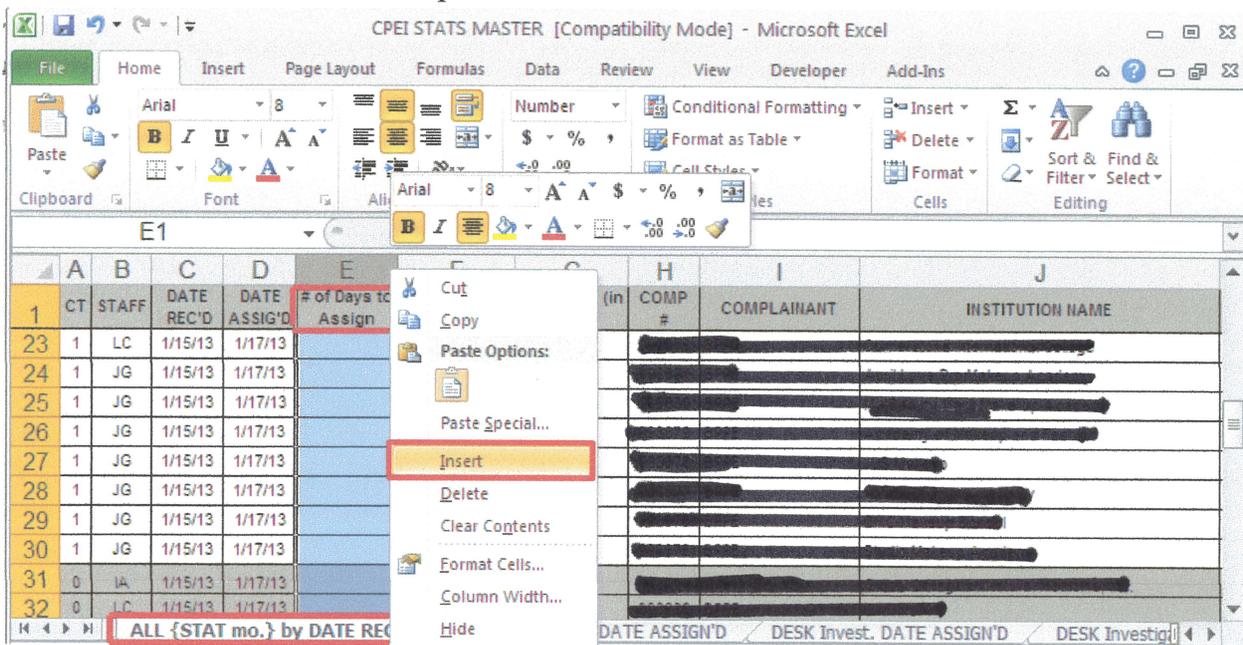
- i. Complaint is on S.A.I.L. printout but not on in COMPLAINT CASE AGING LOG – note the discrepancy and inform the Complaint & Investigations OT and your supervisor.
- i. Complaint is in COMPLAINT CASE AGING LOG but not in S.A.I.L. – tell supervisor and ask for further instruction

- ii. Errors on log such as incorrect complaint number, incorrect dates (assigned, closure, reassignment, etc.) - note the discrepancy and inform the Complaint & Investigations OT and your supervisor.

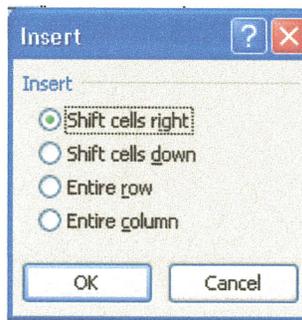
18. Once all the information on the S.A.I.L. prinout matches the ALL {STAT mo.} by DATE REC'D tab save your work (you should periodically save your work).

19. There is a column titled "# of Days to Assign". Once you have accomplished the above tasks do the following:

- a. Highlight cell 2 within column E "# of Days to Assign" and scroll down.
- b. When you reach the last date release the mouse then right click the mouse.
- c. Choose the insert option



- d. The following box will appear, make sure the "Shift cells right" option in the Insert area is chosen, hit OK -



- e. Once the cells are moved over you will need to insert the following equation in Column E, Row 2: =sum(D2-C2):

1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINT	INSTITUTION NAME
2	1	LK	1/2/13	1/17/13	=sum(D2-C2)		58		[REDACTED]	[REDACTED]
3	1	LS	1/2/13	1/17/13			58		[REDACTED]	[REDACTED]
4	1	LS	1/4/13	1/10/13			56		[REDACTED]	[REDACTED]

f. Hit enter:

1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINT
2	1	WB	5/1/13	5/6/13	1/5/00		51		[REDACTED]
3	1	JJ	5/1/13	5/6/13			51		[REDACTED]
4	1	AW	5/2/13	5/6/13			50		[REDACTED]

g. If when you hit enter a date appears and not a number you will need to format the cell (and most likely the other cells as well) –

i. Right click on the cell, choose the Format Cells option

1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINT
2	1	WB	5/1/13	5/6/13	1/5/00		51		[REDACTED]
3	1	JJ	5/1/13	5/6/13			51		[REDACTED]
4	1	AW	5/2/13	5/6/13			50		[REDACTED]
5	1	LK	5/2/13	5/6/13					[REDACTED]
6	1	HH	5/2/13	5/6/13					[REDACTED]
7	1	WB	5/2/13	5/20/13					[REDACTED]
8	1	JJ	5/3/13	5/15/13					[REDACTED]
9	1	TG	5/6/13	5/16/13					[REDACTED]
10	1	AW	5/7/13	5/16/13					[REDACTED]
11	1	LS	5/9/13	5/16/13					[REDACTED]
12	1	RAA	5/9/13	5/16/13					[REDACTED]
13	1	LS	5/10/13	5/20/13					[REDACTED]
14	1	LS	5/10/13	5/21/13					[REDACTED]

ii. The following box will appear, choose the Number option and enter the decimal place as 0:

Format Cells dialog box:

- Number tab selected
- Category: Number
- Sample: 5
- Decimal places: 0

h. Enter this equation into all the additional rows within column E:

i. Click the bottom right corner of cell E2 and drag down until you reach the last row of data.

ii. Release the mouse and the cells will automatically fill in:

	A	B	C	D	E	F	G	H	I
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
2	1	WB	5/1/13	5/6/13	5		51		
3	1	JJ	5/1/13	5/6/13			51		
4	1	AW	5/2/13	5/6/13			50		
5	1	LK	5/2/13	5/6/13			50		
6	1	HH	5/2/13	5/6/13			50		
7	1	WB	5/2/13	5/20/13			50		
8	1	JJ	5/3/13	5/15/13			49		
9	1	TG	5/6/13	5/16/13			46		
10	1	AW	5/7/13	5/16/13			45		
11	1	LS	5/9/13	5/16/13			43		
12	1	RAA	5/9/13	5/16/13			43		
13	1	LS	5/10/13	5/20/13			42		
14	1	LS	5/10/13	5/21/13			42		

	A	B	C	D	E	F	G	H	I	J
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME
40	1	WB	1/22/13	1/28/13	6		38			
41	1	CRP	1/22/13	1/31/13	9		38			
42	0	IA	1/22/13	1/31/13	9	1/31/13	9			
43	1	LC	1/24/13	1/28/13	4		36			
44	1	JG	1/25/13	1/28/13	3		35			
45	0	IA	1/25/13	1/31/13	6	1/31/13	6			
46	0	IA	1/25/13	2/5/13	11	2/5/13	11			
47	0	IA	1/25/13	2/8/13	14	2/8/13	14			
48	1	LS	1/28/13	1/28/13	0		32			
49	1	LS	1/28/13	2/11/13	14		32			
50	1	CRP	1/29/13	1/31/13	2		31			

i. Next average the numbers to determine the average number of days it takes for a complaint to be assigned:

i. Click on the the empty cell underneath the # of Days to Assign column

- ii. Click on the arrow by the Σ in the Editing section of the Excel Spreadsheet and choose the Average option:

The screenshot shows the Excel ribbon with the 'Editing' section expanded. The 'Average' option is highlighted in a red box. Below the ribbon, a spreadsheet is visible with columns A through I. The 'Average' dropdown menu is open, showing options like 'Sum', 'Average', 'Count Numbers', 'Max', 'Min', and 'More Functions...'. The 'Average' option is selected and highlighted in yellow.

	A	B	C	D	E	F	G	H	I
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
50	1	CRP	1/29/13	1/31/13	2		31		
51	0	YJ	1/29/13	1/31/13	2	2/1/13	3		
52	1	JG	1/29/13	2/8/13	10		31		
53	1	LC	1/29/13	2/8/13	10		31		
54	1	CRP	1/29/13	2/13/13	15		31		
55	1	JJ	1/31/13	2/5/13	5		29		
56	1	CRP	1/31/13	2/11/13	11		29		
57									

The screenshot shows the same spreadsheet as above, but now the formula `=AVERAGE(E2:E56)` is entered in cell E57. The formula bar at the top shows the formula. The spreadsheet data is the same as in the previous screenshot.

	A	B	C	D	E	F	G	H	I	J
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME
50	1	CRP	1/29/13	1/31/13	2		31	998703		
51	0	YJ	1/29/13	1/31/13	2	2/1/13	3	998702		
52	1	JG	1/29/13	2/8/13	10		31			
53	1	LC	1/29/13	2/8/13	10		31			
54	1	CRP	1/29/13	2/13/13	15		31			
55	1	JJ	1/31/13	2/5/13	5		29			
56	1	CRP	1/31/13	2/11/13	11		29			
57					=AVERAGE(E2:E56)					

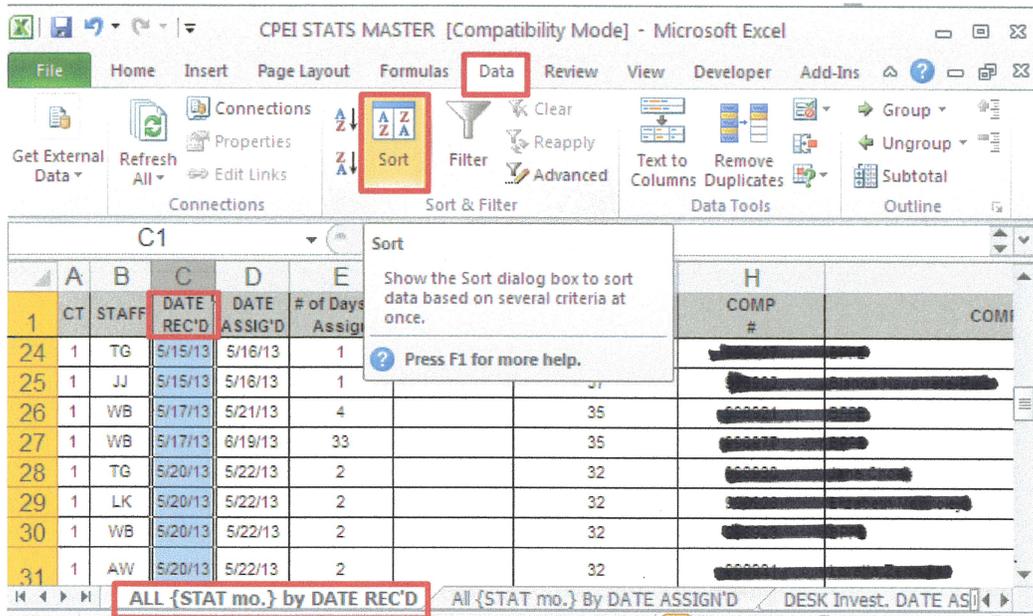
- iii. Hit enter (if the averaged number is in date form you will need to format the cell. Use the above directions 12 g i – ii for help):

The screenshot shows the spreadsheet after the formula has been executed. The result of the average calculation, `1/7/00`, is displayed in cell E57. The formula bar at the bottom shows the formula `ALL {STAT mo.} by DATE REC'D`.

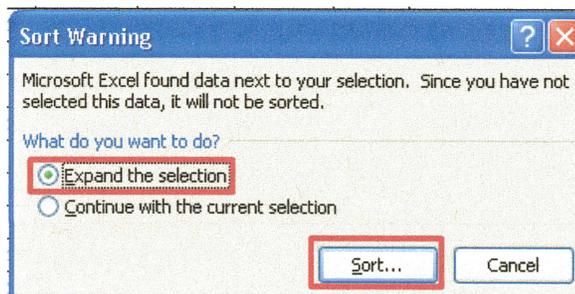
60	0	IA	5/20/13	5/22/13	2	5/22/13	2			
61	0	IA	5/28/13	6/10/13	13	6/10/13	13			
62	0	IA	6/7/13	6/12/13	5	6/12/13	5			
63					1/7/00					

20. Sort the data by DATE ASSIGN'D:

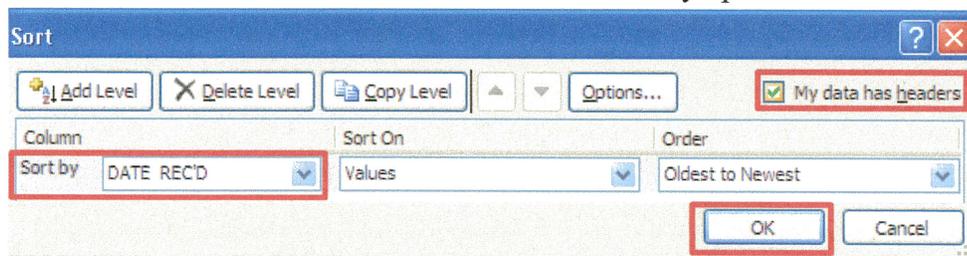
- a. Choose the DATA option on the menu at the top of the screen
- b. Click on Column C – DATE REC'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:



- e. In the Sort box, click the box by "My data has headers" and underneath the Column section choose DATE REC'D as the Sort By option and hit OK:

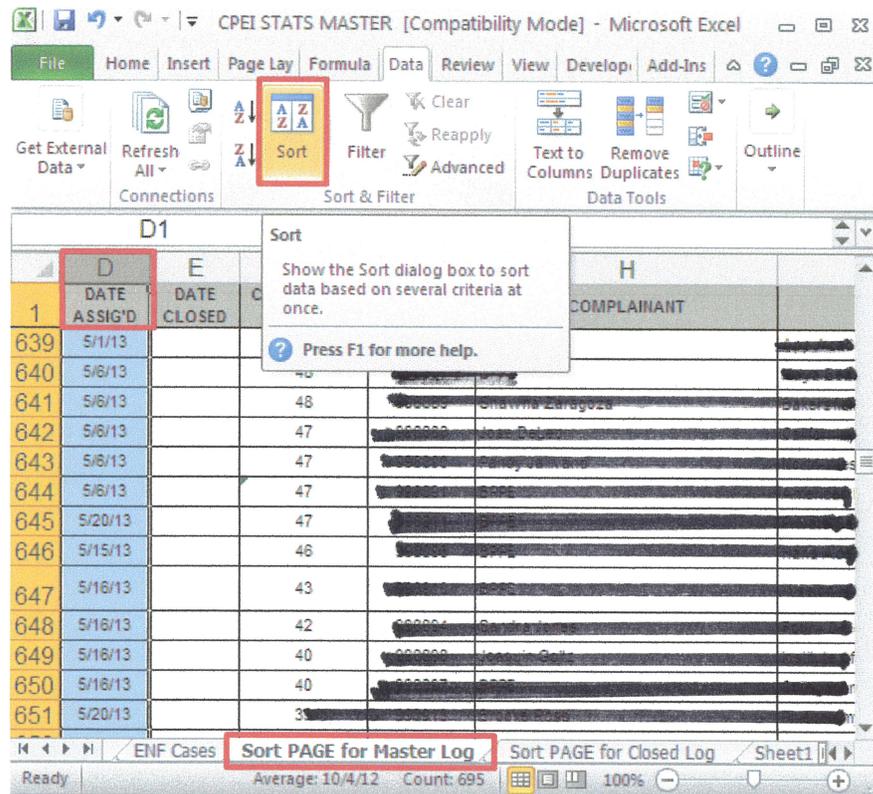


21. Save you work (you should periodically save your work).

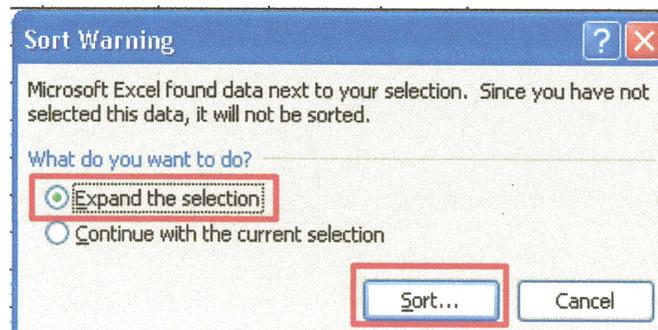
Applying complaint data to statistical data breakdown sheets:

All {STAT mo.} BY DATE ASSIGN'D

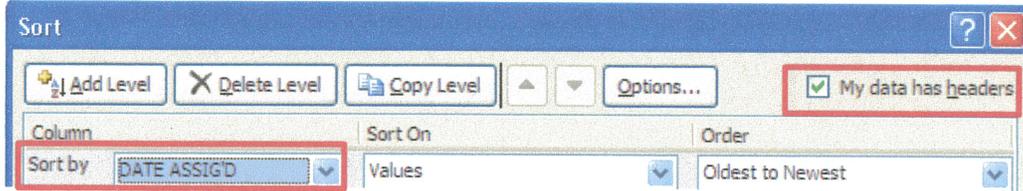
1. Go back to the Sort PAGE for Master Log tab and sort the data by DATE ASSIGN'D:
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column D – DATE ASSIGN'D
 - c. Click the SORT option



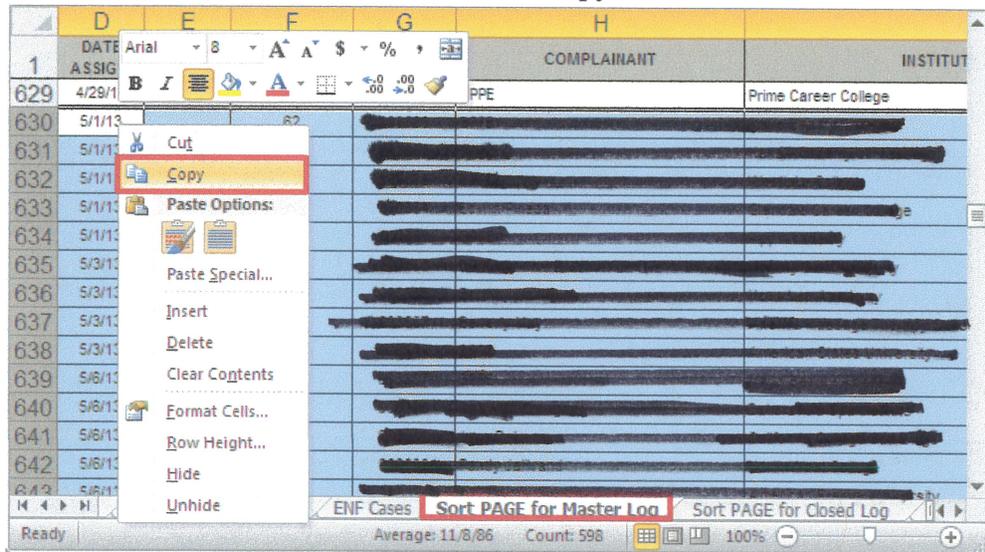
- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:



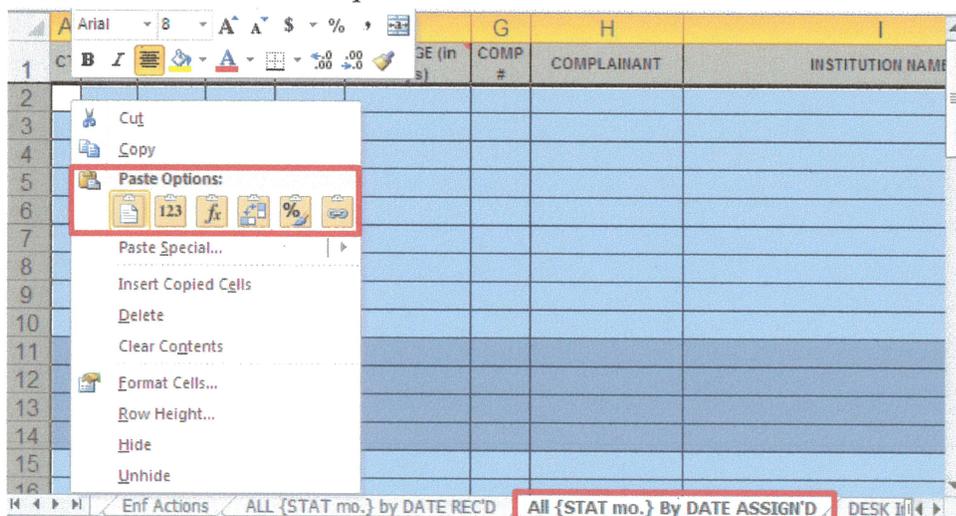
- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE ASSIG'D as the Sort By option and hit OK:



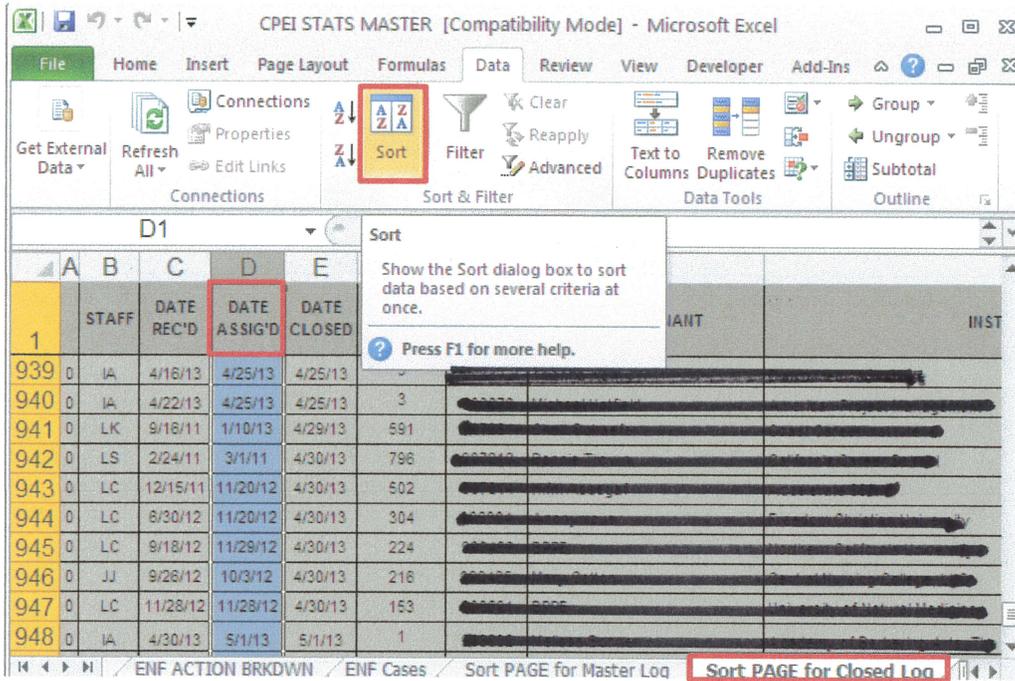
2. Once the data is sorted copy the data:
 - a. Highlight all dates that fall within your statistical period (ex. 05/01/13 to 05/31/13), right click on the data and choose copy:



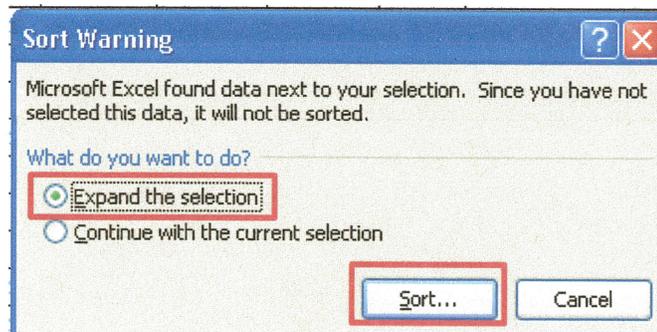
3. Go to the ALL {STAT mo.} By DATE ASSIGN'D tab, right click the mouse under column A, and choose the Paste Option:



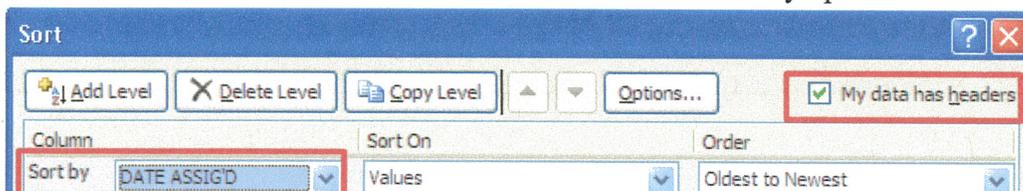
4. Go back to the Sort PAGE for Closed Log tab and sort the data by DATE ASSIG'D:
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column D – DATE ASSIG'D
 - c. Click the SORT option



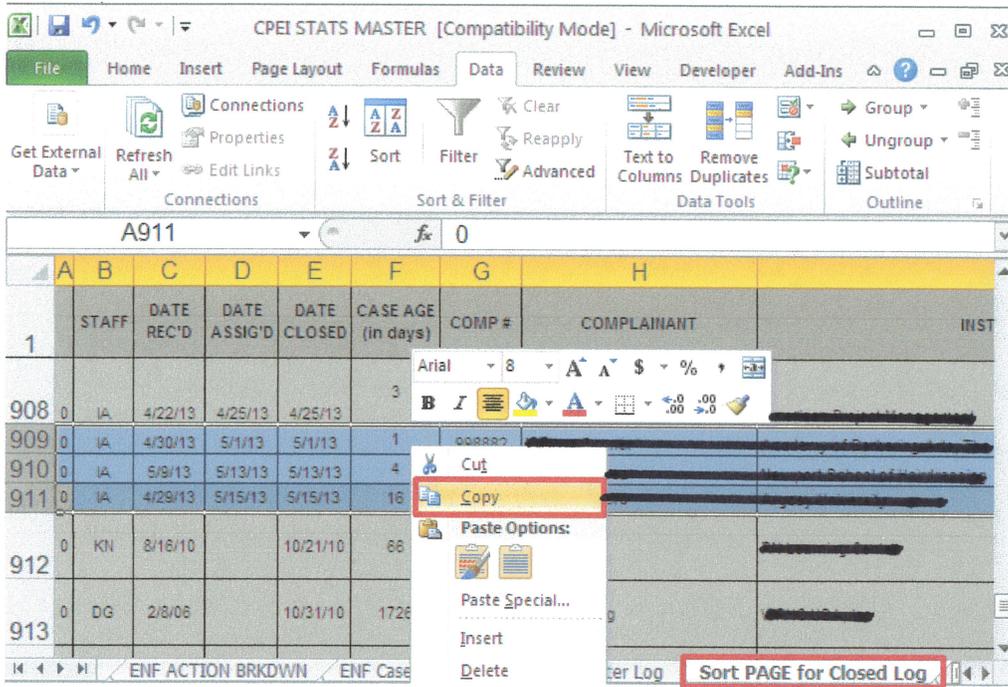
- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:



- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE ASSIG'D as the Sort By option and hit OK:



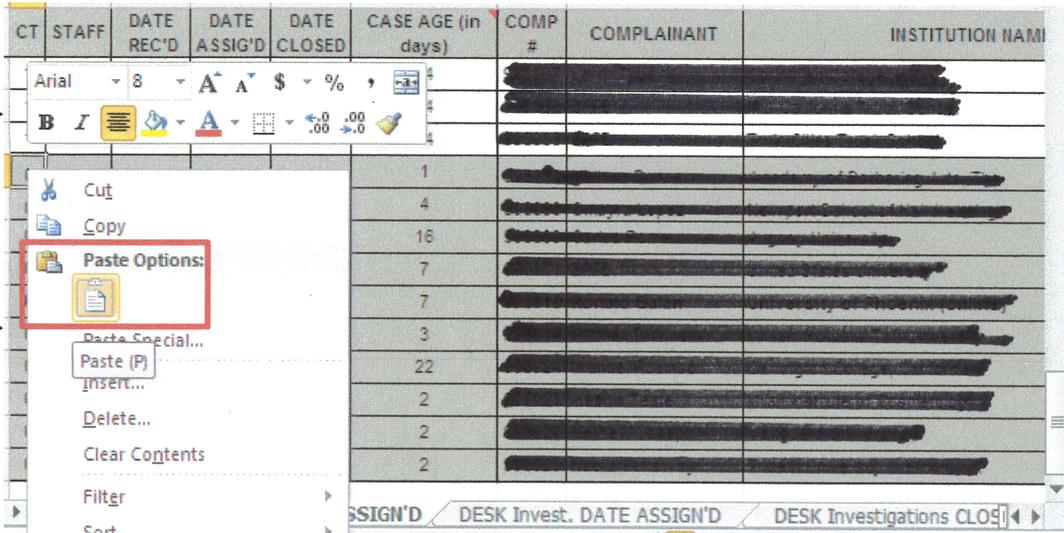
5. Once the data is sorted copy the data:
 - a. Highlight all dates that fall within your statistical period (ex. 05/01/13 to 05/31/13), right click on the data and choose copy:



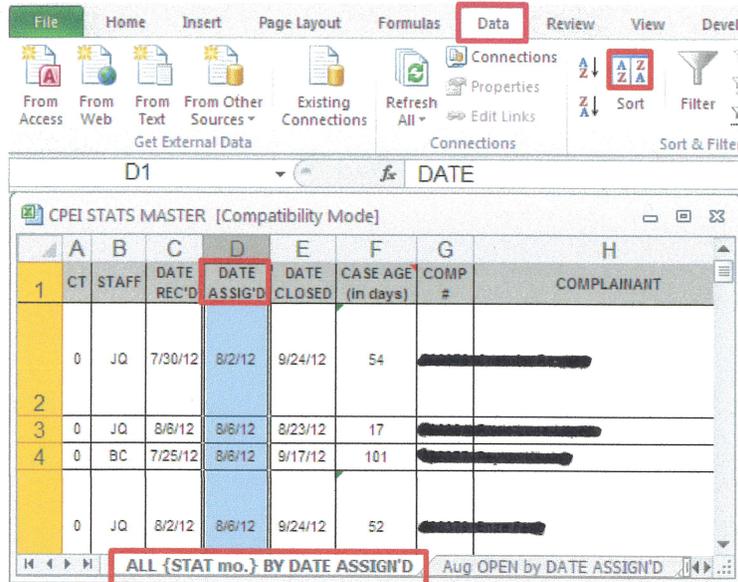
6. Go to the ALL {STAT mo.} By DATE ASSIGN'D tab and Paste this information underneath the data you previously pasted from the Sort PAGE for Master Log tab

This is from the
Sort PAGE for
Master Log Tab. →

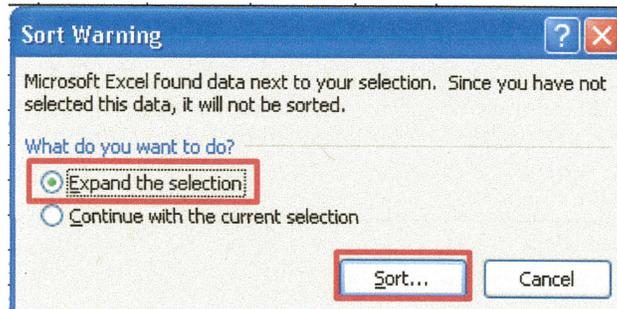
This is from the
Sort PAGE for
Closed Log Tab. →



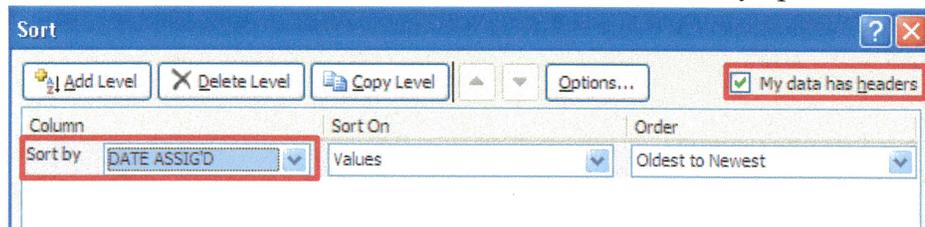
7. Sort the data by DATE ASSIGN'D:
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column D – DATE ASSIG'D
 - c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE ASSIG'D as the Sort By option and hit OK-

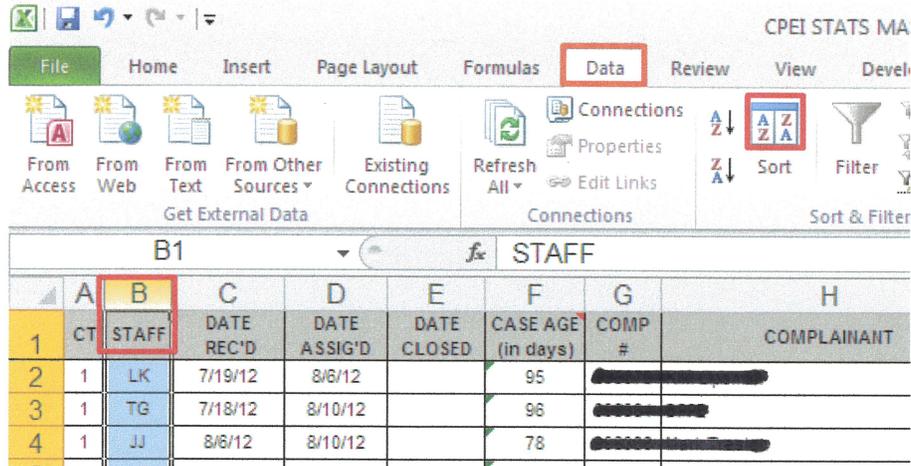


8. SAVE your work (you should periodically save your work)

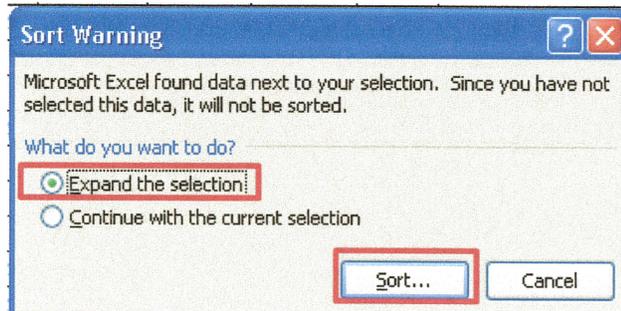
Applying complaint data to statistical data breakdown sheets –

DESK Invest. DATE ASSIGN'D

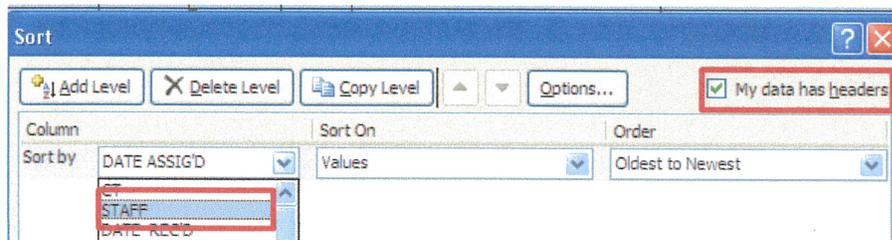
1. Sort the All {STAT mo.} By DATE ASSIGN'D tab by Staff:
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column B – STAFF
 - c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



- e. Change the Sort By option from DATE ASSIG'D to STAFF (make sure the “My data has headers” box is checked) and hit OK:



2. Separate the staff between Desk Investigation Staff and Field Investigation Staff:

a. Desk Investigators are/were:

- i. CRP complaints
- ii. [REDACTED] - Lloyd Seely
- iii. [REDACTED] - [REDACTED]
- iv. [REDACTED] - Ashley Windsor
- v. [REDACTED] - Daniel Quayle
- vi. [REDACTED] - Jennifer Owen (formerly [REDACTED])
- vii. [REDACTED] - Melissa Silva-Garcia
- viii. ENF – Enforcement
- viiii. [REDACTED] - Intake Analyst

b. Field Investigators are/were:

- i. [REDACTED] - [REDACTED]
- ii. [REDACTED] - [REDACTED]
- iii. [REDACTED] - Richard Arnes
- iv. [REDACTED] - Wette Johnson
- v. [REDACTED] - Roxanna

3. When separating the staff you will notice that after the initial sort the staff is listed in alphabetical order. You will need to cut and insert cut cells to separate by Desk and Field Staff:

a. Insert a black line when you see the first “break” between the desk and field staff-

JG – Desk Staff →

Insert a line here →

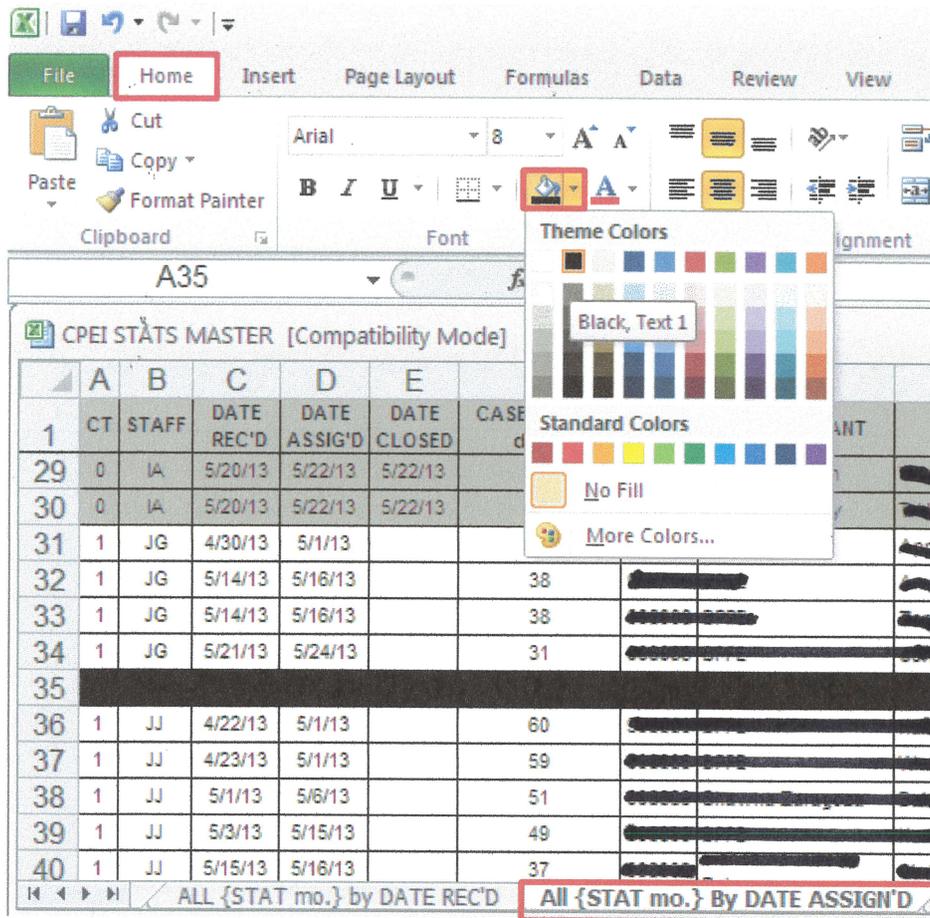
JJ – Desk Staff →

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
29	0	IA	5/20/13	5/22/13	5/22/13	2	[REDACTED]	[REDACTED]
30	0	IA	5/20/13	5/22/13	5/22/13	2	[REDACTED]	[REDACTED]
31	1	JG	4/30/13	5/1/13		52	[REDACTED]	[REDACTED]
32	1	JG	5/14/13	5/16/13		38	[REDACTED]	[REDACTED]
33	1	JG	5/14/13	5/16/13		38	[REDACTED]	[REDACTED]
34	1	JG	5/21/13	5/24/13		31	[REDACTED]	[REDACTED]
35	1	JJ	4/22/13	5/1/13		60	[REDACTED]	[REDACTED]
36	1	JJ	4/23/13	5/1/13		59	[REDACTED]	[REDACTED]
37	1	JJ	5/1/13	5/6/13		51	[REDACTED]	[REDACTED]
38	1	JJ	5/3/13	5/15/13		49	[REDACTED]	[REDACTED]
39	1	JJ	5/15/13	5/16/13		37	[REDACTED]	[REDACTED]
40	1	LK	5/2/13	5/6/13		50	[REDACTED]	[REDACTED]

Right click the mouse and choose the insert option. →

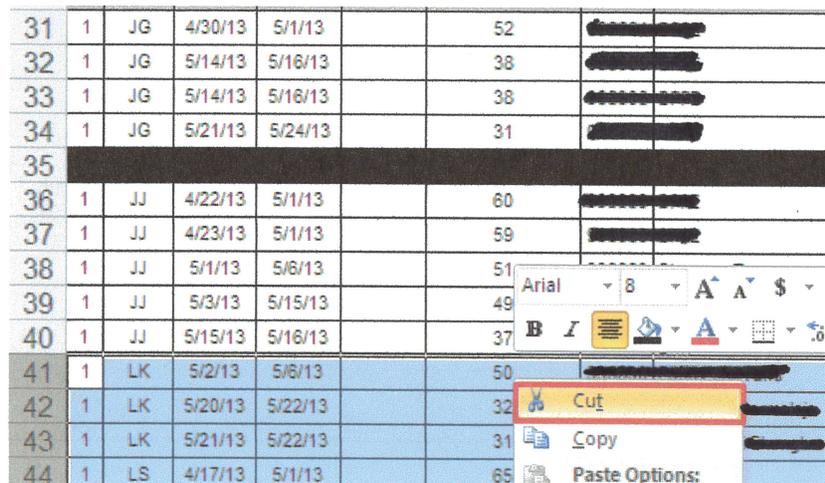
32	1	JG	5/14/13	5/16/13		38	[REDACTED]	[REDACTED]
33	1	JG	5/14/13	5/16/13		38	[REDACTED]	[REDACTED]
34	1	JG	5/21/13	5/24/13		31	[REDACTED]	[REDACTED]
35	1	JJ	4/22/13	5/1/13		60	[REDACTED]	[REDACTED]
36	1	JJ	4/23/13	5/1/13		59	[REDACTED]	[REDACTED]
37	1	JJ	5/1/13	5/6/13		51	[REDACTED]	[REDACTED]
38	1	JJ	5/3/13	5/15/13		49	[REDACTED]	[REDACTED]
39	1	JJ	5/15/13	5/16/13		37	[REDACTED]	[REDACTED]
40	1	LK	5/2/13	5/6/13		50	[REDACTED]	[REDACTED]

- b. After I insert the line I color the line black. Choose the Home section on the top of the screen, click on the Arrow by the paint bucket, choose the color Black:

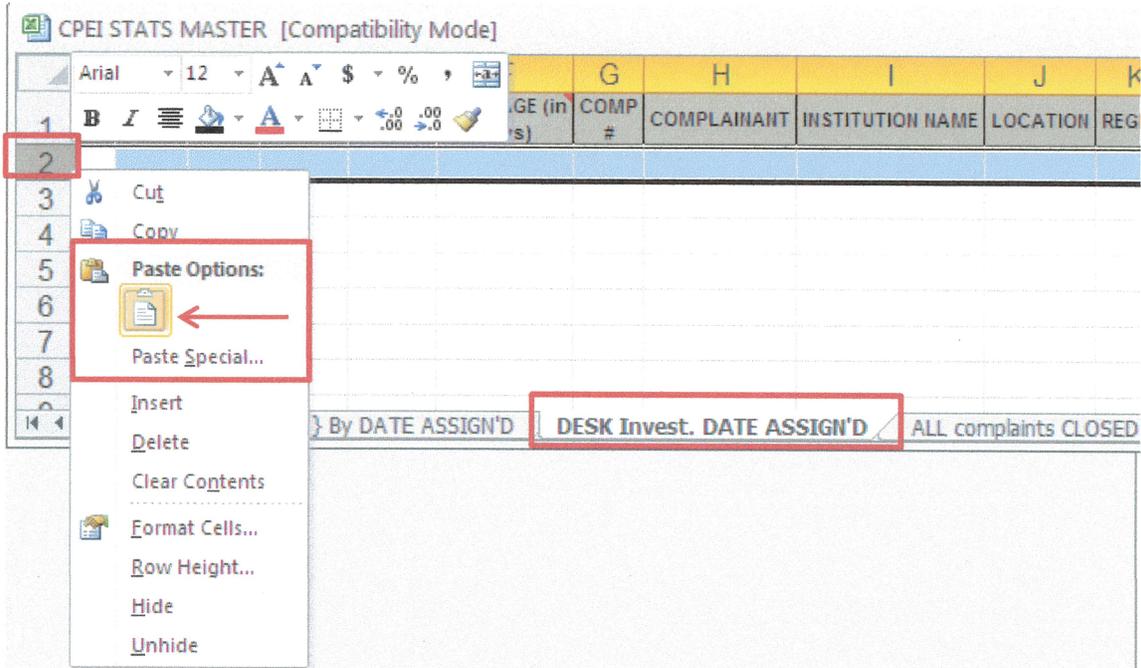


4. Once the line is inserted:

- a. Cut all desk staff data - highlight the desk staff, right click the mouse, choose the cut option



- Click on the DESK Invest. DATE ASSIGN'D tab, right click the first empty row (row 2 in this example) and hit the Paste option:



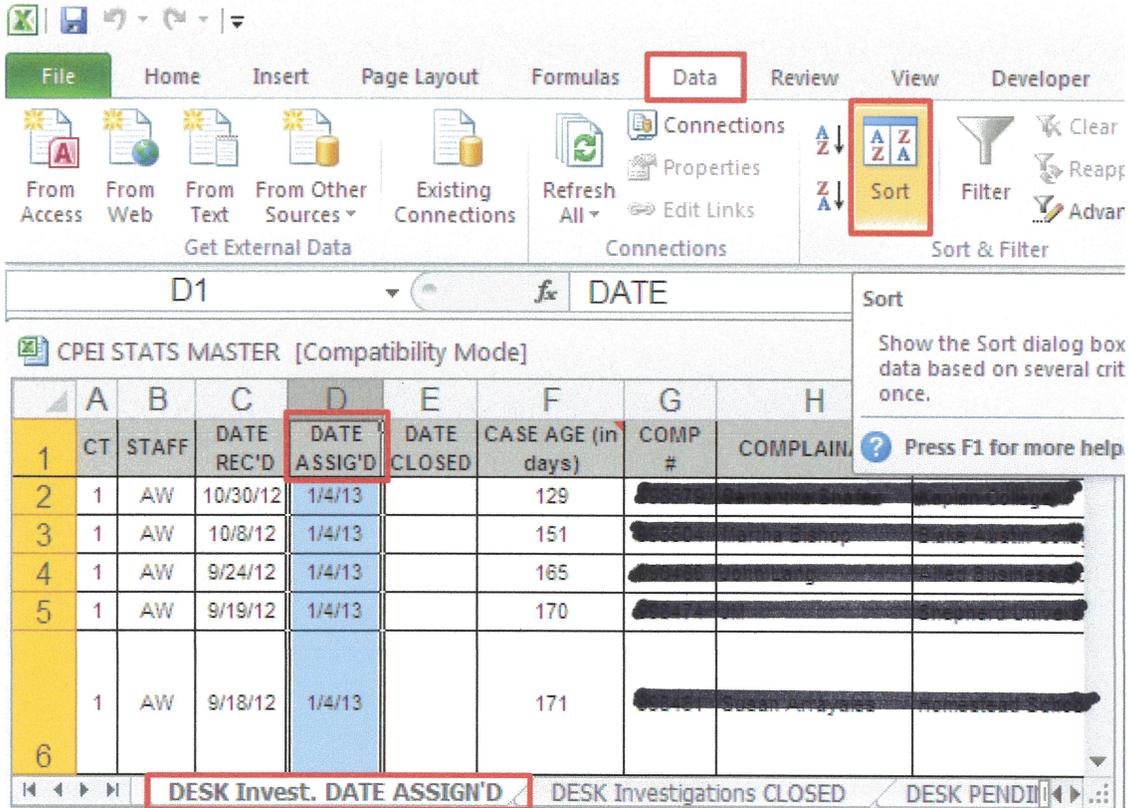
CPEI STATS MASTER [Compatibility Mode]

	A	B	C	D	E	F	G	H	I
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION
2	1	AW	8/10/12	8/14/12		75	1E+06		
3	1	AW	8/14/12	8/20/12		71	1E+06		
4	1	AW	8/22/12	8/23/12		63	1E+06		
5	1	BC	8/6/12	8/10/12		79	1E+06		
6	1	BC	8/9/12	8/16/12		76	1E+06		
7	1	BC	8/13/12	8/17/12		72	1E+06		
8	1	BC	8/13/12	8/17/12		72	1E+06		
9	1	BC	8/13/12	8/17/12		72	1E+06		
10	1	BC	8/13/12	8/17/12		72	1E+06		
11	1	BC	8/13/12	8/17/12		72	1E+06		
12	1	BC	8/13/12	8/17/12		72	1E+06		
13	1	BC	8/17/12	8/22/12		68	1E+06		

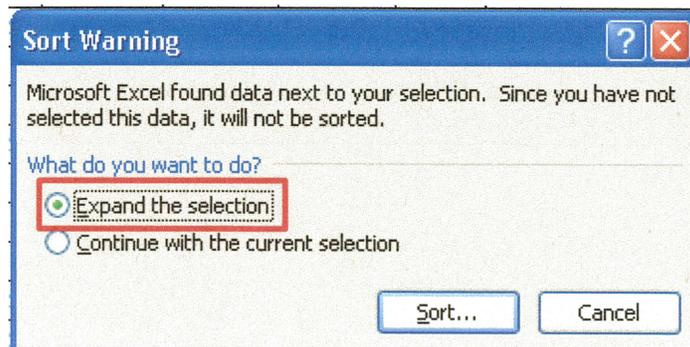
DESK Invest. DATE ASSIGN'D ALL complaints CLOSED - STAT mo

7. Sort the data by DATE ASSIGN'D:

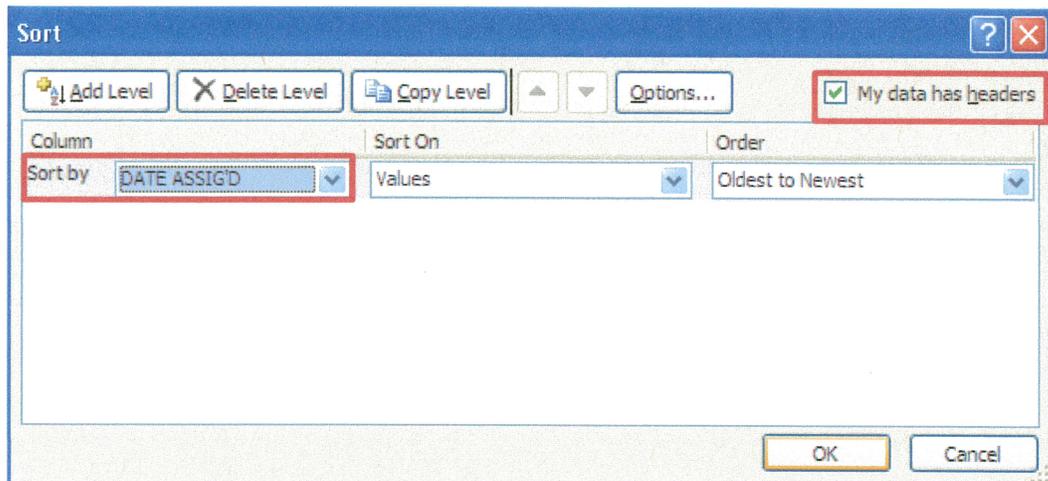
- a. Choose the DATA option on the menu at the top of the screen
- b. Click on Column D – DATE ASSIGN'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



- e. In the Sort box, click the box by "My data has headers" and underneath the Column section choose DATE ASSIGN'D as the Sort By option and hit OK-

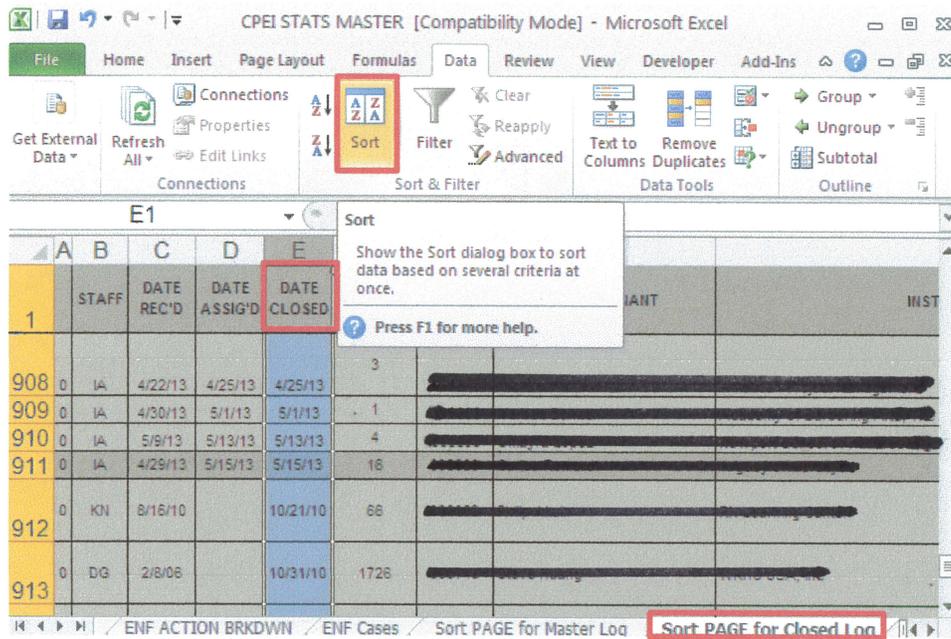


8. SAVE your work (you should periodically save your work).

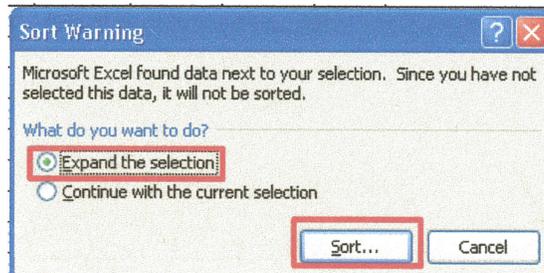
Applying complaint data to statistical data breakdown sheets:

ALL complaints CLOSED – STAT mo.

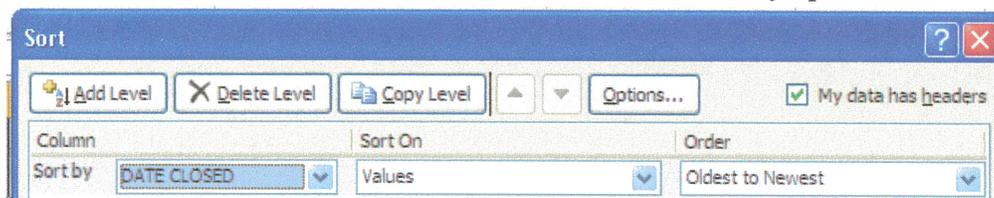
1. Go to the Sort PAGE for Closed Log
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column E – DATE CLOSED
 - c. Click the SORT option



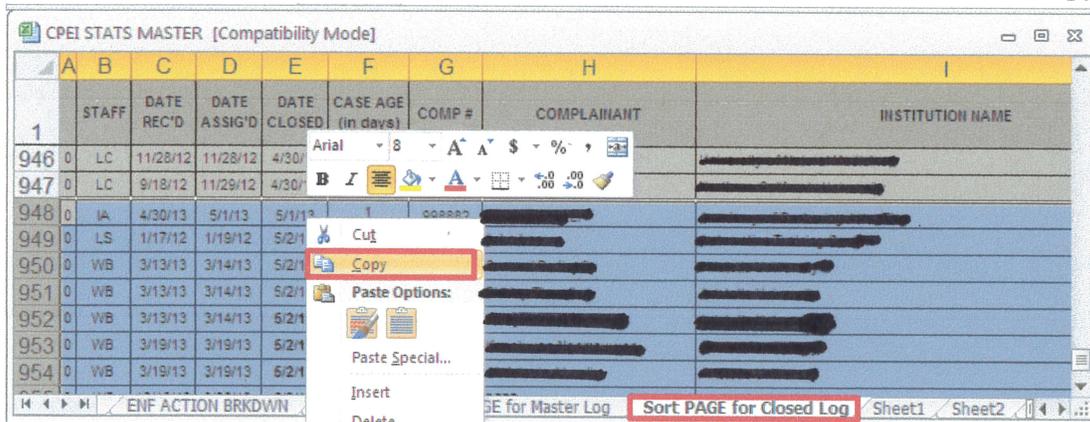
- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



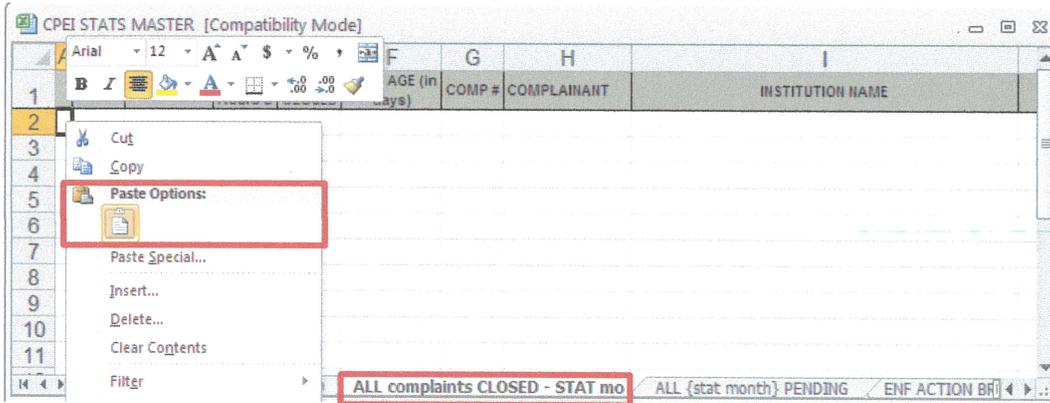
- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE CLOSED as the Sort By option and hit OK-



2. Once the data is sorted copy the data that falls within your statistical month:
 - a. For example, your statistical period is 05/01/13 through 05/31/13, highlight any dates that fall within that time frame, right click on the data and choose copy:



3. Go to the ALL complaints CLOSED – STAT mo tab, right click the mouse under column A and choose the Paste Option:



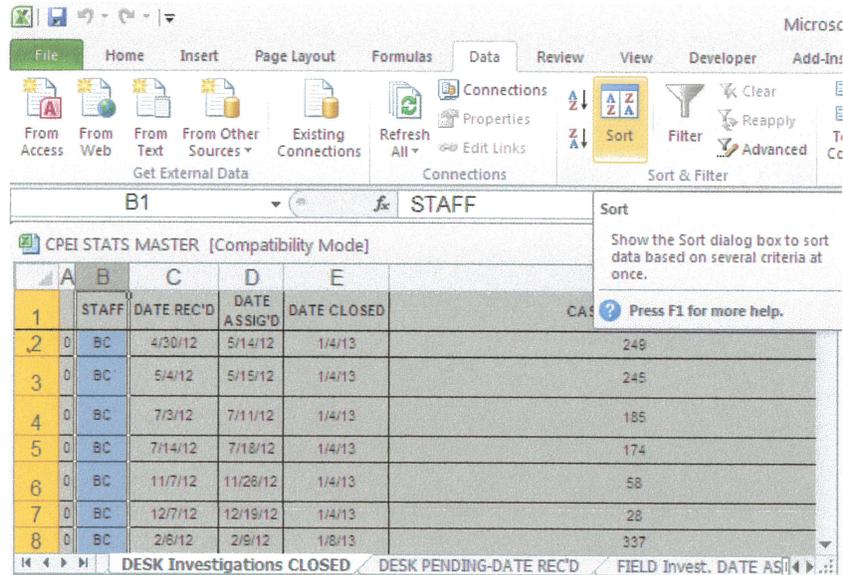
4. Check the information against the Workload Analysis – Enforcement – Complaints (Against Approved Institutions) Processed print out from S.A.I.L.
5. If the data doesn't match up, verify in S.A.I.L. what happened to the complaint that has the discrepancy –
 - a. Discrepancy types:
 - i. Complaint is on S.A.I.L. prinout but not on Closed tab in COMPLAINT CASE AGING LOG – enter missing complaint information on Closed tab in COMPLAINT CASE AGING LOG & on ALL complaints CLOSED – STAT MO
 - ii. Complaint is on Closed tab in COMPLAINT CASE AGING LOG but not in S.A.I.L. – tell supervisor and ask for further instruction
 - iii. Errors on log such as incorrect complaint number, incorrect dates (assigned, closure, reassignment, etc.) - note the discrepancy and inform the Complaint & Investigations OT and your supervisor.

6. Once all the information on the Workload Analysis – Enforcement – Complaints (Against Approved Institutions) Processed S.A.I.L. printout matches the ALL complaints CLOSED – STAT mo tab save your work (you should periodically save your work).

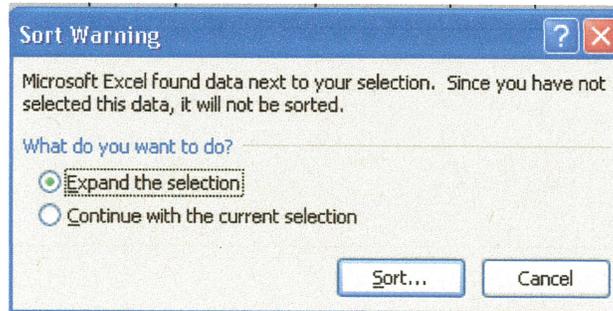
Applying complaint data to statistical data breakdown sheets:

DESK Investigations CLOSED

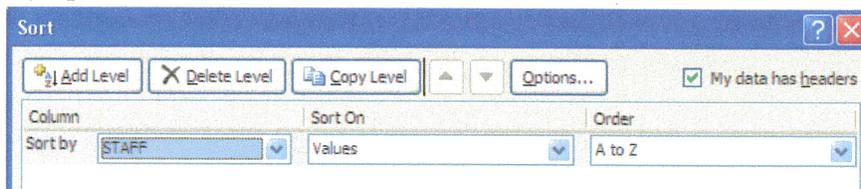
1. Sort the ALL complaints CLOSED – STAT mo data by STAFF:
 - a. Choose the DATA option in the menus at the top of your screen
 - b. Highlight Column B
 - c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose Expand the selection and click Sort:



- e. In the Sort box, click the “My data has headers” box, choose STAFF as the Sort By option and hit OK:



2. Separate the staff between Desk Investigation Staff and Field Investigation Staff:

a. Desk Investigators are/were:

- i. CRP complaints
- ii. ~~S - Lloyd Seely~~
- iii. ~~K - Ron Key~~
- iv. ~~W - Ashley Windsor~~
- v. ~~Q - Janel Quayle~~
- vi. ~~Q - Jennifer Owen (formerly - runon)~~
- vii. ~~G - Melissa Silva Garcia~~
- viii. ENF - Enforcement
- viiii. ~~IA - Intake Analyst~~

b. Field Investigators are/were:

- i. ~~TC - Toni Gallo~~
- ii. ~~J - Jennifer Jones~~
- iii. ~~JA - Richard Acosta~~
- iv. ~~JY - Yvette Johnson~~
- v. ~~RA - Roxanna~~

3. When separating the staff you will notice that after the initial sort the staff is listed in alphabetical order. You will need to cut and insert cut cells to separate by Desk and Field Staff:

a. Insert a black line when you see the first "break" between the desk and field staff-

	11	0	IA	5/17/13	5/20/13	5/20/13	3		
	12	0	IA	4/30/13	5/22/13	5/22/13	22		
	13	0	IA	5/20/13	5/22/13	5/22/13	2		
IA - Desk Staff →	14	0	IA	5/20/13	5/22/13	5/22/13	2		
Insert a line here →	15	0	IA	5/20/13	5/22/13	5/22/13	2		
JJ - Desk Staff →	16	0	JJ	6/2/11	8/11/11	5/9/13	707		
	17	0	JJ	11/3/11	3/9/12	5/9/13	553		
	18	0	LS	1/17/12	1/19/12	5/2/13	471		

FIELD PENDING-DATE REC'D ALL complaints CLOSED - STAT mo

Right click the mouse and choose the insert option.



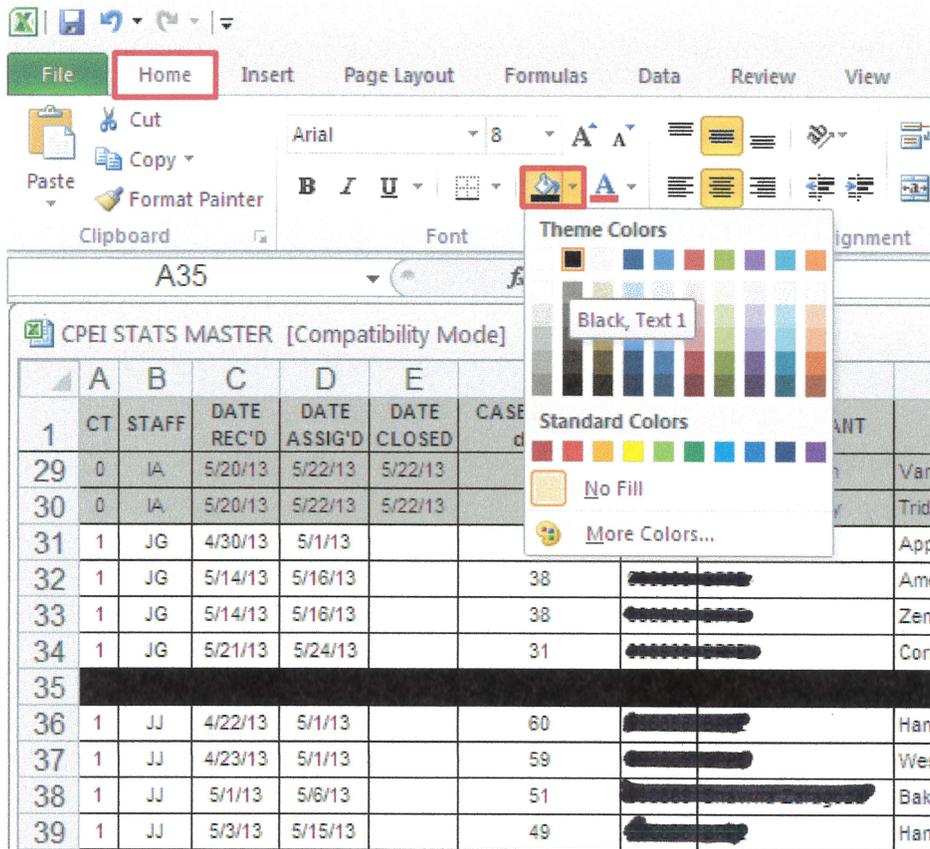
	A	B	C	D	E	F	G	H	I
1	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAM	
1					2				
1					2				
1					2				
16	IA	5/20/13	5/22/13	5/22/13	2				
1					707				
1					553				
1					471				
1					50				
2					50				

ING-DATE REC'D ALL complaints CLOSED - STAT mo ALL {stat month} PENDING

Average: 166061.4286 Count: 15 Sum: 1162430

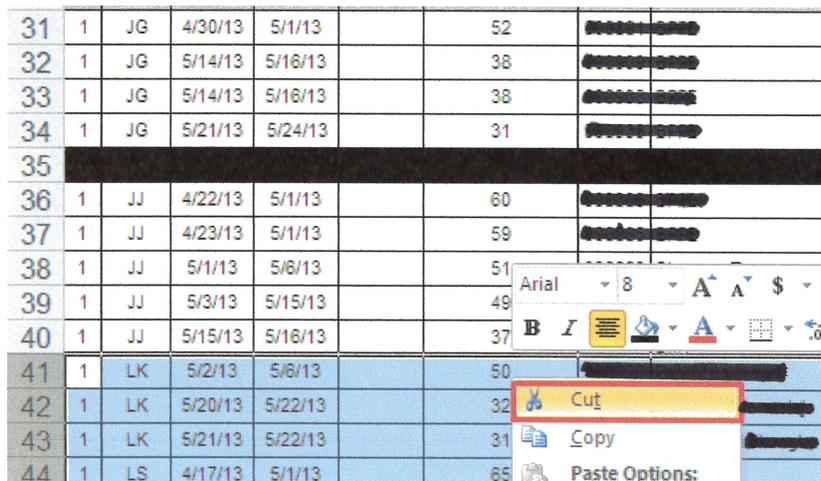


- b. After the line is inserted color the line black. Choose the Home section on the top of the screen, click on the Arrow by the paint bucket, choose the color Black:



4. Once the line is inserted:

- a. Cut all desk staff data - highlight the desk staff, right click the mouse, choose the cut option



- b. Insert that data with the rest of the desk staff – right click the mouse on the black line, choose the Insert Cut Cells option

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
29	0	IA	5/20/13	5/22/13	5/22/13	2		
30	0	IA	5/20/13	5/22/13	5/22/13	2		
31	1	JG	4/30/13	5/1/13		52		
32						38		
33						38		
34						31		
35								
36				1/13		60		
37				1/13		59		
38				8/13		51		
39				5/13		49		
40				6/13		37		
41				8/13		50		
42				2/13		32		

5. Copy the Desk Staff Information from the ALL complaints CLOSED – STAT mo tab and paste onto the DESK Investigations Closed tab:
- Left Click on the first row of the Desk Investigation Staff (row 2 in this example), hold the mouse and drag down to highlight all associated Desk Investigation Staff data, right click and hit Copy:

	F	G	H
1	SE AGE (in days)	COMP #	COMPLAINANT
2	0	AW	4/3/12
3	7/24/12	8/13/12	23
4	7/24/12	8/21/12	31
5	3/16/12	8/22/12	172
6	8/31/11	8/9/12	468

- Click on the DESK Investigations CLOSED tab, right click the first empty row (row 2 in this example) and hit the Paste option:

	F	G	H
1	CASE AGE (in days)	COMP #	COMPLAINANT
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

6. Sort the data by DATE CLOSED:

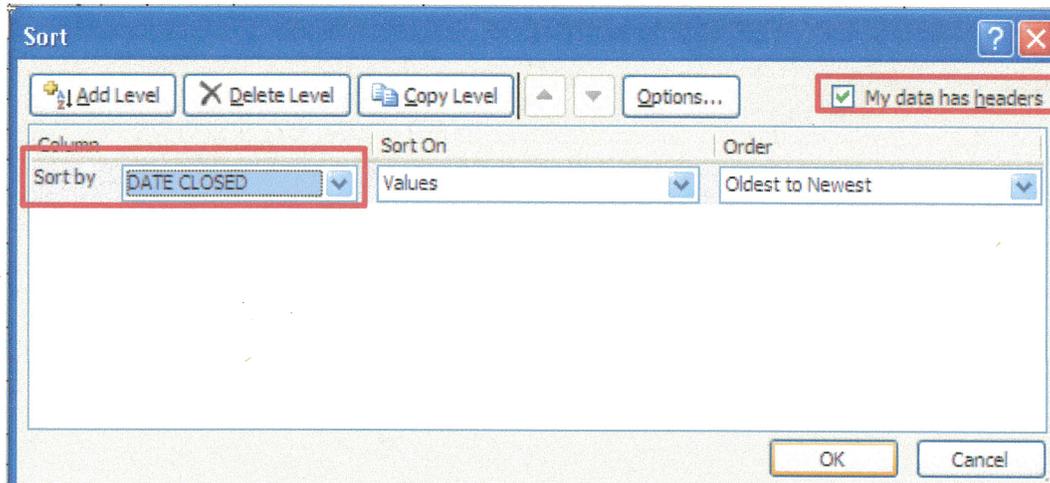
- a. Choose the DATA option on the menu at the top of the screen
- b. Click on Column E – DATE CLOSED
- c. Click the SORT option

The screenshot shows the Microsoft Excel interface with the 'Data' tab selected in the ribbon. The 'Sort' button in the 'Sort & Filter' group is highlighted with a red box. Below the ribbon, the spreadsheet 'CPEI STATS MASTER [Compatibility Mode]' is visible. Column E, labeled 'DATE CLOSED', is selected. A 'Sort' dialog box is open, displaying the text: 'Show the Sort dialog box to sort data based on several criteria at once. Press F1 for more help.' The spreadsheet data includes columns for 'DATE REC'D', 'DATE ASSIG'D', 'DATE CLOSED', 'CASE AGE (in days)', 'COMP #', and 'COMPLAIN'. The status bar at the bottom shows 'ALL complaints CLOSED - STAT mo' and 'DESK Investigations CLOSED'.

- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –

The screenshot shows a 'Sort Warning' dialog box with the following text: 'Microsoft Excel found data next to your selection. Since you have not selected this data, it will not be sorted. What do you want to do?'. There are two radio button options: 'Expand the selection' (which is selected and highlighted with a red box) and 'Continue with the current selection'. At the bottom of the dialog are 'Sort...' and 'Cancel' buttons.

- e. In the Sort box, click the box by “My data has headers”, underneath the Column section choose DATE CLOSED as the Sort By option and hit OK-

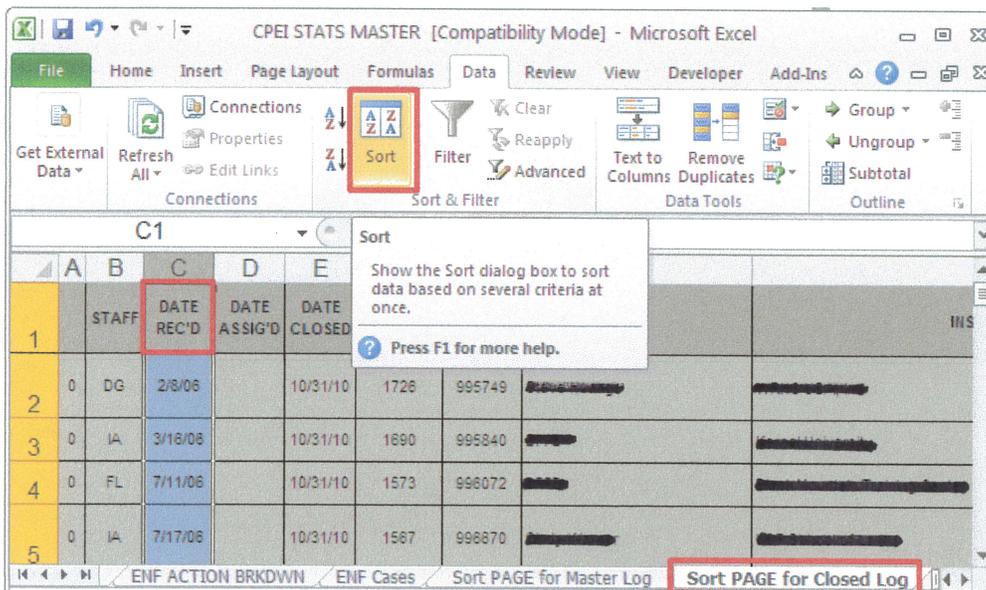


7. Hit SAVE (you should save your work periodically).

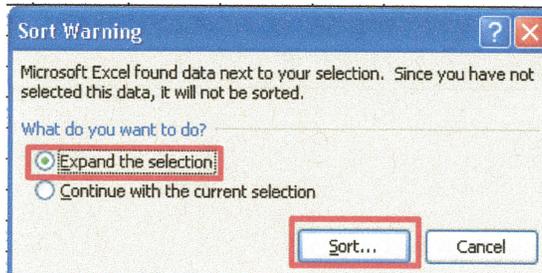
Applying complaint data to statistical data breakdown sheets:

ALL {stat month} PENDING

1. Go to the Sort PAGE for Closed Log tab
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column C – DATE REC'D
 - c. Click the SORT option



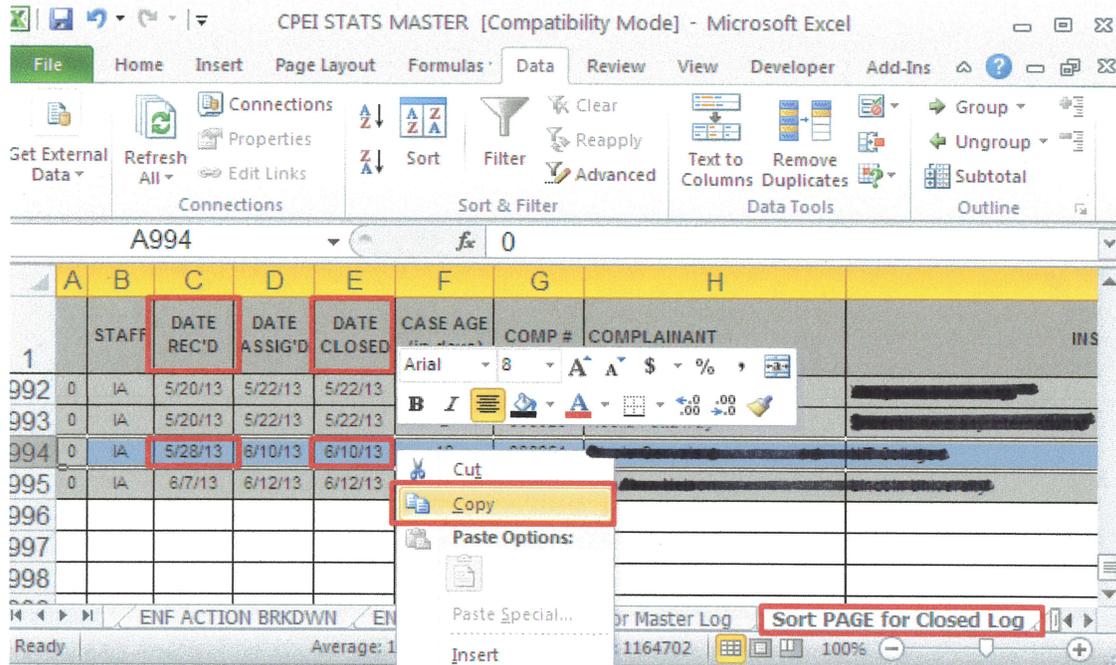
- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



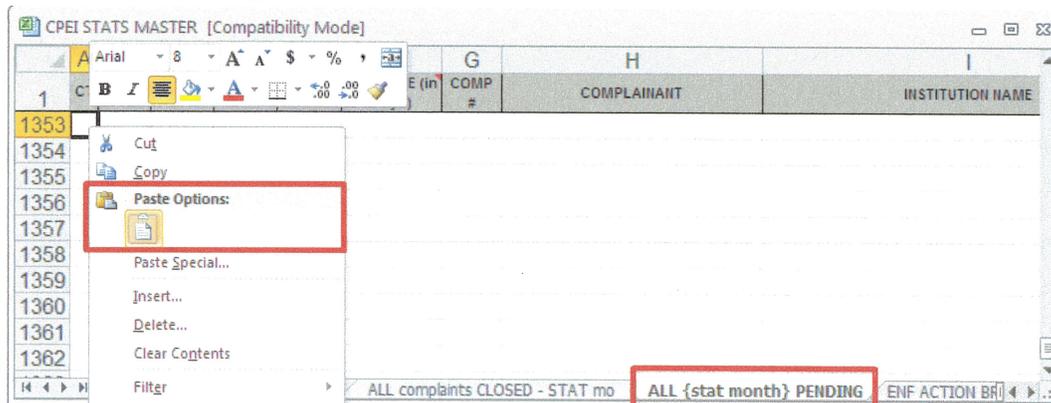
- e. In the Sort box, click the box by "My data has headers" and underneath the Column section choose DATE REC'D as the Sort By option and hit OK:



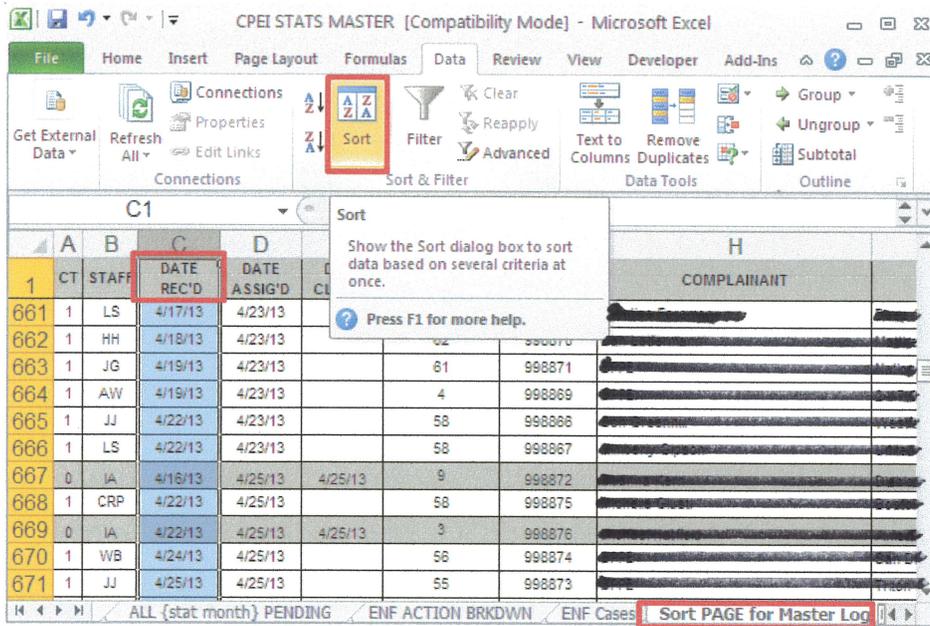
2. Once the data is sorted copy any data with a Date Rec'd that falls within your statistical month AND a has a closure date (Date Closed) that falls AFTER the last day of your statistical month:
 - a. For example, if your statistical month is May 2013 you will highlight any data with a date or 05/01/13 through 05/31/13 and a closure date that falls AFTER 05/31/13:



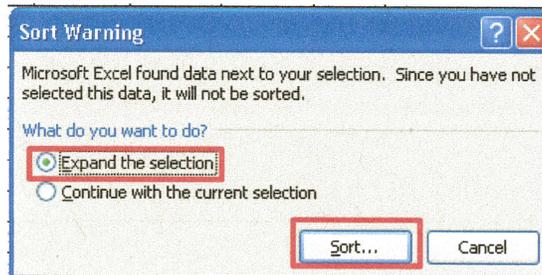
3. Go to the ALL {stat month} PENDING tab, right click the mouse under column A and choose the Paste Option:



4. Go to the Sort PAGE for Master Log tab
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column C – DATE REC'D
 - c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE CLOSED as the Sort By option and hit OK:



5. Once the data is sorted copy any data with a Date Rec'd that falls before AND within your statistical month:

a. For example, if your statistical month is May 2013 you will highlight any data prior to 05/01/13 and through 05/31/13

1	CT	STAFF	DATE REC'D	D	E	F	G	H
2	1	JJ	3/16/10	5/31/11		1193		COMPLAINANT
3	1	JJ	3/24/10	6/		185		
4	1	JJ	5/4/10	6/		144		
5	1	TG	6/1/10	5/		116		
6	1	JJ	6/8/10	5/		109		
7	1	RAA	6/8/10	2/		109		
8	1	TG	6/10/10	12		107		
663	1	JJ	5/15/13	5/		37		
664	1	WB	5/17/13	5/		35		
665	1	WB	5/17/13	6/		35		
666	1	TG	5/20/13	5/		32		
667	1	LK	5/20/13	5/		32		
668	1	WB	5/20/13	5/		32		
682	1	LS	5/24/13	6/		28		
683	1	HH	5/28/13	5/28/13		24		
684	1	HH	5/28/13	5/29/13		24		
685	1	HH	5/28/13	5/29/13		24		
686	1	TG	5/28/13	6/4/13		24		
687	1	LS	5/28/13	6/10/13		24		
688	1	CRP	5/28/13	6/11/13		24		
689	1	CRP	5/29/13	6/4/13		23		
690	1	LS	5/29/13	6/4/13		23		
691	1	WB	5/29/13	6/19/13		23		

6. Go to the ALL {stat month} PENDING tab, and Paste this information under the data you pasted from the Sort PAGE for Closed Log tab:

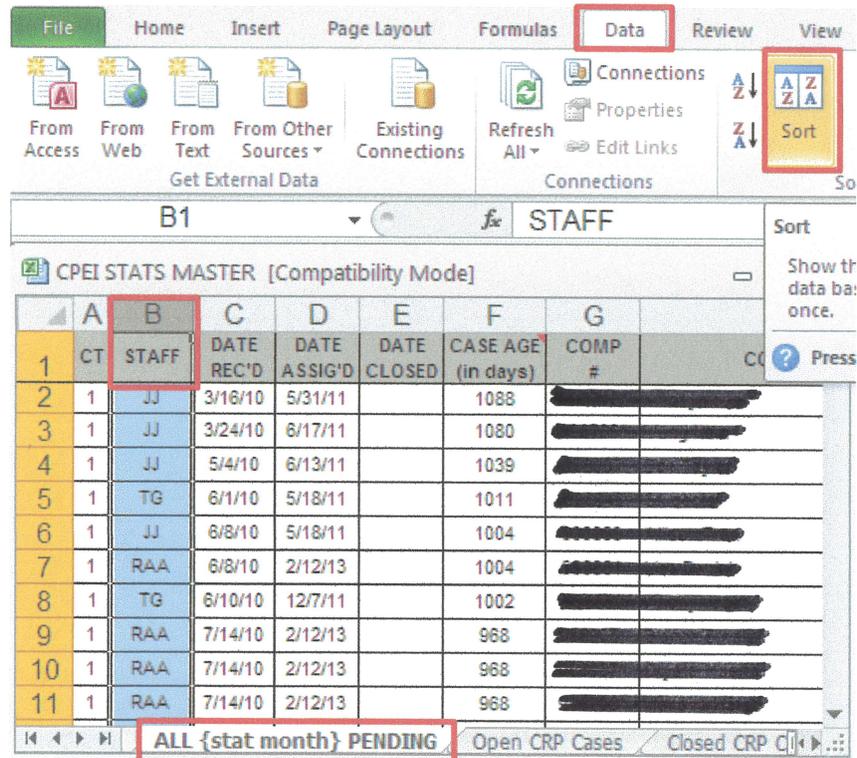
1	CT	ST	DATE REC'D	D	E	F	G	H
2	0						COMP #	COMPLAINANT
3	1	JJ	3/16/10	5/31/11		1193		
4	1					85		
5	1					44		
6	1					16		
7	1					09		

7. SAVE your work (you should periodically save your work)

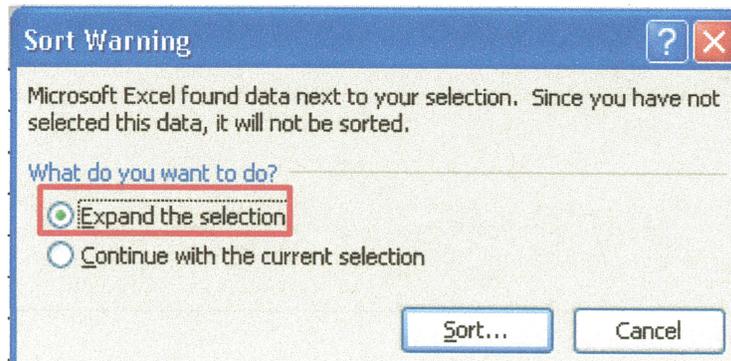
Applying complaint data numbers to statistical data breakdown sheets:

DESK PENDING – DATE REC'D

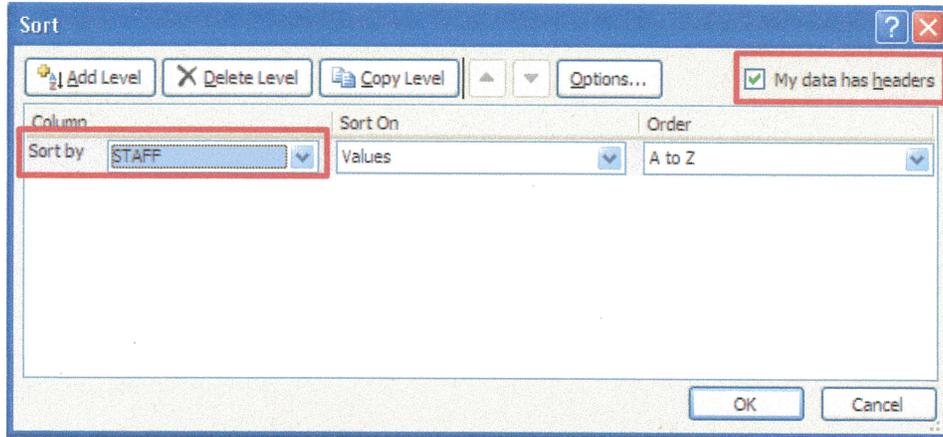
1. Sort the ALL {stat month} PENDING data by STAFF:
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Highlight Column B
 - c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with the current selection, choose expand selection and click Sort:



- e. In the Sort box, click the “My data has headers” box, choose STAFF as the Sort By option and hit OK:



8. Separate the staff between Desk Investigation Staff and Field Investigation Staff:

- a. Desk Investigators are/were:

- i. CRP complaints
- ii. ~~SA - Lloyd Sealey~~
- iii. ~~SA - Tom Ken~~
- iv. ~~SA - Ashley Windsor~~
- v. ~~SA - Janet Quaye~~
- vi. ~~SA - Jennifer Owen (formerly Fulton)~~
- vii. ~~JG - Julissa Silva Garcia~~
- viii. ENF – Enforcement
- viiii. IA – Intake Analyst

- b. Field Investigators are/were:

- i. ~~JG - Tori Gaines~~
- ii. ~~JJ - Jennifer Jones~~
- iii. ~~RA - Richard Acosta~~
- iv. ~~JY - Yvette Johnson~~
- v. ~~AA - Roxanne~~

9. When separating the staff you will notice that after the initial sort the staff is listed in alphabetical order. You will need to cut and insert cut cells to separate by Desk and Field Staff:

- c. Insert a line when you see the first “break” between the desk and field staff-

JG – Desk Staff →	231	1	JG	4/19/13	4/23/13		63	XXXXXXXXXX
	232	1	JG	4/30/13	5/1/13		52	XXXXXXXXXX
	233	1	JG	5/14/13	5/16/13		38	XXXXXXXXXX
	234	1	JG	5/14/13	5/16/13		38	XXXXXXXXXX
	235	1	JG	5/21/13	5/24/13		31	XXXXXXXXXX
Insert a line here →	236	1	JJ	3/18/10	5/31/11		1193	XXXXXXXXXX
JJ – Desk Staff →	237	1	JJ	3/24/10	6/17/11		1185	XXXXXXXXXX
	238	1	JJ	5/4/10	6/13/11		1144	XXXXXXXXXX
	239	1	JJ	6/8/10	5/18/11		1109	XXXXXXXXXX
	240	1	JJ	9/16/10	4/30/12		1009	XXXXXXXXXX

ALL complaints CLOSED - STAT mo ALL {stat month} PENDING ENF ACTION B

Right click the mouse and choose the insert option. →

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
230	1	JG	4/12/13	4/18/13		70		
231	1	JG	4/19/13	4/23/13		63		
232	1	JG	4/30/13	5/1/13		52		
233						38		
234						38		
235						31		
236				5/31/11		1193		
237				5/17/11		1185		
238				5/13/11		1144		
239				5/18/11		1109		
240				4/30/12		1009		
241				6/1/12		996		
242				5/18/11		968		

d. After the line is inserted color the line black. Choose the Home section on the top of the screen, click on the Arrow by the paint bucket, choose the color Black:

	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
29	0	IA	5/20/13	5/22/13	5/22/13			
30	0	IA	5/20/13	5/22/13	5/22/13			
31	1	JG	4/30/13	5/1/13				
32	1	JG	5/14/13	5/16/13		38		
33	1	JG	5/14/13	5/16/13		38		
34	1	JG	5/21/13	5/24/13		31		
35								
36	1	JJ	4/22/13	5/1/13		60		
37	1	JJ	4/23/13	5/1/13		59		
38	1	JJ	5/1/13	5/6/13		51		
39	1	JJ	5/3/13	5/15/13		49		

10. Once the line is inserted:

- a. Cut all desk staff data - highlight the desk staff, right click the mouse, choose the cut option

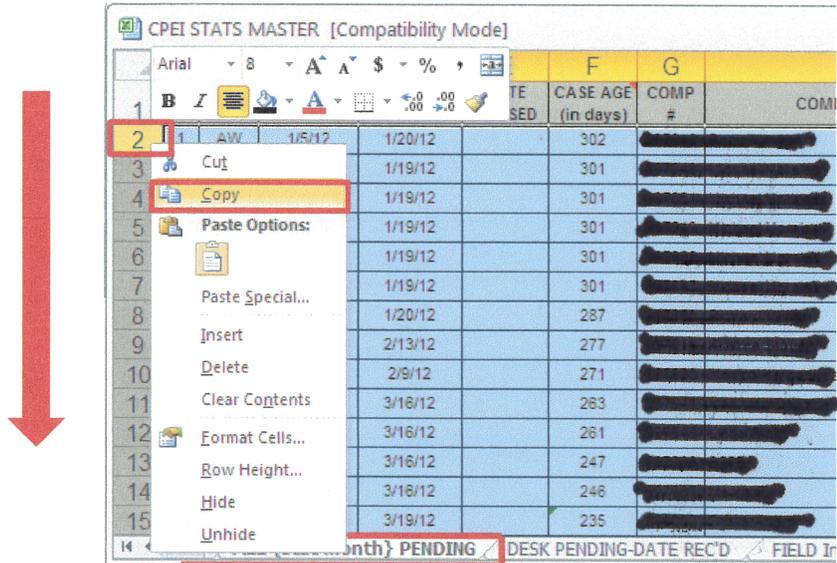
31	1	JG	4/30/13	5/1/13		52	[REDACTED]
32	1	JG	5/14/13	5/16/13		38	[REDACTED]
33	1	JG	5/14/13	5/16/13		38	[REDACTED]
34	1	JG	5/21/13	5/24/13		31	[REDACTED]
35							
36	1	JJ	4/22/13	5/1/13		60	[REDACTED]
37	1	JJ	4/23/13	5/1/13		59	[REDACTED]
38	1	JJ	5/1/13	5/6/13		51	[REDACTED]
39	1	JJ	5/3/13	5/15/13		49	[REDACTED]
40	1	JJ	5/15/13	5/16/13		37	[REDACTED]
41	1	LK	5/2/13	5/6/13		50	[REDACTED]
42	1	LK	5/20/13	5/22/13		32	[REDACTED]
43	1	LK	5/21/13	5/22/13		31	[REDACTED]
44	1	LS	4/17/13	5/1/13		65	[REDACTED]

- b. Insert that data with the rest of the desk staff – right click the mouse on the black line, choose the Insert Cut Cells option

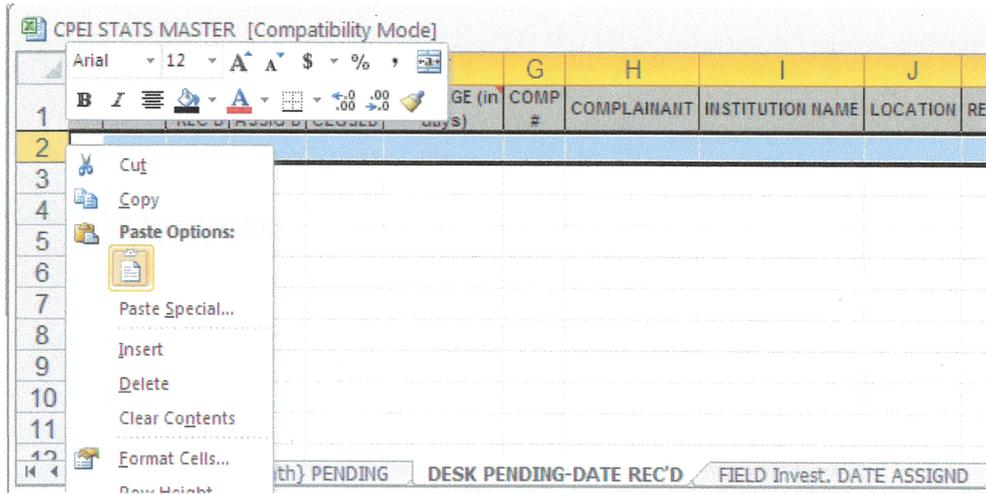
	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT
29	0	IA	5/20/13	5/22/13	5/22/13	2	[REDACTED]	[REDACTED]
30	0	IA	5/20/13	5/22/13	5/22/13	2	[REDACTED]	[REDACTED]
31	1	JG	4/30/13	5/1/13		52	[REDACTED]	[REDACTED]
32						38	[REDACTED]	[REDACTED]
33						38	[REDACTED]	[REDACTED]
34						31	[REDACTED]	[REDACTED]
35								
36						60	[REDACTED]	[REDACTED]
37						59	[REDACTED]	[REDACTED]
38						51	[REDACTED]	[REDACTED]
39						49	[REDACTED]	[REDACTED]
40						37	[REDACTED]	[REDACTED]
41						50	[REDACTED]	[REDACTED]
42						32	[REDACTED]	[REDACTED]

2. Copy the Desk Staff Information from the ALL {stat month} PENDING tab and paste onto the DESK PENDING – DATE REC'D tab:

- a. Left Click on the first row of the Desk Investigation Staff (row 2 in this example), hold the mouse and drag down to highlight all associated Desk Investigation Staff data, right click and hit Copy:



- Click on the DESK PENDING – DATE REC'D tab, right click the first empty row (row 2 in this example) and hit the Paste option-

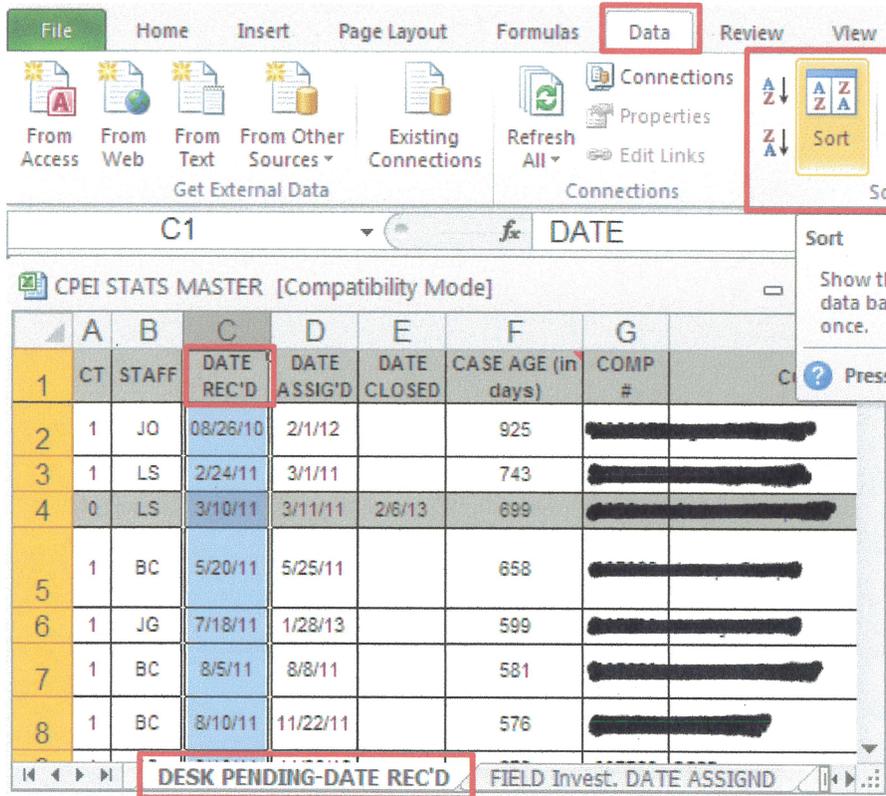


CPEI STATS MASTER [Compatibility Mode]

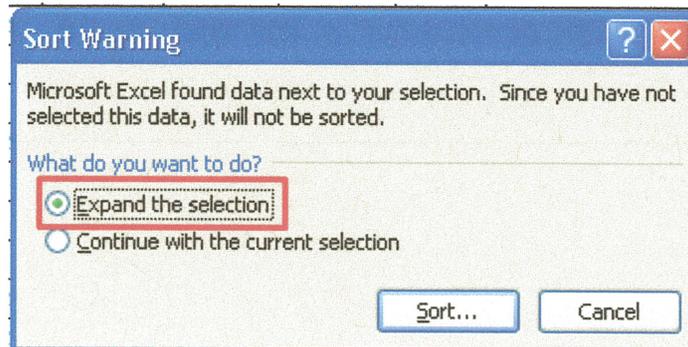
	A	B	C	D	E	F	G	H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLA
2	1	JO	08/26/10	2/1/12		925	[REDACTED]	
3	1	LS	2/24/11	3/1/11		743	[REDACTED]	
4	0	LS	3/10/11	3/11/11	2/6/13	699	[REDACTED]	
5	1	BC	5/20/11	5/25/11		658	[REDACTED]	
6	1	JG	7/18/11	1/28/13		599	[REDACTED]	
7	1	BC	8/5/11	8/8/11		581	[REDACTED]	
8	1	BC	8/10/11	11/22/11		576	[REDACTED]	

2. Sort the data by DATE REC'D:

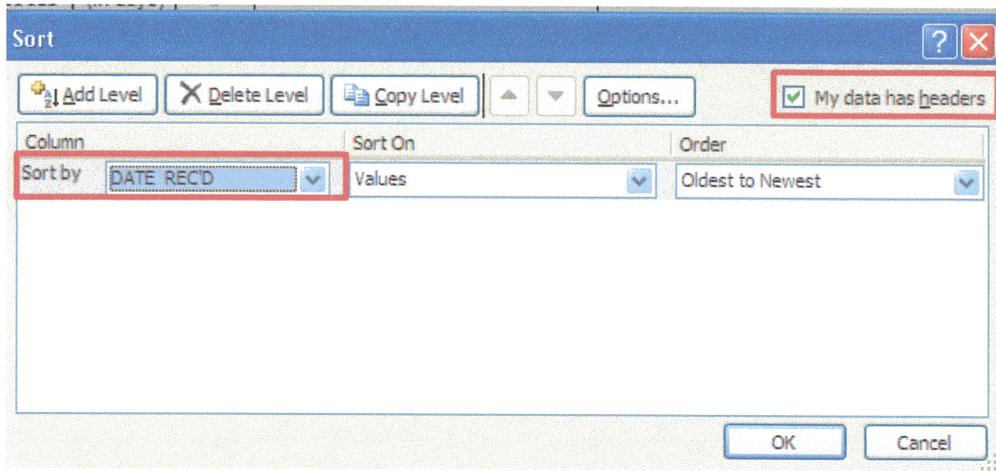
- a. Choose the DATA option on the menu at the top of the screen
- b. Highlight Column C – DATE REC'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with the current selection, choose expand selection and click Sort:



- e. In the Sort box, click the box by "My data has headers" and underneath the Column section choose DATE REC'D as the Sort By option and hit OK:

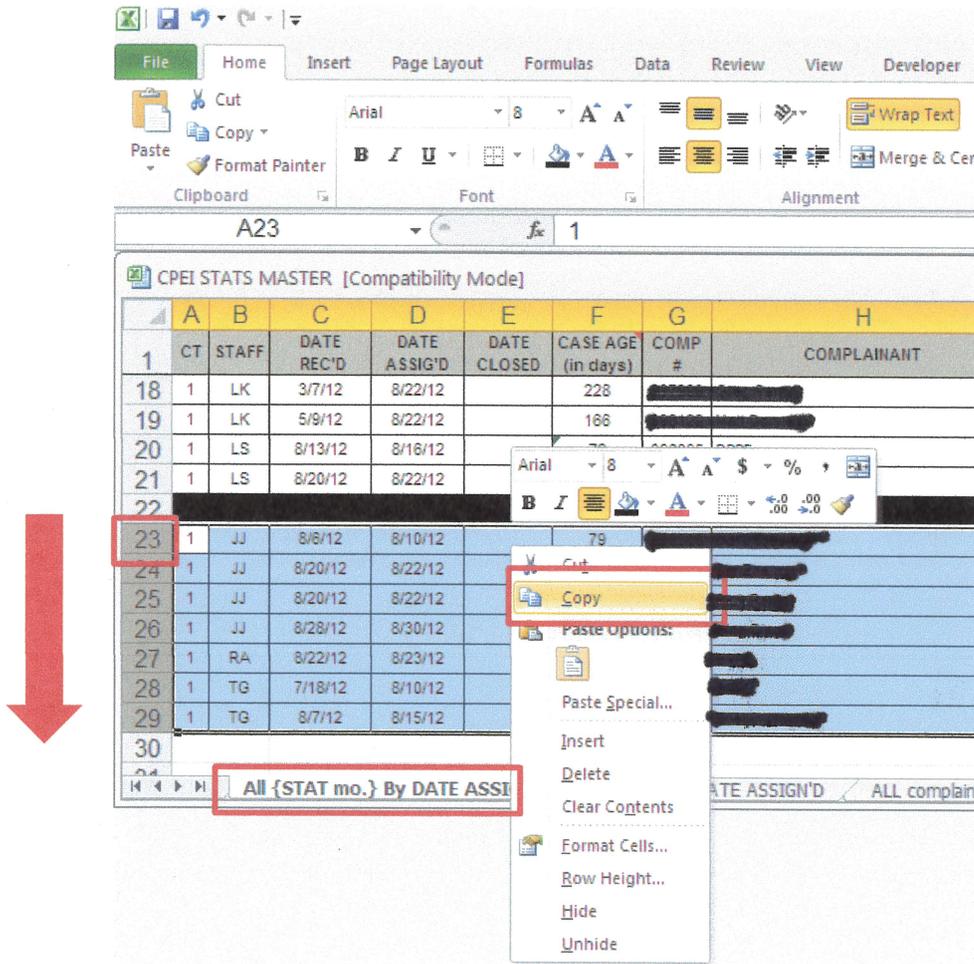


4. Hit SAVE (you should save your work periodically).

Applying complaint data to monthly statistical data breakdown sheets:

FIELD Invest. DATE ASSIGN'D

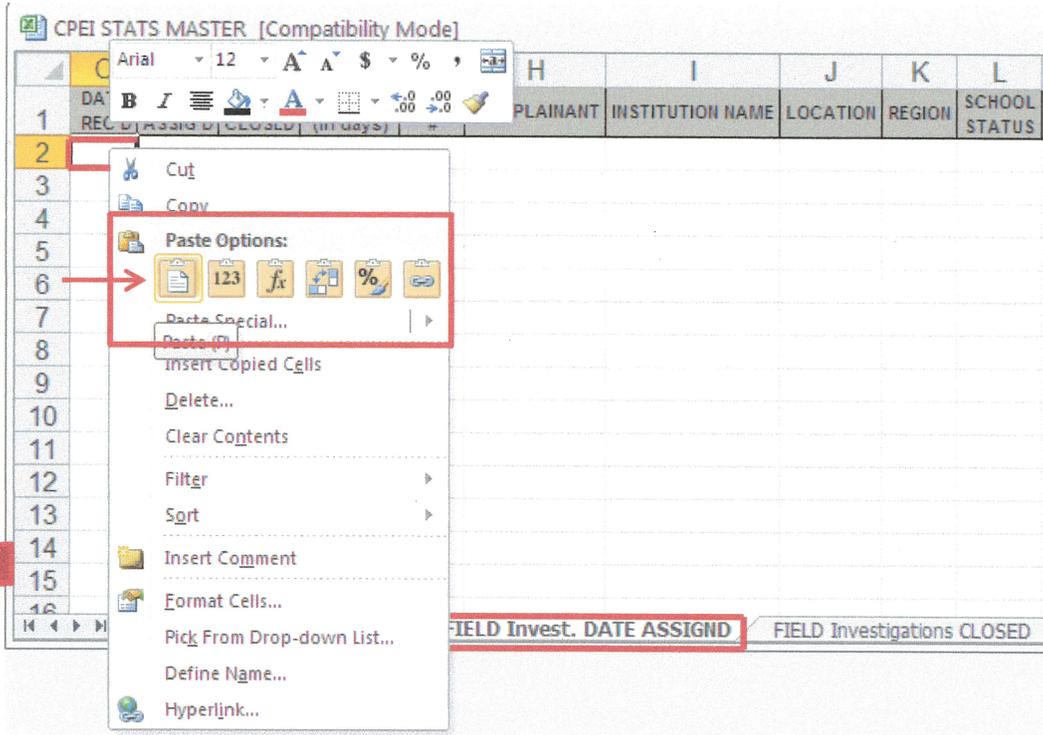
1. Return to the All {STAT mo.} By DATE ASSIGN'D tab and copy the Field Staff Information:
 - a. Left Click on the first row of the Field Investigation Staff (row 23 in this example), hold the mouse and drag down to highlight all associated Field Investigation Staff, then right click on your mouse and hit Copy-



2. Field Investigators are/were:
 - a. TG – Tori Gaines
 - b. JJ – Jennifer Jones
 - c. RA – Richard Acosta
 - d. YJ – Yvette Johnson
 - e. RAA – Roxana Aalberts

3. Paste the copied Field Staff information onto the FIELD Invest. DATE ASSIGN'D tab:

- a. Click on the FIELD Invest. DATE ASSIGN'D tab, right click the first empty row (row 2 in this example) and hit the Paste option:



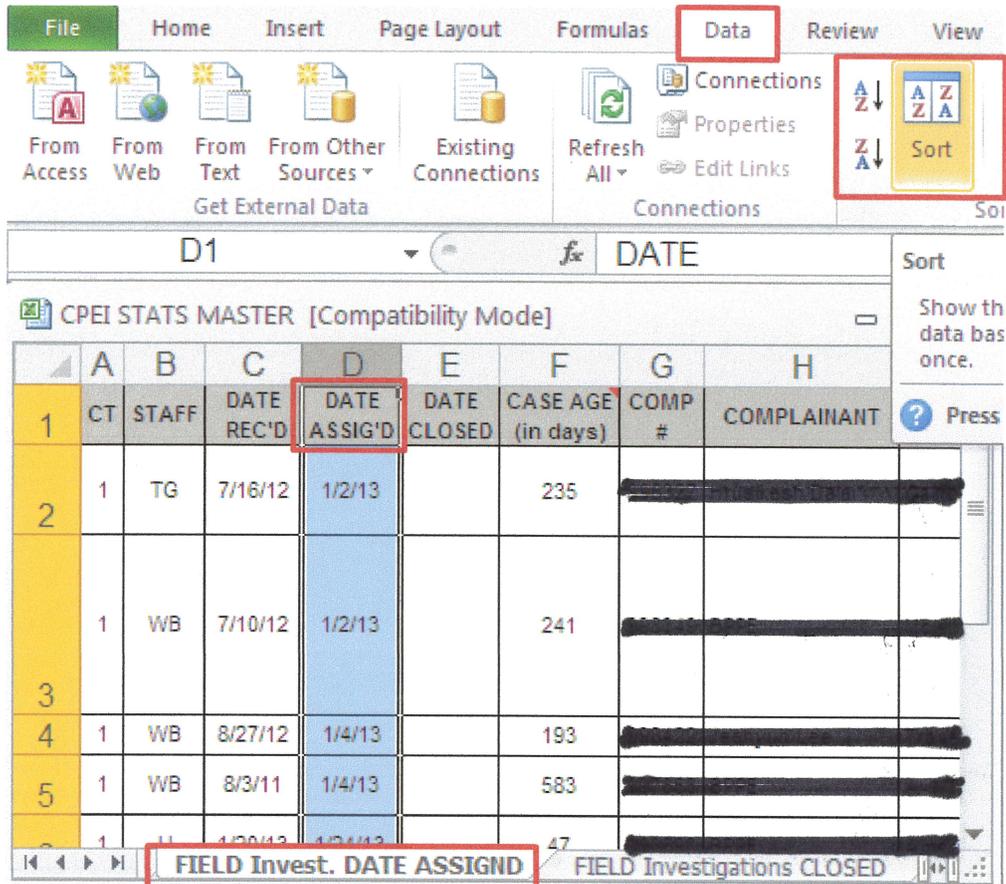
CPEI STATS MASTER [Compatibility Mode]

	C	D	E	F	G	H	I
1	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME
2	8/6/12	8/10/12		79	1E+06		
3	8/20/12	8/22/12		65	1E+06		
4	8/20/12	8/22/12		65	1E+06		
5	8/28/12	8/30/12		57	1E+06		
6	8/22/12	8/23/12		63	1E+06		
7	7/18/12	8/10/12		97	1E+06		
8	8/7/12	8/15/12		78	1E+06		
9							

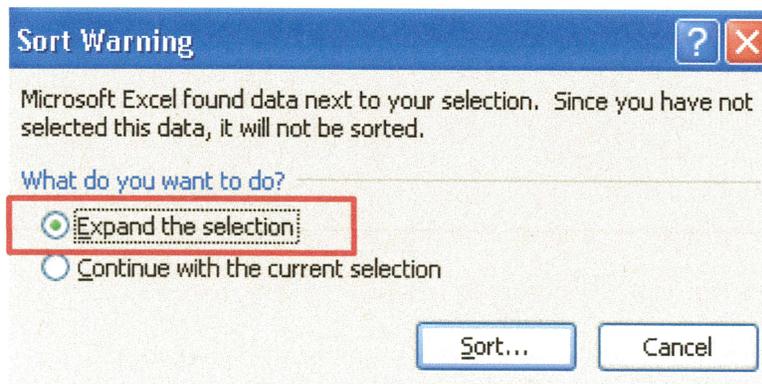
DESK PENDING-DATE REC'D FIELD Invest. DATE ASSIGN'D

4. Sort the data by DATE ASSIG'D:

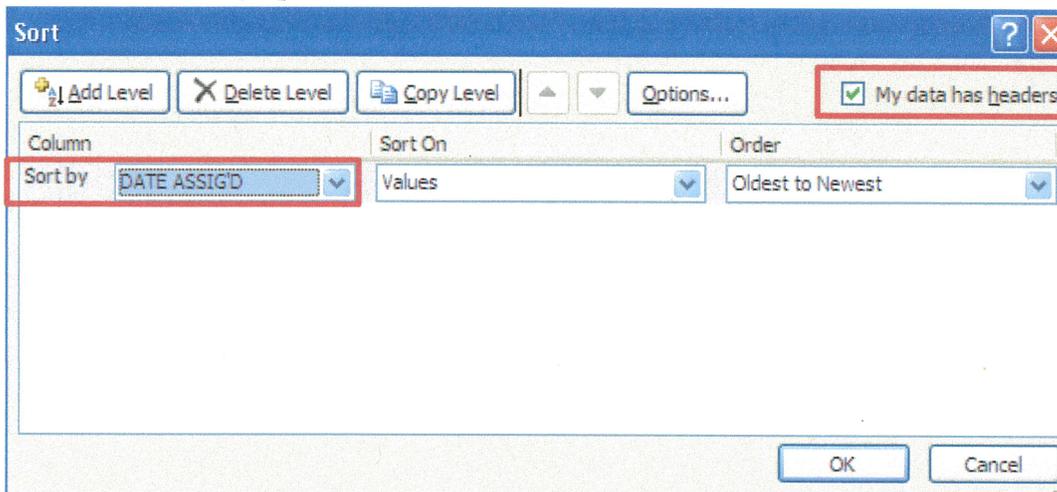
- a. Choose the DATA option on the menu at the top of the screen
- b. Highlight column D – DATE ASSIG'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with the current selection, choose expand selection and click Sort:



- e. In the Sort box, click the “My data has headers” box, choose DATE ASSIG'D as the Sort By option and hit OK:



5. Hit SAVE (you should save your work periodically)

Applying complaint data to monthly statistical data breakdown sheets:

FIELD Investigations CLOSED

1. Return to the ALL complaints CLOSED – STAT mo, copy the Field Staff Information and paste onto the FIELD Investigations CLOSED tab:
 - a. Left Click on the first row of the Field Investigation Staff (row 44 in this example), hold the mouse and drag down to highlight all associated Field Investigation Staff, then right click on your mouse and hit Copy-

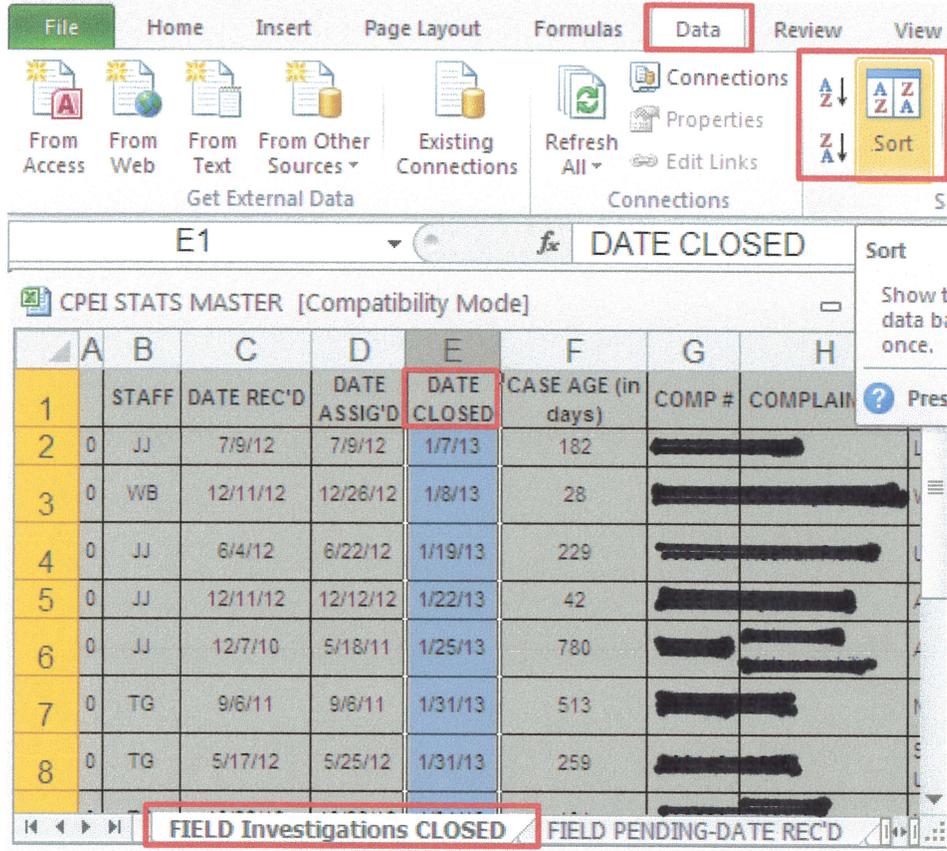
The screenshot shows the Microsoft Excel interface with the 'Home' tab selected. The spreadsheet is titled 'CPEI STATS MASTER [Compatibility Mode]'. The active cell is A44. A context menu is open over row 44, with the 'Copy' option highlighted. A red arrow points down from the top left towards row 44. The spreadsheet data is as follows:

	A	B	C	D	E	F	G	H
38	0	LS	7/3/12	7/11/12	8/16/12	8		
39	0	LS	7/16/12	7/18/12	8/22/12	36		
40	0	LS	6/12/12	6/18/12	8/23/12	71		
41	0	LS	6/12/12	6/18/12	8/23/12	71		
42	0	LS	6/12/12	6/18/12	8/23/12			
43								
44	0	JJ	6/4/12	6/22/12	8/7/12	83		
45	0	JJ	5/18/12	5/18/12	8/7/12			
46	0	KN	10/7/10	9/9/11	8/7/12			
47	0	TG	6/19/12	6/25/12	8/7/12			
48								

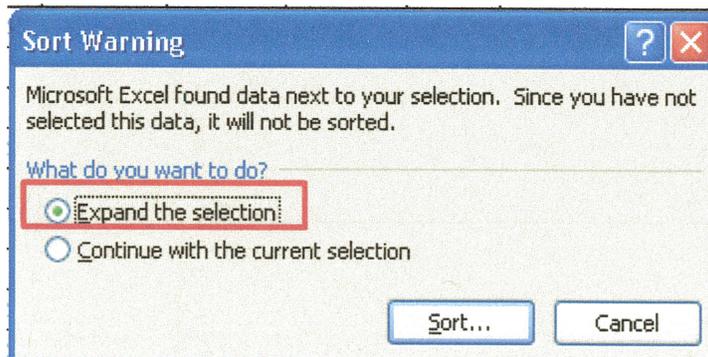
The context menu options are: Cut, Copy, Paste Options, Paste Special..., Insert, Delete, Clear Contents, Format Cells..., Row Height..., Hide, and Unhide. The 'ALL complaints CLOSED' tab is visible at the bottom of the spreadsheet.

11. Sort the data by DATE CLOSED:

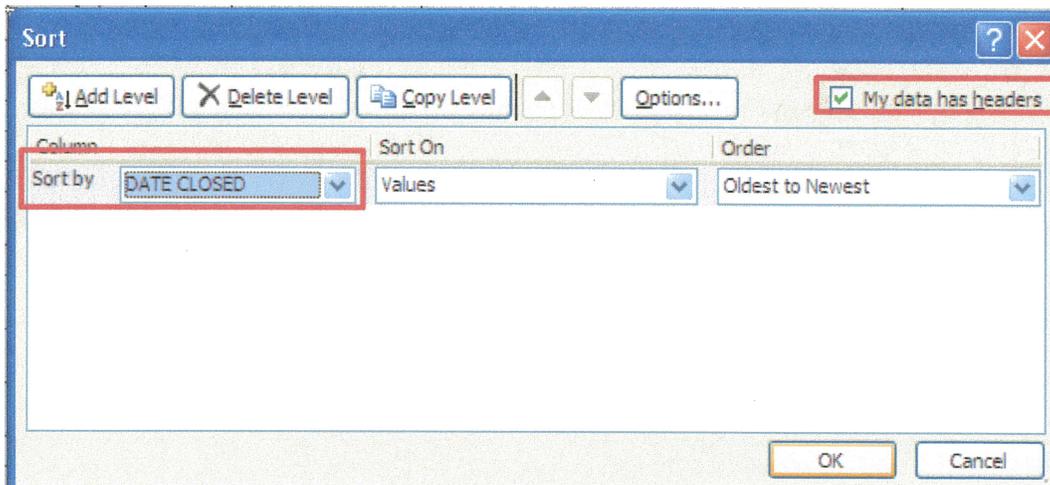
- a. Choose the DATA option on the menu at the top of the screen
- b. Click on Column E – DATE CLOSED
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



- e. In the Sort box, click the box by “My data has headers”, underneath the Column section choose DATE CLOSED as the Sort By option and hit OK-

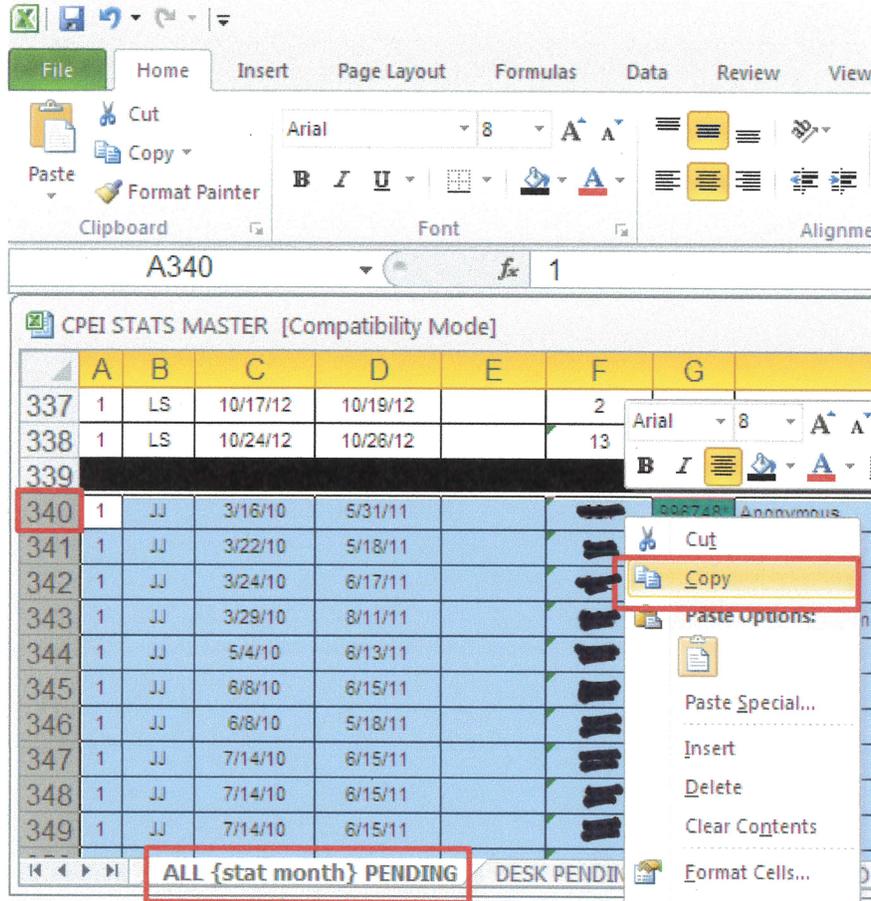


4. Hit SAVE (you should save your work periodically).

Applying complaint data to monthly statistical data breakdown sheets:

FIELD PENDING – DATE REC'D

1. Return to the ALL {stat month} PENDING and copy the Field Staff Information:
 - a. Left Click on the first row of the Field Investigation Staff (row 340 in this example), hold the mouse and drag down to highlight all associated Field Investigation Staff, then right click on your mouse and hit Copy-



2. Field Investigators are/were:
 - a. TG – Tori Gaines
 - b. JJ – Jennifer Jones
 - c. RA – Richard Acosta
 - d. YJ – Yvette Johnson
 - e. RAA – Roxana Aalberts

- Click on the FIELD PENDING – DATE REC'D tab, right click the first empty row (row 2 in this example) and hit the Paste option:

CPEI STATS MASTER [Compatibility Mode]

Row 2 is selected. Context menu options include: Cut, Copy, Paste Options (with 'Paste (P)' highlighted), Paste Special..., Insert Copied Cells, Delete, Clear Contents, Format Cells..., Row Height..., Hide, and Unhide.

Columns: G (OMP #), H (COMPLAINANT), I (INSTITUTION NAME), J (LOCATION), K (REGION)

Active Tab: FIELD PENDING-DATE REC'D

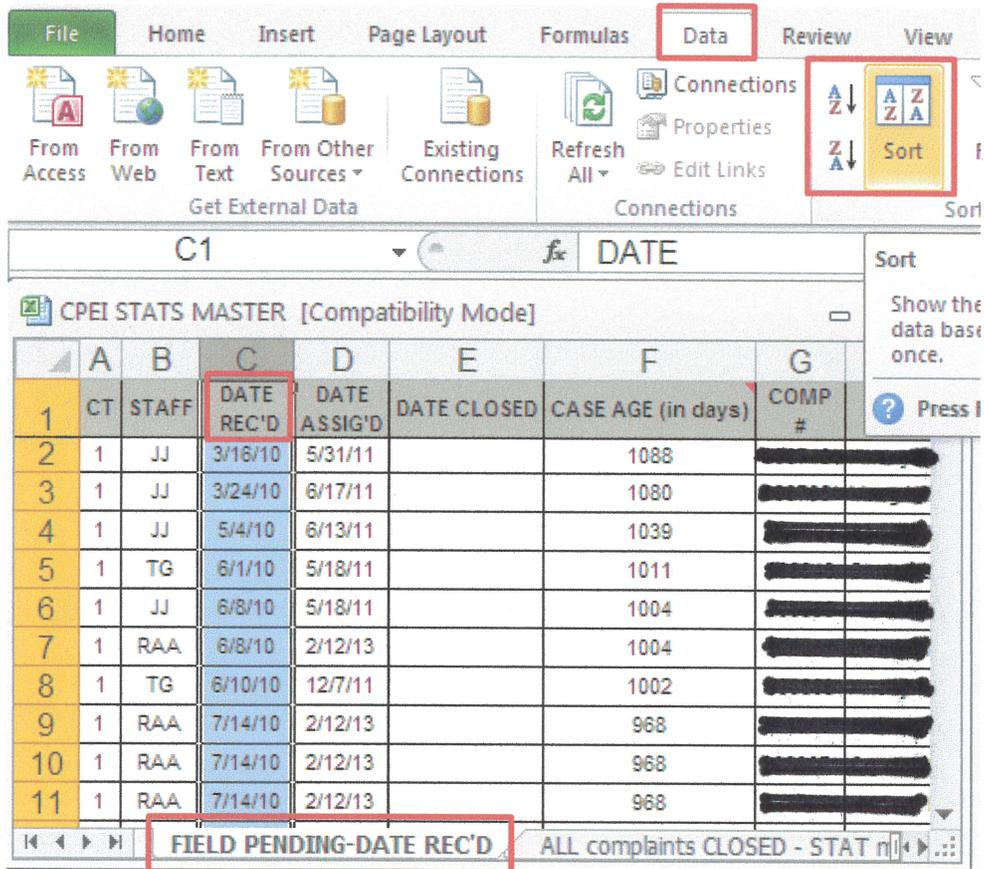
CPEI STATS MASTER [Compatibility Mode]

	C	D	E	F	G	H	I	J	K	L
1	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME	LOCATION	REGION	SCHOOL STA
2	3/16/10	5/31/11		951						
3	3/22/10	5/18/11		945						
4	3/24/10	6/17/11		943						A
5	3/29/10	8/11/11		938						A
6	5/4/10	8/13/11		903						
7	6/8/10	8/15/11		869						A
8	6/8/10	5/18/11		869						
9	7/14/10	6/15/11		833						A
10	7/14/10	6/15/11		833						A
11	7/14/10	8/15/11		833						A
12	7/27/10	8/12/11		820						AP

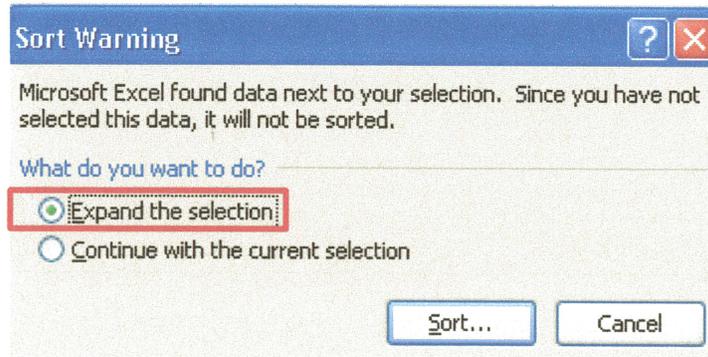
Active Tab: FIELD PENDING-DATE REC'D

4. Sort the data by DATE REC'D once the information has been pasted:

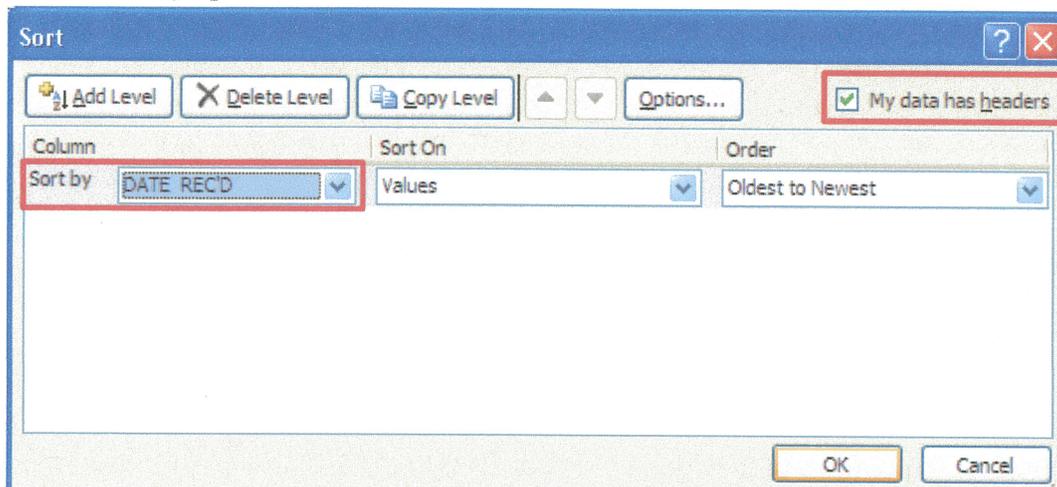
- a. Choose the DATA option
- b. Highlight column C – DATE REC'D
- c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with the current selection, choose expand selection and click Sort:



- e. In the Sort box, click the “My data has headers” box, choose DATE REC'D as the Sort By option and hit OK:



5. Hit SAVE (you should save your work periodically).

Applying complaint data to monthly statistical data breakdown sheets:

ENF ACTION BRKDOWN

On this breakdown sheet you will enter the following statistical information where necessary:

1. AG Cases:
 - a. Breakdown for all pending or current cases at AG's
 - i. All CURRENT/PENDING cases at the AG's office (history of ALL OPEN AG cases)
 - b. Breakdown of all AG cases sent to AG's office within your statistical month
 - i. AG cases sent to AG's office within your statistical month
 - c. Breakdown of AG cases that have been withdrawn
 - i. AG cases that have been withdrawn
 - d. Breakdown of AG cases that have been stipulate
 - i. AG cases that have had stipulated settlements
2. Citations
 - a. Breakdown of Citations issued within your statistical month
 - i. Citations issued within your statistical month

Open the following logs located at 


1. AG Case Aging Log 2013
 - a. While in the AG Case Aging Log 2013 excel spread sheet you will:
 - i. Move closed AG cases to the Closed AG tab
 - ii. Copy all current pending AG case
2. Citation Program Aging Log

AG Case Aging Log 2013

1. Move closed AG cases from the **Open AG Cases** tab to the **Closed FY 2012-13** (or whatever fiscal year you are working within).

*Note - Closed cases are highlighted in grey and the “count #” is moved from 1 to 0:

#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASE TYPE
0	JO	2/27/2013	3/4/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI
1	JO	11/27/2012	11/28/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI
20 Total Cases at AG's Office							

a. Right click on the closed AG cases and choose the Cut option:

The screenshot shows an Excel spreadsheet with a right-click context menu open over a row of data. The 'Cut' option is highlighted in a red box. A red arrow points from the left towards the menu. The spreadsheet has tabs for 'Open AG Cases', 'Transfer to Complaint Invest.', and 'Closed FY 2012-13'. The 'Open AG Cases' tab is active and highlighted in red. The data in the spreadsheet is as follows:

#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASE TYPE
0	JO	2/27/2013	3/4/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI
1	JO	11/27/2012	11/28/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI

- b. Choose the Closed FY { } tab and underneath the most recent closed entry right click on that row and choose the Paste option:

AG Case Aging Log 2013 [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Add-Ins

Clipboard Font Alignment Number Conditional Formatting

A17

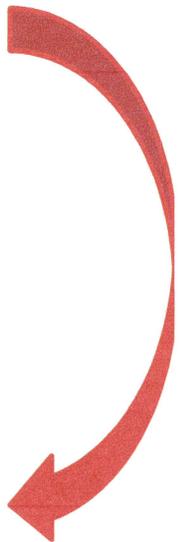
	A	B	C	D	E	F	G	H
10								
11	#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	
12	0	JO	2/7/2012	2/7/2012	[REDACTED]	[REDACTED]	[REDACTED]	
13			4/3/2012	4/11/2012	[REDACTED]	[REDACTED]	[REDACTED]	
14			2/21/2013	2/21/2013	[REDACTED]	[REDACTED]	[REDACTED]	
15			10/29/2012	10/29/2012	[REDACTED]	[REDACTED]	[REDACTED]	
16			10/10/2012	10/10/2012	[REDACTED]	[REDACTED]	[REDACTED]	
17								

Calibri 11 \$ % .00

Open AG Cases Transfer to Complaint Invest. **Closed FY 2012-13** Closed FY 2011-12 Closed FY 2010-11

15	0	JO	10/29/2012	10/29/2012	[REDACTED]	[REDACTED]	[REDACTED]	
16	0	JO	10/10/2012	10/10/2012	[REDACTED]	[REDACTED]	[REDACTED]	
17	0	JO	2/27/2013	3/4/2013	[REDACTED]	[REDACTED]	[REDACTED]	

Open AG Cases Transfer to Complaint Invest. **Closed FY 2012-13** Closed FY 2011-12 Closed FY 2010-11



c. Return to the Open AG Cases tab and delete the empty row:

The screenshot shows an Excel spreadsheet with a context menu open over a row. The 'Delete' option is highlighted in yellow. The spreadsheet contains several rows of data, some of which are redacted with black bars. The bottom sheet bar shows the 'Open AG Cases' tab is active.

2013	5/21/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI
2012	11/7/2012	[REDACTED]	[REDACTED]	[REDACTED]	CF, U
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SOI

3. Go to the ENF tab in the CPEI STATS MASTER excel spreadsheet and clear out the old information in the ALL CURRENT PENDING AG CASES by highlighting all the old information and hitting the Delete button on your keyboard:

a. Left click on the first row under ALL CURRENT/PENDING AG CASES, scroll to the bottom of that section and hit the Delete button on your keyboard.

ALL CURRENT/PENDING AG CASES

	#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASE TYPE	OFF	TRANSMITTAL TO AG OFFICE
3	1	JO	2/14/2012	2/21/2012	[REDACTED]	[REDACTED]	[REDACTED]	ED	SF	02/13/12
4	1	JO	5/1/2012	5/9/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Oakland	05/10/12
5	1	JO	6/20/2012	9/17/2012	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Sacramento	09/17/12
6	1	JO	10/9/2012	10/8/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Los Angeles	10/09/12
7	1	JO	10/18/2012	10/22/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	SD	10/30/12
8	1	JQ	7/13/2012	11/7/2012	[REDACTED]	[REDACTED]	[REDACTED]	CF, U	SF	11/07/12
9	1	JO	11/27/2012	11/28/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	LA	12/10/12
10	1	JO	12/10/2012	12/10/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	LA	12/13/12
11	1	JO	12/17/2012	12/19/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Los Angeles	01/17/13
12	1	JO	1/22/2013	1/22/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Francisco	02/12/13
13	1	JO	1/28/2013	1/29/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Francisco	02/14/13

4. Return to the AG log and copy the remaining AG cases from the AG Case Aging Log 2013 excel spreadsheet:

- a. Highlight all the rows that contain open AG cases from #8 until there are no more rows of information
- b. After highlighting all rows right click the mouse and choose the Copy option:

#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASE TYPE	OFF	TRANSMITTAL TO AG OFFICE	STATUS RQSTD
1	JO	10/8/2012	10/9/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Diego	04/25/13	SOI Preparation Application Denied
8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	JQ	7/13/2012	11/7/2012	[REDACTED]	[REDACTED]	UA	CF, U	SF	11/07/12	Request for Administrative Hearing/ Appeal of Citation Diann Socoloff 11/14/12
1	JO	11/27/2012	11/28/2012	[REDACTED]	[REDACTED]	SOI	LA	12/10/12	SOI Preparation Application Denied	Morgan Malek 1/3/13

5. Paste this information onto the ENF tab in the CPEI STATS MASTER excel spreadsheet:

- a. When on the ENF tab right click the first column under the ALL CURRENT PENDING AG CASES section and choose the Insert Copied Cells option.

te Assigned	CASE NO.	SCHOOL	SCHOOL #	CASETYPE	OFF

b. After deleting the extra rows delete any AG cases that are listed that DO NOT have a **Transmittal To AG Office Date**:

- i. Identify the AG cases that do not have a date of transmittal
- ii. Right click on that row and choose the delete option

ALL CURRENT/PENDING AG CASES

	#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASE TYPE	OFF	TRANSMITTAL TO AG OFFICE	ST
1											
2											
3	1	JO	10/8/2012	10/9/2012	[REDACTED]			SOI	San Diego	04/25/13	SO Appl
4	1	JO	1/22/2013	1/22/2013	[REDACTED]			SOI	San Francisco	02/12/13	SO Appl
11	1	JO	5/7/2013	5/15/2013	[REDACTED]			SOI	San Francisco	05/22/13	SO Appl
12	1	JO	10/3/2012	10/8/2012	[REDACTED]			SOI	Los Angeles	10/09/12	SO Appl
13	1	JO	8/8/2012	8/8/2012	[REDACTED]						
17	1	JO	2/12/2013	2/12/2013	[REDACTED]				LA	02/21/13	Requ Admi Hear
18	1	JO	10/18/2012	10/22/2012	[REDACTED]			SOI	SD	10/30/12	SO Appl
19	1	JO	12/10/2012	12/10/2012	[REDACTED]			SOI	LA	12/13/12	SO Appl
20	1	JO	5/20/2013	5/21/2013	[REDACTED]			SOI	LA		SO Appl
21	1	JQ	7/13/2012	11/7/2012	[REDACTED]			CF, U	SF	11/07/12	Re Adm Hear
22	1	JO	11/27/2012	11/28/2012	[REDACTED]			SOI	LA	12/10/12	SO Appl
4	1	JO	1/22/2013	1/22/2013	[REDACTED]			SOI	San Francisco	02/12/13	SOI P Applic
11	1	JO	5/7/2013	5/15/2013	[REDACTED]			SOI	San Francisco	05/22/13	SOI P Applic
			10/8/2012		[REDACTED]			SOI	Los Angeles	10/09/12	SOI P Applic
	1	JO	8/8/2012	8/8/2012	[REDACTED]						
			2/12/2013	2/12/2013	[REDACTED]				LA	02/21/13	Requ Admi Hearin
			10/18/2012	10/22/2012	[REDACTED]			SOI	SD	10/30/12	SOI P Applic
			12/10/2012	12/10/2012	[REDACTED]			SOI	LA	12/13/12	SOI P Applic
			5/20/2013	5/21/2013	[REDACTED]			SOI	LA		SOI P Applic
			7/13/2012	11/7/2012	[REDACTED]			CF, U	SF	11/07/12	Re Adm Hearin
			11/27/2012	11/28/2012	[REDACTED]		1905811	SOI	LA	12/10/12	SOI P Applic



- c. Once deleting the AG cases that have no transmittal date you will organize the remaining AG cases by the Transmittal to AG Office date by hand. Sort them from oldest to newest:

ALL CURRENT/PENDING AG CASES

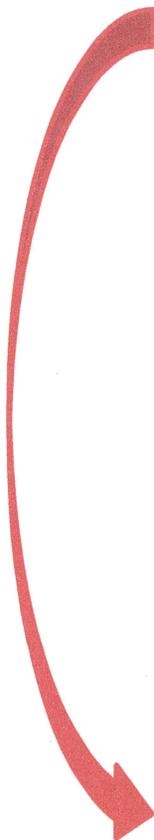
#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASETYPE	OFF	TRANSMITTAL TO AG OFFICE
1	JO	10/8/2012	10/9/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Diego	04/25/13
2	JO	1/22/2013	1/22/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Francisco	02/12/13
3	JO	5/1/2012	5/3/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Oakland	05/10/12
4	JO	1/28/2013	1/29/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Francisco	02/14/13
5	JO	12/17/2012	12/19/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Los Angeles	01/17/13
6	JO	5/22/2013	5/23/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Los Angeles	05/23/13
7	JO	6/20/2012	9/17/2012	[REDACTED]	[REDACTED]	[REDACTED]		Sacramento	09/17/12
8	JO	1/22/2013	1/22/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Diego	03/04/13
9	JO	5/7/2013	5/15/2013	[REDACTED]	[REDACTED]	[REDACTED]	SOI	San Francisco	05/22/13
10	JO	10/3/2012	10/8/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Los Angeles	10/09/12

ALL complaints CLOSED - STAT mo / ALL {stat month} PENDING **ENF ACTION BRKDN** ENF Cases / Sort PAGE for Master Log / Sort PA

ALL CURRENT/PENDING AG CASES

#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASETYPE	OFF	TRANSMITTAL TO AG OFFICE
1	JO	2/14/2012	2/21/2012	[REDACTED]	[REDACTED]	[REDACTED]	ED	SF	02/13/12
2	JO	5/1/2012	5/3/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Oakland	05/10/12
3	JO	6/20/2012	9/17/2012	[REDACTED]	[REDACTED]	[REDACTED]		Sacramento	09/17/12
4	JO	10/3/2012	10/8/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	Los Angeles	10/09/12
5	JO	10/18/2012	10/22/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	SD	10/30/12
6	JQ	7/13/2012	11/7/2012	[REDACTED]	[REDACTED]	[REDACTED]	CF, U	SF	11/07/12
7	JO	11/27/2012	11/28/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	LA	12/10/12
8	JO	12/10/2012	12/10/2012	[REDACTED]	[REDACTED]	[REDACTED]	SOI	LA	12/13/12

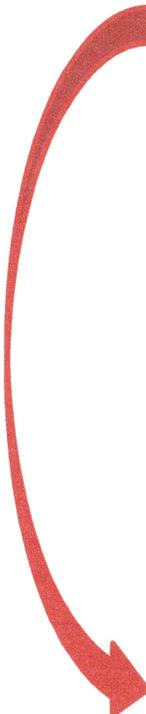
ALL complaints CLOSED - STAT mo / ALL {stat month} PENDING **ENF ACTION BRKDN** ENF Cases / Sort PAGE for Master Log / Sort PA



7. After sorting the AG cases clear out the old data in the BREAKDOWN OF ALL CURRENT/PENDING AG CASES section:

a. Highlight all the information and hit Delete on your keyboard –

BREAKDOWN OF ALL CURRENT/PENDING AG CASES

22	COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOMPCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
23	997952	2/14/2012	[REDACTED]	02/13/12	ED	02/23/12	128	06/21/12
24	998117	5/1/2012	[REDACTED]	05/10/12	SOI	10/16/12	324	03/21/13
25	998285	6/20/2012	[REDACTED]	09/17/12				
26	998490	10/3/2012	[REDACTED]	10/09/12	SOI			
27	998528	10/18/2012	[REDACTED]	10/30/12	SOI	2/11/2013	503	3/5/2014
28	998325	7/13/2012	[REDACTED]	11/07/12	CF, U	n/a	250	3/20/2013
29								


 ALL complaints CLOSED - STAT mo / ALL {stat month} PENDING **ENF ACTION BRKDN** ENF Cases / Sort P

BREAKDOWN OF ALL CURRENT/PENDING AG CASES

22	COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOMPCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
23								
24								
25								
26								
27								
28								
29	 ALL complaints CLOSED - STAT mo / ALL {stat month} PENDING ENF ACTION BRKDN ENF Cases / Sort P							

- b. Date Received
- c. School
- d. Transmittal To AG Office (To AG Office)
- e. Case Type (Type)
- f. ACC/SOI/PCP Signed By BPPE
- g. Hearing Date

10. Paste the new data into the BREAKDOWN OF ALL CURRENT/PENDING AG CASES:

BREAKDOWN OF ALL CURRENT/PENDING AG CASES

22	COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
23								
24								
25								

*Follow the same instructions for the remaining columns (date received, etc.)

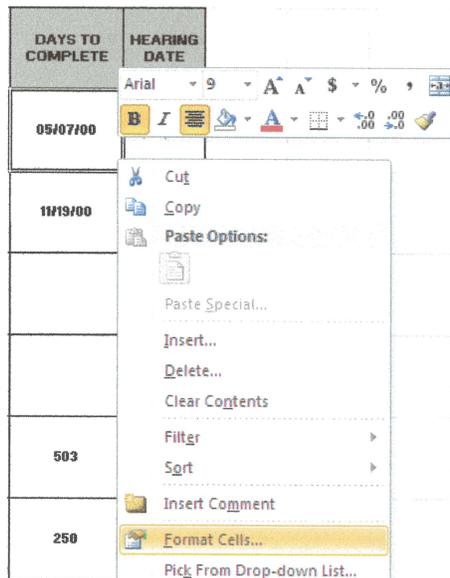
11. Once you've entered the above information you will notice the column Days to Complete is empty. Within this column you will enter the following formula: = {equal sign}sum(hearing date – {minus} date received)

- a. Only AG cases with a hearing date will be able to use this formula
 - i. For example – The AG case Institute of Medical Education has a hearing date of 06/21/12 so you would enter in the **Days To Complete** section =sum(H24 – B24) [hearing date for this AG case] – {minus} [Date Received for this AG Case]

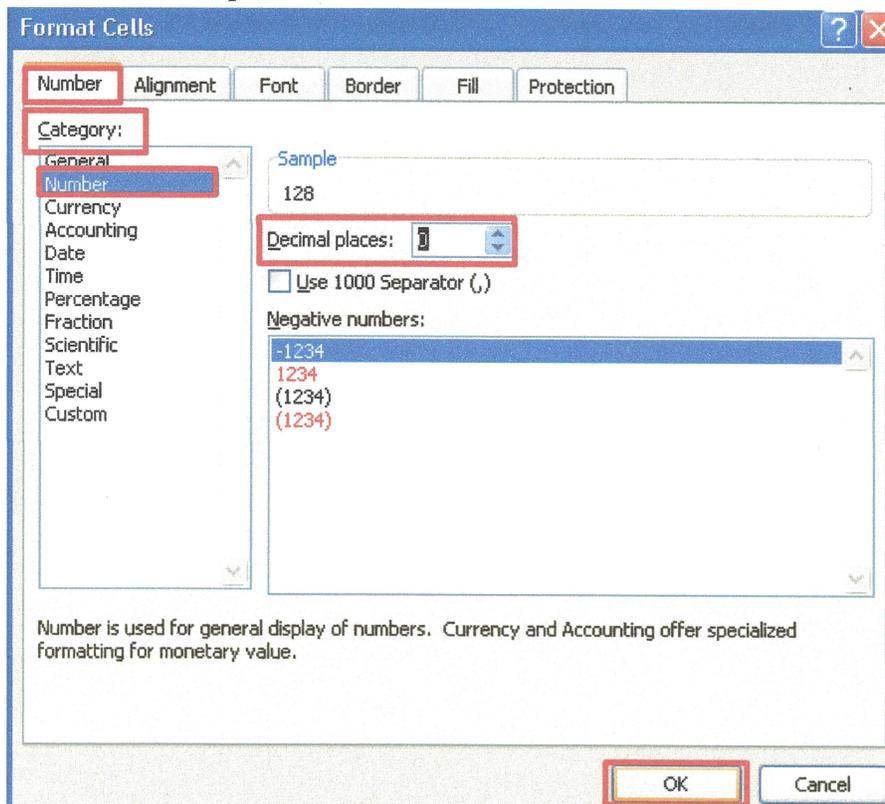
BREAKDOWN OF ALL CURRENT/PENDING AG CASES

22	COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
23								
24		2/14/2012		02/13/12	ED	02/23/12	=sum(H24 - B24)	06/21/12

- ii. Follow the same instructions for any additional AG cases that have a hearing date. If after you enter the formula the Days To Complete looks like a weird date right click the box and choose the format cells option:



- iii. Once the Format Cells option is chosen the following box will appear. Choose the Number tab, choose Number as the category, change the decimal places to 0, hit the OK button:



12. Once the new data is entered into the BREAKDOWN OF ALL CURENT/PENDING AG CASES move to the next section ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH:

- a. Look at the dates of the Transmittal to AG Office, whatever dates correspond with your statistical month cut and paste into the ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH –
 - i. For example it's June 2013, the data you are pulling statistics for is the month of May 2013, highlight the May 2013 data from the ALL CURRENT/PENDING AG CASES, right click the mouse, and choose the copy option:

	#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL#	CASE TYPE	OFF	TRANSMITTAL TO AG OFFICE
1										
2										
3	1	JO	2/14/2012	2/21/2012				ED	SF	02/13/12
17	1	JO	2/19/2013	2/21/2013				SOI	LA	03/12/13
18	1							SOI	San Diego	04/25/13
19	1	JO	5/7/2013	5/15/2013				SOI	San Francisco	05/22/13
20	1	JO	5/23/2013					SOI	Los Angeles	05/23/13

- ii. Go to the ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH right click the mouse and choose the Insert Copied Cells option:

	#	Staff	Date Assigned	CASE NO.	SCHOOL
43					
4	1	JO	10/8/2012		

- iii. Highlight the rows with any old statistical data, right click the mouse and choose the delete option:

ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH

#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL
1	JO	5/7/2013	5/15/2013	[REDACTED]	[REDACTED]
			5/23/2013	[REDACTED]	[REDACTED]
		10/8/2012	10/9/2012	[REDACTED]	[REDACTED]

ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STA

TO AG

13. Once all the data is entered delete any old statistical information from the BREAKDOWN OF ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH:

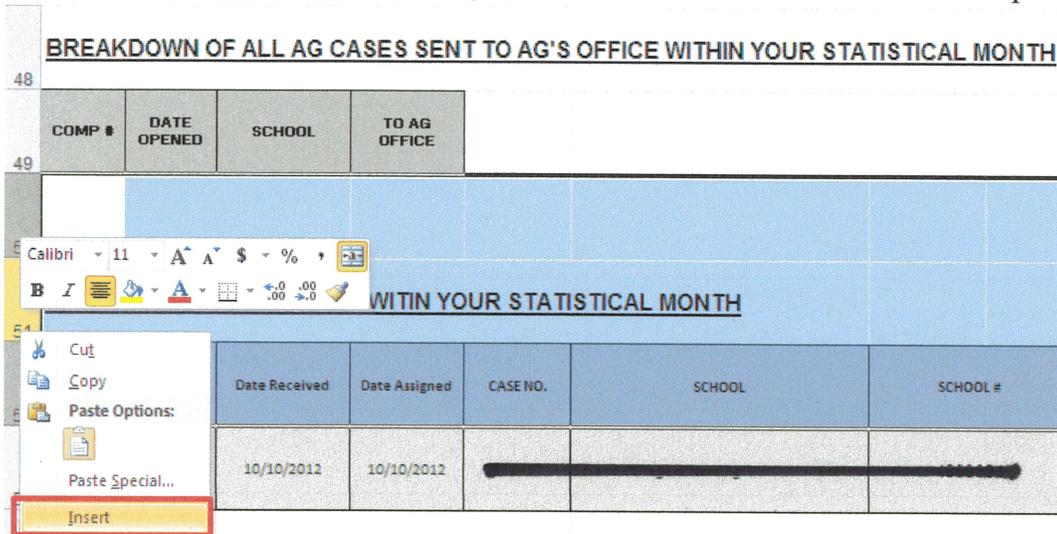
- a. Highlight the data needed to be deleted, right click the row and choose the delete option -

BREAKDOWN OF ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH

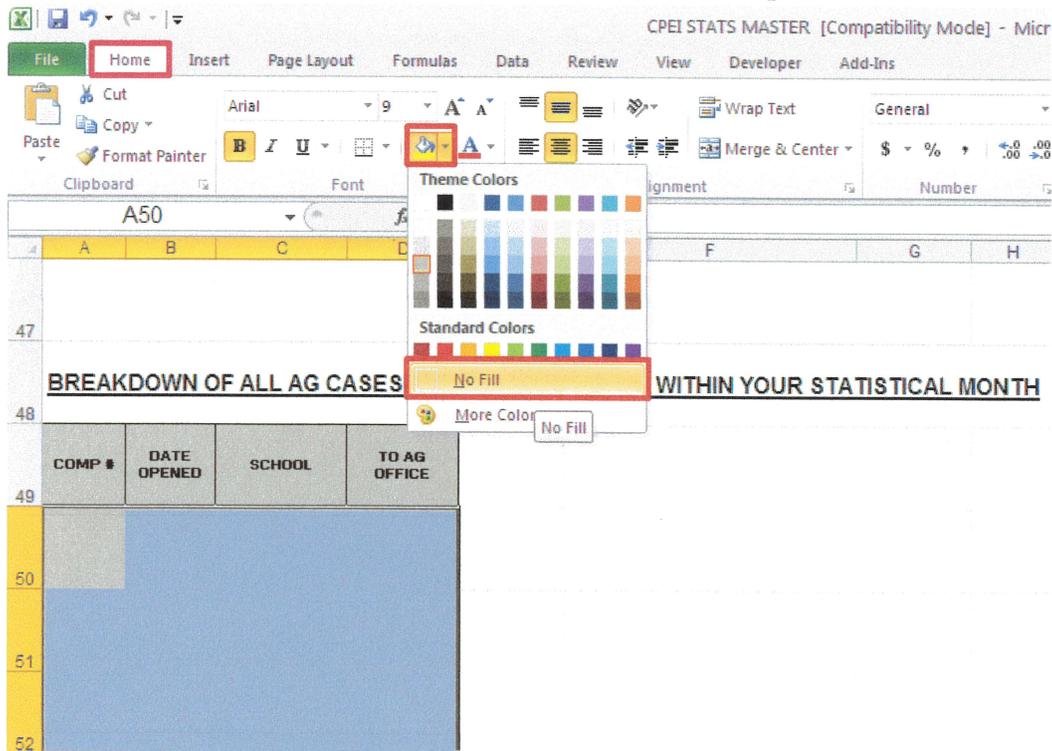
COMP #	DATE	SCHOOL	TO AG OFFICE
998491	10/9/2012	Academy for the Healing Arts	04/25/13

WN AG CASES WITHIN YOUR STATISTICAL MONTH

- b. One the data is deleted insert any additional rows you may need for the new data you are entering:
 - i. For example, the new data being entered is two rows worth of data so highlight two rows, right click the mouse and choose the insert option -



- c. If the newly entered rows are colored, choose the paint bucket underneath the home option on the top row, and choose the No Fill option:



14. After the old statistical information is deleted and the rows are consistent in color, insert the new ALL AG CASES'S SENT TO AG'S OFFICE WITHIN YOUR STATISITCAL MONTH data by copying the following information from the ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISITCAL MONTH:

- a. Case No. (Comp #). – highlight the Case No, right click the mouse and choose the copy option -

ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISITCAL MONTH

#	Staff	Date Received	Date Assigned	CASE NO.
1	JO	5/7/2013	5/15/2013	998895
1	JO	5/22/2013	5/23/2013	998933

*Follow the same instructions for copying b-d

- b. Date Opened
- c. School
- d. Transmittal To AG Office (To AG Office)

15. Paste the new data into the BREAKDOWN OF ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISITCAL MONTH:

- a. Right click on the first available column under the respective cell, right click the mouse and choose the Paste option –
 - i. Respective cell = copied Case No. info to paste into the Comp # cell

BREAKDOWN OF ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISITCAL MONTH

COMP #	DATE OPENED	SCHOOL	TO AG OFFICE
998895	5/7/2013	Global TV University	05/22/13
998933	5/22/2013	Cinema Make Up School	05/23/13

16. Once the new data is entered into the BREAKDOWN OF ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH go back to the AG Case Aging Log 2013, click on the Closed FY { } tab and search for any cases that have a withdrawn date that falls within your statistical month:

a. For example, if it's June 2013 the monthly statistical data you are searching for will fall in May 2013 –

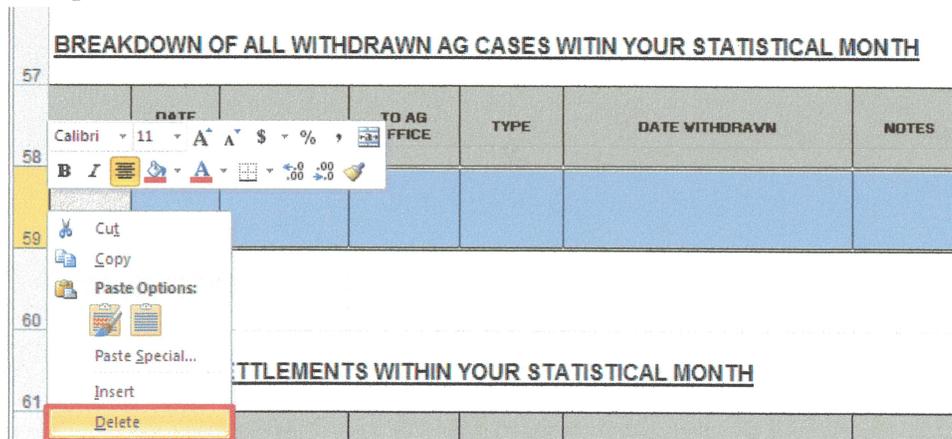
	#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	WITHDRAWN
11							
12	0	JO	2/7/2012	2/7/2012	██████	████████████████████	
13	0	JQ	4/3/2012	4/11/2012	██████	████████████████████	02/12/13
14	0	JO	2/21/2013	2/21/2013	██████	████████████████████	
15	0	JO	10/29/2012	10/29/2012	████████████████████		5/3/13 Withdrawn by Owner
16	0	JO	10/10/2012	10/10/2012	████████████████████		4/10/13 Withdrawn by the Bureau - application denial reversed.
	0	JO	2/27/2013	3/4/2013	██████	████████████████████	

Open AG Cases / Transfer to Complaint Invest. / Closed FY 2012-13 / Closed FY 2011-12 / Closed FY 2010-11

17. If there are some AG cases that have been withdrawn you will copy this data, from the AG Case Aging Log 2013, and paste into the CPEI STATS MASTER excel spreadsheet, ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH tab.

18. Delete the old data in the WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH section:

a. Highlight the data needed to be deleted, right click the row and choose the delete option



19. Return to the **AG Case Aging Log 2013** excel spreadsheet, click on the Closed FY { } tab highlight the row, right click the mouse and choose the copy option:

	#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	WITHDRAWN
11								
12	0	JO	2/7/2012	2/7/2012	[REDACTED]	[REDACTED]		
13	0	JQ	4/3/2012	4/11/2012	[REDACTED]	[REDACTED]	UA	02/12/13
14	0	JO	2/21/2013	2/21/2013	[REDACTED]	[REDACTED]		
15	0				[REDACTED]	[REDACTED]		5/3/13 Withdrawn by Owner
	0				[REDACTED]	[REDACTED]		4/10/13 Withdrawn by the Bureau - application

20. Return to the ENF ACTION BRKDNW tab in the CPEI STAT MASTER excel spreadsheet, go to the ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH section, right click on the first available row, choose the Paste option:

ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH

#	CASE NO.	SCHOOL	SCHOOL #
54	[REDACTED]	[REDACTED]	[REDACTED]
55	[REDACTED]	[REDACTED]	[REDACTED]

21. Once all the data is entered delete any old statistical information from the BREAKDOWN OF ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH, highlight the data needed to be deleted, right click the row and choose the delete option –

BREAKDOWN OF ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH

	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES
55	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
56	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

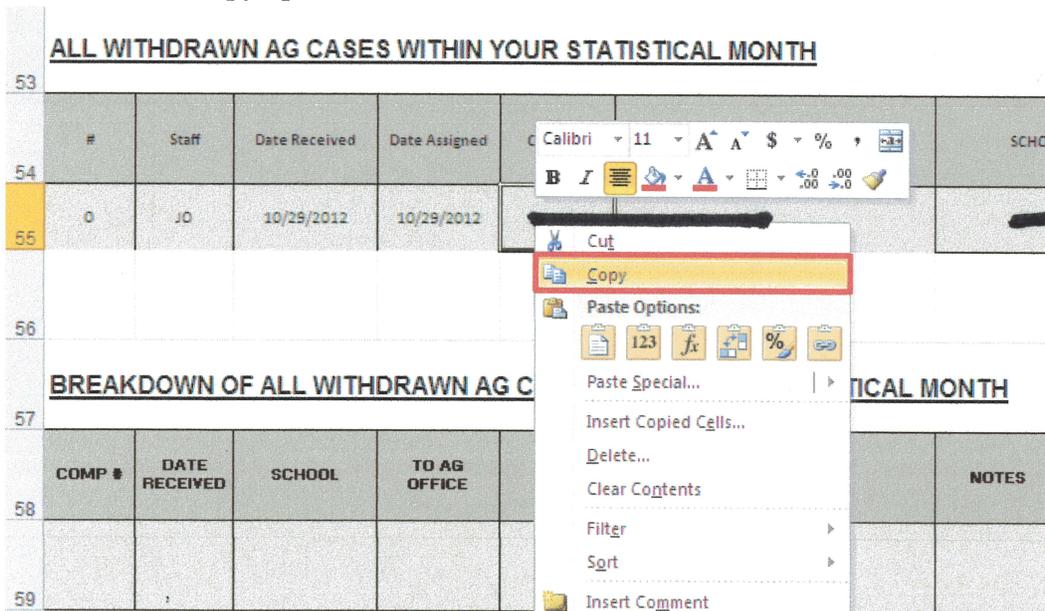
SETTLEMENTS WITHIN YOUR STATISTICAL MONTH

22. Once the data is deleted insert any additional rows you may need for the new data you are entering:

- a. For example, the new data being entered is two rows worth of data so highlight two rows, right click the mouse and choose the insert option.
- b. If the newly entered rows are colored, choose the paint bucket underneath the home option on the top row, and choose the No Fill option.

23. After the old statistical information is deleted and the rows are consistent in color, insert the new data into the BREAKDOWN OF ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH by copying the following information from the ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH:

- a. Case No. (Comp #). – highlight the Case No, right click the mouse and choose the copy option –



*Follow the same instructions for copying b-g

- b. Date Received
- c. School
- d. Transmittal To AG Office (To AG Office)
- e. Case Type (Type)
- f. Date Withdrawn
- g. Notes

24. Paste the new data into the BREAKDOWN OF ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH:

- a. Right click on the first available column under the respective cell, right click the mouse and choose the Paste option –
 - i. Respective cell = copied Case No. info to paste into the Comp # cell

BREAKDOWN OF ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES
988538	10/29/2012	Americana College	11/15/12	SOI	05/03/13	RECEIVED RESPONDENT/APPLICANT'S NOTICE OF

25. Return to the **AG Case Aging Log 2013** and choose the Closed FY { } tab to find any AG cases that may have Stipulated Settlements:

- a. Look at the columns titled STIP/PD/DEFAULT RC'D and ACTION-COMMENTS:

AG Case Aging Log 2013 [Read-Only] [Compatibility Mode]

A	B	C	D	E	F	G	H	S	AA
#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	STIP/PD/ DEFAULT REC'D	ACTION -COMMENTS	
11	0	JO	2/7/2012	2/7/2012	[REDACTED]	[REDACTED]	11/1/2012 11/21/12 to DCA Legal Affairs Office	DECISION AND ORDER/STIPULATED REVOCATION	
12	0	JQ	4/3/2012	4/11/2012	[REDACTED]	UA	n/a	2/15/13 JQ- CASE CLOSED. Sent letter to the owner confirming their	
13	0	JO	2/21/2013	2/21/2013	[REDACTED]	[REDACTED]		On 3/11/13, the denial for this institution's renewal	

Open AG Cases / Transfer to Complaint Invest. / **Closed FY 2012-13** / Closed FY 2011-12 / Closed FY 2010-11 / SUMMARY

26. If there are any AG cases that have a date underneath the STIP/PD/DEFAULT RC'D make sure the date falls within your statistical month before copying and pasting the information into the STIPULATION SETTLEMENTS WITHIN YOUR STATISTICAL MONTH.

27. If there are any Stipulated Settlements follow the same directions to clear the old data, insert any additional rows, copy the data from the **AG Case Aging Log 2013 Closed FY {}** tab and Paste into the STIPULATION SETTLEMENTS WITHIN YOUR STATISITCAL MONTH section. Continue on to copy and paste the following information into the BREAKDOWN OF STIPUALTION SETTLEMENTS WITHIN YOUR STATISITCAL MONTH section:

- a. Case No. – (Comp #)
- b. Date Received
- c. School
- d. Transmittal to AG Office - (To AG Office)
- e. Case Type – (Type)
- f. Stip/Pd/Default Rc'd
- g. Case Closure Date – (Closure Date)

<u>STIPULATION SETTLEMENTS WITHIN YOUR STATISTICAL MONTH</u>								
#	Staff	Date Received	Date Assigned	CASE NO.	SCHOOL	SCHOOL #	CASETYPE	OFF

<u>BREAKDOWN OF STIPULATION SETTLEMENTS WITHIN YOUR STATISTICAL MONTH</u>						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	STIP/PD/ DEFAULT REC'D	CLOSURE DATE

Navigation: ALL complaints CLOSED - STAT mo | ALL {stat month} PENDING | ENF ACTION BRKDW | ENF Cases | Sort PA

28. Once completed open the **Citation Program Aging Log** also located in **ENFORCEMENT TRACKING LOGS AND STATISTICS TRACKING LOGS** to obtain the data needed for CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH:

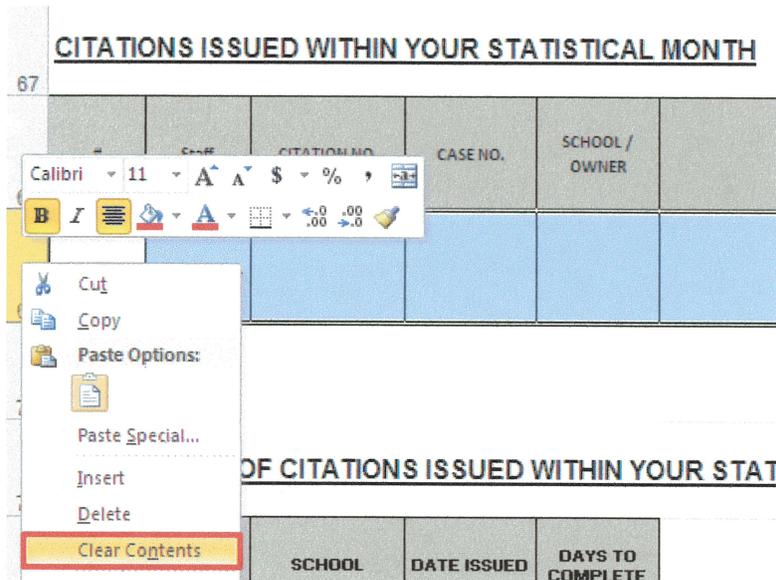
Address: [Redacted]

Name	Size	Type	Date Modified
Application Denials		File Folder	5/21/2013 12:23 PM
Back-up Logs		File Folder	4/9/2012 9:34 AM
BBC Complaints		File Folder	5/20/2013 1:27 PM
Complaint Case Aging Log NO LONGER IN USE		File Folder	2/21/2013 12:09 PM
AG Case Aging Log	160 KB	Microsoft Excel 97-...	5/13/2013 11:45 AM
AG Case Aging Log 2013	157 KB	Microsoft Excel 97-...	6/3/2013 1:48 PM
Citation Program Aging Log	167 KB	Microsoft Excel 97-...	6/3/2013 11:36 AM
COMPLAINTS CASE AGING LOG		Microsoft Excel 97-...	5/29/2013 9:35 AM
EEE9321F.tmp			12/18/2012 5:53 PM
Subpoena Log		Microsoft Excel 97-...	3/6/2013 11:04 AM
Unapproved Schools Log	137 KB	Microsoft Excel 97-...	11/21/2012 12:56 PM

Info box: Type: Microsoft Excel 97-2003 Worksheet, Size: 167 KB

29. Once the log is open you will need to clear out the old data in the CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH section in the CPEI STAT MASTER on the ENF ACTION BRKDWN tab:

- a. Highlight the rows that need to be deleted, right click the mouse and choose the clear contents option:



30. Return to the Citation Program Aging Log, click on the 2011-2013 Citations tab, look for the column titled CITATION ISSUE DATE, any citations issued within your statistical month will be copied and pasted into the CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH section in the CPEI MASTER excel spreadsheet.

- a. In this example we are using the May 2013 Citations –

#	Staff	CITATION NO.	CASE NO.	SCHOOL / OWNER	SCHOOL #	CITATION TYPE	VIOLATION(S)	FINE AMOUNT	RESTITUTION ORDERED	CITATION ISSUE DATE	POSTED TO WEBSITE	LAST DATE TO APPEAL	INF. CONF. REQST REC'D	INF. CONF. SCHEDULED	IN
1	JQ	1213014		[REDACTED]		F, A	76140(8)(4)(5)(6)(9)(11)(12)(13)	\$500.00	NO	03/01/13	X	03/31/13	03/25/13	04/25/13	C
1	JQ	1213015		[REDACTED]		F, A	94886	\$50,000.00	NO	3/15/13	X	04/14/13	03/21/13	04/09/13	C
1	JQ	1213016		[REDACTED]		F, A	94886	\$50,000.00	NO	5/2/2013	X	06/01/13	05/22/13		
1	JQ	1213017		[REDACTED]		F, A	94886	\$50,000.00	NO	5/22/2013	X	06/21/13			
Total Citations referred to AG:											2				

31. Once the citations have been identified highlight the rows, right click on the mouse and choose the copy option:

#	Staff	CITATION NO.	CASE NO.	SCHOOL / OWNER	SCHOOL #	CITATION TYPE	VIOLATION(S)	FINE AMOUNT	RESTITUTION ORDERED	CITATION ISSUE DATE
5										
1	JQ	1213014		[REDACTED]		F, A	76140(a)(4)(5)(6)(9)(11)(12)(13)	\$500.00	NO	03/01/13
12										
1	JQ	1213015		[REDACTED]		F, A	94886	\$50,000.00	NO	3/15/13
1	JQ	1213016		[REDACTED]	UA	F, A	94886	\$50,000.00	NO	5/2/2013
1	JQ	1213017		[REDACTED]	UA	F, A	94886	\$50,000.00	NO	5/22/2013

32. Return to the CPEI MASTER excel spread sheet ENF ACTION BRKWDN tab and paste the newly copied information under the CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH section:

- a. Click on the first available row, right click the mouse and choose the Insert Copied Cells option –

CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

#	Staff	CITATION NO.	CASE NO.	SCHOOL / OWNER	SCHOOL #
67					
68					
69					
70					

33. Once the new data is inserted you will cut and paste the following data into the BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH section:

BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE	DATE ASSIG'D
73					
74					

- a. Comp # - Case No
- b. Date Assigned - To find this date you will need to return the **Citation Program Aging Log** and click on the Closed Citation Referral tab:
 - i. Find the Case. No associated with the Citation Case No's, that you have already pasted into the CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH (verify the Citation Issue Dates are the same as well) -

DATE ASSIG'D	STAFF ASSIGNED	UNIT REFERRED FROM	NTC	CASE NO.	SCHOOL / OWNER	SCHOOL #	AGREE OR DISAGREE	CITATION WKST COMPLETED	MGR AGREE OR DISAGREE	CITATION DRAFTED	DRAFT APPROVED	CITATION ISSUE DATE
7/19/12	JQ	CI		[REDACTED]	[REDACTED]		Agree	10/16/12	Agree	12/28/12	12/31/12	1/2/13
07/30/12	JQ	CI		[REDACTED]	[REDACTED]		Disagree	1/10/13	Disagree	n/a	n/a	n/a
07/20/12	JQ	C	X	[REDACTED]	[REDACTED]		Agree	1/8/13	Agree	2/19/13	2/21/13	2/22/13
07/19/12	JQ	C		[REDACTED]	[REDACTED]		Agree	Yes	Agree	2/22/13	2/26/13	2/26/13
07/20/12	JQ	C	X	[REDACTED]	[REDACTED]		Agree	Yes	Agree	2/26/13	3/1/13	3/1/13
12/27/12	JG	CI		[REDACTED]	[REDACTED]		Agree	Yes	Agree	3/11/13	3/11/13	03/15/13
05/02/13	JQ	CI		[REDACTED]	[REDACTED]	UA	Agree	n/a	Agree	5/2/13	5/2/13	05/02/13
02/27/13	JQ	CI		[REDACTED]	[REDACTED]	UA	AGREE	n/a	AGREE	5/17/13	5/22/13	05/22/13

BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE	DATE ASSIG'D
998617	05/02/13	[REDACTED]	5/2/2013		05/02/13
998539	02/27/13	[REDACTED]	5/22/2013		02/27/13

- c. School/Owner – (School)
- d. Date Issued
- e. Days to Complete - this column needs to have the following formula entered: $\{equal\ sign\} \underline{sum} \ (date\ issued - \{minus\ sign\} \underline{date\ assigned})$

- i. In the below screen shot you will see =sum(D74-B74), to enter this formula you will use your keyboard to click on the equal sign, type sum, click on the date in the Date Issued cell, enter a minus sign, click on the Date Assigned cell and hit the Enter button on your keyboard:

BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

72	COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE	DATE ASSIG'D
73						
74	998617	05/02/13	[REDACTED]		=sum(D74-B74)	05/02/13
75	998539	02/27/13	[REDACTED]	5/22/2013	SUM(number1, [number2], ...)	02/27/13

BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

72	COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE	DATE ASSIG'D
73						
74	998617	05/02/13	[REDACTED]	5/2/2013	1/0/1900	05/02/13
75	998539	02/27/13	[REDACTED]	5/22/2013		02/27/13

ALL complaints CLOSED - STAT mo ALL {stat month} PENDING ENF ACTION BRKDOWN

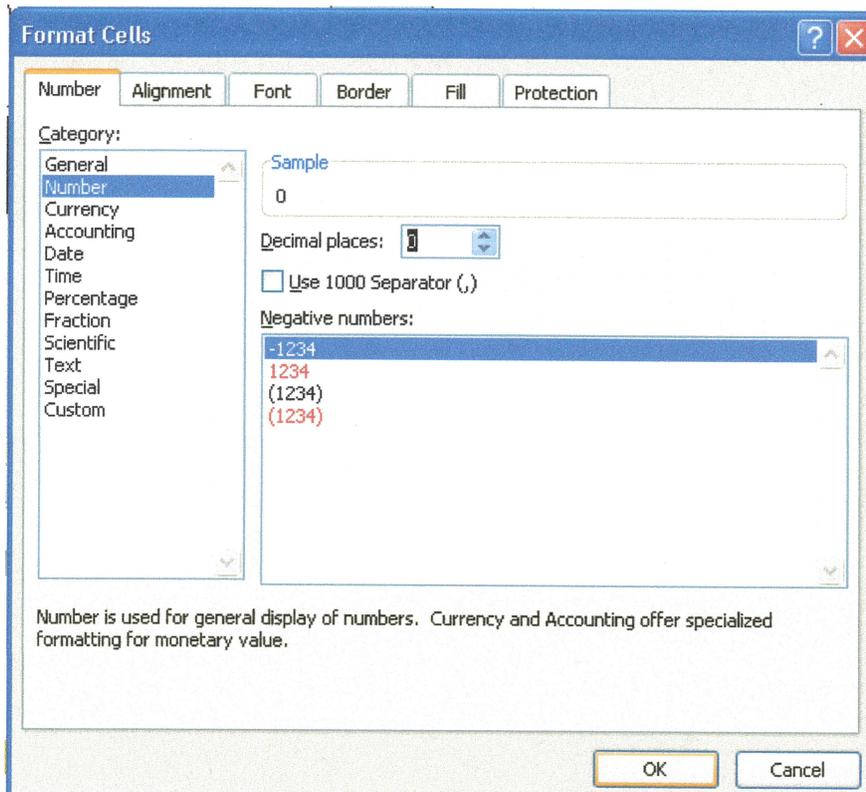
BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

72	COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE	DATE ASSIG'D
73						
74	998617	05/02/13	[REDACTED]	5/2/2013	1/0/1900	05/02/13
75	998539	02/27/13	[REDACTED]	5/22/2013		02/27/13
76						
77						

ALL complaints CLOSED - STAT mo ALL {stat m

If this happens then you will need to format the cell by right clicking on the cell, and choosing the format cells option.

- ii. The following box will open, underneath the Number tab, choose the Number option underneath Category and move the Decimal Places to 0 -



BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH

	COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE	DATE ASSIG'D
73	998617	05/02/13	[REDACTED]	5/2/2013	0	05/02/13
74	998539	02/27/13	[REDACTED]	5/22/2013	84	02/27/13

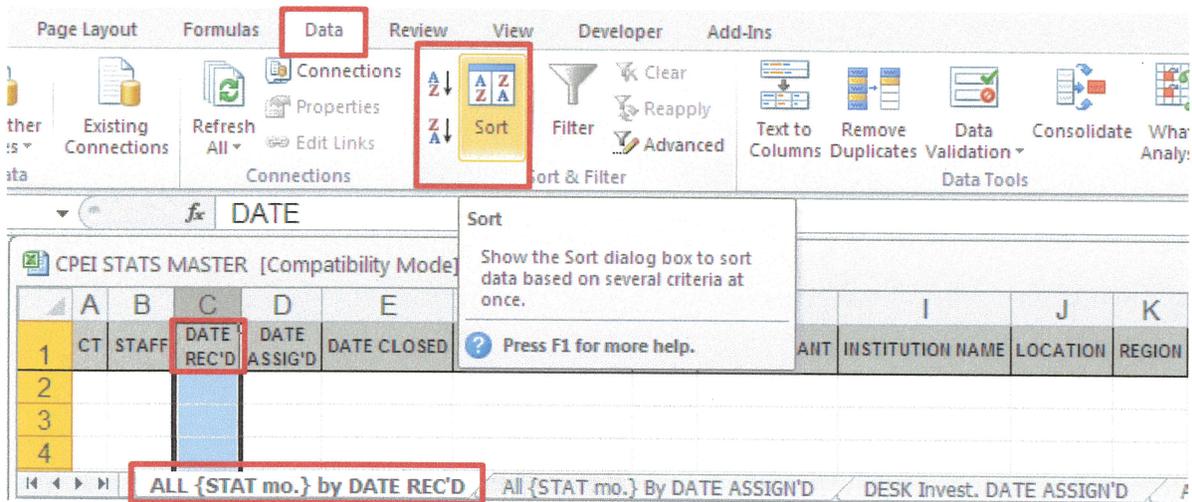
Navigation: ALL complaints CLOSED - STAT mo | ALL {stat month} PENDING | ENF ACTION BRKDOWN | ENF

34. Hit Save (you should periodically save your work).

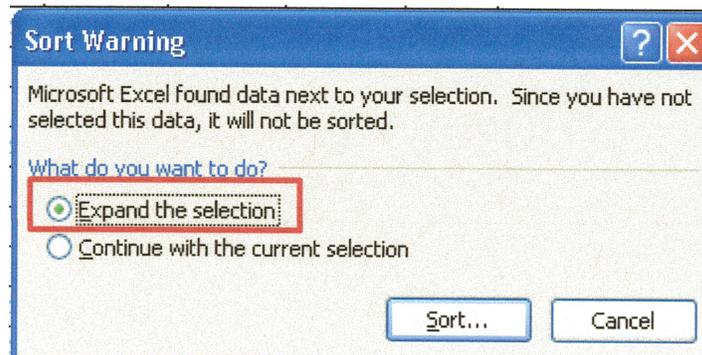
Applying Monthly Statistical Data to Statistic Itemization Tabs:

Complaint Intake

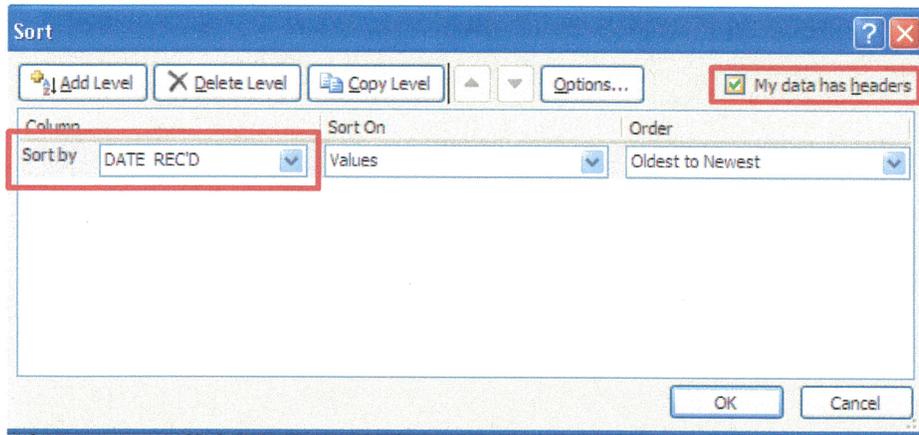
1. Return to the ALL {STAT mo.} BY DATE REC'D tab.
2. Sort the data by DATE REC'D
 - a. Choose the DATA option on the menu at the top of the screen
 - b. Click on Column C – DATE REC'D
 - c. Click the SORT option



- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort:



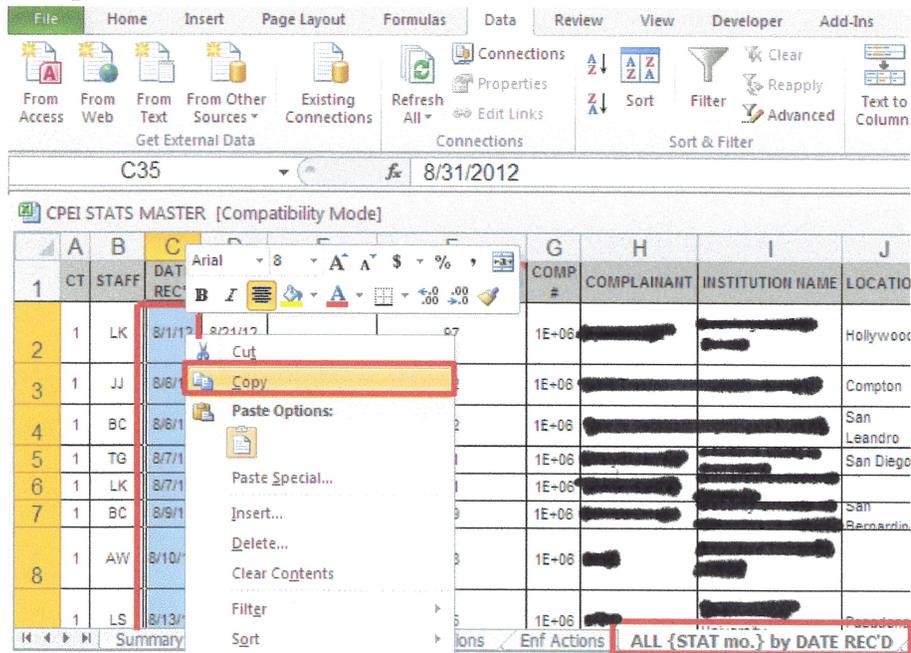
- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE REC'D as the Sort By option and hit OK:



3. Once the data is sorted by DATE REC'D go to the ALL {STAT mo.} BY DATE REC'D tab.

4. Highlight all the dates within the DATE REC'D column

- a. While the mouse is over the first date, right click the mouse and choose the Copy option:



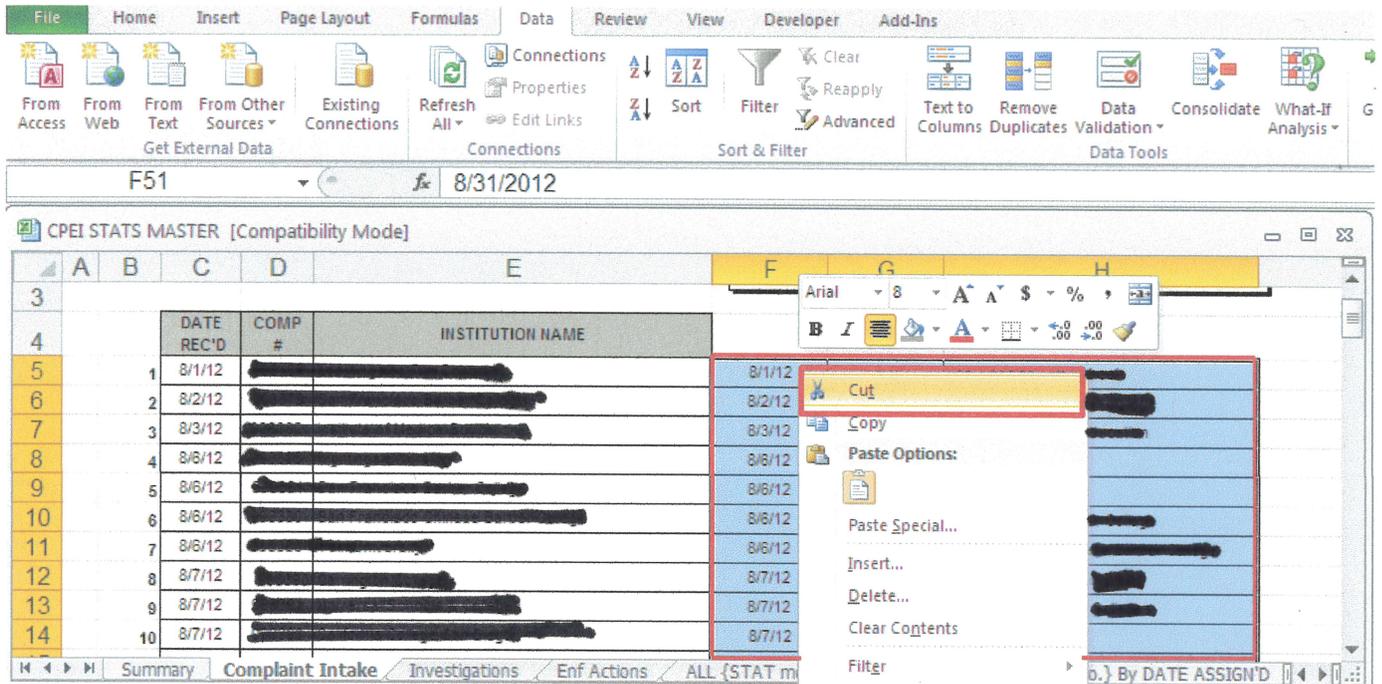
6. Paste the information on the Complaint Intake Tab next to the DATE REC'D information:

DATE REC'D	COMP #	INSTITUTION NAME
8/1/12	998407	[REDACTED]
8/2/12	998379	[REDACTED]
8/3/12	998382	[REDACTED]
8/6/12	998385	[REDACTED]
8/6/12	998381	[REDACTED]
8/6/12	998380	[REDACTED]
8/6/12	998386	[REDACTED]
8/7/12	998390	[REDACTED]

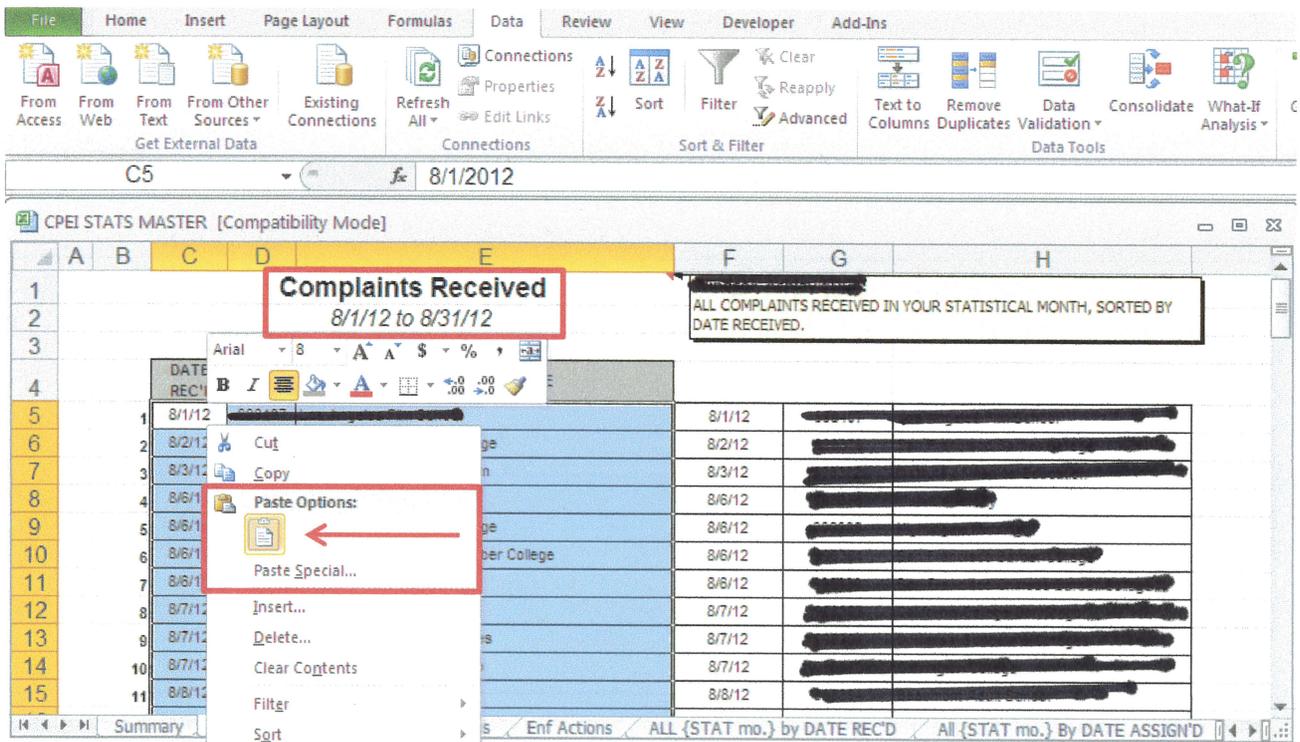
7. Once all the data has been copied from the ALL {STAT mo.} BY DATE REC'D and pasted on the Complaint Intake tab, verify if any more room is needed before moving the data to the correct corresponding columns:

DATE REC'D	COMP #	INSTITUTION NAME
8/28/12	998424	[REDACTED]
8/28/12	998418	[REDACTED]
8/29/12	998432	[REDACTED]
8/29/12	998423	[REDACTED]
8/30/12	998435	[REDACTED]
8/31/12	998427	[REDACTED]
8/31/12	998428	[REDACTED]
8/31/12	998425	[REDACTED]

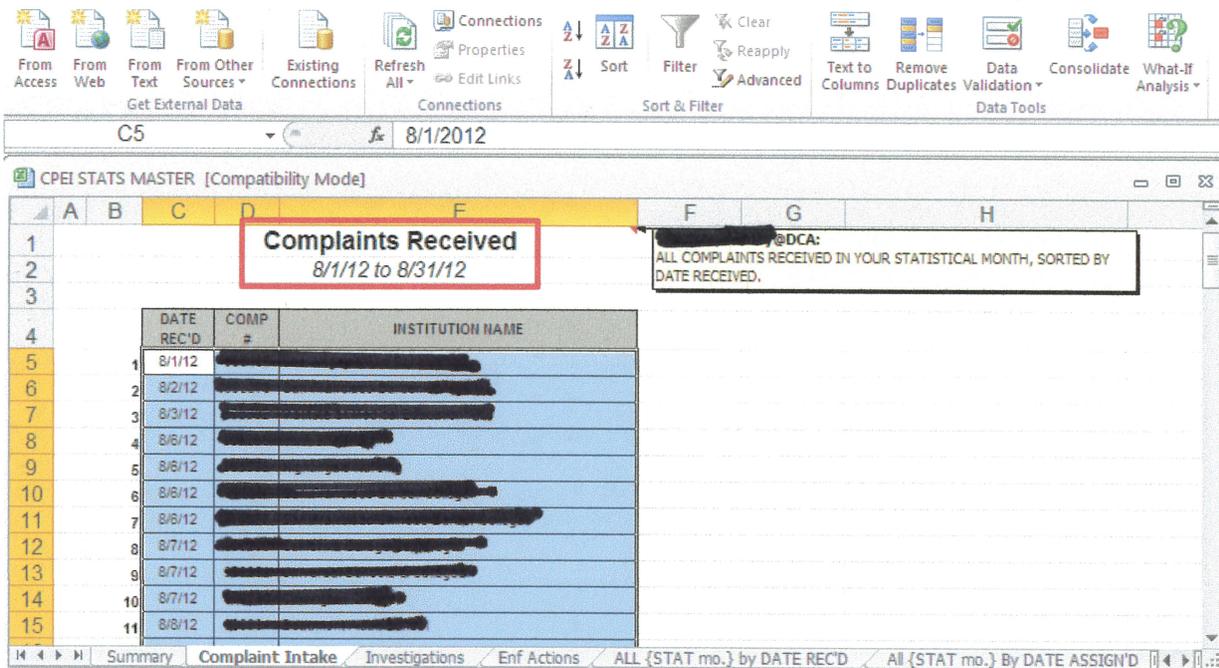
8. If the data lines up CUT and PASTE the new information over the old data:
 - a. Highlight all the new DATE REC'D, COMP #, and INSTITUTION NAME data and right click the mouse and choose the Cut option:



- b. Paste the copied data under the DATE REC'D, COMP #, INSTITUTION NAME columns:



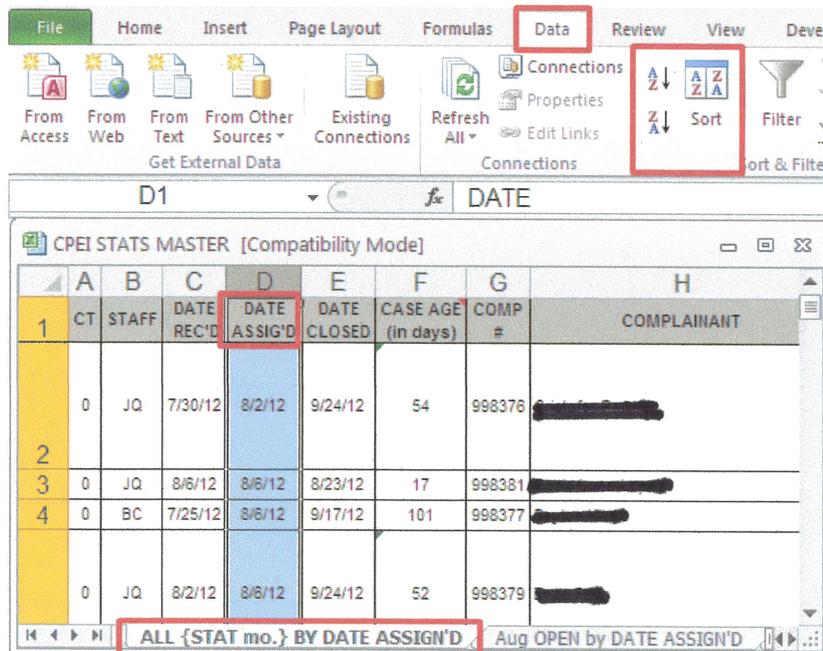
c. This is what the end result should look like:



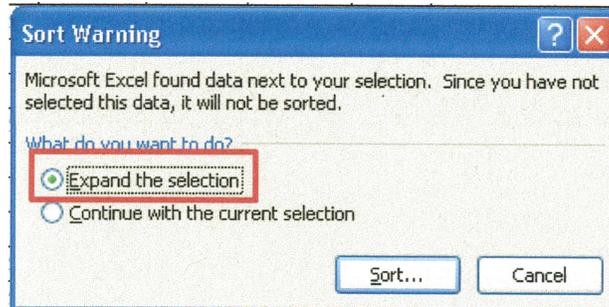
9. Go to the ALL {STAT mo.} BY DATE ASSIGN'D tab.

10. Sort the data by DATE ASSIGN'D:

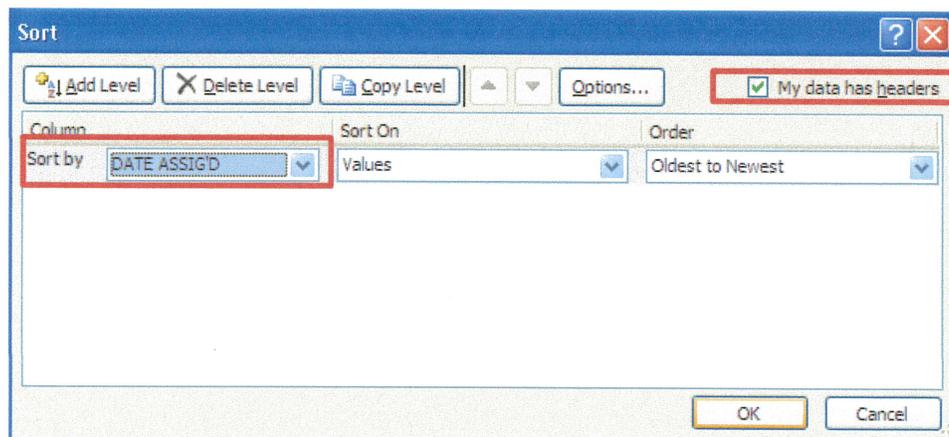
- Choose the DATA option on the menu at the top of the screen
- Click on Column D – DATE ASSIGN'D
- Click the SORT option



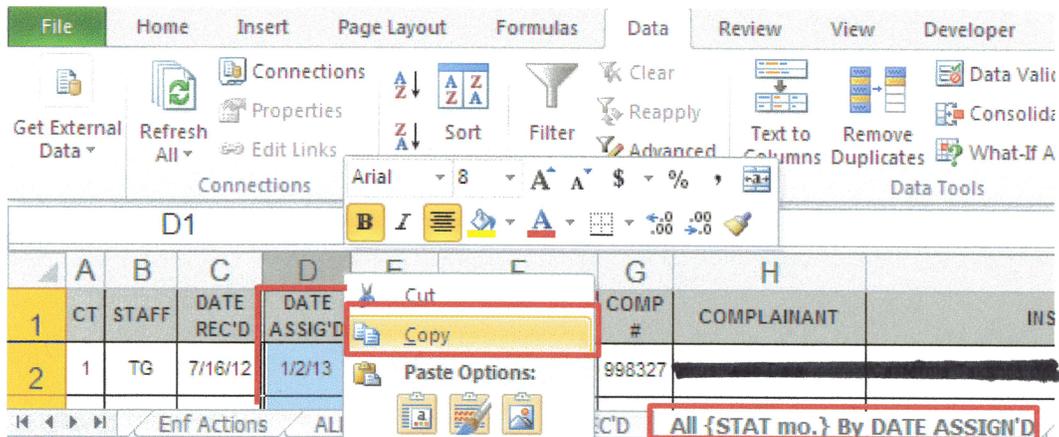
- d. A screen will pop up asking you to expand the selection or continue with current selection, choose expand selection and click Sort –



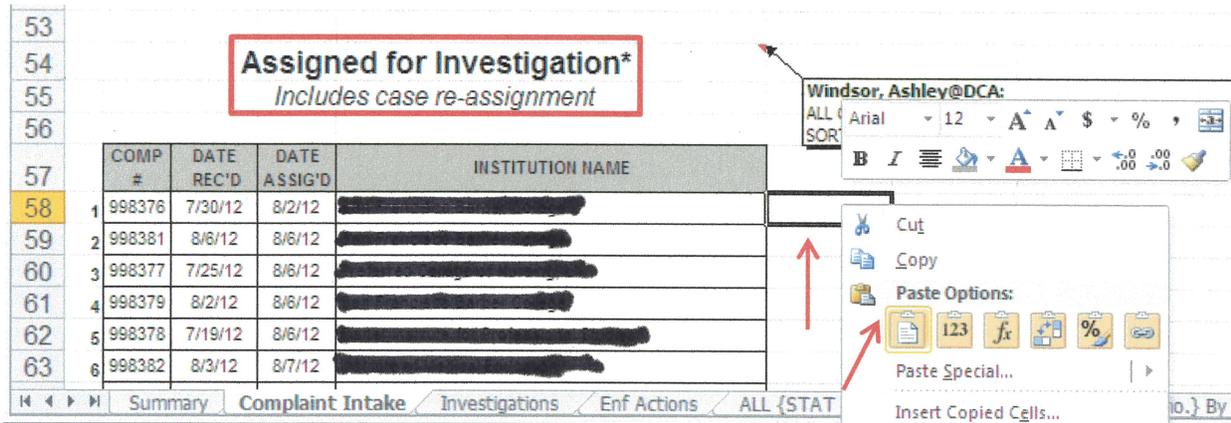
- e. In the Sort box, click the box by “My data has headers” and underneath the Column section choose DATE ASSIG'D as the Sort By option and hit OK-



11. Once the data is sorted by DATE ASSIG'D go to the ALL {STAT mo.} BY DATE ASSIG'D tab copy the DATE ASSIG'D column:
- Highlight all the dates within the DATE ASSIG'D column
 - While the mouse is over the first date, right click the mouse and hit Copy

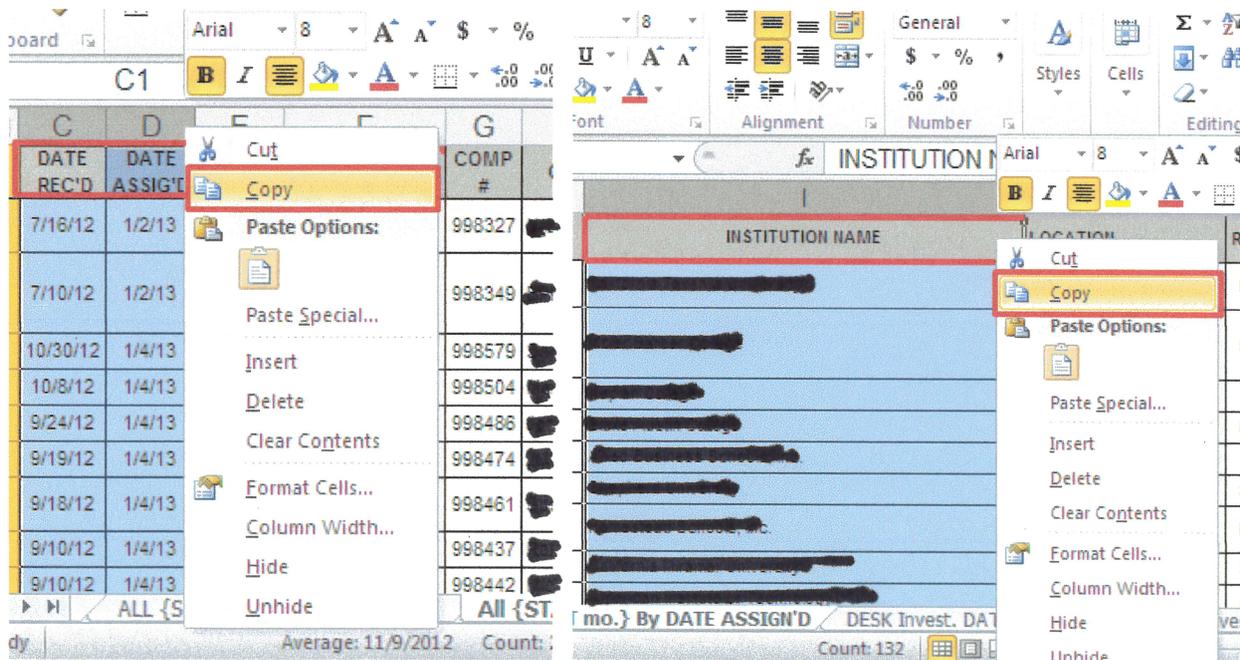


12. Go to the Complaint Intake tab and paste, under the **Assigned for Investigation*** Includes case re-assignment section, the DATE ASSIG'D information you just copied from the ALL {STAT mo.} by DATE ASSIG'D:
 - a. Paste the information NEXT to the first 5 columns in case more room is needed for the data to fit:

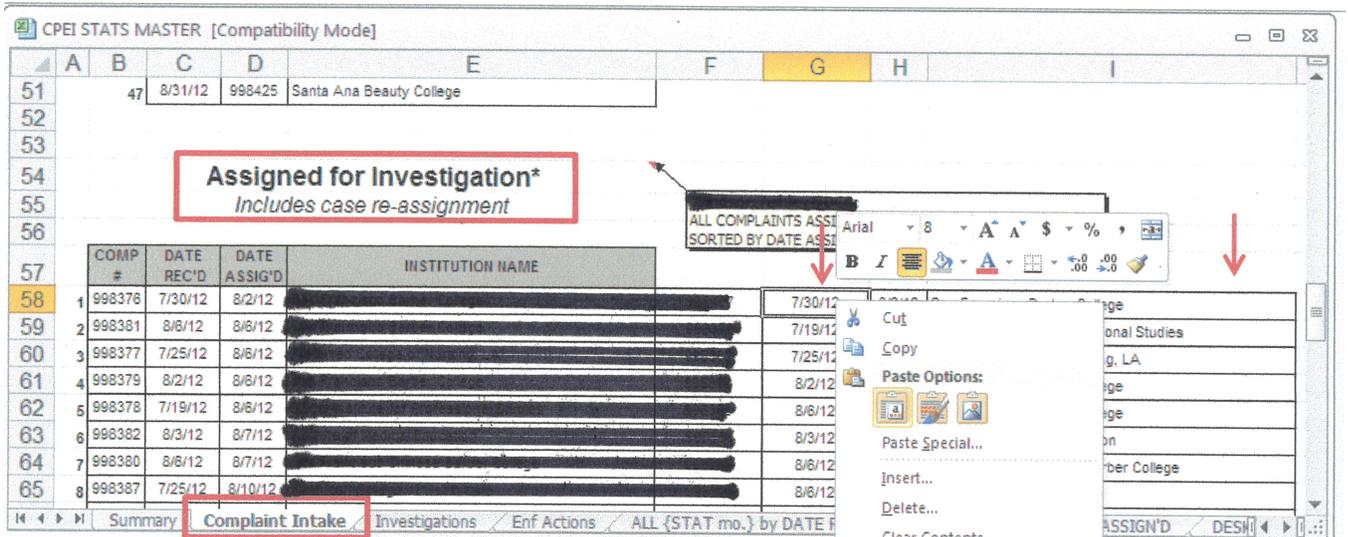


*Note these complaints include re-assigned cases. For example a complaint could have been opened 01/13/13 and assigned to AW (Ashley Windsor) with an assigned date of 01/15/13. However, this complaint could have been re-assigned to HH (Houa Her) 02/24/13 so the DATE ASSIG'D would now show 02/24/13. Even though this complaint was re-assigned it would still be counted in this section.

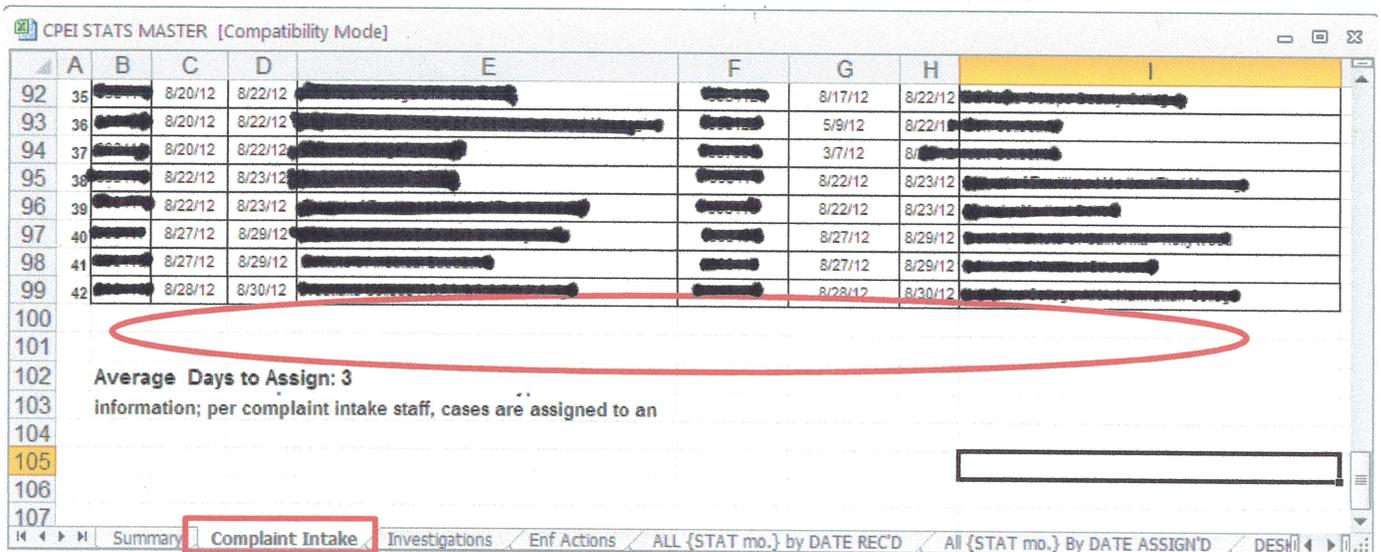
13. Continue to copy the DATE REC'D, DATE ASSIG'D, and INSTITUTION NAME data from the ALL {STAT mo.} BY DATE ASSIG'D tab:



14. Paste the information on the Complaint Intake Tab next to the COMP # information:

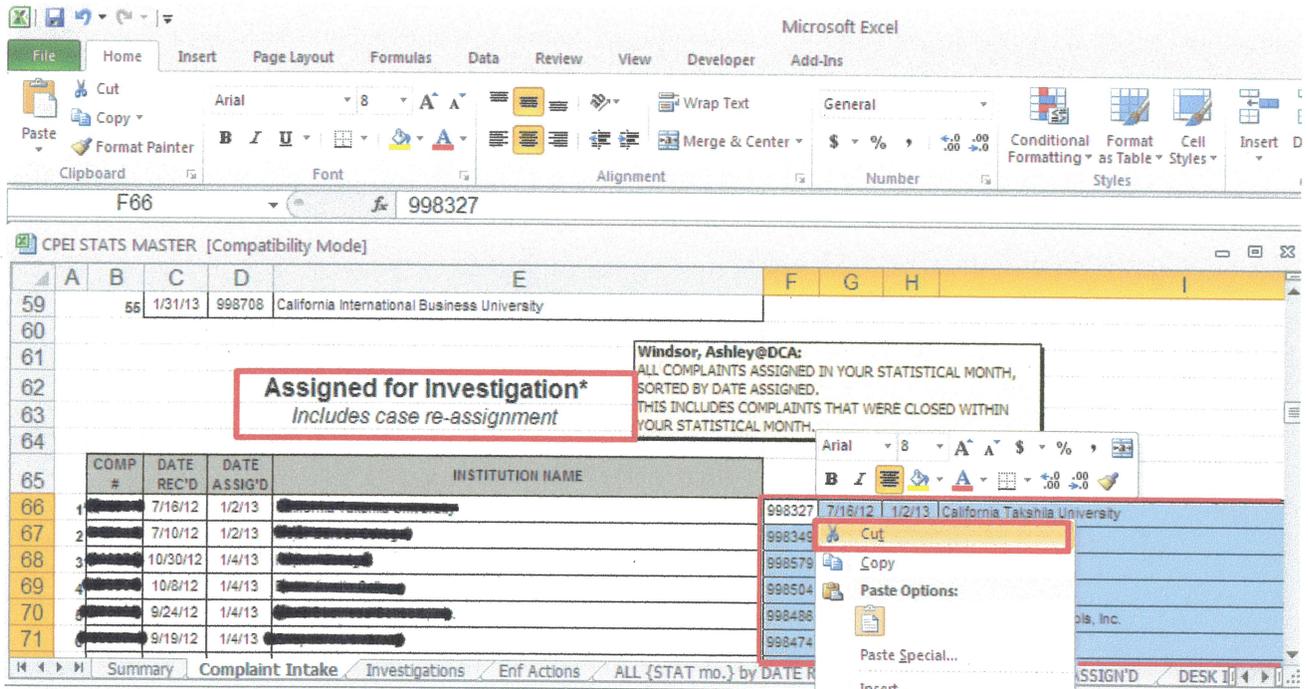


15. Once all the data has been copied from the ALL {STAT mo.} BY DATE ASSIG'D and pasted on the Complaint Intake tab, verify if any more room is needed before moving the data to the correct corresponding columns:

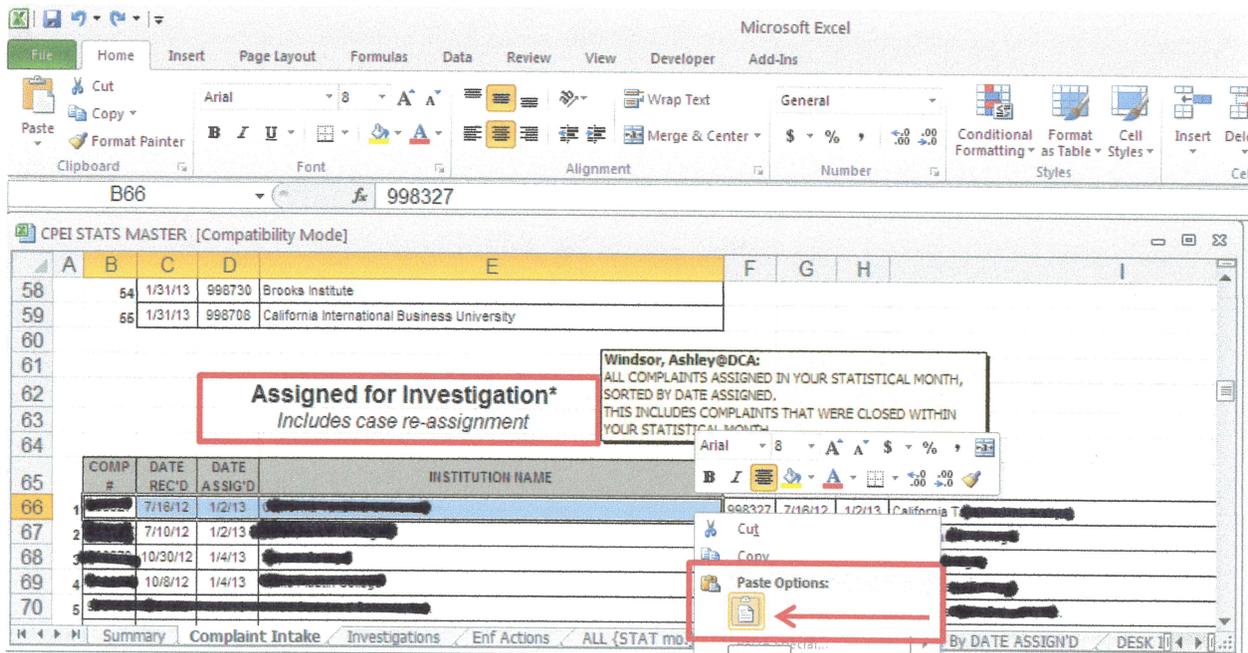


16. If the data lines up then CUT and paste the new information over the old data:

- Highlight all the new DATE REC'D, DATE ASSIG'D, and INSTITUTION NAME data
- Right click the mouse and choose Cut



- c. Paste the copied data under the COMP #, DATE REC'D, DATE ASSIG'D, INSTITUTION NAME columns:



d. This is what the end result should look like:

The screenshot shows the Microsoft Excel interface with the 'CPEI STATS MASTER' workbook. The active sheet is 'ALL {STAT mo.} by DATE REC'D'. A table is displayed with the following columns: COMP #, DATE REC'D, DATE ASSIG'D, and INSTITUTION NAME. The rows contain data for various complaints, with dates ranging from 7/16/12 to 8/19/12 and 1/2/13. A callout box highlights the 'Assigned for Investigation*' status, which includes case re-assignment. The callout text reads: 'ALL COMPLAINTS ASSIGNED IN YOUR STATISTICAL MONTH, SORTED BY DATE ASSIGNED. THIS INCLUDES COMPLAINTS THAT WERE CLOSED WITHIN YOUR STATISTICAL MONTH.'

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
66	7/16/12	1/2/13	[REDACTED]
67	7/10/12	1/2/13	[REDACTED]
68	10/30/12	1/4/13	[REDACTED]
69	10/8/12	1/4/13	[REDACTED]
70	9/24/12	1/4/13	[REDACTED]
71	9/19/12	1/4/13	[REDACTED]
72	9/18/12	1/4/13	[REDACTED]
73	9/10/12	1/4/13	[REDACTED]
74	9/10/12	1/4/13	[REDACTED]
75	9/10/12	1/4/13	[REDACTED]
76	6/27/12	1/4/13	[REDACTED]
77	5/11/12	1/4/13	[REDACTED]
78	2/2/12	1/4/13	[REDACTED]
79	11/20/12	1/4/13	[REDACTED]
80	11/20/12	1/4/13	[REDACTED]
81	8/9/12	1/4/13	[REDACTED]
82	7/9/12	1/4/13	[REDACTED]
83	6/28/12	1/4/13	[REDACTED]
84	6/19/12	1/4/13	[REDACTED]
85	6/19/12	1/4/13	[REDACTED]

17. Go to the ALL {STAT mo.} BY DATE REC'D tab and insert your averaged number into the below section on the Complaint Intake tab:

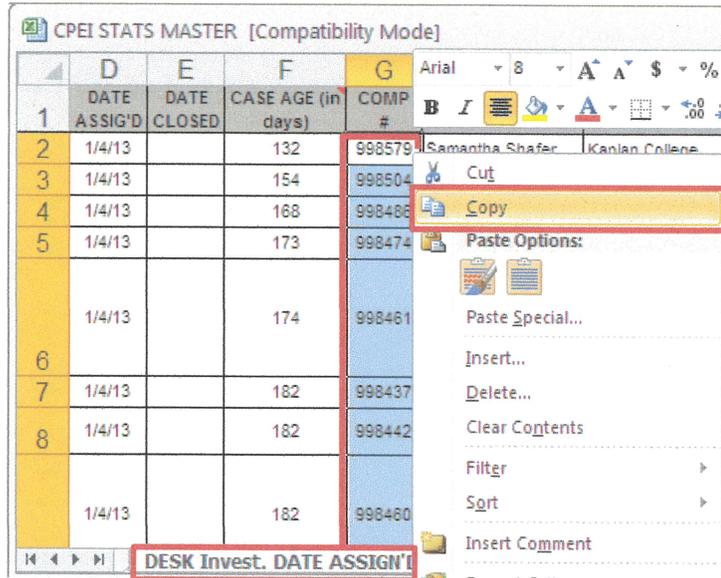
The screenshot shows the 'CPEI STATS MASTER' workbook with the 'Complaint Intake' tab selected. The active cell is E199, which contains the text 'Average Days to Assign: 7'. The surrounding cells are empty.

A	B	C	D	E
197				
198				
199				Average Days to Assign: 7
200				

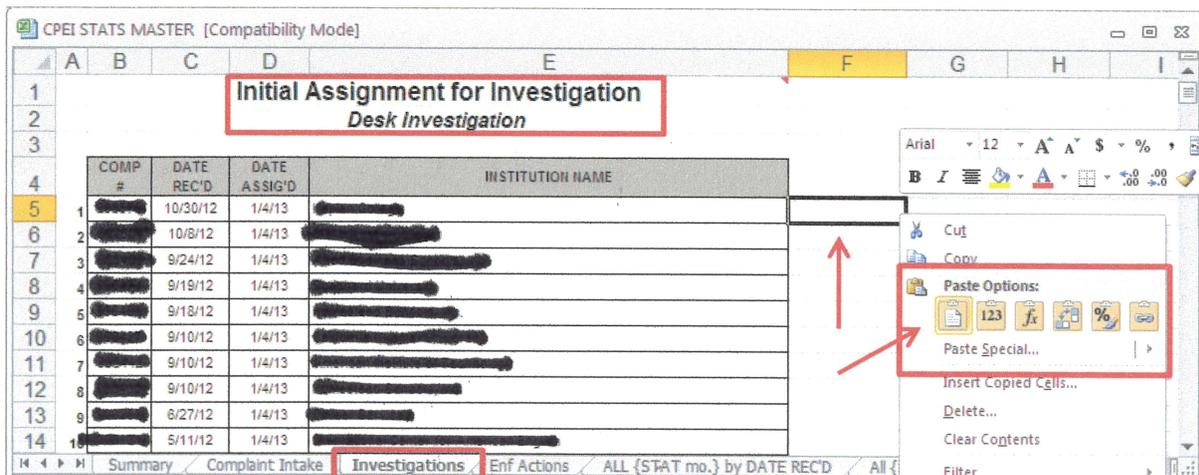
Applying Monthly Statistical Data to Statistic Itemization Tabs:

Investigations

1. Go to the DESK Invest. DATE ASSIGN'D tab.
2. Highlight all the data within the COMP # column.
 - a. While the mouse is over the first date, right click the mouse and choose the Copy option:



3. Go to the Investigations tab, **Initial Assignment for Investigation Desk Investigation** section, and paste the COMP # information you just copied from the DESK Invest. DATE ASSIGN'D tab:
 - a. Paste the information NEXT to the first 5 columns in case more room is needed for the data to fit:



- Continue to copy the DATE REC'D, DATE ASSIG'D and INSTITUTION NAME data from the DESK Invest. DATE ASSIGN'D tab:

Excel interface showing the 'DESK Invest. DATE ASSIGN'D' tab. A context menu is open over cell C4, with 'Copy' highlighted. The spreadsheet shows columns for CT, STAFF, DATE REC'D, DATE ASSIG'D, INANT, and INSTITUTION NAME. The status bar at the bottom indicates 'By DATE ASSIG'D' and 'DESK Invest. DATE ASSIGN'D'.

1	CT	STAFF	DATE REC'D	DATE ASSIG'D	INANT	INSTITUTION NAME
2	1	AW	10/30/12	1/4/13	132	[REDACTED]
3	1	AW	10/8/12	1/4/13		[REDACTED]
4	1	AW	9/24/12	1/4/13		[REDACTED]
5	1	AW	9/19/12	1/4/13		[REDACTED]
6	1	AW	9/18/12	1/4/13		[REDACTED]
7	1	AW	9/10/12	1/4/13		[REDACTED]
8	1	AW	9/10/12	1/4/13		[REDACTED]
	1	AW	9/10/12	1/4/13		[REDACTED]

Excel interface showing the 'DESK Invest. DATE ASSIGN'D' tab. A context menu is open over cell L4, with 'Copy' highlighted. The spreadsheet shows columns for INSTITUTION NAME, SCHOOL STATUS, and SCHOOL CODE. The status bar at the bottom indicates 'ALL {STAT mo.} by DATE R' and 'DESK Invest. DATE ASSIGN'D'.

1	INSTITUTION NAME	SCHOOL STATUS	SCHOOL CODE
2	[REDACTED]	Active	5000111
3	[REDACTED]	Active	4800991
4	[REDACTED]	Active	3008581
5	[REDACTED]	Active	1939371
6	[REDACTED]	Active-refer to specialist	69608349
7	[REDACTED]	Active	1927881
8	[REDACTED]	Active	99542473
	[REDACTED]	Active-refer to specialist	69608349

- Paste the information on the Investigations tab, **Initial Assignment for Investigation Desk Investigation** section, next to the COMP # information:

Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Add-Ins

Clipboard Font Alignment Number Styles Cells

CPEI STATS MASTER [Compatibility Mode]

Initial Assignment for Investigation
Desk Investigation

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	10/30/12	1/4/13	
2	10/8/12	1/4/13	
3	9/24/12	1/4/13	
4	9/19/12	1/4/13	
5	9/18/12	1/4/13	
6	9/10/12	1/4/13	
7	9/10/12	1/4/13	
8	9/10/12	1/4/13	
9	8/27/12	1/4/13	
10	5/11/12	1/4/13	

Complaint Intake **Investigations** Enf Actions ALL (STAT mo.) by DATE REC'D All (STAT mo.) By DATE ASSIG'N'D DESK Invest. DATE ASSIG'N'D

- Once all the data has been copied from the DESK Invest. DATE ASSIG'N'D tab and pasted on the Investigations tab, verify if any more room is needed before moving the data to the correct corresponding columns:

Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Add-Ins Format

Insert Shapes Shape Styles WordArt Styles Arrange Size

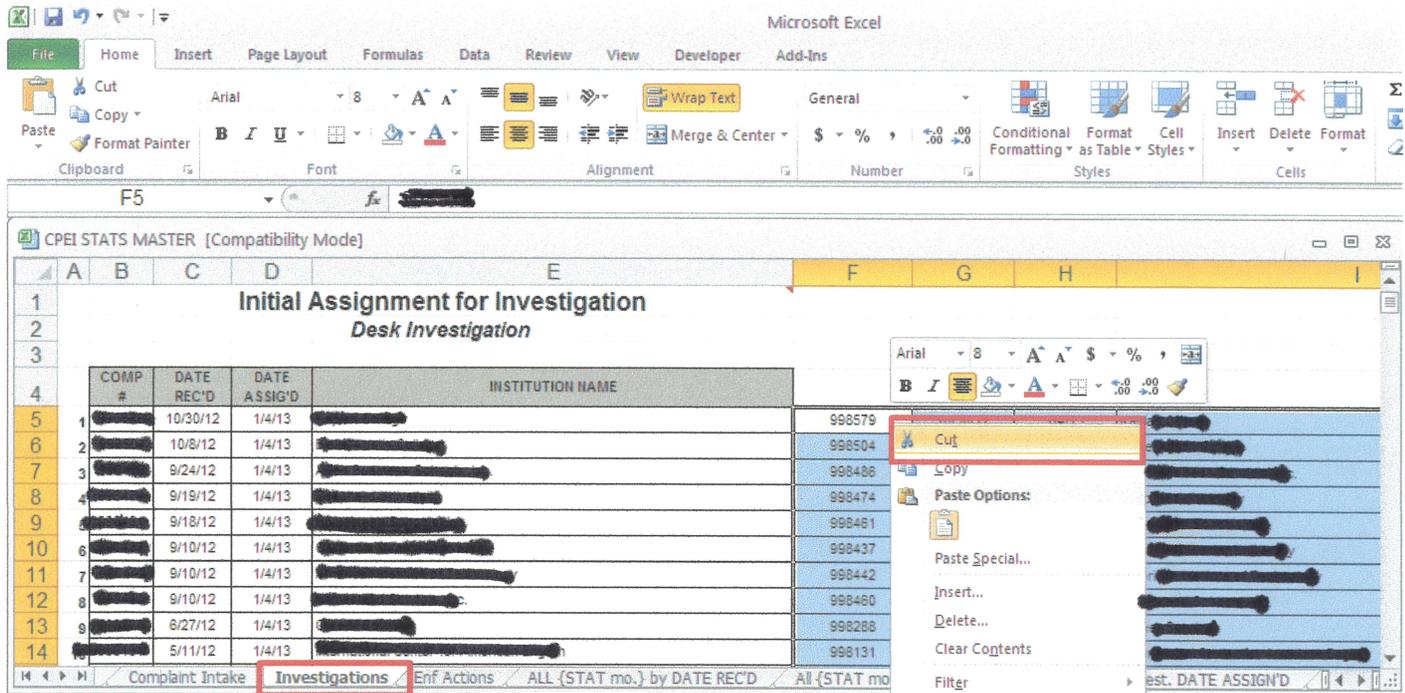
CPEI STATS MASTER [Compatibility Mode]

Closed
Desk Investigation

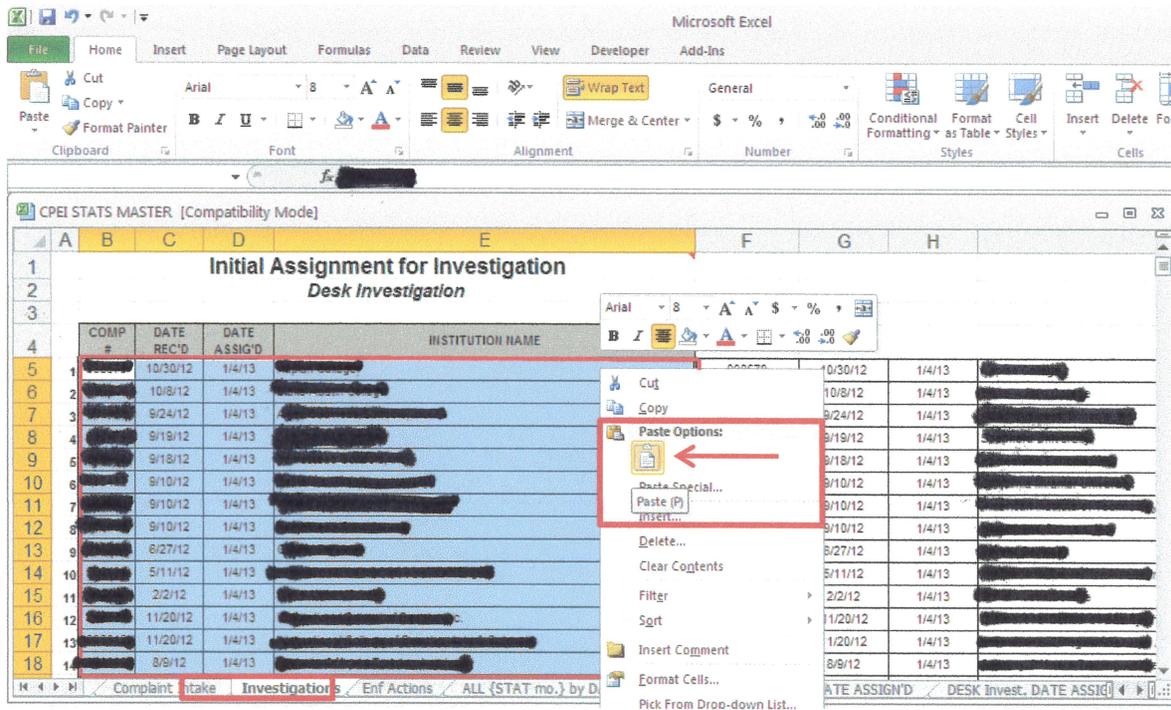
COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME	DAYS TO CLOSE
117	11/30/12	1/28/13		
118	1/28/13	1/28/13		
119	1/11/13	1/28/13		
120	1/29/13	1/31/13		
121	1/22/13	1/31/13		
122	1/23/13	1/31/13		
123	1/25/13	1/31/13		
124	1/15/13	1/31/13		
128	1/15/13	1/31/13		
129				
130				
131				
132				
133				
134				

Complaint Intake **Investigations** Enf Actions ALL (STAT mo.) by DATE REC'D All (STAT mo.) By DATE ASSIG'N'D DESK Invest. DATE ASSIG'N'D

7. If the data lines up CUT and PASTE the new information over the old data:
 - a. Highlight all the new COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME data and right click the mouse and choose the Cut option:



- b. Paste the copied data under the COMP#, DATE REC'D, DATE ASSIG'D, and INSTITUTION NAME columns:



- c. This is what the end result should look like:

H136

CPEI STATS MASTER [Compatibility Mode]

	A	B	C	D	E	F	G	H
1				Initial Assignment for Investigation Desk Investigation				
2								
3								
4		COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME			
5	1	[REDACTED]	10/30/12	1/4/13	[REDACTED]			
6	2	[REDACTED]	10/8/12	1/4/13	[REDACTED]			
7	3	[REDACTED]	9/24/12	1/4/13	[REDACTED]			
8	4	[REDACTED]	9/19/12	1/4/13	[REDACTED]			
9	5	[REDACTED]	9/18/12	1/4/13	[REDACTED]			
10	6	[REDACTED]	9/10/12	1/4/13	[REDACTED]			
11	7	[REDACTED]	9/10/12	1/4/13	[REDACTED]			
12	8	[REDACTED]	9/10/12	1/4/13	[REDACTED]			
13	9	[REDACTED]	6/27/12	1/4/13	[REDACTED]			
14	10	[REDACTED]	5/11/12	1/4/13	[REDACTED]			
15	11	[REDACTED]	2/2/12	1/4/13	[REDACTED]			
16	12	[REDACTED]	11/20/12	1/4/13	[REDACTED]			
17	13	[REDACTED]	11/20/12	1/4/13	[REDACTED]			
18	14	[REDACTED]	8/9/12	1/4/13	[REDACTED]			

Complaint Intake **Investigations** Enf Actions ALL (STAT mo.) by DATE REC'D All (STAT mo.) By DATE ASSIG'D

8. After you have pasted the new data go through the list to identify any complaints that have a DATE ASSIG'D that seems to have a major lapse in time from the DATE REC'D because these are re-assigned cases that are NOT to be included in this section.
 - a. For example, complaint #998579 has a DATE REC'D of 10/30/12 and a DATE ASSIG'D of 01/04/13. That is a lapse time of 3 months, this is a good indication this is a re-assigned case. Most cases will be received and assigned with a 4 day period (10/30/12-date received, 11/03/12-date assigned).
 - i. Go to SAIL and look up complaint #998579 -

Institutions/Schools Main Site

File Annual Reports Application Processing Certs of Authorization Enforcement Revenue Tracking School Information STRF Title 38 Help

Schools
Information

▶ Schools Information

1. Enter School Code:

S.A.I.L. NET

Schools Automated Information Link
Schools Main Site

The School Information site welcomes Ashley Windsor to the system.

Institutions Report Center

▶ Enforcement Complaints

▶ Applications Processing

▶ Annual Reports

▶ STRF

Enforcement/Complaints

▶ **Enforcement/Complaints**

1. Enter Complaint Number:
[Redacted]
(Example: 991038)

2. Search by School Code:
[Redacted]
(Example: 1928871)

3. Search by Institution Name:
[Redacted]
(Example: Elite Progressive)

4. Search by Complainant Name:
[Redacted]

S.A.I.L. NET

Schools Automated Information Link

Enforcement Main Site

The Enforcement and Compliance Site welcomes Ashley Windsor.

[Enforcement Staff Mailbox](#)

[Enforcement Staff Current Workload](#)

[Add An Enforcement File Manually](#)

[Enforcement Report Center](#)

ii. Click on the Add/View comments -

Complainant Information:
First: [Redacted] Last: [Redacted]
Anonymous Name: [Redacted]
Address: [Redacted] Gender (M or F): [Redacted]
Modesto, CA [Redacted] Anonymous File?
Phone Number: [Redacted]
Attorney Retained? (Y or N) [Redacted]

General Complaint Information:
Enforcement File Type: Complaint
Current Staff: [Redacted]
Date Received: 10/30/12
Date Closed: [Redacted]

Closure Information:
BPPVE Section # Violated: [Redacted]
Amount Refunded: [Redacted]

School Code: 5000111 Complaint Number: 998579

Subject School or UnApproved/UnRegistered Facility:
Violator School Name: [Redacted]
Violator School Contact: [Redacted]
Violator School Address: [Redacted], CA [Redacted]
Violator School Phone #: [Redacted] Ext. [Redacted]

Allegations Against Subject School or Facility:
Allegation #1: Contractual - Quality of Education
Allegation #2: Fraud - False and Misleading Advertising
Allegation #3: [Redacted]

Basis for Enforcement File Closure:
Reason #1: [Redacted]

iii. Click on the View Comment History -

ENFORCEMENT - Add/View Comments

OR

For the below Complaint or Unapproved Facility File

Complaint # [Redacted]

iv. Check to see if there is more than one entry for an Assigned Analyst

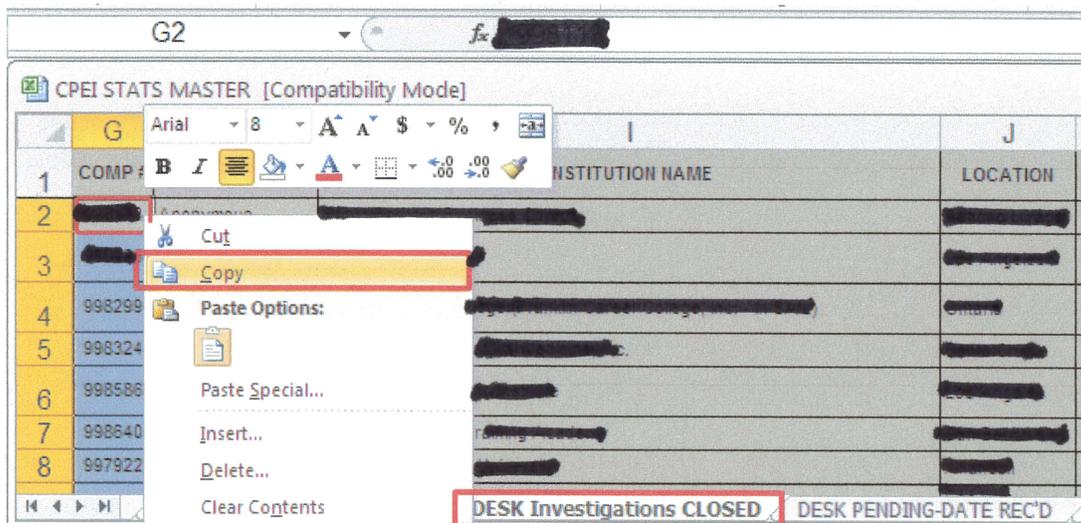
All Comments Listed Below Are Associated With The Complaint # Listed Below:

Complaint #: [REDACTED] School Code: [REDACTED]
 Complainant: [REDACTED] School Name: [REDACTED]
 School City: [REDACTED]

- Enforcement Main Site
- Return to Complaint Details
- Enforcement Report Center
- Add A Comment
- S.A.I.L System Site

Date	Time	Communication	User
1/4/2013	12:03	The Assigned Analyst was changed from [REDACTED] to [REDACTED].	[REDACTED]
11/26/2012	15:45	The Assigned Analyst was changed from [REDACTED] to [REDACTED].	[REDACTED]
11/26/2012	11:30	'10 Day Acknowledgement Letter - B' Printed	[REDACTED]
11/26/2012	11:29	Complaint file submitted from SAIL Integrated Scanning System by Dedria Evans.	[REDACTED]

- v. If there has been more than one entry for an Assigned Analyst then this is a re-assigned complaint case and needs to be deleted from the **Initial Assignment for Investigation (Desk Investigations)** section.
- 9. Delete all re-assigned complaint cases in the **Initial Assignment for Investigation (Desk Investigations)** section.
- 10. Go to the DESK Investigation CLOSED tab.
- 11. Highlight all the data within the COMP # column.
 - a. While the mouse is over the first date, right click the mouse and choose the Copy option:



- 12. Go to the Investigations tab, the **Closed Desk Investigations** section, and paste the COMP # information you just copied from the DESK Investigations CLOSED tab:

- a. Paste the information NEXT to the first 6 columns in case more room is needed for the data to fit:

The screenshot shows an Excel spreadsheet with the following data table:

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	998113	4/30/12	1/4/13	249
2	998126	5/4/12	1/4/13	245
3	998299	7/3/12	1/4/13	185
4	998324	7/14/12	1/4/13	174
5	998588	11/7/12	1/4/13	58
6	998840	12/7/12	1/4/13	28
7	997922	2/8/12	1/8/13	337
8	998412	8/17/12	1/8/13	144
9	998170	5/18/12	1/8/13	235
10	998198	5/18/12	1/8/13	235
11	998199	5/18/12	1/8/13	235
12	997858	8/5/11	1/10/13	524
13	998280	8/25/12	1/10/13	199
14	998300	7/6/12	1/10/13	188
15	997573	8/17/11	1/11/13	513
16	997757	11/3/11	1/11/13	435
17	997837	12/30/11	1/11/13	378
18	998223	6/15/12	1/11/13	210
19	998856	12/27/12	1/11/13	15

13. Continue to copy the DATE REC'D, DATE CLOSED, and INSTITUTION NAME data from the DESK Investigations CLOSED tab:

The three screenshots show the following data tables:

First Screenshot (Columns C, D, E):

STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOS'D
2	BC	4/30/12	5/14/12
3	BC	5/4/12	5/15/12
4	BC	7/3/12	7/11/12
5	BC	7/14/12	7/18/12
6	BC	11/7/12	11/26/12
7	BC	12/7/12	12/19/12
8	BC	2/8/12	2/9/12
9	BC	8/17/12	8/22/12
10	ENF	5/18/12	6/12/12
11	ENF	5/18/12	6/14/12
12	ENF	5/18/12	6/14/12
13	LK	8/25/11	9/21/11

Second Screenshot (Columns E, F):

DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)
2	5/14/12	1/4/13
3	5/15/12	1/4/13
4	7/11/12	1/4/13
5	7/18/12	1/4/13
6	11/26/12	1/4/13
7	12/19/12	1/4/13
8	2/9/12	1/8/13
9	8/22/12	1/8/13
10	6/12/12	1/8/13
11	6/14/12	1/8/13
12	6/14/12	1/8/13
13	9/21/11	1/10/13

Third Screenshot (Column I):

INSTITUTION NAME	
2	Santa Barbara Business College
3	[REDACTED]
4	[REDACTED]
5	[REDACTED]
6	[REDACTED]
7	[REDACTED]
8	[REDACTED]
9	[REDACTED]
10	[REDACTED]
11	[REDACTED]
12	[REDACTED]
13	[REDACTED]

14. Paste the information on the Investigations tab, **Closed Desk Investigation** section, next to the COMP # information:

CPEI STATS MASTER [Compatibility Mode]

	A	B	C	D	E	F	G	H	I	J
129										
130										
131										
132										
133										
134		COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE				
135	1	998113	4/30/12	1/4/13	[REDACTED]	249	998113	4/30/12	1/4/13	[REDACTED]
136	2	998126	5/4/12	1/4/13	[REDACTED]	245	998126	5/4/12	1/4/13	[REDACTED]
137	3	998299	7/3/12	1/4/13	[REDACTED]	185	998299	7/3/12	1/4/13	[REDACTED]
138	4	998324	7/14/12	1/4/13	[REDACTED]	174	998324	7/14/12	1/4/13	[REDACTED]
139	5	998586	11/7/12	1/4/13	[REDACTED]	58	998586	11/7/12	1/4/13	[REDACTED]
140	6	998640	12/7/12	1/4/13	[REDACTED]	28	998640	12/7/12	1/4/13	[REDACTED]
141	7	997922	2/9/12	1/8/13	[REDACTED]	237	997922	2/9/12	1/8/13	[REDACTED]
142	8	998412	8/17/12	1/8/13	[REDACTED]	144	998412	8/17/12	1/8/13	[REDACTED]
143	9	998170	5/18/12	1/8/13	[REDACTED]	235	998170	5/18/12	1/8/13	[REDACTED]
144	10	998198	5/18/12	1/8/13	[REDACTED]	235	998198	5/18/12	1/8/13	[REDACTED]
145	11	998199	5/18/12	1/8/13	[REDACTED]	235	998199	5/18/12	1/8/13	[REDACTED]
146	12	997858	8/5/11	1/10/13	[REDACTED]	524	997858	8/5/11	1/10/13	[REDACTED]
147	13	998280	8/25/12	1/10/13	[REDACTED]	199	998280	8/25/12	1/10/13	[REDACTED]
148	14	998300	7/6/12	1/10/13	[REDACTED]	188	998300	7/6/12	1/10/13	[REDACTED]

Summary / Complaint Intake / Investigations / Enf Actions / ALL (STAT mo.) by DATE REC'D / All (STAT mo.) By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Invest'

15. Once all the data has been copied from the DESK Investigations CLOSED tab and pasted on the Investigations tab, verify if any more room is needed before moving the data to the correct corresponding columns:

CPEI STATS MASTER [Compatibility Mode]

	A	B	C	D	E	F	G	H	I	J
184	60	998706	1/22/13	1/31/13	[REDACTED]	9	998706	1/22/13	1/31/13	[REDACTED]
185	51	998705	1/25/13	1/31/13	[REDACTED]	6	998705	1/25/13	1/31/13	[REDACTED]
186	52	998553	11/18/12	1/31/13	[REDACTED]	76	998553	11/18/12	1/31/13	[REDACTED]
187	53	998413	8/22/12	1/31/13	[REDACTED]	162	998413	8/22/12	1/31/13	[REDACTED]
188	54	998682	1/15/13	1/31/13	[REDACTED]	18	998682	1/15/13	1/31/13	[REDACTED]
189	55	998692	11/30/12	1/31/13	[REDACTED]	62	998692	11/30/12	1/31/13	[REDACTED]
190					Average Days to Close:	188.8				
191										
192										
193										
194										
195										

Summary / Complaint Intake / Investigations / Enf Actions / ALL (STAT mo.) by DATE REC'D / All (STAT mo.) By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Invest'

16. If the data lines up CUT and PASTE the new information over the old data:

- Highlight all the new COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME data, right click the mouse and choose the cut option:

CPEI STATS MASTER [Compatibility Mode]

	A	B	C	D	E	F	G	H	I	J
134		COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE				
135	1	998113	4/30/12	1/4/13	[REDACTED]	249	998113	[REDACTED]	[REDACTED]	[REDACTED]
136	2	998126	5/4/12	1/4/13	[REDACTED]	245	998126	[REDACTED]	[REDACTED]	[REDACTED]
137	3	998299	7/3/12	1/4/13	[REDACTED]	185	998299	[REDACTED]	[REDACTED]	[REDACTED]

Summary / Complaint Intake / Investigations / Enf Actions / ALL (STAT mo.) by DATE REC'D / All (STAT mo.) By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Invest'

- Paste the copied data under the COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME columns:

CPEI STATS MASTER [Compatibility Mode]

Closed Desk Investigation

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME
998113	4/30/12	1/4/13	[REDACTED]
998128	5/4/12	1/4/13	[REDACTED]
998299	7/3/12	1/4/13	[REDACTED]
998324	7/14/12	1/4/13	[REDACTED]
998586	11/7/12	1/4/13	[REDACTED]
998640	12/7/12	1/4/13	[REDACTED]
997922	2/6/12	1/8/13	[REDACTED]
998412	8/17/12	1/8/13	[REDACTED]
998170	5/18/12	1/8/13	[REDACTED]
998198	5/18/12	1/8/13	[REDACTED]
998199	5/18/12	1/8/13	[REDACTED]
997958	8/5/11	1/10/13	[REDACTED]

Summary Complaint Intake **Investigations** Enf Actions ALL (STAT mo.)

c. This is what the end result should look like:

CPEI STATS MASTER [Compatibility Mode]

Closed Desk Investigation

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
998113	4/30/12	1/4/13	[REDACTED]	249
998128	5/4/12	1/4/13	[REDACTED]	245
998299	7/3/12	1/4/13	[REDACTED]	185
998324	7/14/12	1/4/13	[REDACTED]	174
998586	11/7/12	1/4/13	[REDACTED]	58
998640	12/7/12	1/4/13	[REDACTED]	28
997922	2/6/12	1/8/13	[REDACTED]	337
998412	8/17/12	1/8/13	[REDACTED]	144
998170	5/18/12	1/8/13	[REDACTED]	235
998198	5/18/12	1/8/13	[REDACTED]	235
998199	5/18/12	1/8/13	[REDACTED]	235

Summary Complaint Intake **Investigations** Enf Actions ALL (STAT mo.) by DATE REC'D All (STAT mo.) By DATE ASSIGN'D DESK

17. In the DAYS TO CLOSE column the following formula must be entered =SUM(D135-C135). This is =SUM(DATE CLOSED – DATE REC'D):

Closed Desk Investigation

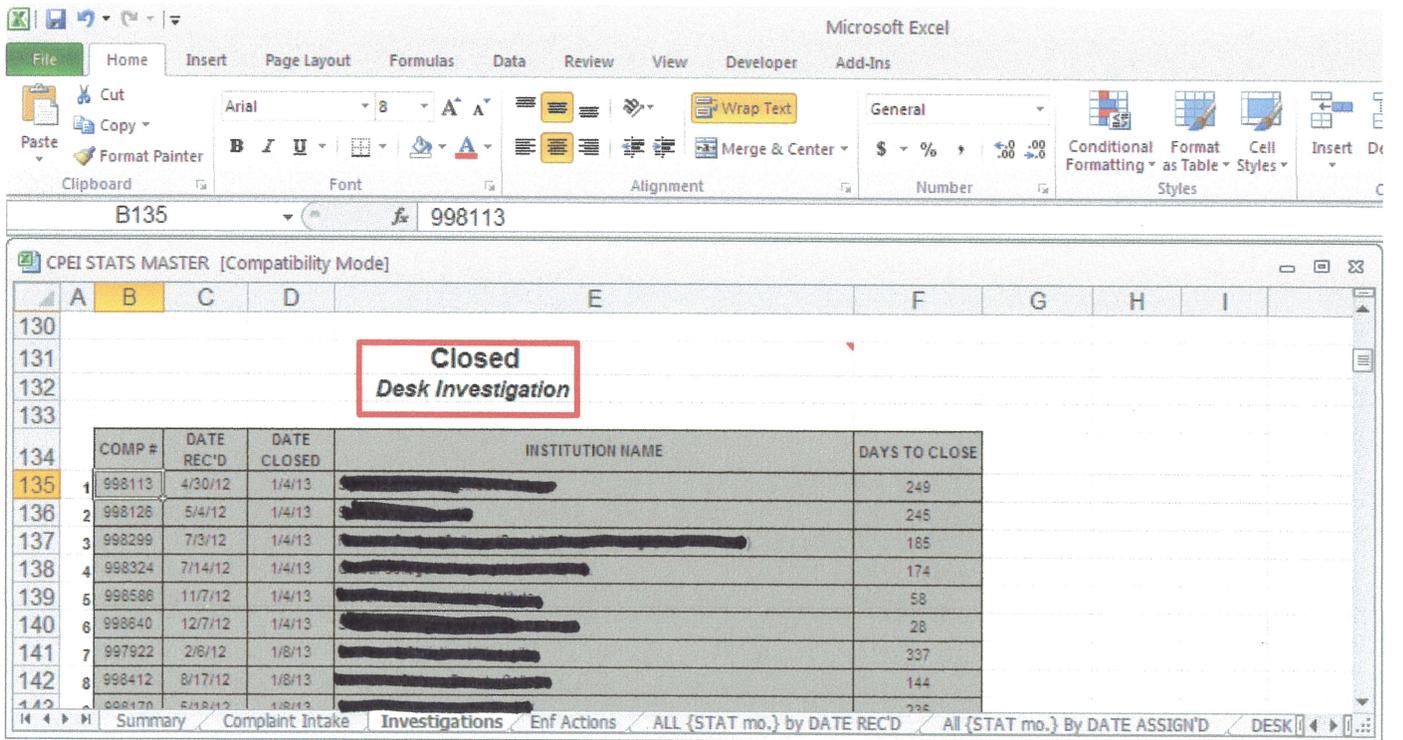
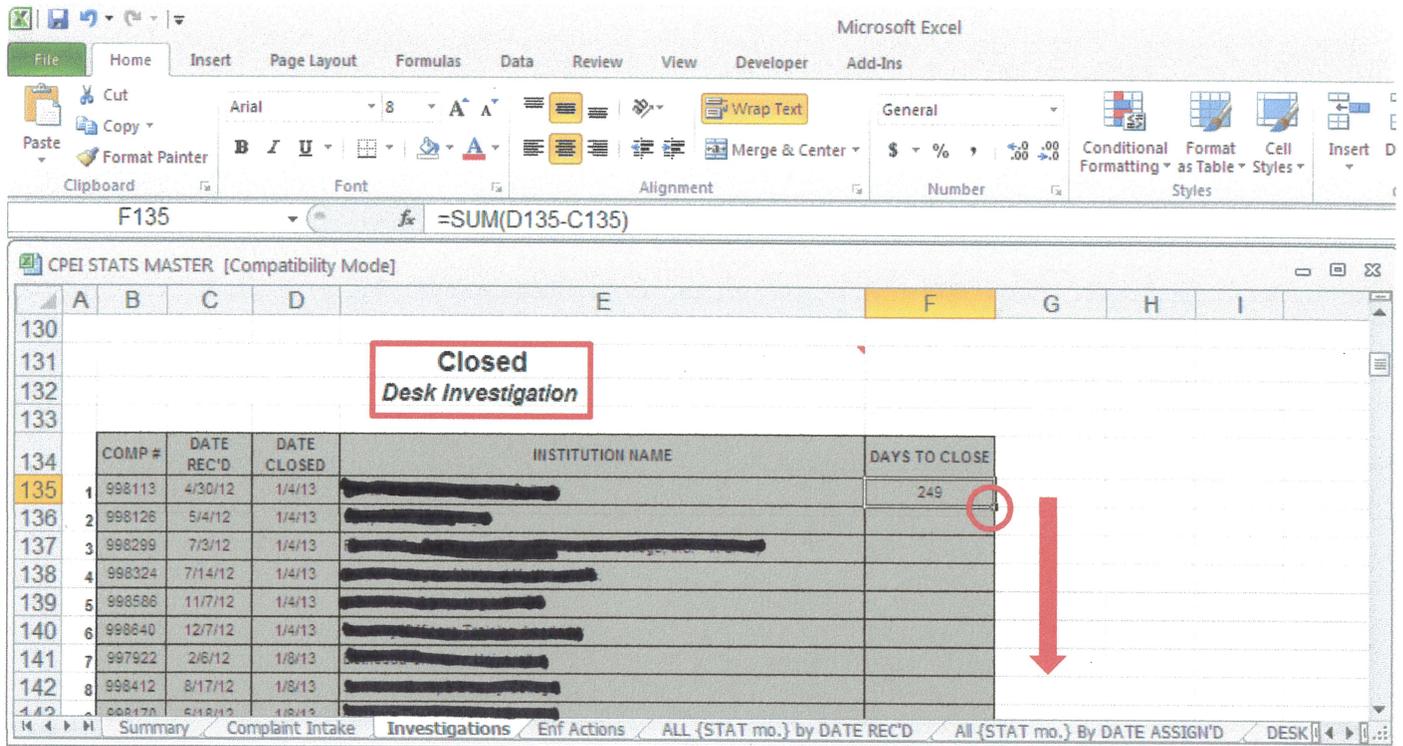
COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
998113	4/30/12	1/4/13	[REDACTED]	=SUM(D135-C135)
998128	5/4/12	1/4/13	[REDACTED]	
998299	7/3/12	1/4/13	[REDACTED]	
998324	7/14/12	1/4/13	[REDACTED]	
998586	11/7/12	1/4/13	[REDACTED]	
998640	12/7/12	1/4/13	[REDACTED]	
997922	2/6/12	1/8/13	[REDACTED]	

Summary Complaint Intake **Investigations** Enf Actions ALL (STAT mo.) by DATE REC'D All (STAT mo.) By DATE ASSIGN'D DESK

18. Enter this equation into all the additional rows within the DAYS TO CLOSE Column:

- a. Click the bottom right corner of the cell (in this example the cell is F 135) and drag down until you reach the last row of data.

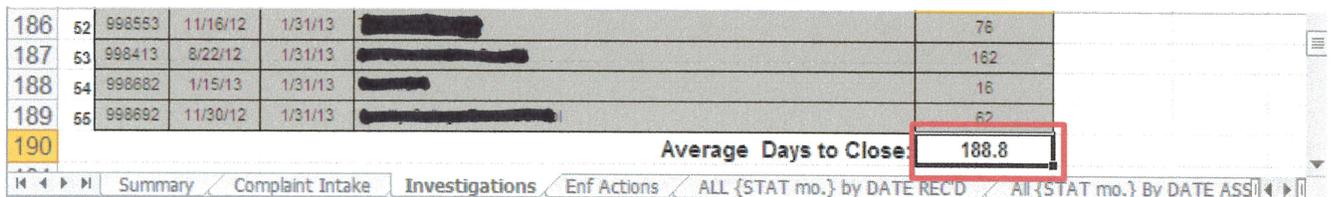
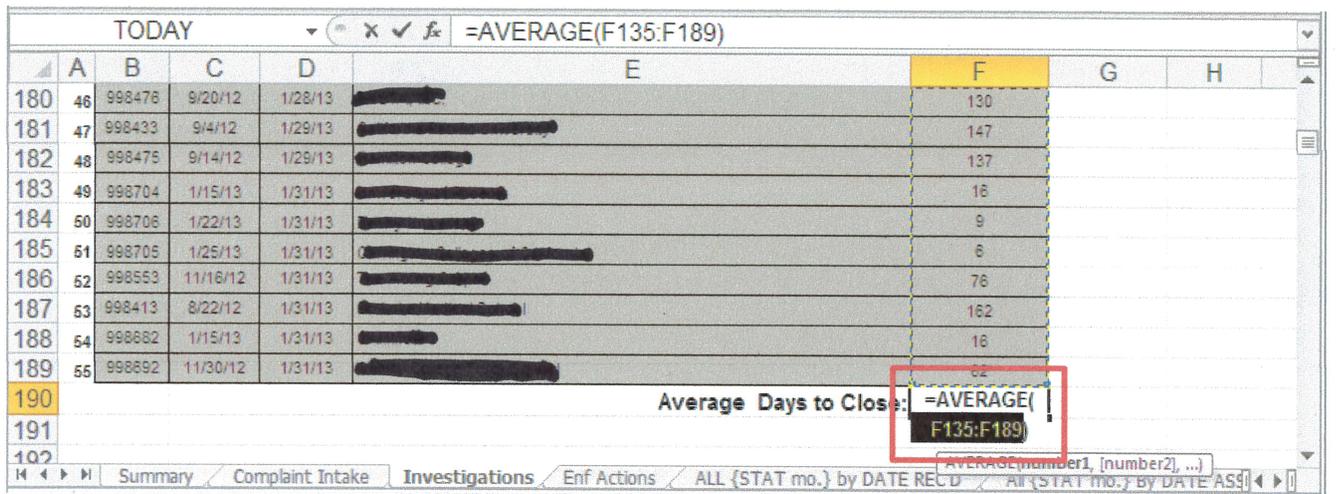
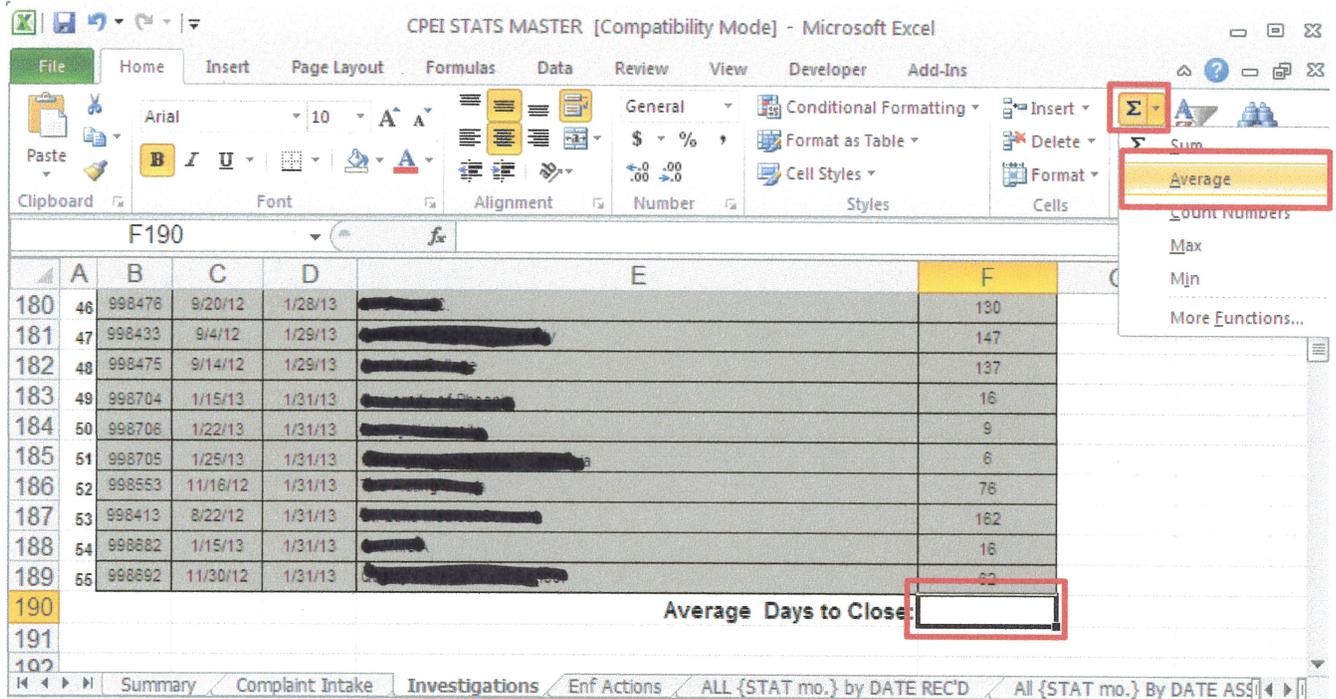
b. Release the mouse and the cells will automatically fill in:



19. Next average the numbers to determine the average number of days it takes to close a complaint:

a. Click on the the empty cell underneath the DAYS TO CLOSE column

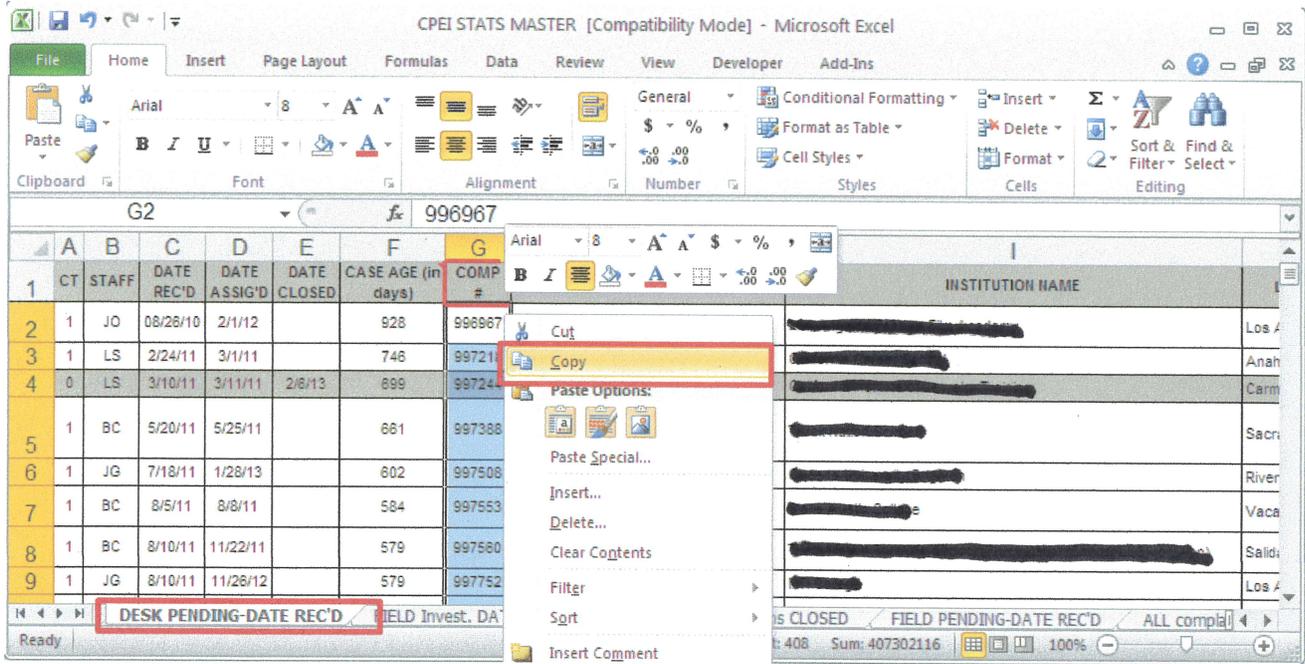
- b. Click on the arrow by the Σ in the Editing section of the Excel Spreadsheet, choose the Average option and hit Enter on your keyboard:



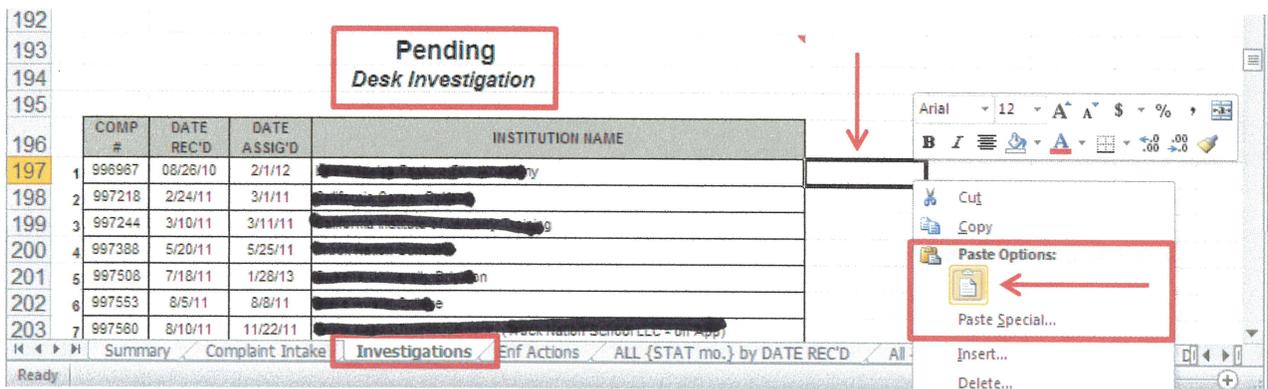
20. Go to the DESK PENDING – DATE REC'D tab.

- a. Highlight all the dates within the COMP # column.

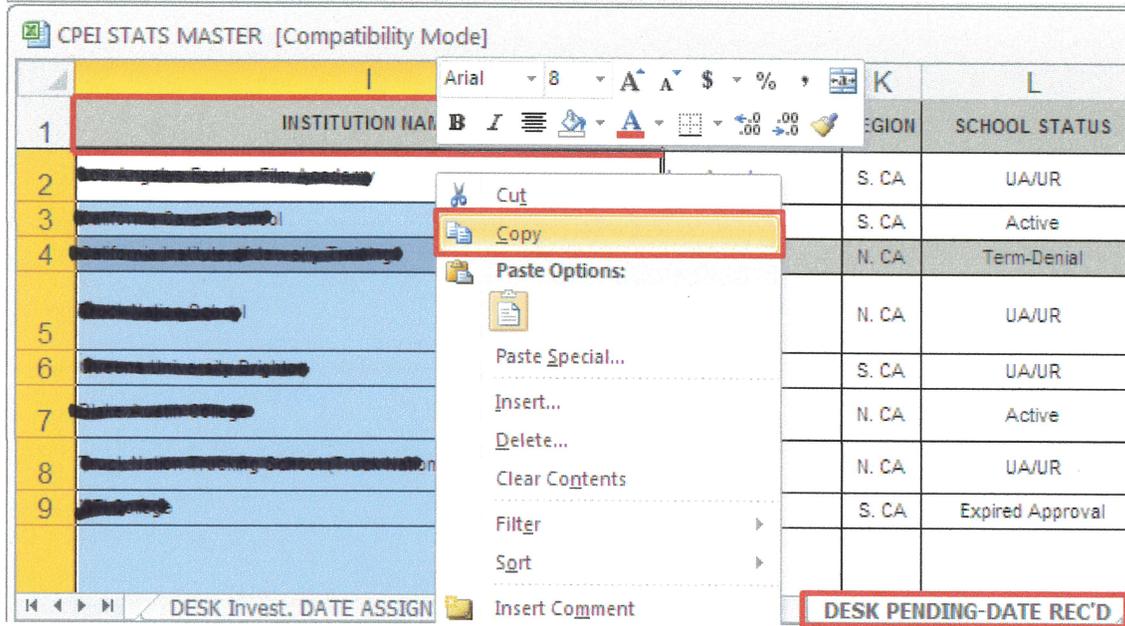
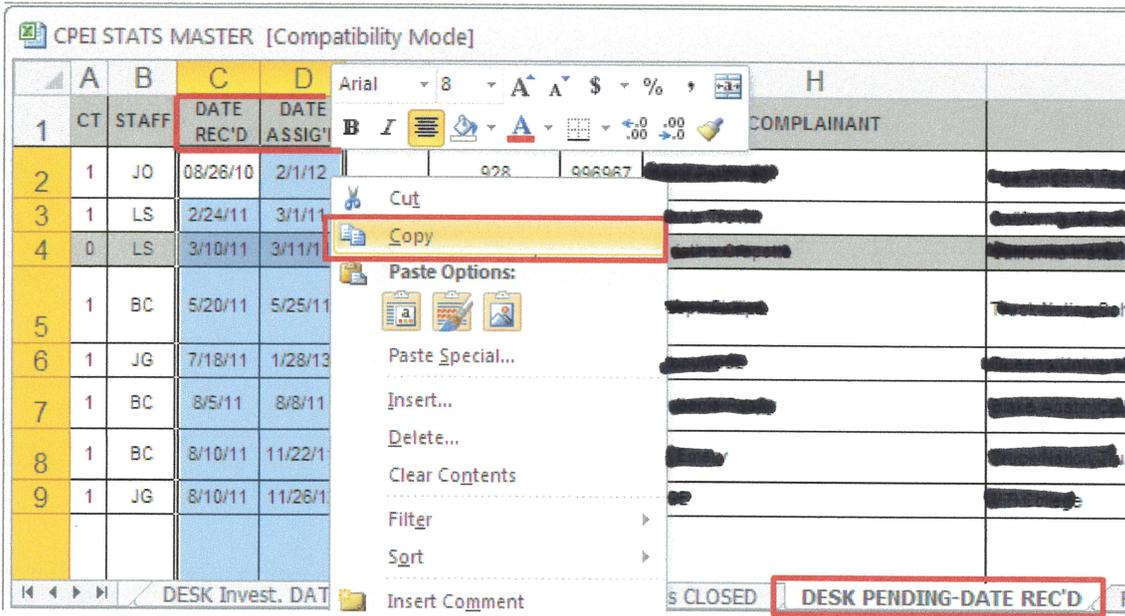
- i. While the mouse is over the first date, right click the mouse and choose the Copy option:



21. Go to the Investigations tab, **Pending Desk Investigation** section, and paste the COMP # information you just copied from the DESK PENDING – DATE REC'D tab:
 - a. Paste the information NEXT to the first 5 columns in case more room is needed for the data to fit:



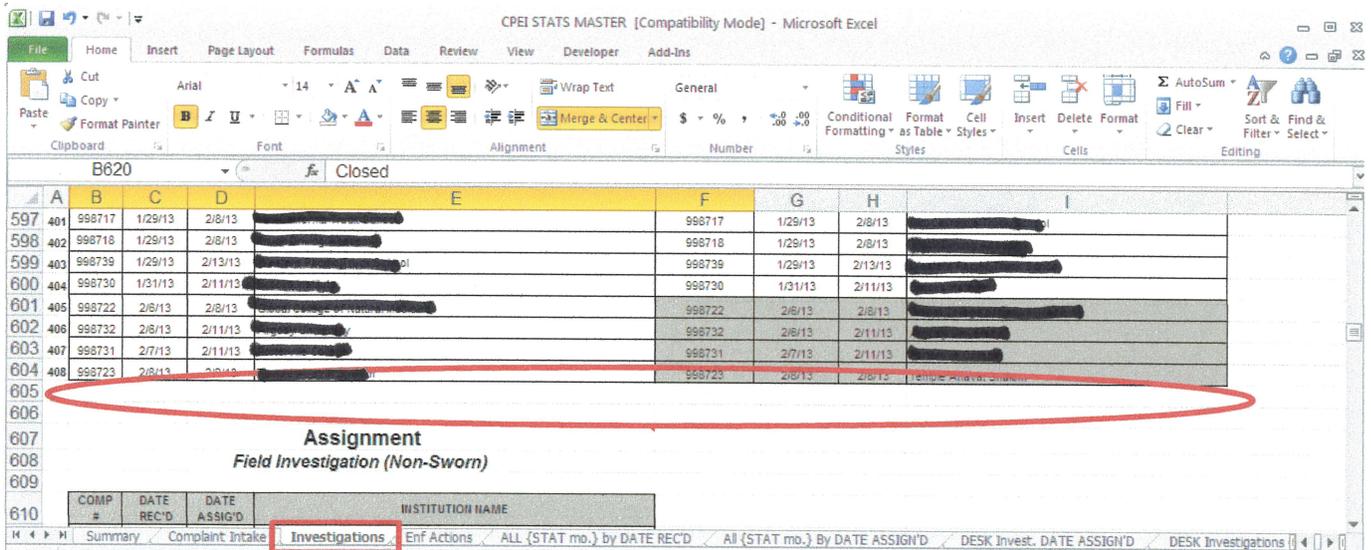
22. Continue to copy the DATE REC'D, DATE ASSIG'D and INSTITUTION NAME date from the DESK PENDING – DATE REC'D tab as well:



23. Paste the information on the Investigations tab, the **Pending Desk Investigation** section, next to the COMP # information:

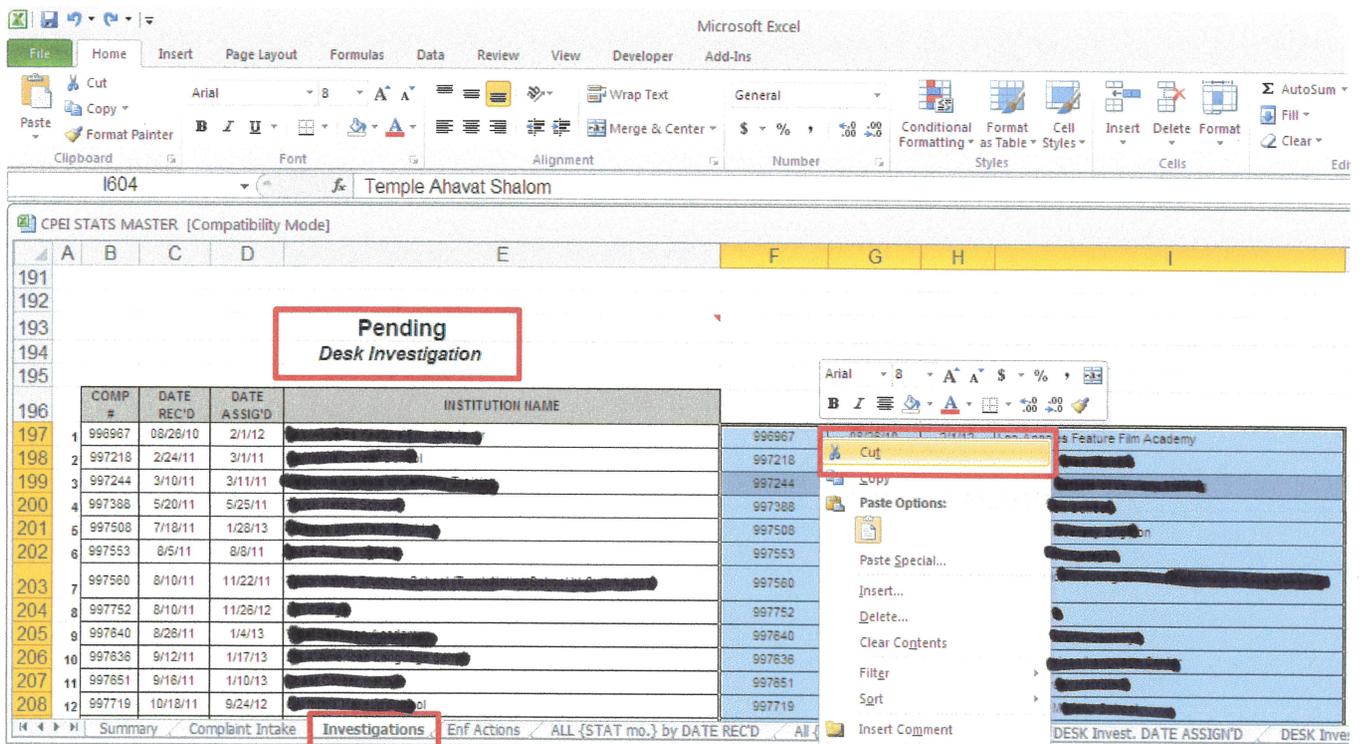
193	Pending Desk Investigation						
194	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME			
195							
196	996967	08/26/10	2/1/12	[REDACTED]	996967	08/26/10	2/1/12
197	997218	2/24/11	3/1/11	[REDACTED]	997218	2/24/11	3/1/11
198	997244	3/10/11	3/11/11	[REDACTED]	997244	3/10/11	3/11/11
199				California Institute of Jewelry Training			

24. Once all the data has been copied from the DESK Invest. DATE ASSIGN'D tab and pasted on the Investigations tab, verify if any more room is needed before moving the data to the correct corresponding columns:

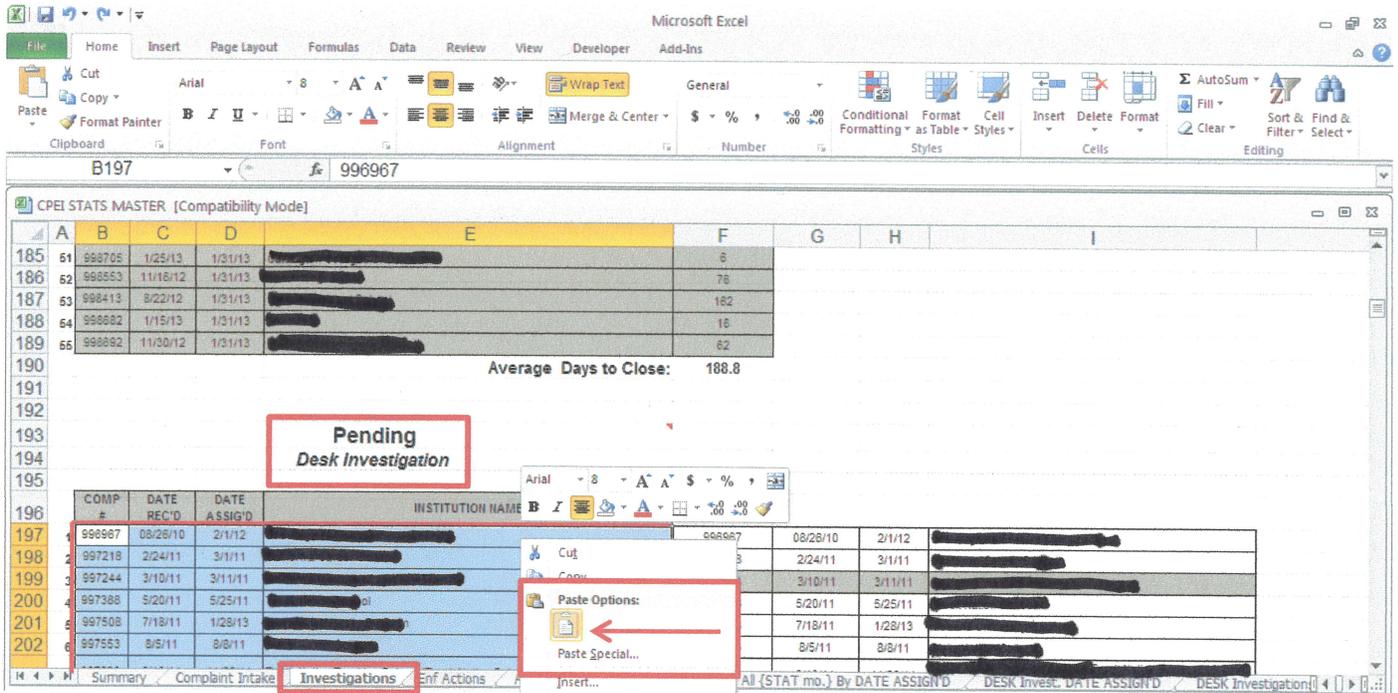


25. If the data lines up CUT and PASTE the new information over the old data:

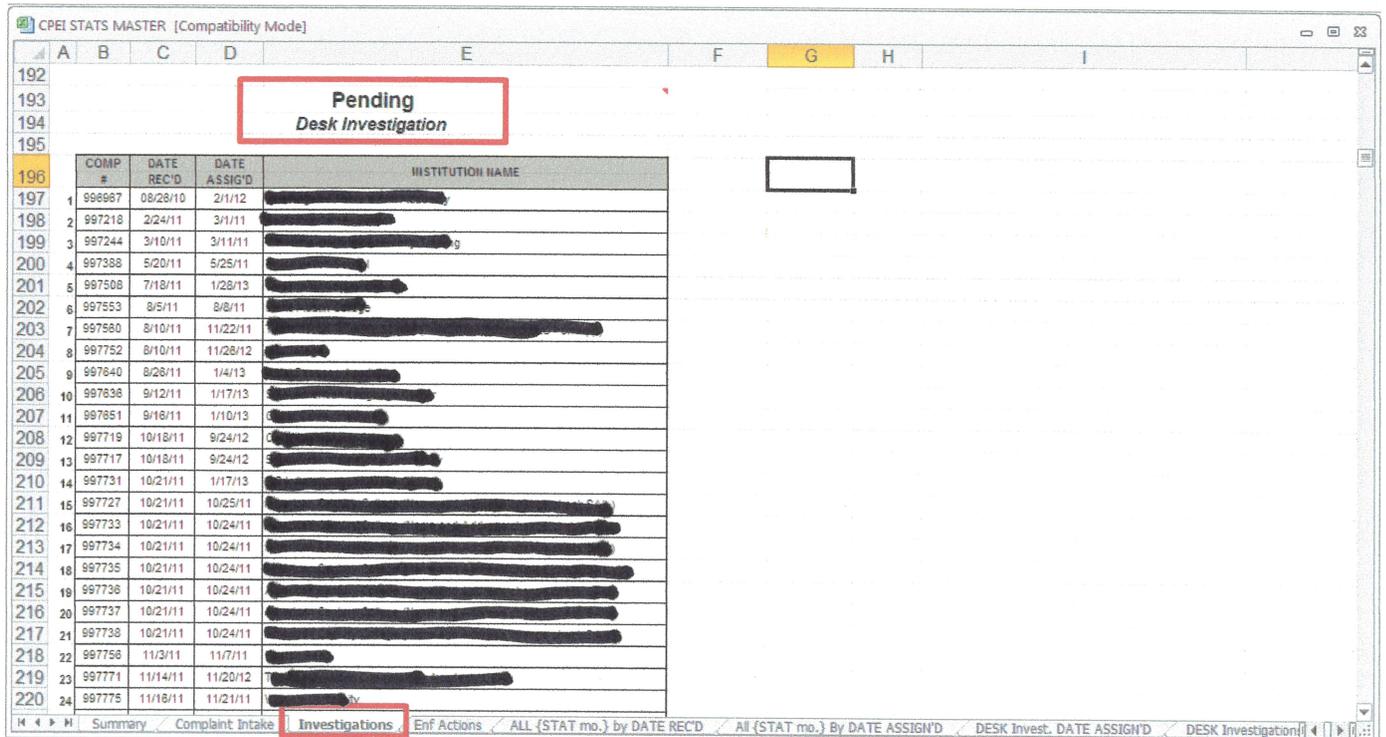
- Highlight all the new COMP #, DATE REC'D, DATE ASSIG'D, and INSTITUTION NAME data, right click the mouse and choose the Cut option:



b. Paste the copied data under the COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME columns:



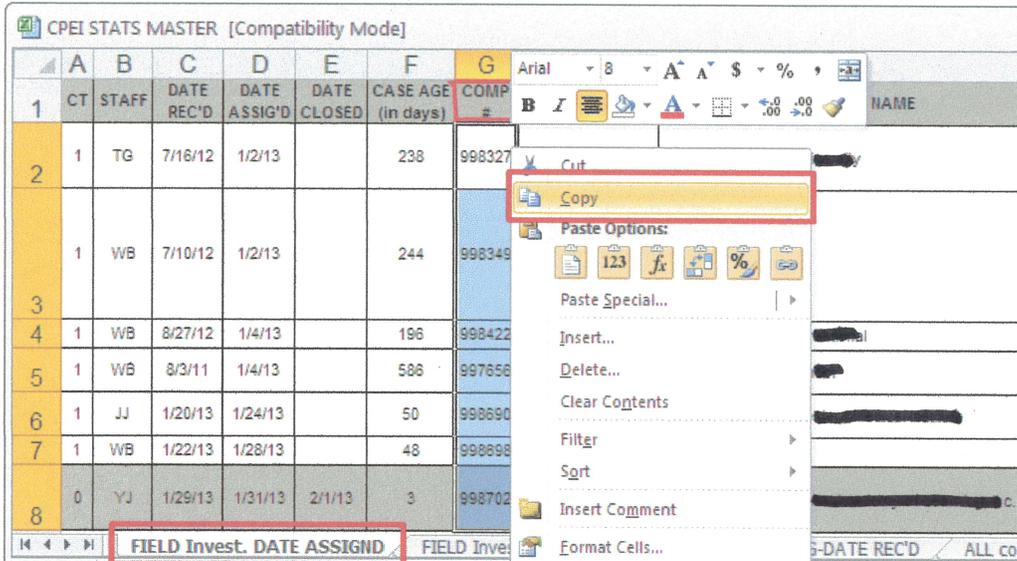
c. This is what the end result should like:



26. Go to the FIELD Invest. DATE ASSIGND tab:

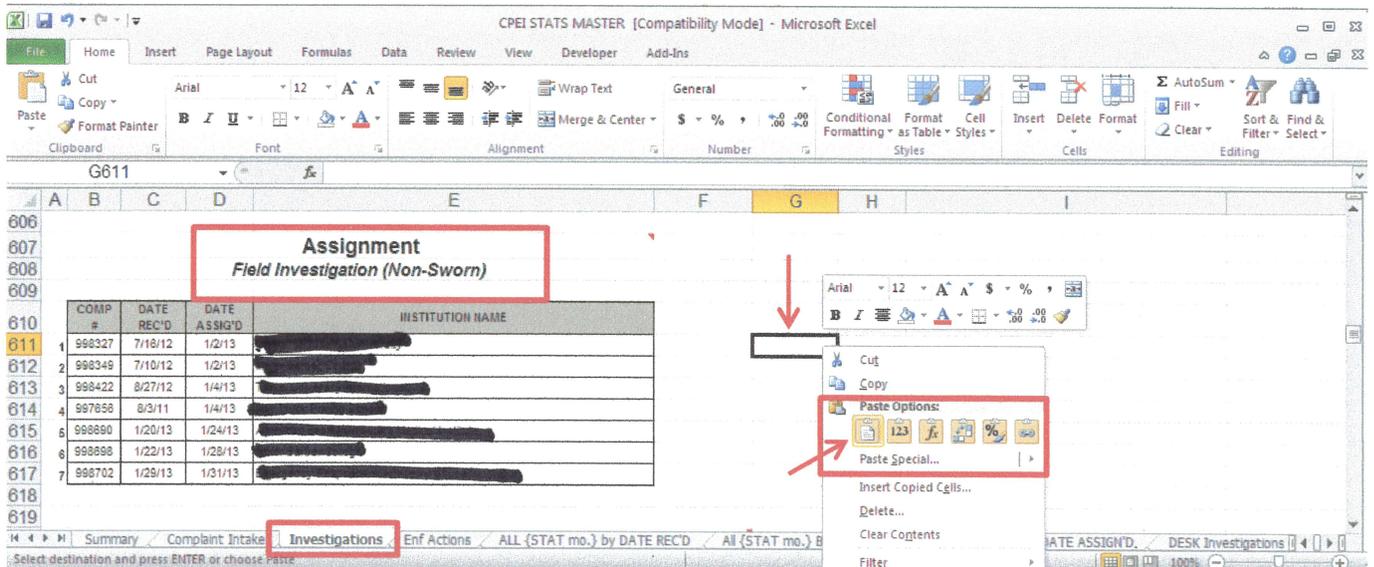
a. Highlight all the dates within the COMP # column:

i. While the mouse is over the first date, right click the mouse and choose the Copy option:



27. Go to the Investigations tab, **Assignment Field Investigation (Non-Sworn)** section, and paste the information you just copied from the FIELD Invest. DATE ASSIGND tab:

a. Paste the information NEXT to the first 6 columns in case more room is needed for the data to fit:



28. Continue to copy the DATE REC'D, DATE ASSIG'D and INSTITUTION NAME data from the FIELD Invest. DATE ASSIGND as well:

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File Home Insert Page Layout Formulas Data Review View Developer Add-Ins

Arial 8 A A Wrap Text

B I U Merge & Center

C2 7/16/2012

	A	B	C	D	E	F	G	H	I
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME
2	1	TG	7/16/12	1/2/13		238	998327	[REDACTED]	[REDACTED]
3	1	WB	7/10/12	1/2/13		244	998349	[REDACTED]	[REDACTED]
4	1	WB	8/27/12	1/4/13		196	998422	[REDACTED]	[REDACTED]
5	1	WB	8/3/11	1/4/13		586	997656	[REDACTED]	[REDACTED]
6	1	JJ	1/20/13	1/24/13		50	998690	[REDACTED]	[REDACTED]
7	1	WB	1/22/13	1/28/13		48	998698	[REDACTED]	[REDACTED]
8	0	YL	1/29/13	1/31/13	2/1/13	3	998702	Ian Schneider	Emergency Responders Academy of Learning, Inc.

FIELD Invest. DATE ASSIGND FIELD Investigations CLOSED FIELD PENDING-DATE REC'D

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File Home Insert Page Layout Formulas Data Review View Developer Add-Ins

Arial 8 A A Wrap Text

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I2 [REDACTED]

	H	I	J	K	L	M
1	COMPLAINANT	INSTITUTION NAME	LOCATION	REGION	SCHOOL STATUS	SCHOOL CODE
2	[REDACTED]	[REDACTED]	Santa Clara	N. CA	UA/UR (Pending approval APP received 08/02/10)	999999
3	[REDACTED]	[REDACTED]	West Sacramento	N. CA	Active - refer to specialist	340096
4	[REDACTED]	[REDACTED]	San Diego	S. CA	Active	370461
5	[REDACTED]	[REDACTED]	Hayward	N. CA	Active	010622
6	[REDACTED]	[REDACTED]	Rowland Heights	S. CA	Active	586697
7	[REDACTED]	[REDACTED]	Oakland	N. CA	Active	10103
8	[REDACTED]	Emergency Responders Academy of Learning, Inc.	Manteca	N. CA	UA/UR (Pending Approval)	999999

FIELD Invest. DATE ASSIGND FIELD Investigations CLOSED FIELD PENDING-DATE REC'D

29. Paste the information on the Investigations tab, **Assignment Field Investigation (Non-Sworn)** section, next to the COMP # information:

The screenshot shows the 'Investigations' tab in Microsoft Excel. A red box highlights the section titled 'Assignment Field Investigation (Non-Sworn)'. Below this, a table contains the following data:

	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
611	998327	7/16/12	1/2/13	[REDACTED]
612	998349	7/10/12	1/2/13	[REDACTED]
613	998422	8/27/12	1/4/13	[REDACTED]
614	997658	8/3/11	1/4/13	[REDACTED]
615	998690	1/20/13	1/24/13	[REDACTED]
616	998698	1/22/13	1/28/13	[REDACTED]
617	998702	1/29/13	1/31/13	[REDACTED]

To the right of this table, another table shows the same data with three red arrows pointing to columns G, H, and I, indicating where the data should be pasted.

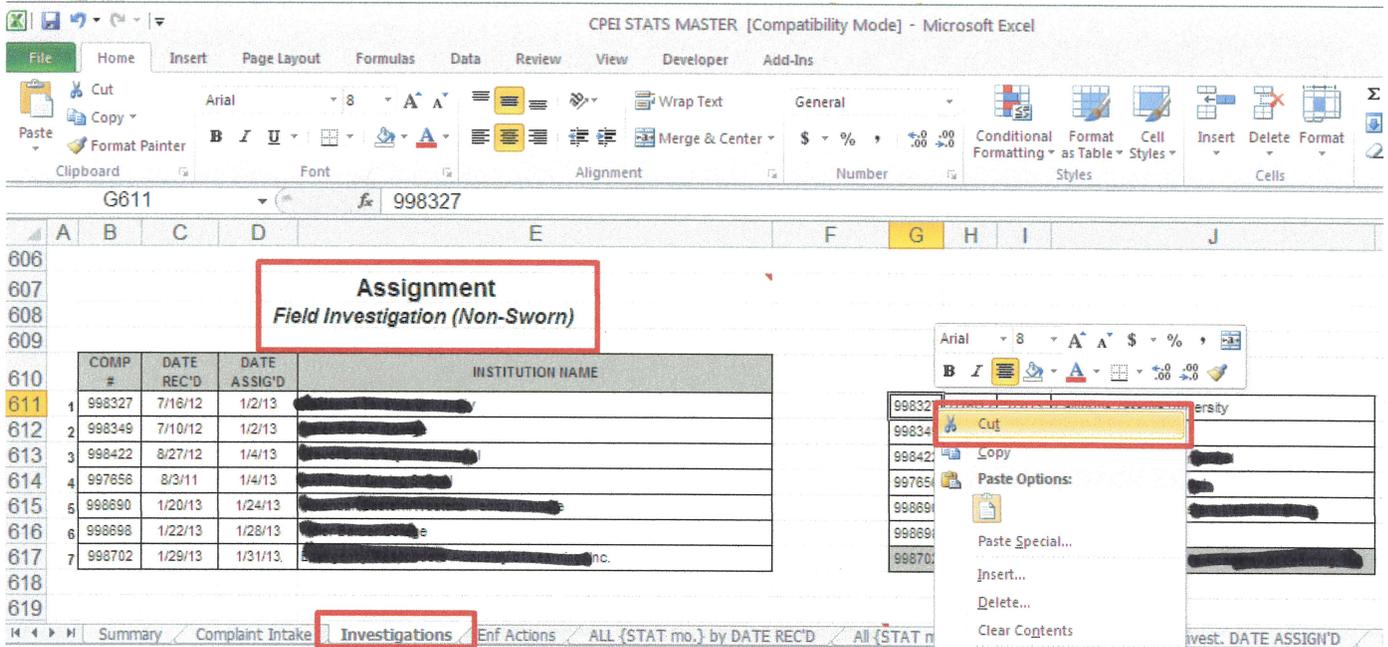
30. Once all the data has been copied from the FIELD Invest. DATE ASSIGND tab and pasted on the Investigations tab, verify if any more room is needed before moving the data to the correct corresponding columns:

The screenshot shows the 'Investigations' tab in Microsoft Excel. A red box highlights the section titled 'Assignment Field Investigation (Non-Sworn)'. Below this, a table contains the following data:

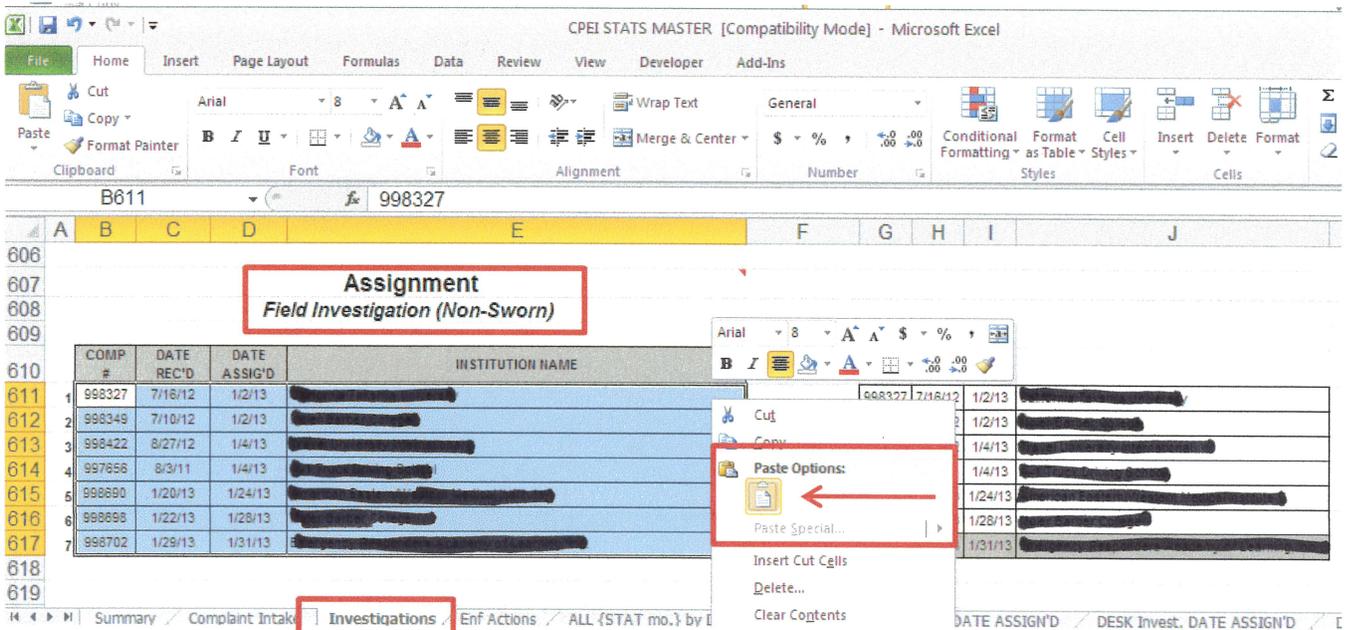
	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
611	998327	7/16/12	1/2/13	[REDACTED]
612	998349	7/10/12	1/2/13	[REDACTED]
613	998422	8/27/12	1/4/13	[REDACTED]
614	997658	8/3/11	1/4/13	[REDACTED]
615	998690	1/20/13	1/24/13	[REDACTED]
616	998698	1/22/13	1/28/13	[REDACTED]
617	998702	1/29/13	1/31/13	[REDACTED]

A red oval highlights the bottom row of the table (row 617), indicating the data to be verified and moved.

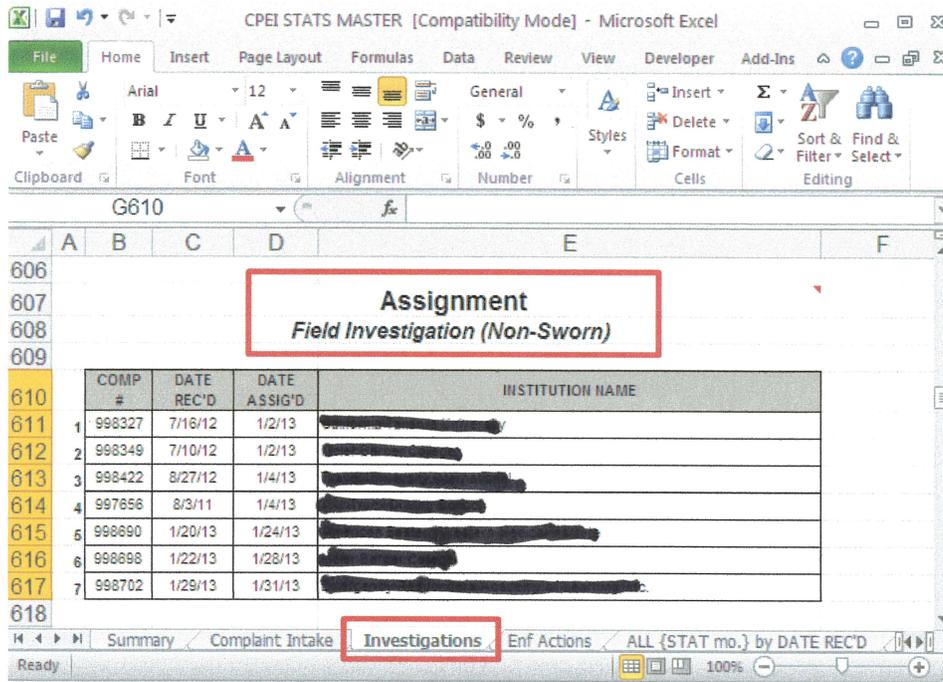
31. If the data lines up CUT and PASTE the new information over the old data
- Highlight all the new COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME columns, right click the mouse and choose the Cut option:



- Paste the copied data under the COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME columns, right click the mouse and choose the Paste option:



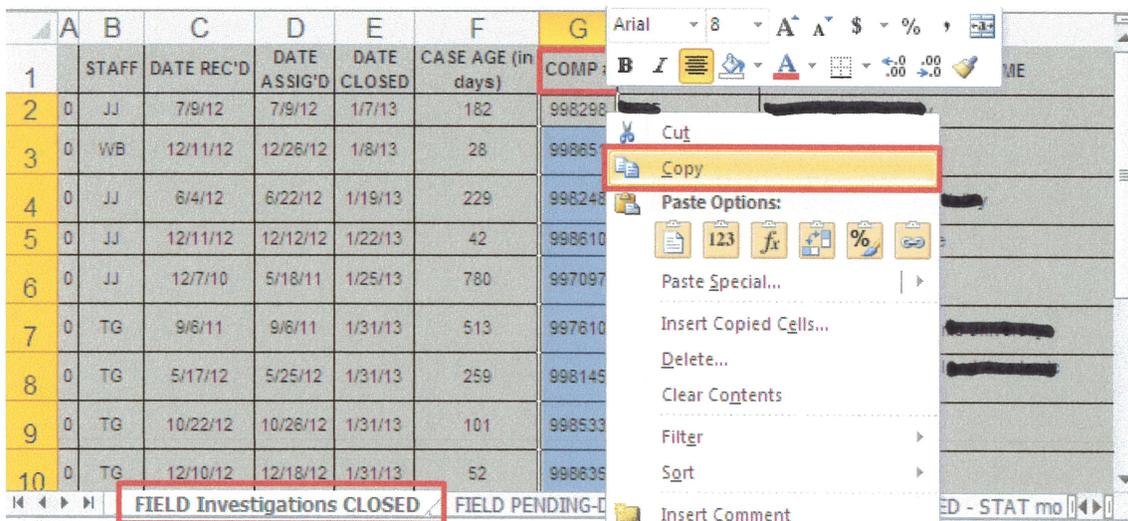
c. This is what the end result should look like:



32. Go to the FIELD Investigations CLOSED tab.

33. Highlight all the dates within the COMP # column:

- a. While the mouse is over the first date, right click the mouse and choose the Copy option:



- b. Return to the Investigations tab, Paste this information NEXT to the first 5 columns by the Closed Field Investigation (Non-Sworn) section, in case more room is needed for the data to fit:

531 **Closed**
532 *Field Investigation (Non-Sworn)*
533

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
997020	9/30/10	4/2/13	[REDACTED]	915
997838	12/30/11	4/18/13	[REDACTED]	475
997411	6/2/11	4/22/13	[REDACTED]	690
998485	9/26/12	4/30/13	[REDACTED]	216

Average Days to Close: 574.00

541 **Pending**
542 *Field Investigation (Non-Sworn)*
543

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
996748*	3/18/10	5/31/11	[REDACTED]
996765*	3/24/10	6/17/11	[REDACTED]
996807	5/4/10	6/13/11	[REDACTED]

544

545

546 1 996748* 3/18/10 5/31/11 [REDACTED]

547 2 996765* 3/24/10 6/17/11 [REDACTED]

548 3 996807 5/4/10 6/13/11 [REDACTED]

549

Clipboard: Cut, Copy, Paste Options (highlighted), Paste Special..., Insert..., Delete..., Clear Contents, Filter, Sort, Insert Comment, Format Cells..., Pick From Drop-down List...

Summary Complaint Intake **Investigations** Enf Actions ALL (STAT no.) by DATE REC'D All (STAT

34. Continue to Copy the DATE REC'D, DATE CLOSED and INSTITUTION NAME data from the FIELD Investigations CLOSED tab as well:

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Clipboard: Paste

Clipboard: Paste

Clipboard: Paste

A	B	C	D	E	CA
1	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	
2	0 JJ	7/9/12	7/9/12	1/7/13	
3	0 WB	12/11/12	12/26/12	1/8/13	
4	0 JJ	6/4/12	6/22/12	1/19/13	
5	0 JJ	12/11/12	12/12/12	1/22/13	
6	0 JJ	12/7/10	5/18/11	1/25/13	
7	0 TG	9/6/11	9/6/11	1/31/13	
8	0 TG	5/17/12	5/25/12	1/31/13	
9	0 TG	10/22/12	10/26/12	1/31/13	
10	0 TG	12/10/12	12/18/12	1/31/13	

FIELD Investigations CLOSED

A	B	C	D	E	F	F
1	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE A	day
2	0 JJ	7/9/12	7/9/12	1/7/13	18	
3	0 WB	12/11/12	12/26/12	1/8/13	28	
4	0 JJ	6/4/12	6/22/12	1/19/13	22	
5	0 JJ	12/11/12	12/12/12	1/22/13	42	
6	0 JJ	12/7/10	5/18/11	1/25/13	78	
7	0 TG	9/6/11	9/6/11	1/31/13	51	
8	0 TG	5/17/12	5/25/12	1/31/13	25	
9	0 TG	10/22/12	10/26/12	1/31/13	10	
10	0 TG	12/10/12	12/18/12	1/31/13	52	

FIELD Investigations CLOSED

A	B	C	D	E	F	G
1						INSTITUTION NAME
2						Lisa's Clinical Remedy
3						[REDACTED]
4						[REDACTED]
5						[REDACTED]
6						[REDACTED]
7						[REDACTED]
8						[REDACTED]
9						[REDACTED]
10						[REDACTED]

FIELD Investigations CLOSED

35. Paste the information on the Investigations tab, **Closed Field Investigations (Non-Sworn)** section, next to the COMP # information:

Closed Field Investigation (Non-Sworn)

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE			
998298	7/9/12	1/7/13	[REDACTED]	182	998298	7/9/12	1/7/13
998651	12/11/12	1/8/13	[REDACTED]	28	998651	12/11/12	1/8/13
998248	8/4/12	1/19/13	[REDACTED]	229	998248	8/4/12	1/19/13
998610	12/11/12	1/22/13	[REDACTED]	42	998610	12/11/12	1/22/13
997097	12/7/10	1/25/13	[REDACTED]	780	997097	12/7/10	1/25/13
997810	9/8/11	1/31/13	[REDACTED]	513	997810	9/8/11	1/31/13
998145	5/17/12	1/31/13	[REDACTED]	259	998145	5/17/12	1/31/13
998533	10/22/12	1/31/13	[REDACTED]	101	998533	10/22/12	1/31/13
998635	12/10/12	1/31/13	[REDACTED]	52	998635	12/10/12	1/31/13

Average number of days to close: 242.88889

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL (STAT mo.) by DATE REC'D / All (STAT mo.) By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Invest

36. Once all the data has been copied from the FIELD Investigations CLOSED tab and pasted on the Investigations tab, **Closed Field Investigations (Non-Sworn)** section, verify if any room is needed before moving the data to the correct corresponding columns:

2	998651	12/11/12	1/8/13	[REDACTED]	28	998651	12/11/12	1/8/13	[REDACTED]
3	998248	8/4/12	1/19/13	[REDACTED]	229	998248	8/4/12	1/19/13	[REDACTED]
4	998610	12/11/12	1/22/13	[REDACTED]	42	998610	12/11/12	1/22/13	[REDACTED]
5	997097	12/7/10	1/25/13	[REDACTED]	780	997097	12/7/10	1/25/13	[REDACTED]
6	997810	9/8/11	1/31/13	[REDACTED]	513	997810	9/8/11	1/31/13	[REDACTED]
7	998145	5/17/12	1/31/13	[REDACTED]	259	998145	5/17/12	1/31/13	[REDACTED]
8	998533	10/22/12	1/31/13	[REDACTED]	101	998533	10/22/12	1/31/13	[REDACTED]
9	998635	12/10/12	1/31/13	[REDACTED]	52	998635	12/10/12	1/31/13	[REDACTED]

Average number of days to close: 242.88889

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL (STAT mo.) by DATE REC'D / All (STAT mo.) By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Invest

37. If the data lines up CUT and PASTE the new information over the old data:

- a. Highlight all the new COMP #, DATE REC'D, DATE CLOSED and INSTITUTION NAME data, right click the mouse and choose the Cut option:

Closed Field Investigation (Non-Sworn)

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE			
998298	7/9/12	1/7/13	[REDACTED]	182	998298	7/9/12	1/7/13
998651	12/11/12	1/8/13	[REDACTED]	28	998651	12/11/12	1/8/13
998248	8/4/12	1/19/13	[REDACTED]	229	998248	8/4/12	1/19/13
998610	12/11/12	1/22/13	[REDACTED]	42	998610	12/11/12	1/22/13
997097	12/7/10	1/25/13	[REDACTED]	780	997097	12/7/10	1/25/13
997810	9/8/11	1/31/13	[REDACTED]	513	997810	9/8/11	1/31/13
998145	5/17/12	1/31/13	[REDACTED]	259	998145	5/17/12	1/31/13
998533	10/22/12	1/31/13	[REDACTED]	101	998533	10/22/12	1/31/13
998635	12/10/12	1/31/13	[REDACTED]	52	998635	12/10/12	1/31/13

Average number of days to close: 242.88889

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL (STAT mo.) by DATE REC'D / All (STAT mo.) By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Invest

- b. Paste the copied data under the COMP #, DATE REC'D, DATE CLOSED and INSTITUTION NAME columns:

The screenshot shows an Excel spreadsheet with a table titled "Closed Field Investigation (Non-Sworn)". The table has columns for COMP #, DATE REC'D, DATE CLOSED, and INSTITUTION NAME. A context menu is open over the first four columns, with the "Paste Options" menu item highlighted by a red arrow. The spreadsheet also shows a summary row with the value 889 and a tab labeled "Investigations".

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME
998298	7/9/12	1/7/13	[REDACTED]
998851	12/11/12	1/8/13	[REDACTED]
998248	8/4/12	1/19/13	[REDACTED]
998810	12/11/12	1/22/13	[REDACTED]
997097	12/7/10	1/25/13	[REDACTED]
997810	9/8/11	1/31/13	[REDACTED]
998145	5/17/12	1/31/13	[REDACTED]
998533	10/22/12	1/31/13	[REDACTED]
998635	12/10/12	1/31/13	[REDACTED]

- c. This is what the end result should look like:

The screenshot shows the final result of the data transfer. The table now includes a "DAYS TO CLOSE" column. The average number of days to close is calculated as 242.88889. The spreadsheet also shows a summary row with the value 889 and a tab labeled "Investigations".

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
998298	7/9/12	1/7/13	[REDACTED]	182
998851	12/11/12	1/8/13	[REDACTED]	28
998248	8/4/12	1/19/13	[REDACTED]	229
998810	12/11/12	1/22/13	[REDACTED]	42
997097	12/7/10	1/25/13	[REDACTED]	780
997810	9/8/11	1/31/13	[REDACTED]	513
998145	5/17/12	1/31/13	[REDACTED]	269
998533	10/22/12	1/31/13	[REDACTED]	101
998635	12/10/12	1/31/13	[REDACTED]	52

Average number of days to close: 242.88889

38. In the DAYS TO CLOSE column the following formula must be entered : $\text{= \{equal sign\} sum (date closed) - \{minus sign\} date received}$

- In the below screen shot you will see =sum(D535-B535) , to enter this formula you will use your keyboard to click on the equal sign, type sum, click on the date in the Date Rec'd cell, enter a minus sign, click on the Date Rec'd cell and hit the Enter button on your keyboard:

530					
531	Closed				
532	<i>Field Investigation (Non-Sworn)</i>				
533					
534	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
535	1	997020	9/30/10	4/2/13	=sum(D535-B535)
536	2	997838	12/30/11	4/18/13	SUM(number1, [number2], ...)
537	3	997411	6/2/11	4/22/13	
538	4	998485	9/26/12	4/30/13	
539	Average Days to Close:				

39. Enter this equation into all the additional rows within the DAYS TO CLOSE Column:

- Click the bottom right corner of the cell (in this example the cell is F 135) and drag down until you reach the last row of data.
- Release the mouse and the cells will automatically fill in:

	A	B	C	D	E	F	G	H	I
530									
531	Closed								
532	<i>Field Investigation (Non-Sworn)</i>								
533									
534	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE				
535	1	997020	9/30/10	4/2/13	915				
536	2	997838	12/30/11	4/18/13					
537	3	997411	6/2/11	4/22/13					
538	4	998485	9/26/12	4/30/13					
539	Average Days to Close:								

	A	B	C	D	E	F	G	H
530								
531	Closed							
532	<i>Field Investigation (Non-Sworn)</i>							
533								
534	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE			
535	1	997020	9/30/10	4/2/13	915			
536	2	997838	12/30/11	4/18/13	475			
537	3	997411	6/2/11	4/22/13	690			
538	4	998485	9/26/12	4/30/13	216			
539	Average Days to Close:							

40. Next determine the average number of days it takes to close a complaint:

- Click on the the empty cell underneath the DAYS TO CLOSE column
- Click on the arrow by the Σ in the Editing section of the Excel Spreadsheet, choose the Average option and hit Enter on your keyboard:

The screenshot shows the Microsoft Excel interface. The ribbon is set to 'Formulas'. The 'Average' function is highlighted in the 'Function Library' group. The spreadsheet shows a table with columns: COMP #, DATE REC'D, DATE CLOSED, INSTITUTION NAME, and DAYS TO CLOSE. The data rows are 535 through 538. Cell F539 is selected, and the formula bar shows the function being applied.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
997020	9/30/10	4/2/13	[REDACTED]	915
997838	12/30/11	4/18/13	[REDACTED]	475
997411	6/2/11	4/22/13	[REDACTED]	690
998485	9/26/12	4/30/13	[REDACTED]	216

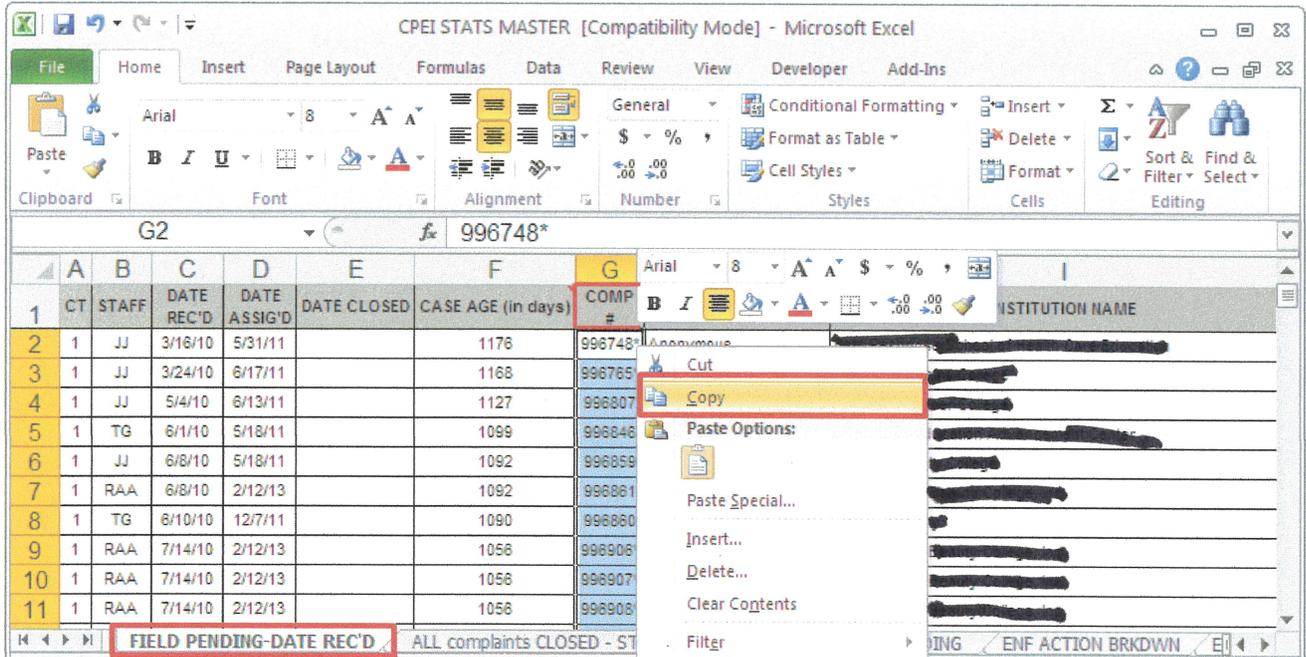
The screenshot shows the same spreadsheet as above. The formula bar now displays the formula `=AVERAGE(F535:F538)`. The cell F539 is highlighted with a dashed border, indicating it is the active cell.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
997020	9/30/10	4/2/13	[REDACTED]	915
997838	12/30/11	4/18/13	[REDACTED]	475
997411	6/2/11	4/22/13	[REDACTED]	690
998485	9/26/12	4/30/13	[REDACTED]	216

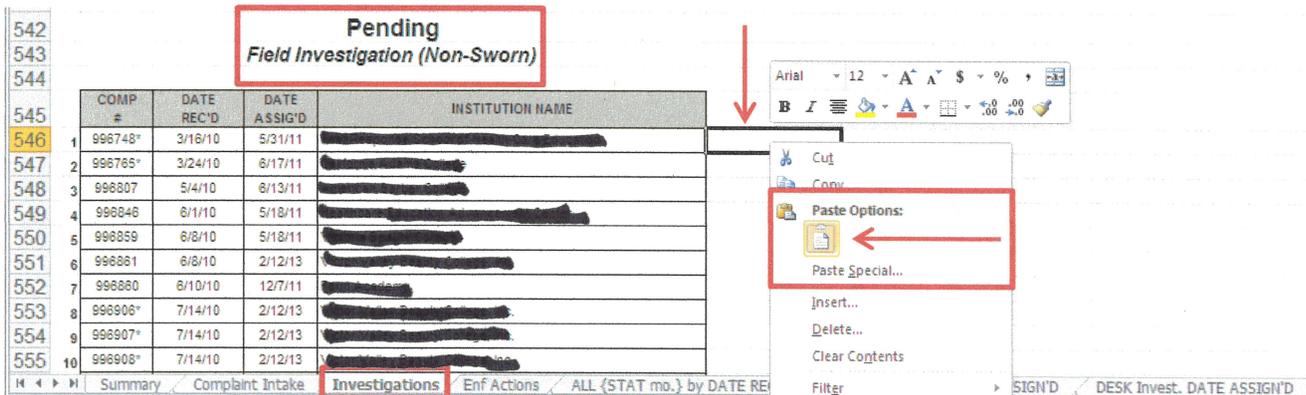
The screenshot shows the final result of the average calculation. The cell F539 now displays the value 574.00. The formula bar is empty, indicating the calculation is complete.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
997020	9/30/10	4/2/13	[REDACTED]	915
997838	12/30/11	4/18/13	[REDACTED]	475
997411	6/2/11	4/22/13	[REDACTED]	690
998485	9/26/12	4/30/13	[REDACTED]	216

41. Go to the FIELD PENDING-DATE REC'D tab.
 - a. Highlight all the dates within the COMP # column.
 - i. While the mouse is over the first date, right click the mouse and choose the Copy option:



42. Go to the Investigations tab, **Pending Field Investigation (Non-Sworn)** section, and paste the COMP # information you just copied from the FIELD PENDING – DATE REC'D tab:
 - a. Past the information NEXT to the first 5 columns in case more room is needed for the data to fit:



43. Continue to copy the DATE REC'D, DATE ASSIG'D and INSTITUTION NAME date from the FIELD PENDING – DATE REC'D tab as well:

	A	B	C	D		H
1	CT	STAFF	DATE REC'D	DATE ASSIG'D		COMPLAINT
2	1	JJ	3/16/10	5/31/11	996748*	[REDACTED]
3	1	JJ	3/24/10	6/17/11	996785*	[REDACTED]
4	1	JJ	5/4/10	6/13/11	996807	[REDACTED]
5	1	TG	6/1/10	5/18/11	996846	[REDACTED]
6	1	JJ	6/8/10	5/18/11	996859	[REDACTED]
7	1	RAA	6/8/10	2/12/11	996861	[REDACTED]
8	1	TG	6/10/10	12/7/11	996860	[REDACTED]
9	1	RAA	7/14/10	2/12/11	996906*	[REDACTED]
10	1	RAA	7/14/10	2/12/11	996907*	[REDACTED]
11	1	RAA	7/14/10	2/12/11	996908*	[REDACTED]
12	1	WB	7/27/10	8/12/11	997136	[REDACTED]
13	1	TG	8/2/10	8/1/11	997106	[REDACTED]
14	1	TG	9/1/10	5/27/11	996984	[REDACTED]
15	1	JJ	9/16/10	4/30/11	996999	[REDACTED]
16	1	JJ	9/29/10	6/1/11	997015	[REDACTED]
17	1	TG	10/1/10	5/18/11	997021	[REDACTED]

			M
1	INSTITUTION NAME	STATUS	SCHOOL CODE
2	[REDACTED]	Active	50047244
3	[REDACTED]	Active	1909941
4	[REDACTED]	Active	1909481
5	[REDACTED]	Active	88680418
6	[REDACTED]	Active	46576500
7	[REDACTED]	Active	3600361
8	[REDACTED]	Active	83978984
9	[REDACTED]	Active	3600361
10	[REDACTED]	Active	3600361
11	[REDACTED]	Active	3600361
12	[REDACTED]	Expired Approval	1937451
13	[REDACTED]	Active	1940541
14	[REDACTED]	Active	73116841
15	[REDACTED]	Active	14960906
16	[REDACTED]	red-refer to specialist	83344530
17	[REDACTED]	empt - CEC 94750	1916231

44. Paste the information on the Investigations tab, the **Pending Field Investigation (Non-Sworn)** section, next to the COMP # information:

Pending Field Investigation (Non-Sworn)											
COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME								
1	996748*	3/16/10	5/31/11	[REDACTED]							
2	996765*	3/24/10	6/17/11	[REDACTED]ge	996748*	3/16/10	5/31/11	[REDACTED]			
3	996807	5/4/10	6/13/11	[REDACTED]	996765*	3/24/10	6/17/11	[REDACTED]			
4	996846	6/1/10	5/18/11	[REDACTED]er	996807	5/4/10	6/13/11	[REDACTED]e			
5	996859	6/8/10	5/18/11	[REDACTED]e	996846	6/1/10	5/18/11	[REDACTED]			
6	996861	6/8/10	2/12/13	[REDACTED].c.	996859	6/8/10	5/18/11	[REDACTED]			
7	996860	6/10/10	12/7/11	[REDACTED]y	996861	6/8/10	2/12/13	[REDACTED].c.			
8	996906*	7/14/10	2/12/13	[REDACTED].c.	996860	6/10/10	12/7/11	[REDACTED]			
9	996907*	7/14/10	2/12/13	[REDACTED].c.	996906*	7/14/10	2/12/13	[REDACTED]			
10	996908*	7/14/10	2/12/13	[REDACTED].c.	996907*	7/14/10	2/12/13	[REDACTED]			
11	997136	7/27/10	8/12/11	[REDACTED].ca	996908*	7/14/10	2/12/13	[REDACTED]			
12	997106	8/2/10	8/1/11	[REDACTED]e	997136	7/27/10	8/12/11	[REDACTED]			
					997106	8/2/10	8/1/11	[REDACTED]			

45. Once all the data has been copied from the FIELD PENDING – DATE REC'D tab and pasted on the Investigations tab, verify if any more room is needed before moving the data to the correct corresponding columns:

794	249	998886	4/22/13	5/1/13	[REDACTED]						
795	250	998885	4/23/13	5/1/13	[REDACTED]	998886	4/22/13	5/1/13	[REDACTED]		
796	251	998874	4/24/13	4/25/13	[REDACTED] School	998885	4/23/13	5/1/13	[REDACTED]		
797	252	998873	4/25/13	4/25/13	[REDACTED]	998874	4/24/13	4/25/13	[REDACTED]		
798	253	998878	4/26/13	4/26/13	[REDACTED]ogy	998873	4/25/13	4/25/13	[REDACTED]		
799	254	998877	4/29/13	4/29/13	[REDACTED]	998878	4/26/13	4/26/13	[REDACTED]		
800						998877	4/29/13	4/29/13	[REDACTED]		
801											
802											
803											
804											
805											
806	1	998873	4/25/13	4/26/13	[REDACTED]						

46. If the data lines up CUT and PASTE the new information over the old data:
 a. Highlight all the new COMP #, DATE REC'D, DATE ASSIG'D, and INSTITUTION NAME data, right click the mouse and choose the Cut option:

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME	
1	996748*	3/16/10	5/31/11	[REDACTED]
2	996765*	3/24/10	6/17/11	[REDACTED]
3	996807	5/4/10	6/13/11	[REDACTED] School of Health Care Education
4	996846	6/1/10	5/18/11	[REDACTED]
5	996859	6/8/10	5/18/11	[REDACTED]
6	996861	6/8/10	2/12/13	[REDACTED].c.
7	996860	6/10/10	12/7/11	[REDACTED]
8	996906*	7/14/10	2/12/13	[REDACTED].c.

- b. Paste the copied data under the COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME columns:

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
998748*	3/18/10	5/31/11	[REDACTED]
998765*	3/24/10	6/17/11	[REDACTED]
998807	5/4/10	6/13/11	[REDACTED]
998846	6/1/10	5/18/11	[REDACTED]
998859	6/8/10	5/18/11	[REDACTED]
998881	6/8/10	2/12/13	[REDACTED]
998880	6/10/10	12/7/11	[REDACTED]
998906*	7/14/10	2/12/13	[REDACTED]
998907*	7/14/10	2/12/13	[REDACTED]

- c. This is what the end result should like:

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
998748*	3/18/10	5/31/11	[REDACTED]
998765*	3/24/10	6/17/11	[REDACTED]
998807	5/4/10	6/13/11	[REDACTED]
998846	6/1/10	5/18/11	[REDACTED]
998859	6/8/10	5/18/11	[REDACTED]
998881	6/8/10	2/12/13	[REDACTED]
998880	6/10/10	12/7/11	[REDACTED]
998906*	7/14/10	2/12/13	[REDACTED]
998907*	7/14/10	2/12/13	[REDACTED]
998908*	7/14/10	2/12/13	[REDACTED]
997136	7/27/10	8/12/11	[REDACTED]
997108	8/2/10	8/1/11	[REDACTED]
996984	9/1/10	5/27/11	[REDACTED]
996999	9/16/10	4/30/12	[REDACTED]
997015	9/29/10	6/1/12	[REDACTED]
997021	10/1/10	5/18/11	[REDACTED]
997039	10/18/10	8/17/11	[REDACTED]
997047	10/27/10	5/18/11	[REDACTED]
997057	11/2/10	5/18/11	[REDACTED]
997058	11/2/10	5/18/11	[REDACTED]
997078	11/29/10	7/27/11	[REDACTED]
997127	12/21/10	5/18/11	[REDACTED]
997130*	12/21/10	2/12/13	[REDACTED]
997132	12/24/10	2/4/13	[REDACTED]

47. The next three sections are complaints that are currently with the Division of Investigations (DOI) and can only be filled in by a printout from your supervisor:

Assignment
Field Investigation (Sworn)

COMP #	DATE REC'D	DATE REF'D	INSTITUTION NAME
998873	4/25/13	4/26/13	[REDACTED]
998885	8/27/12	4/16/13	[REDACTED]

Closed
Field Investigation (Sworn)

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
997411	2/25/13	4/17/13	[REDACTED]	50
997020	2/25/13	4/2/13	[REDACTED]	35

Average Days to Close: 42.50

Pending
Field Investigation (Sworn)

COMP #	DATE REC'D	DATE REF'D	INSTITUTION NAME
998859	8/8/10	12/28/11	[REDACTED]
998899	9/18/10	5/12/12	[REDACTED]
998440	9/22/12	12/20/12	[REDACTED]
998425	8/31/12	12/21/12	[REDACTED]
998890	1/20/13	1/24/13	[REDACTED]

48. Request the print out and highlight the following complaints –

- a. Closed
- b. Pending
- c. Monthly Statistical Assignment
 - i. For example, the stat's you are pulling are for the month of April 2013 so you will highlight any complaints that went to DOI in the month of April.

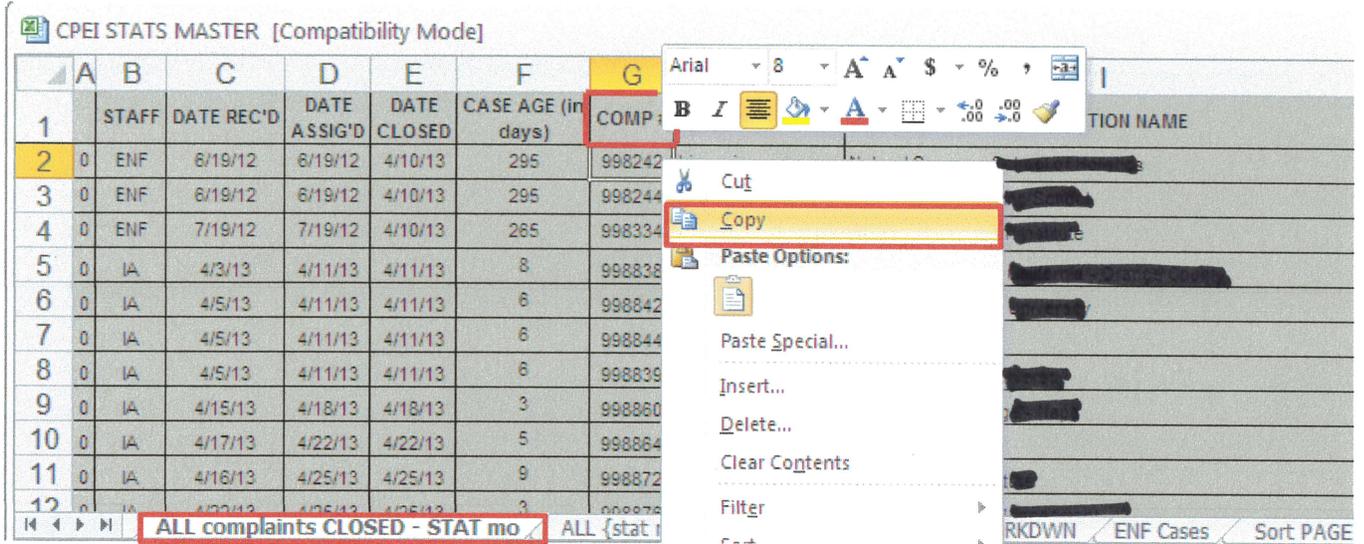
49. You will use this printout and SAIL to fill in the 3 sections on the Investigations tab:

- a. Comp # - can be found on Printout under “Tracking #”
- b. Date Rec'd – can be found on printout under “Client Received”
- c. Date Ref'd – can be found on the printout under “Submitted to DOI”
- d. Institution Name – can be found in SAIL look up by complaint #

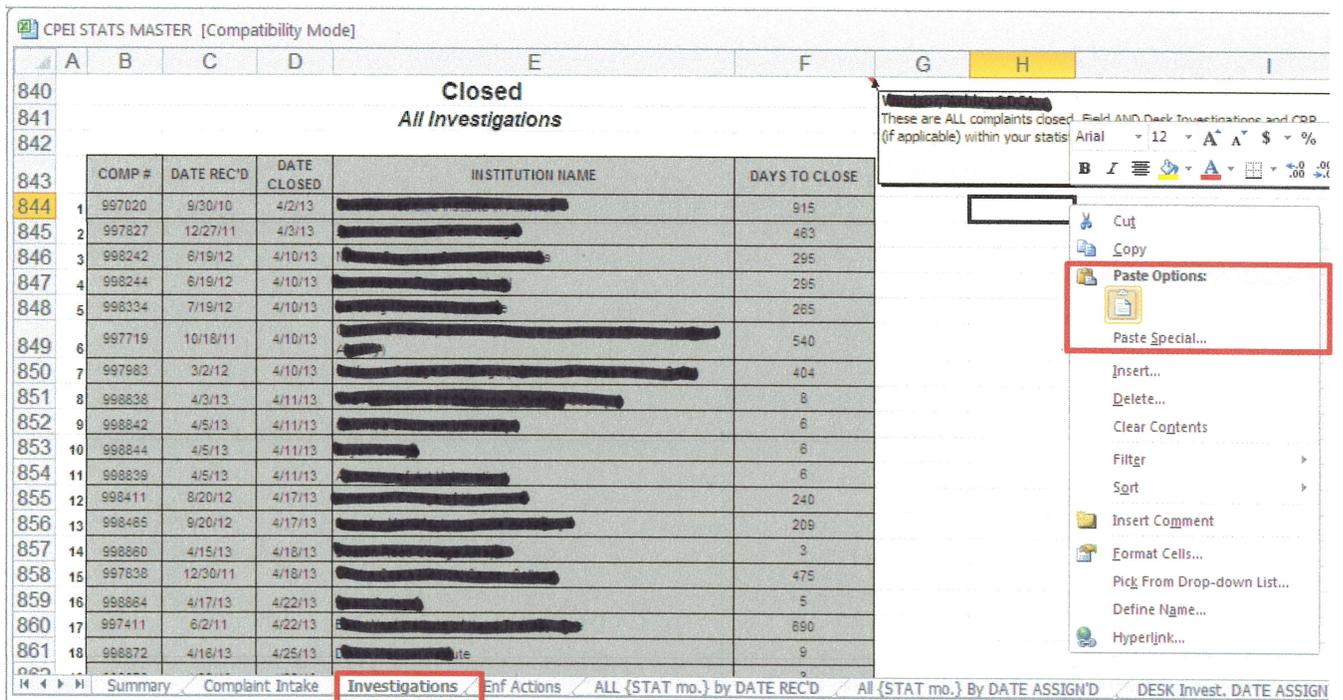
50. Go to the ALL complaints CLOSED – STAT mo. tab.

51. Highlight all the dates within the COMP # column:

- a. While the mouse is over the first date, right click the mouse and choose the Copy option:



- b. Return to the Investigations tab, Paste this information NEXT to the first 5 columns by the **Closed All Investigations** tab section, in case more room is needed for the data to fit:



53. Paste the information on the Investigations tab, **Closed All Investigations** section, next to the COMP # information:

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE			
1	997020	9/30/10	[REDACTED]	915	998242	6/19/12	4/10/13
2	997827	12/27/11	[REDACTED]	463	998244	6/19/12	4/10/13
3	998242	6/19/12	[REDACTED]	295	998334	7/19/12	4/10/13
4	998244	6/19/12	[REDACTED]	295	998838	4/3/13	4/11/13
5	998334	7/19/12	[REDACTED]	265	998842	4/5/13	4/11/13
6	997719	10/18/11	[REDACTED]	540	998844	4/5/13	4/11/13
7	997983	3/2/12	[REDACTED]	404	998839	4/5/13	4/11/13
8	998838	4/3/13	[REDACTED]	8	998860	4/15/13	4/18/13
9	998842	4/5/13	[REDACTED]	6	998884	4/17/13	4/22/13
10	998844	4/5/13	[REDACTED]	6	998872	4/16/13	4/25/13
11	998839	4/5/13	[REDACTED]	6	998876	4/22/13	4/25/13

Closed All Investigations

These are ALL complaints closed, Field AND Desk Investigations and CRP (if applicable) within your statistical month.

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Inv

54. Once all the data has been copied from the ALL complaints CLOSED – STAT mo. tab and pasted on the Investigations tab, **Closed All Investigations** section, verify if any room is needed before moving the data to the correct corresponding columns:

A	B	C	D	E	F	G	H	I	J
14	998860	4/15/13	4/18/13	[REDACTED]	3	997719	10/18/11	4/10/13	[REDACTED]
15	997838	12/30/11	4/18/13	[REDACTED]	475	997814	12/15/11	4/30/13	[REDACTED]
16	998884	4/17/13	4/22/13	[REDACTED]	5	998304	6/30/12	4/30/13	[REDACTED]
17	997411	6/2/11	4/22/13	[REDACTED]	690	998458	9/18/12	4/30/13	[REDACTED]
18	998872	4/16/13	4/25/13	[REDACTED]	9	998591	11/28/12	4/30/13	[REDACTED]
19	998876	4/22/13	4/25/13	[REDACTED]	3	998427	9/3/11	4/25/13	[REDACTED]
20	998427	8/31/12	4/25/13	[REDACTED]	237	998436	9/12/12	4/25/13	[REDACTED]
21	998438	9/12/12	4/25/13	[REDACTED]	225	997851	9/16/11	4/28/13	[REDACTED]
22	997851	9/16/11	4/29/13	[REDACTED]	591	997827	12/27/11	4/3/13	[REDACTED]
23	997814	12/15/11	4/30/13	[REDACTED]	502	998411	6/20/12	4/17/13	[REDACTED]
24	998304	6/30/12	4/30/13	[REDACTED]	304	998485	9/20/12	4/17/13	[REDACTED]
25	998458	9/18/12	4/30/13	[REDACTED]	224	997218	2/24/11	4/30/13	[REDACTED]
26	998591	11/28/12	4/30/13	[REDACTED]	153	997983	3/2/12	4/10/13	[REDACTED]
27	997218	2/24/11	4/30/13	[REDACTED]	796	997020	9/30/10	4/2/13	[REDACTED]
28	998485	9/26/12	4/30/13	[REDACTED]	216	997411	6/2/11	4/22/13	[REDACTED]
				Average Days to Close:	288.75				

Closed All Investigations

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Inv

55. If the data lines up CUT and PASTE the new information over the old data:
 a. Highlight all the new COMP #, DATE REC'D, DATE CLOSED and INSTITUTION NAME data, right click the mouse and choose the Cut option:

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE			
1	997020	9/30/10	[REDACTED]	915	998242	6/19/12	4/10/13
2	997827	12/27/11	[REDACTED]	463	998244	6/19/12	4/10/13
3	998242	6/19/12	[REDACTED]	295	998334	7/19/12	4/10/13
4	998244	6/19/12	[REDACTED]	295	998838	4/3/13	4/11/13
5	998334	7/19/12	[REDACTED]	265	998842	4/5/13	4/11/13

Closed All Investigations

These are ALL complaints closed, Field AND Desk Investigations and CRP (if applicable) within your statistical month.

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT mo.} by DATE REC'D / All {STAT mo.} By DATE ASSIGN'D / DESK Invest. DATE ASSIGN'D / DESK Inv

Cut

Copy

Paste Options:

Paste Special...

- b. Paste the copied data under the COMP #, DATE REC'D, DATE CLOSED and INSTITUTION NAME columns:

These are ALL complaints closed, Field AND Desk Investigations and CRP (if applicable) within your statistical month.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
997020				915
997827				463
998242				295
998244				295
998334				265
997719				540
997983				404
998838				8
998242	6/19/12	4/10/13		
998244	6/19/12	4/10/13		
998334	7/19/12	4/10/13		
998838	4/3/13	4/11/13		
998842	4/5/13	4/11/13		
998844	4/5/13	4/11/13		
998839	4/5/13	4/11/13		
998860	4/15/13	4/18/13		

- c. This is what the end result should look like:

	A	B	C	D	E	F
840					Closed	
841					All Investigations	
842						
843		COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
844	1	998242	6/19/12	4/10/13		#REF!
845	2	998244	6/19/12	4/10/13		#REF!
846	3	998334	7/19/12	4/10/13		#REF!
847	4	998838	4/3/13	4/11/13		#REF!
848	5	998842	4/5/13	4/11/13		#REF!
849	6	998844	4/5/13	4/11/13		#REF!
850	7	998839	4/5/13	4/11/13		#REF!
851	8	998860	4/15/13	4/18/13		#REF!
852	9	998864	4/17/13	4/22/13		#REF!
853	10	998872	4/18/13	4/25/13		#REF!
854	11	998876	4/22/13	4/25/13		#REF!
855	12	997838	12/30/11	4/19/13		#REF!
856	13	998465	9/28/12	4/30/13		#REF!
857	14	997719	10/18/11	4/10/13		#REF!
858	15	997814	12/15/11	4/30/13		#REF!
859	16	998304	6/30/12	4/30/13		#REF!
860	17	998456	9/18/12	4/30/13		#REF!
861	18	998591	11/28/12	4/30/13		#REF!
862	19	998427	8/31/12	4/25/13		#REF!
863	20	998438	9/12/12	4/25/13		#REF!
864	21	997651	9/16/11	4/29/13		#REF!
865	22	997827	12/27/11	4/3/13		#REF!
866	23	998411	8/20/12	4/17/13		#REF!
867	24	998465	9/20/12	4/17/13		#REF!
868	25	997218	2/24/11	4/30/13		#REF!
869	26	997983	3/2/12	4/10/13		#REF!
870	27	997020	9/30/10	4/2/13		#REF!
871	28	997411	8/2/11	4/22/13		#REF!
872					Average Days to Close:	#REF!

56. In the DAYS TO CLOSE column the following formula must be entered : \equiv {equal sign} **sum (date issued – {minus sign} date assigned)**

- In the below screen shot you will see **=sum(D844-C844)**, to enter this formula you will use your keyboard to click on the equal sign, type sum, click on the date in the Date Rec'd cell, enter a minus sign, click on the Date Rec'd cell and hit the Enter button on your keyboard:

840	Closed				
841	All Investigations				
842					
843	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
844	1	998242	6/19/12	4/10/13	=sum(D844-C844)
845	2	998244	6/19/12	4/10/13	SUM(number1
846	3	998334	7/19/12	4/10/13	#REF!
847	4	998838	4/3/13	4/11/13	#REF!
848	5	998842	4/5/13	4/11/13	#REF!
849	6	998844	4/5/13	4/11/13	#REF!

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT no.} by DATE REC'D All

57. Enter this equation into all the additional rows within the DAYS TO CLOSE Column:

- Click the bottom right corner of the cell (in this example the cell is F 135) and drag down until you reach the last row of data.
- Release the mouse and the cells will automatically fill in:

	A	B	C	D	E	F
840	Closed					
841	All Investigations					
842						
843	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE	
844	1	998242	6/19/12	4/10/13	295	
845	2	998244	6/19/12	4/10/13	#REF!	
846	3	998334	7/19/12	4/10/13	#REF!	
847	4	998838	4/3/13	4/11/13	#REF!	

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT no.} by DATE REC'D All

	A	B	C	D	E	F
842						
843	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE	
844	1	998242	6/19/12	4/10/13	295	
845	2	998244	6/19/12	4/10/13	295	
846	3	998334	7/19/12	4/10/13	265	
847	4	998838	4/3/13	4/11/13	8	
848	5	998842	4/5/13	4/11/13	6	
849	6	998844	4/5/13	4/11/13	6	

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT no.} by DATE REC'D All

58. Next determine the average number of days it takes to close a complaint:

- Click on the the empty cell underneath the DAYS TO CLOSE column
- Click on the arrow by the Σ in the Editing section of the Excel Spreadsheet, choose the Average option and hit Enter on your keyboard:

The screenshot shows the Excel ribbon with the 'Formulas' tab active. The 'Editing' group is expanded, and the 'Average' option is highlighted in the dropdown menu. The spreadsheet data is visible below, with the 'Average Days to Close' cell in row 872, column F, highlighted in red.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
998242	6/19/12	4/10/13	[REDACTED]	295
998244	6/19/12	4/10/13	[REDACTED]	295
998334	7/19/12	4/10/13	[REDACTED]	265
997983	3/2/12	4/10/13	[REDACTED]	404
997020	9/30/10	4/2/13	[REDACTED]	915
997411	6/2/11	4/22/13	[REDACTED]	690

The screenshot shows the 'Average Days to Close' cell in row 872, column F, containing the formula `=AVERAGE(F844:F871)`. The formula bar at the bottom of the spreadsheet shows the formula being entered.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
998242	6/19/12	4/10/13	[REDACTED]	295
998244	6/19/12	4/10/13	[REDACTED]	295
998334	7/19/12	4/10/13	[REDACTED]	265
997983	3/2/12	4/10/13	[REDACTED]	404
997020	9/30/10	4/2/13	[REDACTED]	915
997411	6/2/11	4/22/13	[REDACTED]	690

The screenshot shows the final result of the calculation. The 'Average Days to Close' cell in row 872, column F, now displays the value **288.75**.

COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
998242	6/19/12	4/10/13	[REDACTED]	295
998244	6/19/12	4/10/13	[REDACTED]	295
998334	7/19/12	4/10/13	[REDACTED]	265
997983	3/2/12	4/10/13	[REDACTED]	404
997020	9/30/10	4/2/13	[REDACTED]	915
997411	6/2/11	4/22/13	[REDACTED]	690

59. Go to the ALL {stat month} PENDING tab. Use this data to fill in the **Pending All Investigations** section.

60. Highlight all the dates within the COMP # column:

- a. While the mouse is over the first date, right click the mouse and choose the Copy option:

1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	INSTITUTION NAME
2	1	JJ	3/16/10	5/31/11		1183	996748*	Anonymous
3	1	JJ	3/24/10	6/17/11		1175	996765*	
4	1	JJ	5/4/10	6/13/11		1134	996807*	
5	1	TG	6/1/10	5/18/11		1106	996846*	
6	1	JJ	6/8/10	5/18/11		1099	996859*	
7	1	RAA	6/8/10	2/12/13		1099	996861*	
8	1	TG	6/10/10	12/7/11		1097	996860*	
9	1	RAA	7/14/10	2/12/13		1063	996906*	
10	1	RAA	7/14/10	2/12/13		1063	996907*	
11	1	RAA	7/14/10	2/12/13		1063	996908*	
12	1	WB	7/27/10	8/12/11		1050	997136*	
13	1	TG	8/2/10	8/1/11		1044	997106*	
14	1	TG	9/1/10	5/27/11		1014	996984*	
15	1	JJ	9/16/10	4/30/12		999	996999*	
16	1	JJ	9/29/10	6/1/12		986	997015*	
17	1					984	997021*	

ALL {stat month} PENDING ENF ACTION BRK

- b. Return to the Investigations tab, Paste this information NEXT to the first 5 columns by the **Pending All Investigations** tab section, in case more room is needed for the data to fit:

875	Pending All Investigations				INSTITUTION NAME
876					
877					
878	COMP #	DATE REC'D	DATE ASSIG'D		
879	1	996748*	3/16/10	5/31/11	Anonymous
880	2	996765*	3/24/10	6/17/11	
881	3	996807*	5/4/10	6/13/11	
882	4	996846*	6/1/10	5/18/11	
883	5	996859*	6/8/10	5/18/11	
884	6	996861*	6/8/10	2/12/13	
885	7	996860*	6/10/10	12/7/11	
886	8	996906*	7/14/10	2/12/13	
887	9	996907*	7/14/10	2/12/13	
888	10	996908*	7/14/10	2/12/13	
889	11	997136*	7/27/10	8/12/11	

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT mo.} by DATE REC'D

61. Continue to Copy the DATE REC'D, DATE ASSIG'D and INSTITUTION NAME data from the ALL {stat month} PENDING tab as well:

	A	B	C	D	E	C
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	
2	1	JJ	3/16/10	5/31/11		
3	1	JJ	3/24/10	6/17/11		
4	1	JJ	5/4/10	6/13/11		
5	1	TG	6/1/10	5/18/11		
6	1	JJ	6/8/10	5/18/11		
7	1	RAA	6/8/10	2/12/13		
8	1	TG	6/10/10	12/7/11		
9	1	RAA	7/14/10	2/12/13		
10	1	RAA	7/14/10	2/12/13		
11	1	RAA	7/14/10	2/12/13		
12	1	WB	7/27/10	8/12/11		
13	1	TG	8/2/10	8/1/11		
14	1	TG	9/1/10	5/27/11		
15	1	JJ	9/16/10	4/30/12		
16	1	JJ	9/29/10	6/1/12		
17	1	TG	10/1/10	5/18/11		

ALL {stat month} PENDING

	A	B	C	D	E	C
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	
2	1	JJ	3/16/10	5/31/11		
3	1	JJ	3/24/10	6/17/11		
4	1	JJ	5/4/10	6/13/11		
5	1	TG	6/1/10	5/18/11		
6	1	JJ	6/8/10	5/18/11		
7	1	RAA	6/8/10	2/12/13		
8	1	TG	6/10/10	12/7/11		
9	1	RAA	7/14/10	2/12/13		
10	1	RAA	7/14/10	2/12/13		
11	1	RAA	7/14/10	2/12/13		
12	1	WB	7/27/10	8/12/11		
13	1	TG	8/2/10	8/1/11		
14	1	TG	9/1/10	5/27/11		
15	1	JJ	9/16/10	4/30/12		
16	1	JJ	9/29/10	6/1/12		
17	1	TG	10/1/10	5/18/11		

ALL {stat month} PENDING

1	INSTITUTION NAME
2	[REDACTED]
3	[REDACTED]
4	[REDACTED]
5	[REDACTED]
6	[REDACTED]
7	[REDACTED]
8	[REDACTED]
9	[REDACTED]
10	[REDACTED]
11	[REDACTED]
12	[REDACTED]
13	[REDACTED]
14	[REDACTED]
15	[REDACTED]
16	[REDACTED]
17	[REDACTED]

ALL {stat month} PENDING ENF ACTION BRI

62. Paste the information on the Investigations tab, **Pending All Investigations** section, next to the COMP # information:

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
996748*	3/16/10	5/31/11	[REDACTED]	996748*	3/16/10	5/31/11	[REDACTED]
996765*	3/24/10	6/17/11	[REDACTED]	996765*	3/24/10	6/17/11	[REDACTED]
996807	5/4/10	6/13/11	[REDACTED]	996807	5/4/10	6/13/11	[REDACTED]
996846	6/1/10	5/18/11	[REDACTED]	996846	6/1/10	5/18/11	[REDACTED]
996859	6/8/10	5/18/11	[REDACTED]	996859	6/8/10	5/18/11	[REDACTED]
996861	6/8/10	2/12/13	[REDACTED]	996861	6/8/10	2/12/13	[REDACTED]
996860	6/10/10	12/7/11	[REDACTED]	996860	6/10/10	12/7/11	[REDACTED]
996906*	7/14/10	2/12/13	[REDACTED]	996906*	7/14/10	2/12/13	[REDACTED]
996907*	7/14/10	2/12/13	[REDACTED]	996907*	7/14/10	2/12/13	[REDACTED]
996908*	7/14/10	2/12/13	[REDACTED]	996908*	7/14/10	2/12/13	[REDACTED]

Pending All Investigations

These are ALL pending complaints for Field and Desk Investigations sorted by Date Receive

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT mo.} by DATE REC'D All {STAT mo.} By DATE ASSIG'N'D DESK Invest. D

63. Once all the data has been copied from the ALL {stat month} PENDING tab and pasted on the Investigations tab, **Pending All Investigations** section, verify if any room is needed before moving the data to the correct corresponding columns:

998880	4/25/13	4/29/13	[REDACTED]	998880	4/25/13	4/29/13	[REDACTED]
998892	4/25/13	5/9/13	[REDACTED]	998892	4/25/13	5/9/13	[REDACTED]
998873	4/25/13	4/25/13	[REDACTED]	998873	4/25/13	4/25/13	[REDACTED]
998878	4/26/13	4/29/13	[REDACTED]	998878	4/26/13	4/29/13	[REDACTED]
998877	4/29/13	4/29/13	[REDACTED]	998877	4/29/13	4/29/13	[REDACTED]
998899	4/29/13	5/15/13	[REDACTED]	998899	4/29/13	5/15/13	[REDACTED]
998884	4/30/13	5/1/13	[REDACTED]	998884	4/30/13	5/1/13	[REDACTED]
998882	4/30/13	5/1/13	[REDACTED]	998882	4/30/13	5/1/13	[REDACTED]
998881	4/30/13	5/1/13	[REDACTED]	998881	4/30/13	5/1/13	[REDACTED]

Transfer for Citation

"Closed" Desk Investigation / Transfer to Discipline

These are ALL complaints that were "closed" from an active investigation to an Discipline for a citation in your statistical month.

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT mo.} by DATE REC'D All {STAT mo.} By DATE ASSIG'N'D DESK Invest. D

64. If the data lines up CUT and PASTE the new information over the old data:

- Highlight all the new COMP #, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME data, right click the mouse and choose the Cut option:

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
996748*	3/16/10	5/31/11	Fast Response School of Health Care Education	996748*	3/16/10	5/31/11	Fast Response School of Health Care Education
996765*	3/24/10	6/17/11	California Adams College	996765*	3/24/10	6/17/11	California Adams College
996807	5/4/10	6/13/11	American Barber College	996807	5/4/10	6/13/11	American Barber College
996846	6/1/10	5/18/11	Healthcare Education Advancement Center	996846	6/1/10	5/18/11	Healthcare Education Advancement Center

Pending All Investigations

These are ALL pending complaints for Field and Desk Investigations sorted by Date Receive

Summary Complaint Intake **Investigations** Enf Actions ALL {STAT mo.} by DATE REC'D All {STAT mo.} By DATE ASSIG'N'D DESK Invest. D

Right-click context menu: Cut, Copy, Paste Options

- b. Paste the copied data under the COMP #, DATE REC'D, DATE CLOSED and INSTITUTION NAME columns:

**Pending
All Investigations**

These are ALL pending complaints for Field and Desk Investigations sorted by Date Receive

COMP #	INSTITUTION NAME	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
996748*	[REDACTED]	996748*	3/16/10	5/31/11	[REDACTED]
996765*	[REDACTED]	996765*	3/24/10	6/17/11	[REDACTED]
996807	[REDACTED]	996807	5/4/10	6/13/11	[REDACTED]
996846	[REDACTED]	996846	6/1/10	5/18/11	[REDACTED]
996859	[REDACTED]	996859	6/8/10	5/18/11	[REDACTED]
996861	[REDACTED]	996861	6/8/10	2/12/13	[REDACTED]
996860	[REDACTED]	996860	6/10/10	12/7/11	[REDACTED]
996906*	[REDACTED]	996906*	7/14/10	2/12/13	[REDACTED]
996907*	[REDACTED]	996907*	7/14/10	2/12/13	[REDACTED]

gations / Enf Actions / ALL {STAT no.} by DATE REC'D / All {STAT no.} By DATE ASSIG'D / DESK Invest. D[...]

- c. This is what the end result should look like:

**Pending
All Investigations**

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
996748*	3/16/10	5/31/11	[REDACTED]
996765*	3/24/10	6/17/11	[REDACTED]
996807	5/4/10	6/13/11	[REDACTED]
996846	6/1/10	5/18/11	[REDACTED]
996859	6/8/10	5/18/11	[REDACTED]
996861	6/8/10	2/12/13	[REDACTED]
996860	6/10/10	12/7/11	[REDACTED]
996906*	7/14/10	2/12/13	[REDACTED]
996907*	7/14/10	2/12/13	[REDACTED]
996908*	7/14/10	2/12/13	[REDACTED]
997136	7/27/10	8/12/11	[REDACTED]
997106	8/2/10	8/1/11	[REDACTED]
996984	9/1/10	5/27/11	[REDACTED]
996999	9/16/10	4/30/12	[REDACTED]
997015	9/29/10	6/1/12	[REDACTED]
997021	10/1/10	5/18/11	[REDACTED]
997039	10/18/10	8/17/11	[REDACTED]
997047	10/27/10	5/18/11	[REDACTED]

Summary / Complaint Intake / **Investigations** / Enf Actions / ALL {STAT no.} by I

65. After this section you will notice the following sections listed:

a. Transfer for Citation

1565	Transfer for Citation			
1566	<i>"Closed" Desk Investigation / Transfer to Discipline</i>			
1567				
1568	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1569	1 998413	4/23/13	4/26/13	[REDACTED]
1570	2 997999	3/7/12	4/29/13	[REDACTED]
1571				
1572	*Date Rec'd is the date the Bureau received the complaint.			
1573	*Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.			
1574				
Summary / Complaint Intake / Investigations / Enf Actions / ALL {STAT mo.} by DATE REC'D				

b. Transfer from Citation to AG

1576	Transfer from Citation to AG				
1577	<i>Formal appeals to a Citation</i>				
1578					
1579	COMP #	DATE ISSUED	DATE APPEALED	INSTITUTION NAME	DATE SENT TO AG'S
1580					
1581					
1582					
1583	*Date Issued is the date the Citation was issued.				
1584	* Date Appealed is the date the appeal was received.				
1585	*Date sent to AG's is the date the response to the appeal was sent to the AG's office.				
1586					
Summary / Complaint Intake / Investigations / Enf Actions / ALL {STAT mo.} by DATE REC'D / All {S					

c. Transfer to AG

1587	Transfer to AG			
1588	<i>"Closed" Desk Investigation / Transfer to Discipline</i>			
1589				
1590				
1591	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1592				
1593				
1594				
1595	*Date Rec'd is the date the Bureau received the complaint.			
1596	*Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.			
1597				
Summary / Complaint Intake / Investigations / Enf Actions / ALL {STAT mo.} by DATE REC'D				

67. Once the log is open go to the following tabs to search for any newly transferred cases from the Complaints Unit to the Discipline Unit:

- a. Transfer for Citation
- b. Transfer to AG
- c. Transfer from Discipline Unit

68. If there are any recently transferred cases you will copy the appropriate tab into the CPEI MASTER excel spreadsheet **ENF cases** tab:

- a. For example, the statistical data you are searching for is for the month of May, any cases that were transferred for disciplinary action (Citation or AG) within your month will be reflected in the DATE ASSIG'D column. Dates that match the month of the statistical data you are searching for will be in this column. According to this example, there were 5 complaints that were transferred for a Citation in the month of May:

H21		Global Truck Driving School									
A	B	C	D	E	F	G	H		I	J	
#	DATE REC'D	DATE ASSIG'D	STAFF ASSIGNED	UNIT REFERRED FROM	NTC	CASE NO.	SCHOOL		SCHOOL #	From	
2	1	3/22/10	9/13/12	JQ	CI	996755	[REDACTED]		[REDACTED]	JJ	
3	1	6/10/11	11/8/12	JQ	CI	997432	[REDACTED]		[REDACTED]	BC	
4	1	8/29/11	2/23/12	JQ	CI	997597	[REDACTED]		[REDACTED]	JJ	
5	1	9/6/11	3/21/12	JQ	CI	997612	[REDACTED]		[REDACTED]	JJ	
6	1	11/18/11	9/24/12	JQ	CI	997778	[REDACTED]		[REDACTED]	JJ	
7	1	11/21/11	7/19/12	JQ	CI	997791	[REDACTED]		[REDACTED]	LS	
8	1	1/5/12	2/15/12	JQ	CI	997842	[REDACTED]		[REDACTED]	LS	
9	1	4/24/12	12/27/12	JQ	CI	998091	[REDACTED]		[REDACTED]	LC	
10	1	4/26/12	7/30/12	JQ	CI	998110	[REDACTED]		[REDACTED]	LS	
11	1	5/18/12	11/16/12	JQ	CI	998192	[REDACTED]		[REDACTED]	YJ	
12	1	10/11/12	12/14/12	JQ	CI	998513	[REDACTED]		[REDACTED]	LC	
13	1	11/5/12	11/30/12	JQ	CI	998544	[REDACTED]		[REDACTED]	TG	
14	1	10/15/12	1/8/13	JQ	CI	998550	[REDACTED]		[REDACTED]	LC	
15	1	7/11/12	1/17/13	JQ	CI	998318	[REDACTED]		[REDACTED]	LK	
16	1	1/16/12	2/8/13	JQ	CI	997860	[REDACTED]		[REDACTED]	LC	
17	1	11/8/12	2/27/13	JQ	CI	998539	[REDACTED]		[REDACTED]	WB	
18	1	5/20/11	3/25/13	JQ	CI	997388	[REDACTED]		[REDACTED]	YJ	
19	1	4/23/13	4/26/13	JQ	CI	998413	[REDACTED]		[REDACTED]	RAA	
20	1	3/7/12	4/29/13	JQ	CI	997999	[REDACTED]		[REDACTED]	LK	
21	1	10/11/12	4/30/13	JQ	CI	998512	[REDACTED]		[REDACTED]	YJ	
22	1	6/6/11	5/10/13	JQ	CI	997747	[REDACTED]		[REDACTED]	JJ	
23	1	12/12/12	5/2/13	JQ	CI	998617	[REDACTED]		[REDACTED]	WB	
24	1	2/6/13	5/22/13	JQ	CI	998716	[REDACTED]		[REDACTED]	WB	
25	1	8/3/11	5/22/13	JQ	CI	997656	[REDACTED]		[REDACTED]	WB	
26	1	3/21/13	5/28/13	JQ	CI	998828	[REDACTED]		[REDACTED]	WB	
27											
28											

- b. Follow the same example for the Transfer to AG tab and the Transfer from Discipline Unit tab.

69. Once you have identified complaints that were transferred for disciplinary action within your statistical month copy that tab:

- a. Highlight the needed data from the appropriate tab, right click the mouse and choose the Copy option

#	DATE REC'D	DATE ASSIG'D	STAFF ASSIGNED	UNIT REFERRED FROM	NTC	CASE NO.	SCHOOL	SCHOOL #	From
20	1	3/7/12	4/29/13	JQ	CI	997999	[REDACTED]	9999999	LK
21	1	10/11/12	4/30/13	JQ	CI	998512	[REDACTED]	9999999	YJ
22	1	6/6/11	5/10/13	JQ	CI	997747	[REDACTED]	4304951	JJ
23	1	12/12/12	5/2/13	JQ	CI	998617	[REDACTED]		WB
24	1	2/6/13	5/22/13	JQ	CI	998716	[REDACTED] ng	3401811	WB
25	1	8/3/11	5/22/13	JQ	CI	997656	[REDACTED]	106221	WB
26	1	3/21/13	5/28/13	JQ	CI	998828	[REDACTED]	32878221	WB

Context menu options: Cut, Copy, Paste Options: Transfer for Citation, Transfer to AG, Transfer from Discipline Unit, CRP Summary, Tips

- b. Paste this information in the CPEI MASTER excel spreadsheet, on the ENF cases tab. Right click the mouse and choose the Paste option:

#	DATE REC'D	DATE ASSIG'D	STAFF ASSIGNED	UNIT REFERRED FROM	NTC	CASE NO.	SCHOOL	SCHOOL #	From
2	1	6/6/11	5/10/13	JQ	CI	997747	[REDACTED]	4304951	JJ
3	1	12/12/12	5/2/13	JQ	CI	998617	[REDACTED]		WB
4	1	2/6/13	5/22/13	JQ	CI	998716	[REDACTED]	3401811	WB
5	1	8/3/11	5/22/13	JQ	CI	997656	[REDACTED]	106221	WB
6	1	3/21/13	5/28/13	JQ	CI	998828	[REDACTED]	32878221	WB

Context menu options: Cut, Copy, Paste Options: Paste (P), Insert, Delete

Worksheet tabs: AT mo, ALL {stat month} PENDING, ENF ACTION BRKDOWN, ENF Cases

- c. The end result should look like this:

#	DATE REC'D	DATE ASSIG'D	STAFF ASSIGNED	UNIT REFERRED FROM	NTC	CASE NO.	SCHOOL	SCHOOL #	From
2	1	6/6/11	5/10/13	JQ	CI	997747	[REDACTED]	4304951	JJ
3	1	12/12/12	5/2/13	JQ	CI	998617	[REDACTED]		WB
4	1	2/6/13	5/22/13	JQ	CI	998716	[REDACTED]	3401811	WB
5	1	8/3/11	5/22/13	JQ	CI	997656	[REDACTED]	106221	WB
6	1	3/21/13	5/28/13	JQ	CI	998828	[REDACTED]	32878221	WB

Worksheet tabs: ALL complaints CLOSED - STAT mo, ALL {stat month} PENDING, ENF ACTION BRKDOWN, ENF Cases

70. Use this data to fill in the appropriate sections within the Transfer for Citation section or the Transfer from Citation to Ag, or Transfer to AG or Transfer from Citation or Transfer from AG.

- a. Transfer for Citation - copy the data for COMP#, DATE REC'D, DATE ASSIG'D and INSTITUTION NAME from the ENF Cases tab.
 - i. Highlight each section of data from the ENF Cases tab, right click the mouse, choose copy and paste that data next to the old data on the Transfer for Citation area:

CASE NO.	SCHOOL	#	DATE REC'D	DATE ASSIG'D	STAFF ASSIGNED	UN REFER	SCHOOL	SCHOOL #	From
997747	[REDACTED]	1	6/6/11	5/10/13	JQ	C	[REDACTED]	4304951	JJ
998617	[REDACTED]	1	12/12/12	5/2/13	JQ	C	[REDACTED]		WB
998716	[REDACTED]	1	2/6/13	5/22/13	JQ	C	[REDACTED]	3401811	WB
997656	[REDACTED]	1	8/3/11	5/22/13	JQ	C	[REDACTED]	106221	WB
998828	[REDACTED]	1	3/21/13	5/28/13	JQ	C	[REDACTED]	32878221	WB

Navigation bar: BKDWN | ENF Cases | Sort PAGE for | ENF ACTION BRKDOWN | ENF Cases | PENDING | ENF ACTION BRKDOWN | ENF Cases

71. Once all the data has been copied from the ENF Cases tab and pasted on the Investigations tab, Transfer for Citation section, verify if any room is needed before moving the data to the correct corresponding columns:

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1 998413	4/23/13	4/26/13	[REDACTED]
2 997999	3/7/12	4/29/13	[REDACTED]

*Date Rec'd is the date the Bureau received the complaint.
Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.*

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
997747	6/6/11	5/10/13	[REDACTED]
998617	12/12/12	5/2/13	[REDACTED]
998716	2/6/13	5/22/13	[REDACTED]
997656	8/3/11	5/22/13	[REDACTED]
998828	3/21/13	5/28/13	[REDACTED]

Navigation bar: Summary | Complaint Intake | Investigations | Enf Actions | ALL (STAT mo.) by DATE REC'D | All (STAT mo.) By DATE ASSIG'ND | DESK Invest. DATE ASSIG'ND | DESK

72. If more room is needed highlight the additional rows, right click the mouse and choose the insert option. In this example two additional rows are needed, highlight three additional rows, the extra row is to keep the appropriate spacing:

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1 998413	4/23/13	4/26/13	[REDACTED]
2 997999	3/7/12	4/29/13	[REDACTED]
[REDACTED]			
[REDACTED]			
[REDACTED]			

*Date Rec'd is the date the Bureau received the complaint.
Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.*

Transfer from Citation to AG
Formal appeals to a Citation

Navigation bar: Summary | Complaint Intake | Investigations | Enf Actions | ALL (STAT mo.) by DATE REC'D | All (STAT mo.) By DATE ASSIG'ND | DESK Invest. DATE ASSIG'ND | DESK

Context menu: Cut, Copy, Paste Options, Paste Special..., Insert...

73. Once the new rows are inserted, cut the new data and past it over the old data:

- a. When you choose the insert option the following box will appear, make sure the "Shift cells down" option and hit the OK button-

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1 998413	4/23/13	4/26/13	[REDACTED]
2 997999	3/7/12	4/29/13	[REDACTED]

*Date Rec'd is the date the Bureau received the complaint.
*Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.

Windsor, Ashley@DCA:
All complaints that were "closed" from an active investigation to an Enforcement case, by trans Discipline for a citation in your statistical month.

- b. Next, highlight the new data, right click the mouse and choose the cut option-

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1 998413	4/23/13	4/26/13	[REDACTED]
2 997999	3/7/12	4/29/13	[REDACTED]

- c. Paste the new data over the old data (notice the numbering stops at 2)-

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

Windsor, Ashley@DCA:
All complaints that were "closed" from an active investigation to an Enforcement case, by trans Discipline for a citation in your statistical month.

997747	6/6/11	5/10/13	[REDACTED]
998617	12/12/12	5/2/13	[REDACTED]
998716	2/6/13	5/22/13	[REDACTED]
997656	8/3/11	5/22/13	[REDACTED]
998828	3/21/13	5/29/13	[REDACTED]

- d. This is what the end result should look like (continue the numbering) -

Transfer for Citation
"Closed" Desk Investigation / Transfer to Discipline

COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1 997747	6/6/11	5/10/13	[REDACTED]
2 998617	12/12/12	5/2/13	[REDACTED]
3 998716	2/6/13	5/22/13	[REDACTED]
4 997656	8/3/11	5/22/13	[REDACTED]
5 998828	3/21/13	5/29/13	[REDACTED]

*Date Rec'd is the date the Bureau received the complaint.
*Date Assig'd is the date the case was transferred to the Bureau's Discipline Unit.

Windsor, Ashley@DCA:
All complaints that were "closed" from an active invest Discipline for a citation in your statistical month.

Applying Monthly Statistical Data to Statistic Itemization Tabs:

Enf Actions

1. Go to the ENF ACTION BRKDOWN tab.
2. Copy the BREAKDOWN OF CURRENT/PENDING AG CASES data to Paste onto the ENF Actions tab next to the AG Cases Pending section.
 - a. Highlight all the needed data, right click the mouse and choose the Copy option –

BREAKDOWN OF ALL CURRENT/PENDING AG CASES

COMP #	DATE	SCHOOL	TO AG OFFICE	TYPE	ACCI SOI/PCP SIGNED BY BPPE	HEARING DATE
997952	2/14/2012	[REDACTED]	02/13/12	ED	02/23/12	06/21/12
998117	5/1/2012	[REDACTED]	05/10/12	SOI	10/16/12	03/21/13
998285	6/20/2012	[REDACTED]	09/17/12		5/23/2013	
998688	1/22/2013	[REDACTED]	03/04/13	SOI		
998736	2/4/2013	[REDACTED]	03/07/13	SOI		
998760	2/19/2013	[REDACTED]	03/12/13	SOI		
998491	10/8/2012	[REDACTED]	04/25/13	SOI		

ENF ACTION BRKDOWN | ENF Cases | Sort PAGE for Master Log | Sort PA

- b. Go to the ENF actions tab, right click the mouse and choose the Paste option –

AG Cases Pending

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
997952	2/14/2012	[REDACTED]	02/13/12	ED	02/23/12	128	06/21/12
998117	5/1/2012	[REDACTED]	05/10/12	SOI	10/16/12	324	03/21/13
998285	6/20/2012	[REDACTED]	09/17/12				
998688	1/22/2013	[REDACTED]	03/04/13	SOI	5/6/2013		
998736	2/4/2013	[REDACTED]	03/07/13	SOI			
998760	2/19/2013	[REDACTED]	03/12/13	SOI			
998491	10/8/2012	[REDACTED]	04/25/13	SOI			

AG Cases Pending

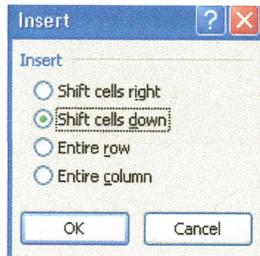
997952	2/14/2012
998117	5/1/2012
998285	6/20/2012
998688	1/22/2013
998736	2/4/2013
998760	2/19/2013
998491	10/8/2012
998895	5/7/2013
998933	5/22/2013

Summary | Complainant Intake | Investigations | **Enf Actions** | SOIs Filed | ALL (STAT mo.) by DATE RECD | All (STAT mo.) By DATE ASSIGND | DESK Invest. DATE ASSIGND | DESK Inve

- Once the data is pasted check to see if you need to insert more rows before pasting the new data over the old data, if you see more room is needed highlight the appropriate rows, right click the mouse and choose the insert option:

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
997952	2/14/2012	[REDACTED]	02/13/12	ED	02/23/12	128	08/21/12
998117	5/1/2012	[REDACTED]	05/10/12	SOI	10/18/12	324	03/21/13
998285	6/20/2012	[REDACTED]	09/17/12				
998688	1/22/2013	[REDACTED]	03/04/13	SOI	5/9/2013		
998736	2/4/2013	[REDACTED]	03/07/13	SOI			
998760	2/19/2013	[REDACTED]	03/12/13	SOI			
998491	10/8/2012	[REDACTED]	04/25/13	SOI			

- When you choose the insert option the following box will appear, choose the "Shift Cells Down" option:



- Once the appropriate rows are in order, highlight the new data, right click the mouse, choose the cut option and Paste the new data over the old data:

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
997952	2/14/2012	Institute of Medical Education	02/13/12	ED	02/23/12	128	08/21/12
998117	5/1/2012	[REDACTED]	05/10/12	SOI	10/18/12	324	03/21/13
998285	6/20/2012	[REDACTED]	09/17/12				
998688	1/22/2013	[REDACTED]	03/04/13	SOI	5/9/2013		
998736	2/4/2013	[REDACTED]	03/07/13	SOI			
998760	2/19/2013	[REDACTED]	03/12/13	SOI			
998491	10/8/2012	[REDACTED]	04/25/13	SOI			

- c. Once pasted change the font to Arial 8 and insert (or delete) any numbers in the new data. In this example more numbers are needed (numbers are deleted when AG cases are closed out and taken off the pending section):

		AG Cases Pending						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE	
1	997952		02/13/12	ED	02/23/12	128	06/21/12	
2	998117		05/10/12	SOI	10/16/12	11/19/00	03/21/13	
3	998285		09/17/12		5/23/2013			
4	998490		10/09/12	SOI				
5	998528		10/30/12	SOI	2/11/2013	503	3/5/2014	
6	998325		11/07/12	CF, U	n/a	250	3/20/2013	
7	998592		12/10/12	SOI				
8	998608		12/13/12	SOI				
9	998641		01/17/13	SOI				
10	998689		02/12/13	SOI				
11	998701		02/14/13	SOI				
12	998564		02/21/13					
13	998688		03/04/13	SOI	5/9/2013			
14	998736		03/07/13	SOI				
15	998760		03/12/13	SOI				
16	998491		04/25/13	SOI				
17	998895		05/22/13	SOI				
18	998933		05/23/13	SOI				

SOI's Filed

Summary Complaint Intake Investigations **Enf Actions** ALL {STAT mo.} by DATE REC'D All {STAT mo.} By DATE ASSIGN'D

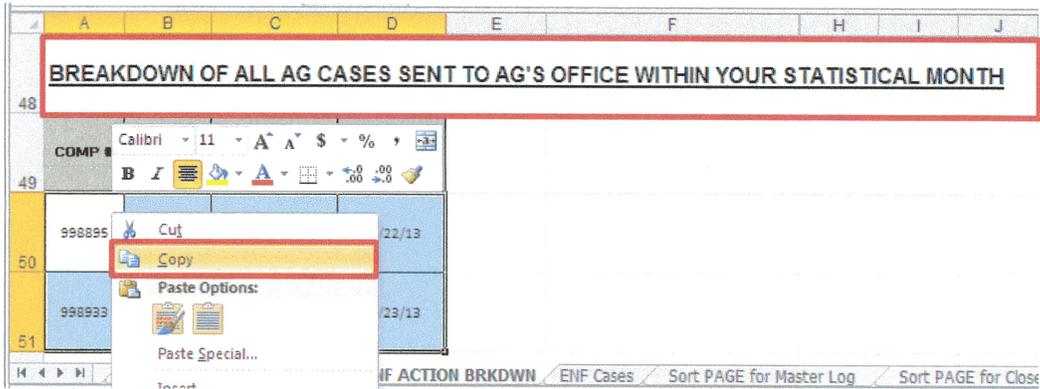
- d. This is what the end result should look like:

6	998325		11/07/12	CF, U	n/a	250	3/20/2013
7	998592		12/10/12	SOI			
8	998608		12/13/12	SOI			
9	998641		01/17/13	SOI			
10	998689		02/12/13	SOI			
11	998701		02/14/13	SOI			
12	998564		02/21/13				
13	998688		03/04/13	SOI	5/9/2013		
14	998736		03/07/13	SOI			
15	998760		03/12/13	SOI			
16	998491		04/25/13	SOI			
17	998895		05/22/13	SOI			
18	998933		05/23/13	SOI			

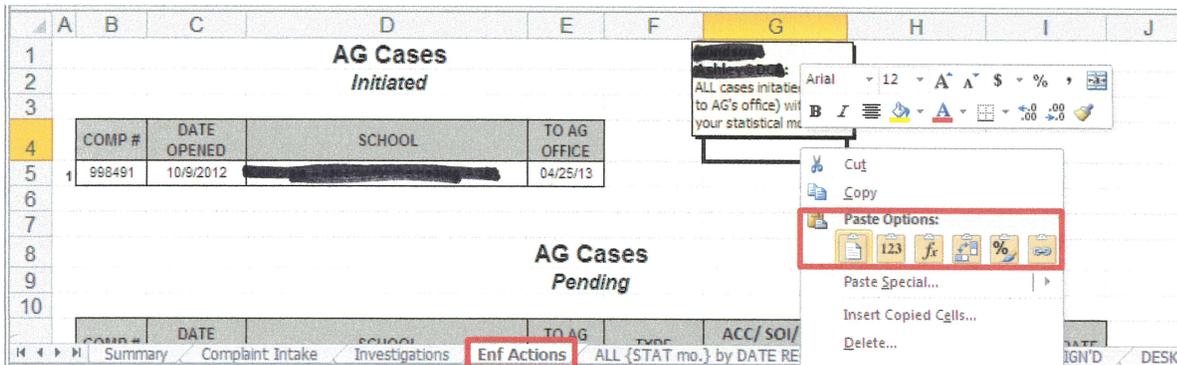
SOI's Filed

Summary Complaint Intake Investigations **Enf Actions** ALL {STAT mo.} by DATE REC'D All {STAT mo.} By DATE ASSIGN'D

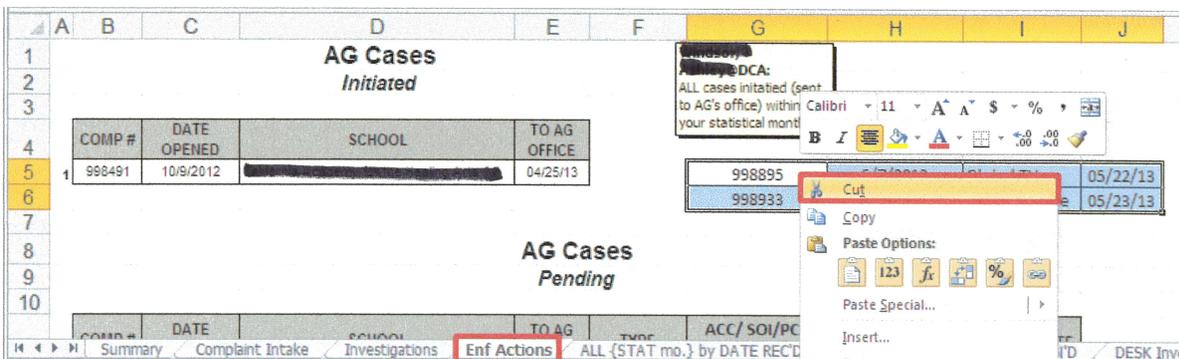
4. Go to the ENF ACTION BRKDWN tab.
5. Copy the BREAKDOWN OF ALL AG CASES SENT TO AG'S OFFICE WITHIN YOUR STATISTICAL MONTH data to Paste onto the ENF Actions tab next to the **AG Cases Initiated** section.
 - a. Highlight all the needed data, right click the mouse and choose the Copy option –



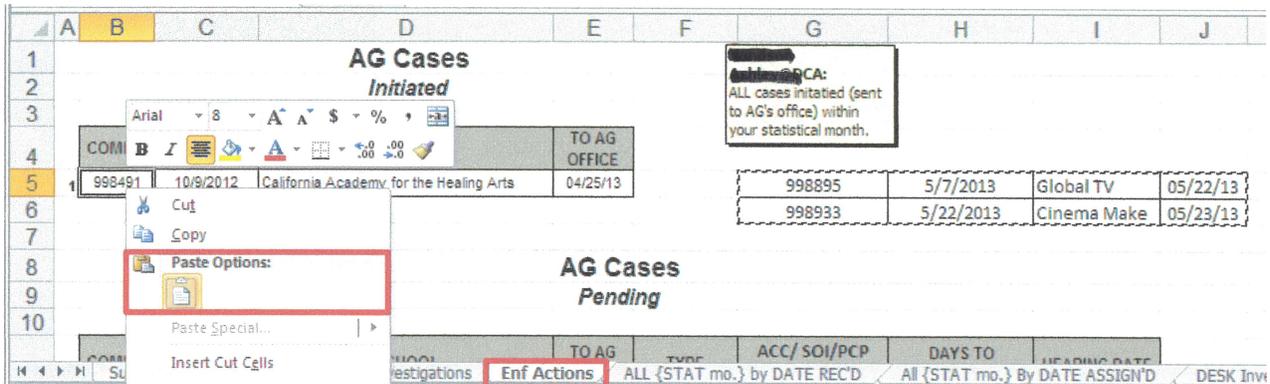
- b. Go to the ENF Actions tab, right click the mouse and choose the Paste option:



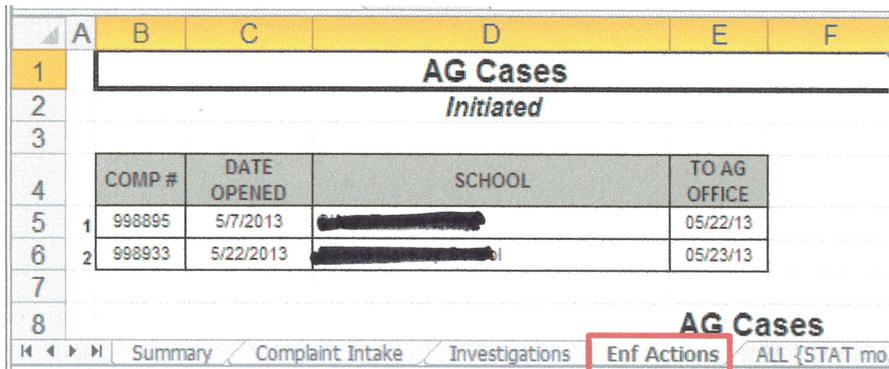
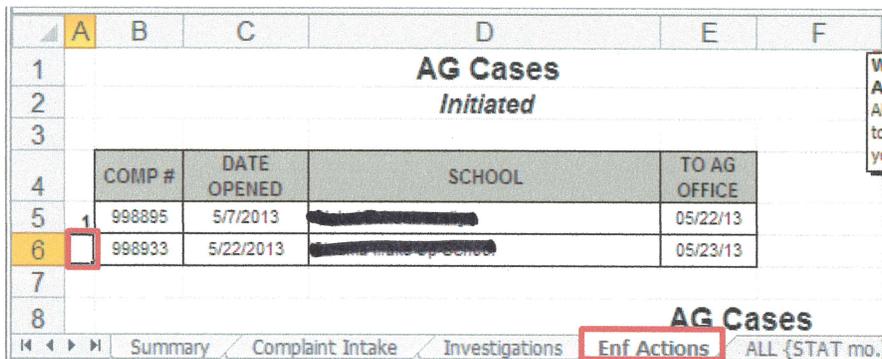
- c. Once the data is pasted check to see if you need to insert more rows before pasting the new data over the old data if additional rows are not needed right click the mouse and choose the Cut option:



- d. Paste the new data over the old data. Click on the section you will paste the new data, right click the mouse and choose the Paste option:

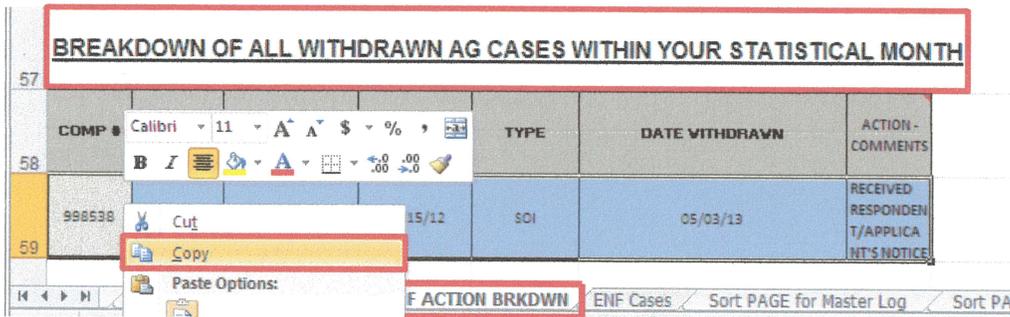


- e. Once pasted change the font to Arial 8 and insert (or delete) any numbers in the new data. In this example more numbers are needed (numbers are deleted when the amount of AG cases initiated (opened) in the new stastical month is less than the amount of the AG cases that were initiated (opened) in the previous month):

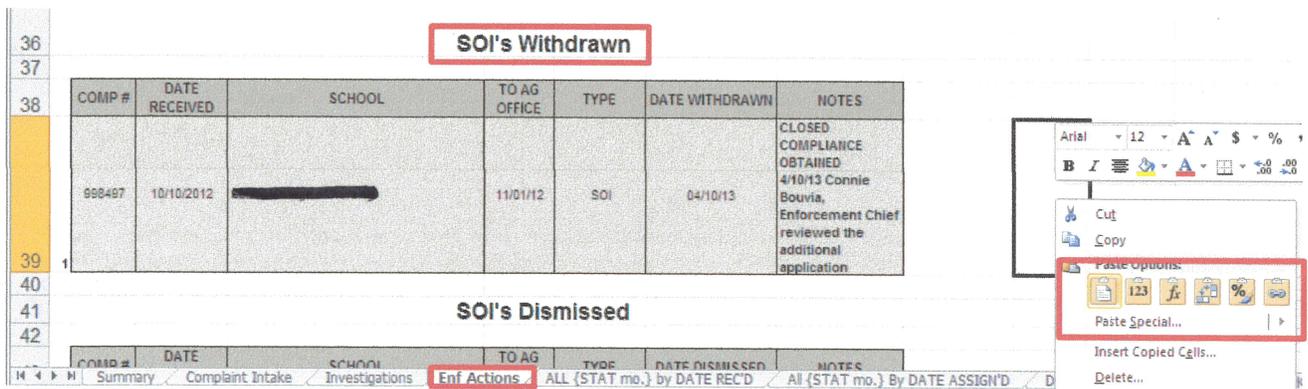


6. Go to the ENF ACTION BRKDOWN tab.

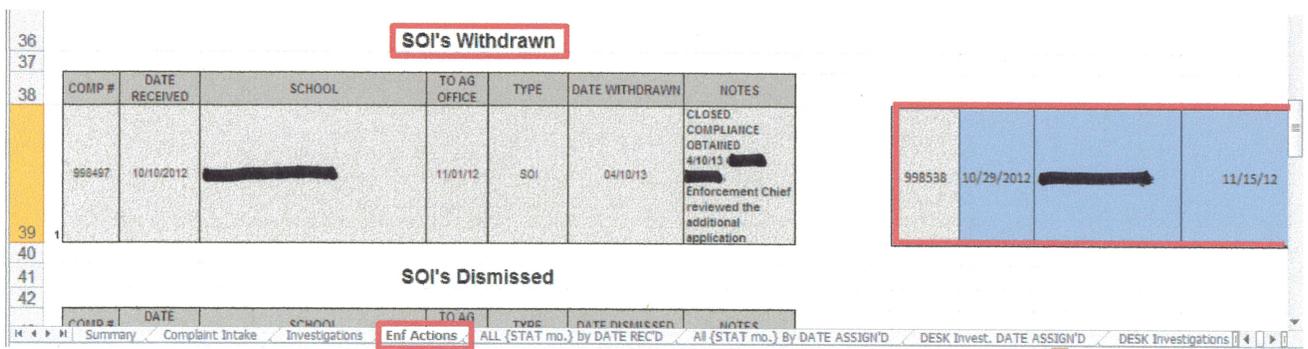
7. Copy the BREAKDOWN OF ALL WITHDRAWN AG CASES WITHIN YOUR STATISTICAL MONTH data to Paste onto the ENF Actions tab.
 - a. Pay attention to the Type column because this determines the section you will paste this information into.
 - i. In this example the TYPE is listed as a SOI so you will paste this data next to the **SOI's Withdrawn** section.
 - b. Highlight all the needed data, right click the mouse and choose the Copy option:



- c. Go to the ENF Actions tab, right click the mouse and choose the Paste option:



- d. Once the data is pasted check to see if you need to insert more rows before pasting the new data over the old data:



e. If additional rows are not needed right click the mouse and choose the Cut option:

The screenshot shows a spreadsheet with two main sections: "SOI's Withdrawn" and "SOI's Dismissed". The "SOI's Dismissed" section contains a table with columns: COMP #, DATE RECEIVED, SCHOOL, TO AG OFFICE, TYPE, DATE WITHDRAWN, and NOTES. A context menu is open over a cell in the "SOI's Dismissed" section, with the "Cut" option highlighted. The spreadsheet also shows a navigation bar at the bottom with tabs for "Summary", "Complaint Intake", "Investigations", "Enf Actions", and "ALL (STAT mo.) by DATE RECD".

f. Paste the new data over the old data. Click on the section you will paste the new data, right click the mouse and choose the Paste option:

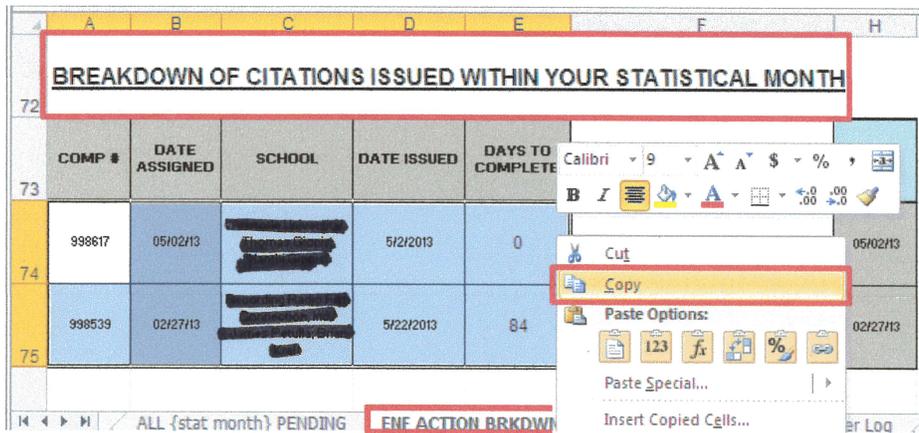
This screenshot is similar to the previous one, but the context menu is now open over a different cell in the "SOI's Dismissed" section, and the "Paste" option is highlighted. The spreadsheet layout and navigation bar are the same as in the previous screenshot.

g. Once pasted change the font to Arial 8 and insert (or delete) any numbers in the new data if needed. In this example this isn't needed.

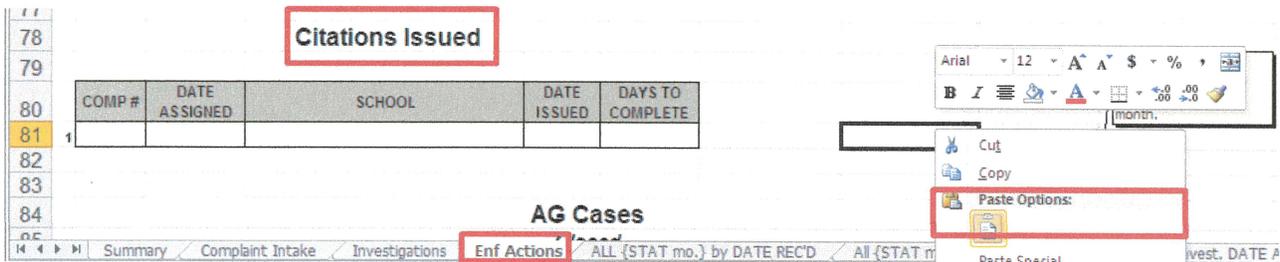
The screenshot shows the spreadsheet after the data has been pasted. The "SOI's Dismissed" section now contains a table with columns: COMP #, DATE RECEIVED, SCHOOL, TO AG OFFICE, TYPE, DATE WITHDRAWN, and NOTES. The font of the text in the spreadsheet is set to Arial 8. The spreadsheet also shows a navigation bar at the bottom with tabs for "Summary", "Complaint Intake", "Investigations", "Enf Actions", and "ALL (STAT mo.) by DATE RECD".

8. Go to the ENF ACTION BRKDOWN tab.

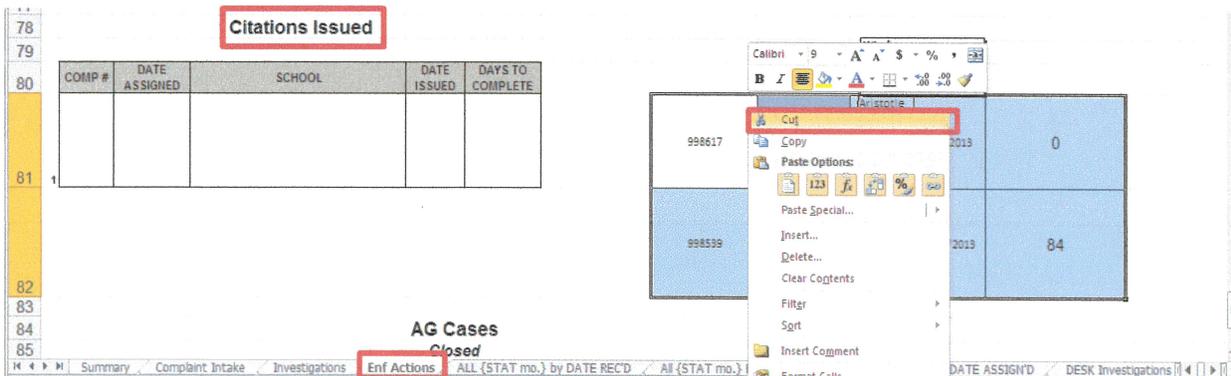
9. Copy the BREAKDOWN OF CITATIONS ISSUED WITHIN YOUR STATISTICAL MONTH data to Paste onto the ENF Actions tab next to the **Citations Issued** section.
 - a. Highlight all the needed data, right click the mouse and choose the Copy option:



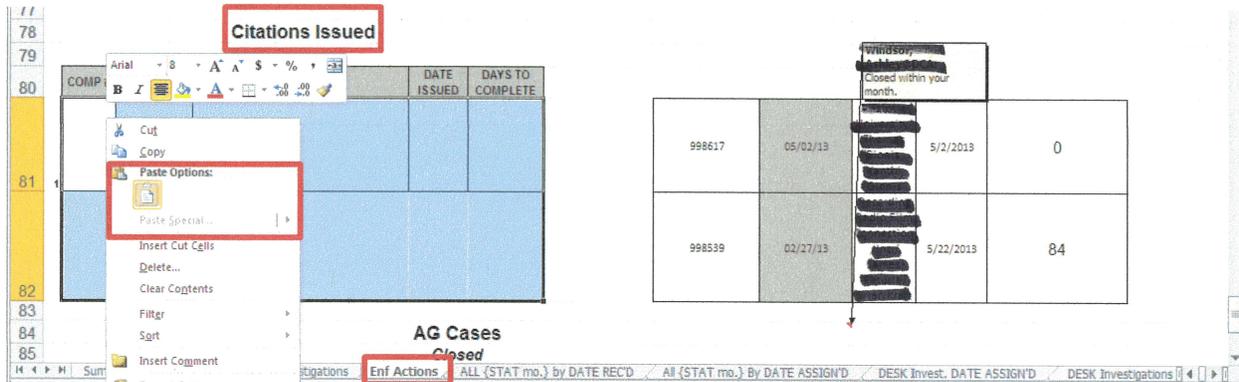
- b. Go to the ENF Actions tab, right click the mouse and choose the Paste option:



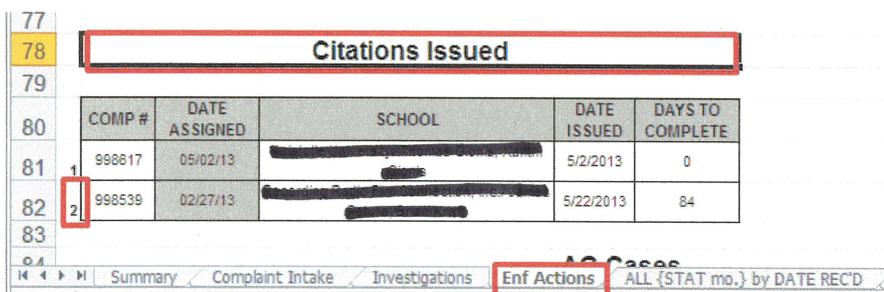
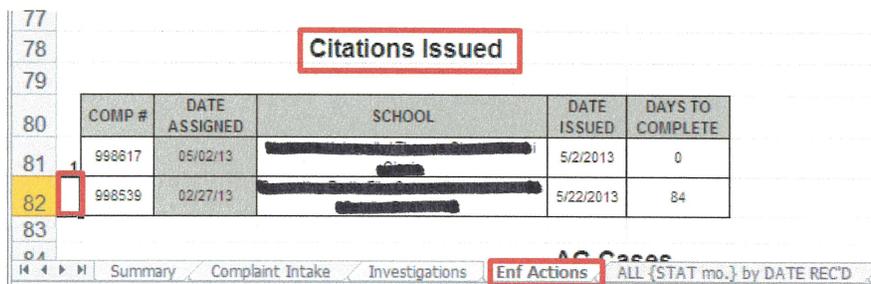
- c. Once the data is pasted check to see if you need to insert more rows before pasting the new data over the old data. If additional rows are not needed right click the mouse and choose the Cut option:



- d. Paste the new data over the old data. Click on the section you will paste the new data, right click the mouse and choose the Paste option:



- e. Once pasted change the font to Arial 8 and insert (or delete) any numbers in the new data. In this example more numbers are needed (numbers are deleted when the amount of Citations Issued in the new stastical month is less than the amount of the Citation Issued in the previous month):



10. You will notice there are sections on the ENF Actions tab that were not filled in. Such as the AG Cases Closed section.

AG Cases Closed							
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	STIP/PD/ DEFAULT REC'D	DECISION TYPE	CLOSURE DATE

11. If you have any AG cases that were closed within your statistical month then you will use the same directions to copy and paste that data into the AG Cases Closed section if needed. This goes for any of these additional sections as well:

- a. SOI's Dismissed
- b. SOI'S Declined

SOI's Dismissed						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DISMISSED	NOTES

SOI's Declined						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DECLINED	NOTES

- c. Accusations Filed
- d. Accusations Withdrawn
- e. Accusation's Dismissed
- f. Accusaitons Declined

Accusations Filed							
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC DATE	DAYS TO COMPLETE	HEARING DATE

Accusations Withdrawn						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES

Accusations Dismissed						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DISMISSED	NOTES

Accusations Declined						
COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DECLINED	NOTES

g. AG Cases Decisions/Stipulations

70									
71	AG Cases								
72	Decisions/Stipulations								
73									
74	COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	STIP/PD/ DEFAULT REC'D	DECISION TYPE	EFFECTIVE DATE	DAYS TO COMPLETE
75									
76									
77									
Summary Complaint Intake Investigations Enf Actions ALL (STAT mo.) by DATE REC'D All (STAT mo.) By DATE ASSIGN'D DESK Im									

12. Save your work (you should save your work periodically).

Inputting Statistic Itemization information to Summary Sheet

1. Take the data entered on the Complaint Intake tab, the Investigations tab, and the Enforcement (Enf) Actions tab and move it to the Summary tab:

Complaints Received 04/01/13 to 04/30/13			Initial Assignment for Investigation Desk Investigation			
DATE REC'D	COMP #	INSTITUTION NAME	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
4/1/13	998836	[REDACTED]	998831	3/28/13	4/3/13	[REDACTED]
4/2/13	998833	[REDACTED]	998832	3/29/13	4/3/13	[REDACTED]
4/2/13	998835	[REDACTED]	998830	3/21/13	4/8/13	[REDACTED]
4/2/13	998843	[REDACTED]	998833	4/2/13	4/8/13	[REDACTED]
4/3/13	998837	[REDACTED]	998836	4/1/13	4/10/13	[REDACTED]
4/3/13	998838	[REDACTED]	998840	4/8/13	4/11/13	[REDACTED]
4/5/13	998842	[REDACTED]	998843	4/2/13	4/11/13	[REDACTED]
4/5/13	998844	[REDACTED]	998838	4/3/13	4/11/13	[REDACTED]
4/5/13	998839	[REDACTED]	998842	4/5/13	4/11/13	[REDACTED]
4/8/13	998840	[REDACTED]	998844	4/5/13	4/11/13	[REDACTED]
4/8/13	998841	[REDACTED]	998839	4/5/13	4/11/13	[REDACTED]
4/9/13	998846	[REDACTED]	998837	4/3/13	4/11/13	[REDACTED]
4/10/13	998845	[REDACTED]	998846	4/9/13	4/12/13	[REDACTED]
4/11/13	998847	[REDACTED]	998845	4/10/13	4/12/13	[REDACTED]
4/11/13	998862	[REDACTED]	998848	4/13/13	4/17/13	[REDACTED]
4/11/13	998849	[REDACTED]	998881	4/12/13	4/18/13	[REDACTED]

Summary **Complaint Intake** Investigations Enf Actions ALL

AG Cases Initiated				
COMP #	DATE OPENED	SCHOOL	TO AG OFFICE	
1	998895	5/7/2013	[REDACTED]	05/22/13
2	998933	5/22/2013	[REDACTED]	05/23/13

Summary Complaint Intake Investigations **Enf Actions**

CPEI Report April 2013	
Complaint Intake	
Received	55
Closed w/o Assignment for Investigation	0
Assigned for Investigation*	51
Average Days to Assign for Investigation	5
Pending	0
Investigation	
<i>Desk Investigation</i>	
Initial Assignment for Desk Investigation	33
Closed	24
Average Days to Close	241
Pending	490
<i>Field Investigation (Non-Sworn)</i>	
Assignment for Non-Sworn Field Investigation	18
Closed	4
Average Days to Close	574
Pending	254
<i>Field Investigation (Sworn)</i>	
Assignment for Sworn Field Investigation	2
Closed	2
Average Days to Close	43
Pending	16
All Investigations	
Closed	28
Average Days to Close	289
Pending	684
Enforcement Actions	
<i>AG Cases</i>	
AG Cases Initiated	1
AG Cases Pending	16
<i>SOIs/Accusations</i>	
SOIs Filed	0
SOIs Withdrawn	1
SOIs Dismissed	0
SOIs Declined	0
Average Days to Complete SOIs	0
Accusations Filed	0
Accusations Withdrawn	0
Accusations Dismissed	0
Accusations Declined	0
Average Days to Complete Accusations	0
<i>Decisions/Stipulations</i>	
Proposed/Default Decisions	0
Stipulations	0
<i>Disciplinary Orders</i>	
Final Orders	0
Average Days to Complete	0
Interim Suspension Orders	0
<i>Citations</i>	
Final Citations	0
Average Days to Complete	0

Summary Complaint Intake Investigations Enf Actions ALL (STAT mo.) by DATE REC'D

- Go to the Complaint Intake tab and count the data entered for the Complaints received section to enter in the Complaint Intake Section on the CPEI Report:

Complaints Received
04/01/13 to 04/30/13

DATE REC'D	COMP #	INSTITUTION NAME
4/1/13	998836	[REDACTED]
4/2/13	998833	[REDACTED]
4/2/13	998835	[REDACTED]
4/2/13	998843	[REDACTED]
4/3/13	998837	[REDACTED]
4/3/13	998838	[REDACTED]
4/5/13	998842	[REDACTED]
4/5/13	998844	[REDACTED]
4/5/13	998839	[REDACTED]
4/8/13	998840	[REDACTED]
4/8/13	998841	[REDACTED]
4/9/13	998846	[REDACTED]
4/10/13	998845	[REDACTED]
4/11/13	998847	[REDACTED]
4/11/13	998862	[REDACTED]
4/11/13	998849	[REDACTED]
4/12/13	998861	[REDACTED]
4/13/13	998848	[REDACTED]
4/15/13	998859	[REDACTED]
4/15/13	998863	[REDACTED]
4/15/13	998860	[REDACTED]
4/16/13	998857	[REDACTED]
4/16/13	998856	[REDACTED]
4/16/13	998855	[REDACTED]
4/16/13	998854	[REDACTED]
4/16/13	998853	[REDACTED]
4/16/13	998852	[REDACTED]
4/16/13	998852	[REDACTED]
4/16/13	998851	[REDACTED]
4/16/13	998850	[REDACTED]
4/16/13	998858	[REDACTED]
4/16/13	998872	[REDACTED]
4/17/13	998865	[REDACTED]
4/17/13	998868	[REDACTED]
4/17/13	998879	[REDACTED]
4/17/13	998883	[REDACTED]
4/17/13	998864	[REDACTED]
4/18/13	998870	[REDACTED]
4/19/13	998871	[REDACTED]
4/19/13	998869	[REDACTED]
4/22/13	998866	[REDACTED]
4/22/13	998867	[REDACTED]
4/22/13	998875	[REDACTED]
4/22/13	998876	[REDACTED]
4/22/13	998886	[REDACTED]
4/23/13	998885	[REDACTED]
4/24/13	998874	[REDACTED]
4/25/13	998873	[REDACTED]
4/25/13	998880	[REDACTED]
4/25/13	998892	[REDACTED]
4/26/13	998878	[REDACTED]
4/29/13	998877	[REDACTED]
4/29/13	998899	[REDACTED]
4/30/13	998884	[REDACTED]
4/30/13	998881	[REDACTED]
4/30/13	998882	[REDACTED]

Assigned for Investigation*

DATE REC'D	COMP #	INSTITUTION NAME
4/16/13	998852	[REDACTED]
4/16/13	998851	[REDACTED]
4/16/13	998850	[REDACTED]
4/16/13	998858	[REDACTED]
4/16/13	998872	[REDACTED]
4/17/13	998865	[REDACTED]
4/17/13	998868	[REDACTED]
4/17/13	998879	[REDACTED]
4/17/13	998883	[REDACTED]
4/17/13	998864	[REDACTED]
4/18/13	998870	[REDACTED]
4/19/13	998871	[REDACTED]
4/19/13	998869	[REDACTED]
4/22/13	998866	[REDACTED]
4/22/13	998867	[REDACTED]
4/22/13	998875	[REDACTED]
4/22/13	998876	[REDACTED]
4/22/13	998886	[REDACTED]
4/23/13	998885	[REDACTED]
4/24/13	998874	[REDACTED]
4/25/13	998873	[REDACTED]
4/25/13	998880	[REDACTED]
4/25/13	998892	[REDACTED]
4/26/13	998878	[REDACTED]
4/29/13	998877	[REDACTED]
4/29/13	998899	[REDACTED]
4/30/13	998884	[REDACTED]
4/30/13	998881	[REDACTED]
4/30/13	998882	[REDACTED]

Summary **Complaint Intake** Investigations Enf Actions

- In this example the data count equals **55**, this number will be entered in the **Received** section in the **CPEI Report** on the **Summary** tab:

CPEI Report
April 2013

Complaint Intake		Enforcement Actions	
Received	55	AG Cases	
Closed w/o Assignment for Investigation	0	AG Cases Initiated	1
Assigned for Investigation*	51	AG Cases Pending	16
Average Days to Assign for Investigation	5	SOIs/Accusations	
Pending	0	SOIs Filed	0

Summary **Complaint Intake** Investigations Enf Actions ALL {STAT mo.} by DATE REC'D All {

- Continue to use these steps within the CPEI MASTER excel spreadsheet to enter new data into each section of the CPEI Report.

3. First section is **Complaint Intake** – you will use all data entered on the Complaint Intake tab:

CPEI Report

Complaint Intake		
Received	0	: 55
Closed w/o Assignment for Investigation	0	: Should always be 0
Assigned for Investigation*	0	: 51
Average Days to Assign for Investigation	0	: 5
Pending	0	: Should always be 0

Summary Complaint Intake Investigations Enf Actions

Complaints Received

04/01/13 to 04/30/13

	DATE REC'D	COMP #	INSTITUTION NAME
1	4/1/13	998836	[REDACTED]
2	4/2/13	998833	[REDACTED]
54	4/30/13	998881	[REDACTED]
55	4/30/13	998882	[REDACTED]

Assigned for Investigation*

Includes case re-assignment

	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	998831	3/26/13	4/3/13	[REDACTED]
50	998878	4/26/13	4/29/13	[REDACTED]
51	998877	4/29/13	4/29/13	[REDACTED]

Average Days to Assign: 5

4. Second section is **Investigation: Desk Investigation** – you will use all data entered on the Investigations tab:

**CPEI Report
Investigation**

<i>Desk Investigation</i>	
Initial Assignment for Desk Investigation	0
Closed	0
Average Days to Close	0
Pending	0

: 35
: 24
: 240 (round the number)
: 430

Summary / Complaint Intake / **Investigations** / Enf Actions

**Initial Assignment for Investigation
Desk Investigation**

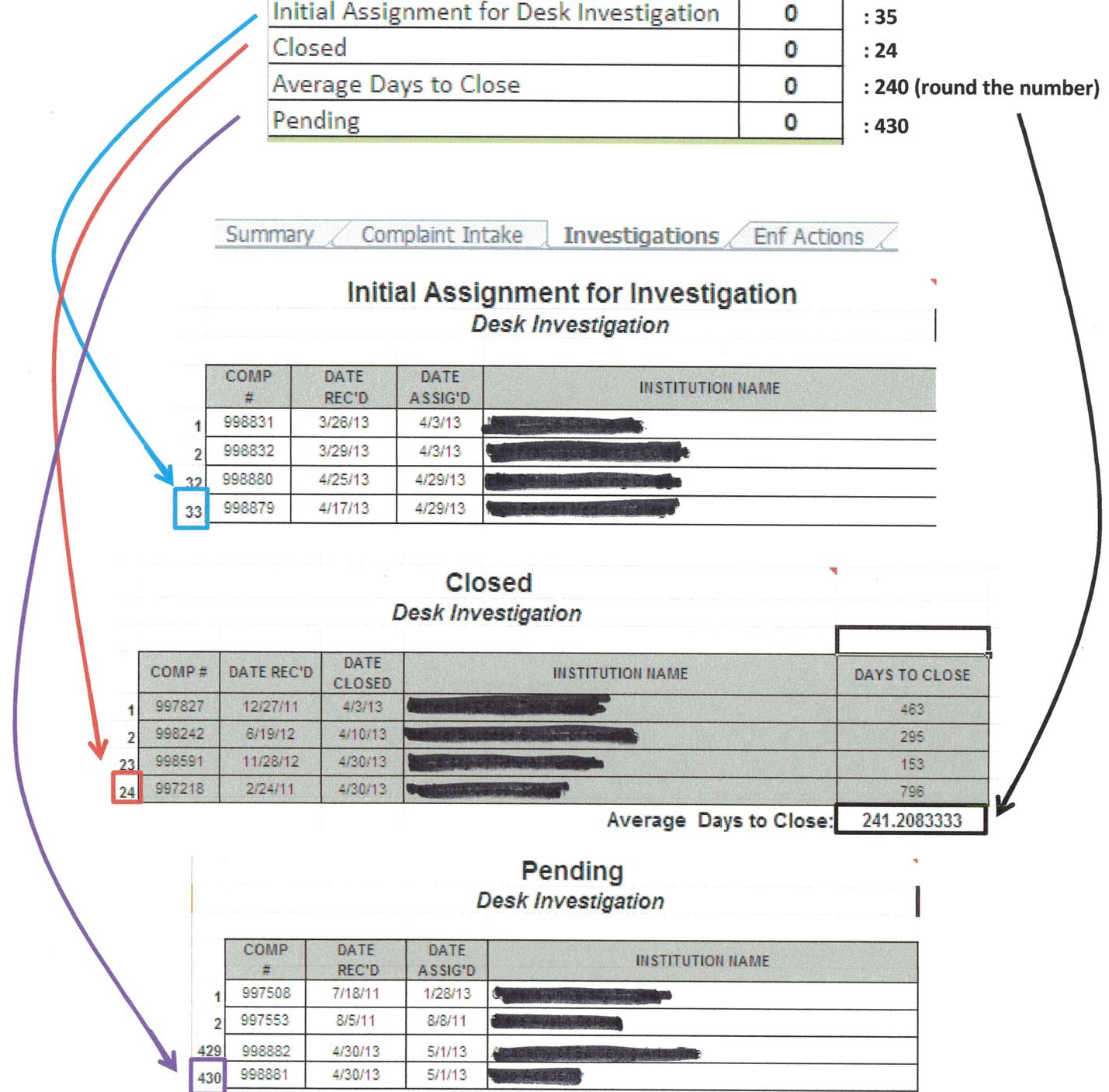
	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	998831	3/26/13	4/3/13	[REDACTED]
2	998832	3/29/13	4/3/13	[REDACTED]
32	998880	4/25/13	4/29/13	[REDACTED]
33	998879	4/17/13	4/29/13	[REDACTED]

**Closed
Desk Investigation**

	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	997827	12/27/11	4/3/13	[REDACTED]	463
2	998242	6/19/12	4/10/13	[REDACTED]	295
23	998591	11/28/12	4/30/13	[REDACTED]	153
24	997218	2/24/11	4/30/13	[REDACTED]	796
Average Days to Close:					241.2083333

**Pending
Desk Investigation**

	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	997508	7/18/11	1/28/13	[REDACTED]
2	997553	8/5/11	8/8/11	[REDACTED]
429	998882	4/30/13	5/1/13	[REDACTED]
430	998881	4/30/13	5/1/13	[REDACTED]



5. Second section is **Investigation: Field Investigation (Non-Sworn)** – you will use all data entered on the Investigations tab:

CPEI Report Investigation

Field Investigation (Non-Sworn)	
Assignment for Non-Sworn Field Investigation	0
Closed	0
Average Days to Close	0
Pending	0

: 18
: 4
: 574 (round the number)
: 254

Summary / Complaint Intake / **Investigations** / Enf Actions

Assignment Field Investigation (Non-Sworn)

	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	998835	4/2/13	4/8/13	[REDACTED]
17	998878	4/26/13	4/29/13	[REDACTED]
18	998877	4/29/13	4/29/13	[REDACTED]

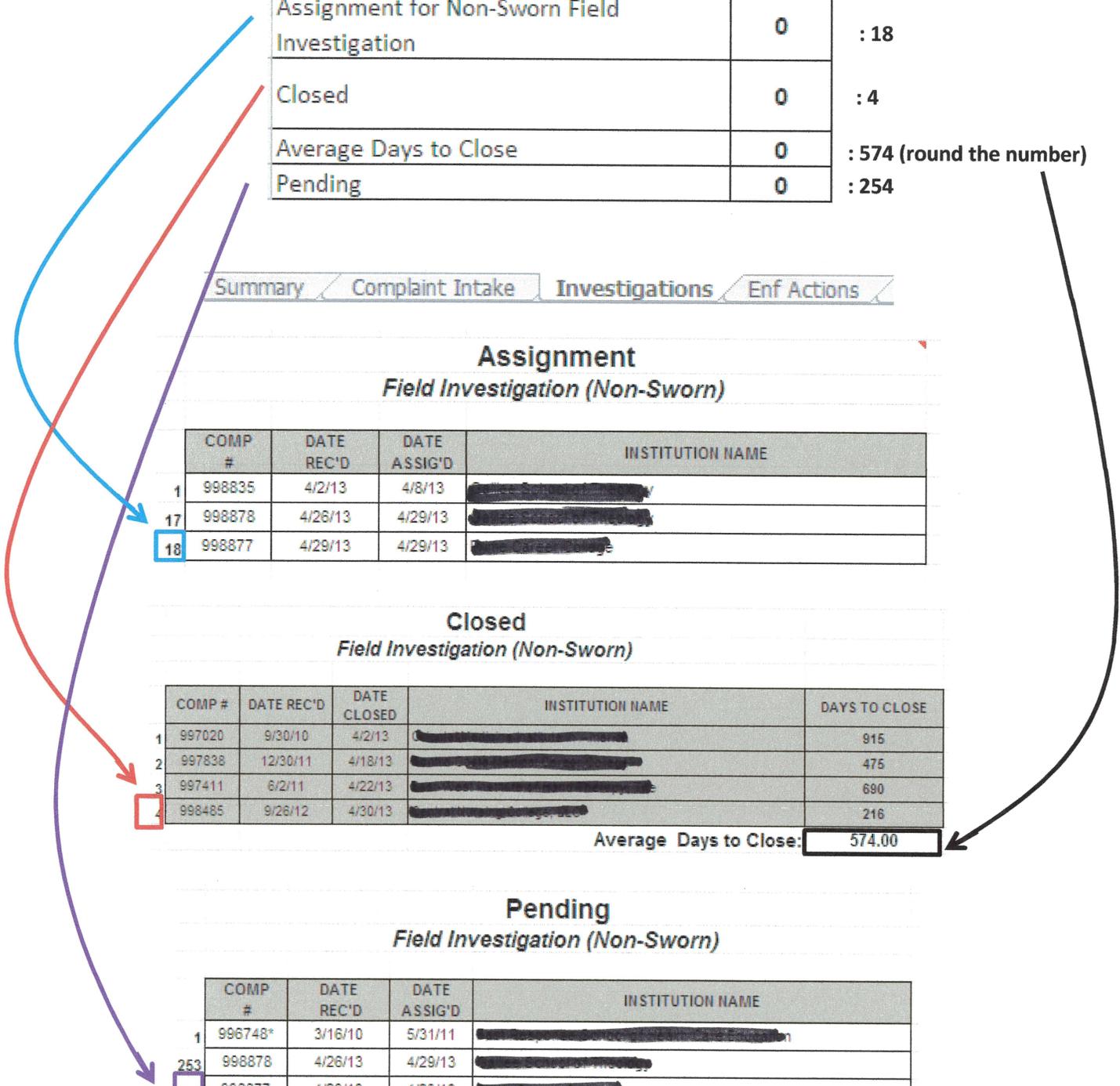
Closed Field Investigation (Non-Sworn)

	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	997020	9/30/10	4/2/13	[REDACTED]	915
2	997838	12/30/11	4/18/13	[REDACTED]	475
3	997411	6/2/11	4/22/13	[REDACTED]	690
4	998485	9/26/12	4/30/13	[REDACTED]	216

Average Days to Close: 574.00

Pending Field Investigation (Non-Sworn)

	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	996748*	3/16/10	5/31/11	[REDACTED]
253	998878	4/26/13	4/29/13	[REDACTED]
254	998877	4/29/13	4/29/13	[REDACTED]



6. Third Section is **Investigation: Field Investigation (Sworn)** – you will use all data entered on the Investigations tab:

CPEI Report Investigation

Field Investigation (Sworn)		
Assignment for Sworn Field Investigation	0	: 2
Closed	0	: 2
Average Days to Close	0	: 43 (round the number)
Pending	0	: 16

Summary /
 Complaint Intake /
 Investigations /
 Enf Actions

Assignment Field Investigation (Sworn)

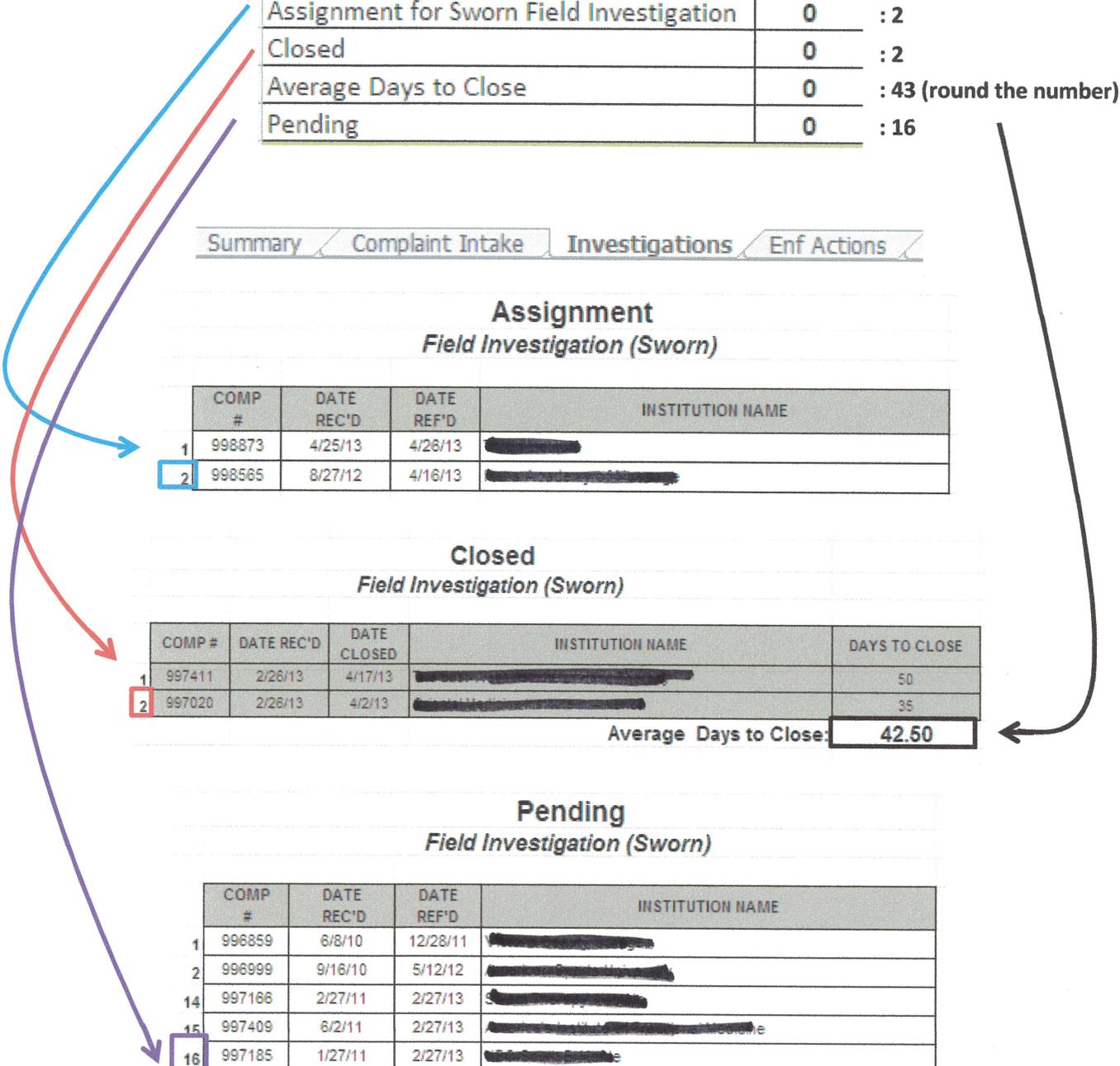
	COMP #	DATE REC'D	DATE REF'D	INSTITUTION NAME
1	998873	4/25/13	4/26/13	[REDACTED]
2	998565	8/27/12	4/16/13	[REDACTED]

Closed Field Investigation (Sworn)

	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	997411	2/26/13	4/17/13	[REDACTED]	50
2	997020	2/26/13	4/2/13	[REDACTED]	35
Average Days to Close:					42.50

Pending Field Investigation (Sworn)

	COMP #	DATE REC'D	DATE REF'D	INSTITUTION NAME
1	996859	6/8/10	12/28/11	[REDACTED]
2	996999	9/16/10	5/12/12	[REDACTED]
14	997166	2/27/11	2/27/13	[REDACTED]
15	997409	6/2/11	2/27/13	[REDACTED]
16	997185	1/27/11	2/27/13	[REDACTED]



7. Fourth Section is **Investigation: All Investigations** – you will use all data entered on the Investigations tab:

**CPEI Report
Investigation**

<i>All Investigations</i>	
Closed	0
Average Days to Close	0
Pending	0

: 28
: 289 (round the number)
: 684

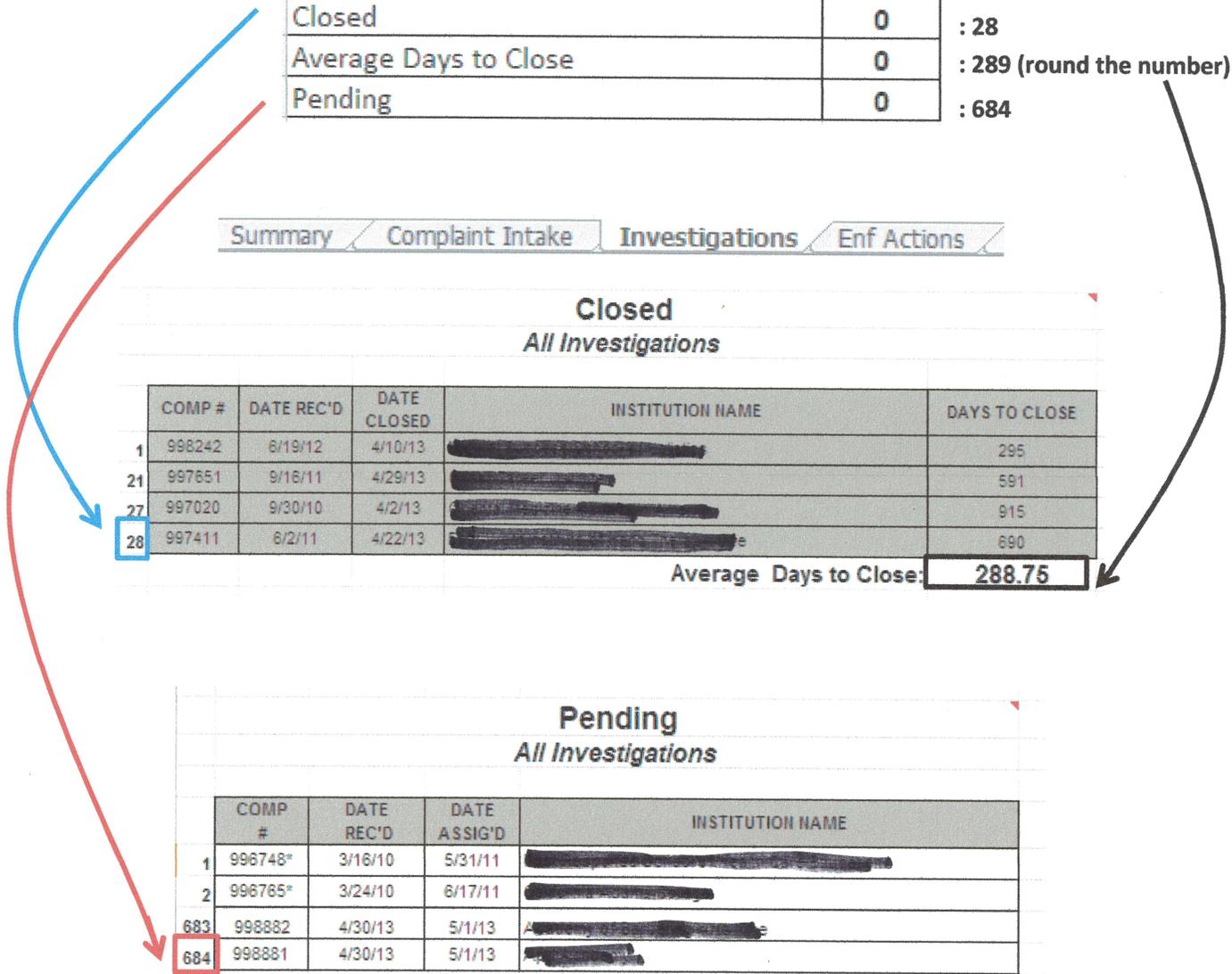
Summary / Complaint Intake / **Investigations** / Enf Actions

**Closed
All Investigations**

	COMP #	DATE REC'D	DATE CLOSED	INSTITUTION NAME	DAYS TO CLOSE
1	998242	6/19/12	4/10/13	[REDACTED]	295
21	997851	9/16/11	4/29/13	[REDACTED]	591
27	997020	9/30/10	4/2/13	[REDACTED]	915
28	997411	6/2/11	4/22/13	[REDACTED]	690
Average Days to Close:					288.75

**Pending
All Investigations**

	COMP #	DATE REC'D	DATE ASSIG'D	INSTITUTION NAME
1	996748*	3/16/10	5/31/11	[REDACTED]
2	996765*	3/24/10	6/17/11	[REDACTED]
683	998882	4/30/13	5/1/13	[REDACTED]
684	998881	4/30/13	5/1/13	[REDACTED]



8. Fifth Section is **Enforcement Actions: AG Cases** – you will use all data entered on the Enf Action tab:

CPEI Report

Enforcement Actions

AG Cases

AG Cases Initiated	0	: 2
AG Cases Pending	0	: 18

Summary / Complaint Intake / Investigations / **Enf Actions**

AG Cases Initiated

	COMP #	DATE OPENED	SCHOOL	TO AG OFFICE
1	998895	5/7/2013	[REDACTED]	05/22/13
2	998933	5/22/2013	[REDACTED]	05/23/13

AG Cases Pending

	COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC/ SOI/PCP SIGNED BY BPPE	DAYS TO COMPLETE	HEARING DATE
1	997952	2/14/2012	[REDACTED]	02/13/12	ED	02/23/12	128	06/21/12
2	998117	5/1/2012	[REDACTED]	05/10/12	SOI	10/16/12	11/19/00	03/21/13
3	998285	6/20/2012	[REDACTED]	09/17/12		5/23/2013		
4	998490	10/3/2012	[REDACTED]	10/09/12	SOI			
5	998528	10/18/2012	[REDACTED]	10/30/12	SOI	2/11/2013	503	3/5/2014
6	998325	7/13/2012	St. Andrew's Missionary Baptist Church Parents: Gonsky, University Parent: Corporal Parent: Christa Roberts	11/07/12	CF, U	n/a	250	3/20/2013
7	998592	11/27/2012	[REDACTED]	12/10/12	SOI			
8	998608	12/10/2012	[REDACTED]	12/13/12	SOI			
9	998641	12/17/2012	[REDACTED]	01/17/13	SOI			
10	998689	1/22/2013	[REDACTED]	02/12/13	SOI			
11	998701	1/28/2013	[REDACTED]	02/14/13	SOI			
12	998564	2/12/2013	[REDACTED]	02/21/13				
13	998688	1/22/2013	[REDACTED]	03/04/13	SOI	5/9/2013		
14	998736	2/4/2013	[REDACTED]	03/07/13	SOI			
15	998760	2/19/2013	[REDACTED]	03/12/13	SOI			
16	998491	10/8/2012	[REDACTED]	04/25/13	SOI			
17	998895	5/7/2013	[REDACTED]	05/22/13	SOI			
18	998933	5/22/2013	[REDACTED]	05/23/13	SOI			

9. Sixth Section is **Enforcement Actions: SOIs/Accusations** – you will use all data entered on the Enf Action tab:

CPEI Report

Enforcement Actions

<i>SOIs/Accusations</i>		
SOIs Filed	0	: 0
SOIs Withdrawn	0	: 1
SOIs Dismissed	0	: 0
SOIs Declined	0	: 0

Summary / Complaint Intake / Investigations / **Enf Actions**

SOI's Withdrawn

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES
998538	10/29/2012	XXXXXXXXXX	11/15/12	SOI	05/03/13	RECEIVED RESPONDENT/A PPLICANT'S NOTICE OF WITHDRAWAL OF REQUEST FOR HEARING.

1

SOI's Dismissed

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DISMISSED	NOTES
1						

SOI's Declined

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DECLINED	NOTES
1						

a. **Enforcement Actions: SOIs/Accusations** continued..

CPEI Report

Enforcement Actions

<i>SOIs/Accusations</i>	
Accusations Filed	0
Accusations Withdrawn	0
Accusations Dismissed	0
Accusations Declined	0
Average Days to Complete Accusations	0

Summary / Complaint Intake / Investigations / **Enf Actions**

Accusations Filed

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	ACC DATE	DAYS TO COMPLETE	HEARING DATE
1							

Accusations Withdrawn

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE WITHDRAWN	NOTES
1						

Accusations Dismissed

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DISMISSED	NOTES
1						

Accusations Declined

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	DATE DECLINED	NOTES
1						

10. Seventh Section is **Enforcement Actions: Decisions/Stipulations** – you will use all data entered on the Enf Action tab:

CPEI Report

<i>Enforcement Actions</i>	
<i>Decisions/Stipulations</i>	
Proposed/Default Decisions	0
Stipulations	0

Summary / Complaint Intake / Investigations / **Enf Actions** /

AG Cases
Decisions/Stipulations

COMP #	DATE RECEIVED	SCHOOL	TO AG OFFICE	TYPE	STIP/PD/ DEFAULT REC'D	DECISION TYPE	EFFECTIVE DATE	DAYS TO COMPLETE
1								

11. Eighth Section is **Enforcement Actions: Disciplinary Orders** – you will use all data entered on the Enf Action tab:

CPEI Report

<i>Enforcement Actions</i>	
<i>Disciplinary Orders</i>	
Final Orders	0
Average Days to Complete	0
Interim Suspension Orders	0

12. Ninth Section is **Enforcement Actions: Citations** – you will use all data entered on the Enf Action tab:

CPEI Report

<i>Enforcement Actions</i>	
<i>Citations</i>	
Final Citations	0
Average Days to Complete	0

Summary / Complaint Intake / Investigations / **Enf Actions** /

Citations Issued

COMP #	DATE ASSIGNED	SCHOOL	DATE ISSUED	DAYS TO COMPLETE
1				

Transferring from Master Summary Sheet to Monthly Summary Sheet

To transfer all the new data from the Master Summary Sheet to a Monthly Summary Sheet complete the following directions:

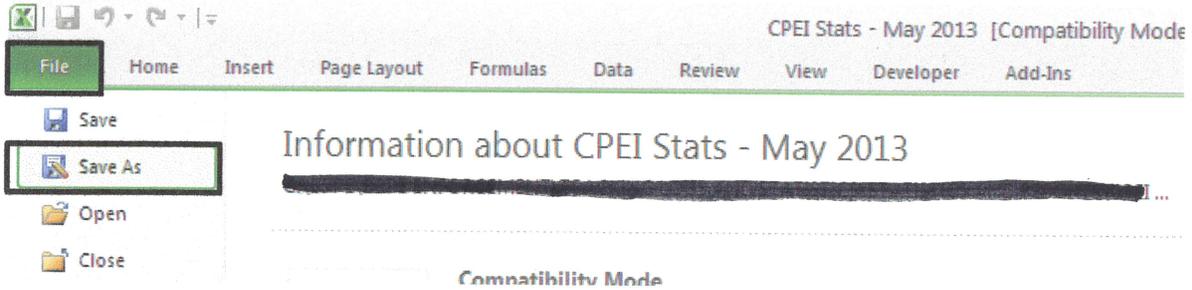
1. Once the CPEI STATS MASTER excel spreadsheet is opened and you have saved all of your new data onto the Master Summary Sheet on the Summary tab DELETE all the following tabs –
 - a. ALL {STAT mo.} BY DATE REC'D
 - b. All {STAT mo.} BY DATE ASSIGN'D
 - c. DESK Invest. DATE ASSIGN'D
 - d. ALL complaints CLOSED – STAT mo.
 - e. DESK Investigations CLOSED
 - f. ALL {stat month} PENDING
 - g. DESK PENDING – DATE REC'D
 - h. FIELD Invest. DATE ASSIGN'D
 - i. FIELD Investigations CLOSED
 - j. FIELD PENDING – DATE REC'D
 - k. ENF ACTION BRKDOWN
 - l. ENF Cases
 - m. Sort PAGE for Master Log
 - n. Sort PAGE for Closed Log

2. Right click on the tab you want to delete and choose the delete option:
 - a. Do this action to delete each above mentioned tab (a-n)

	A	B	C	D	E	F	G	H	
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	# of Days to Assign	DATE CLOSED	CASE AGE (in days)	COMP #	
2	1	AW	4/1/13	4/10/13	9		74	998836	
3	1	LS	4/2/13	4/8/13	6		73	998833	
4	1	TG	4/2/13	4/8/13	6		73	998835	
5	1	CRP	4/2/13	4/11/13	9		73	998843	
6	1	LK	4/3/13	4/11/13	8		72	998837	
7	0	IA	4/3/13	4/11/13	8	4/11/13	8	998838	
8	0	IA	4/5/13	4/11/13	6	4/11/13	6	998842	
9	0	IA	4/5/13	4/11/13	6	4/11/13	6	998844	
10	0	IA	4/5/13	4/11/13	6	4/11/13	6	998839	
11	1	AW	4/8/13	4/11/13	3		67	998840	

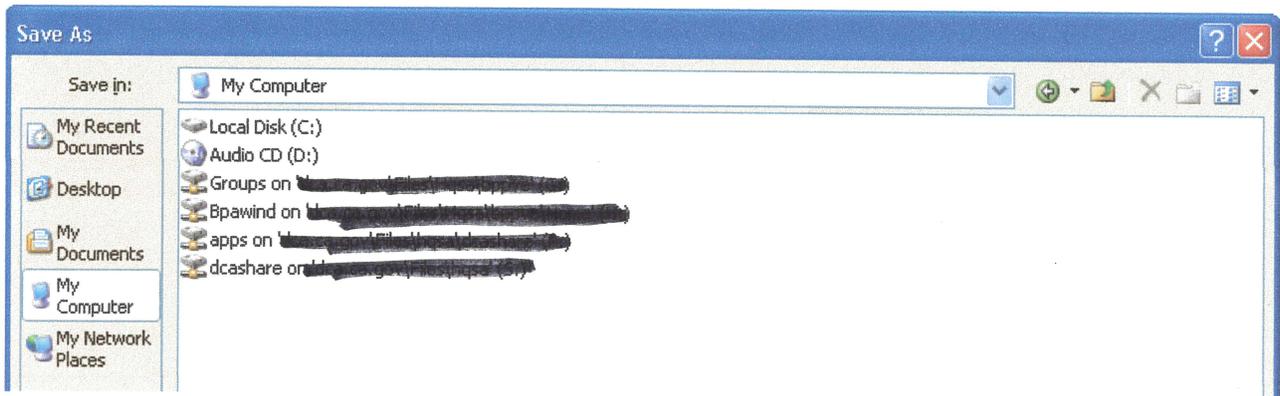
Context Menu Options: Insert..., Delete, Rename, Move or Copy...

3. Instead of choosing the SAVE option you will choose the SAVE AS option and title this new excel spreadsheet as CPEI Stats – (month and year).
 - a. For example if you are doing statistics for the month of May 2013 you would save this excel spreadsheet as CPEI Stats – May 2013

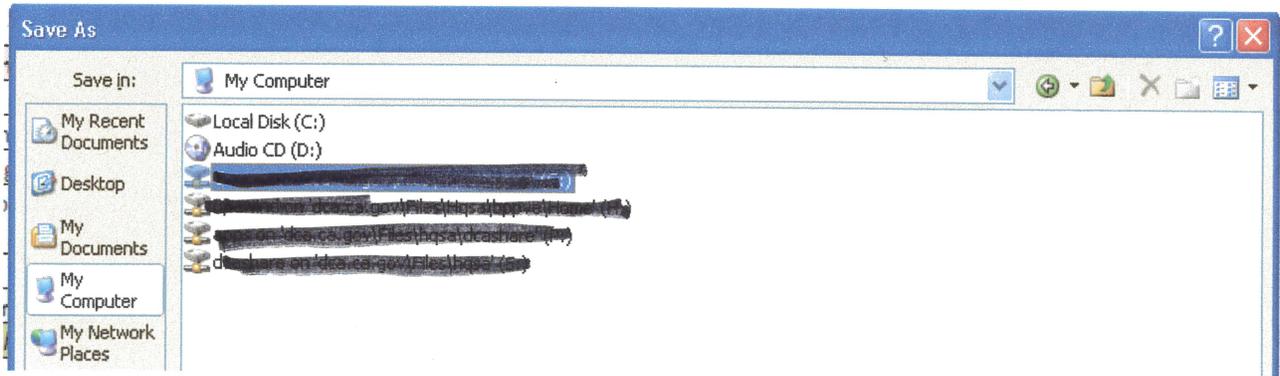


- b. Click on the Save As option and choose what folder you want to save it in:
4. You want to save all new monthly statistics in **REPORTS**
ENFORCEMENT TRACKING LOGS AND STATISTICS
REPORTS
CPEI Statistics:

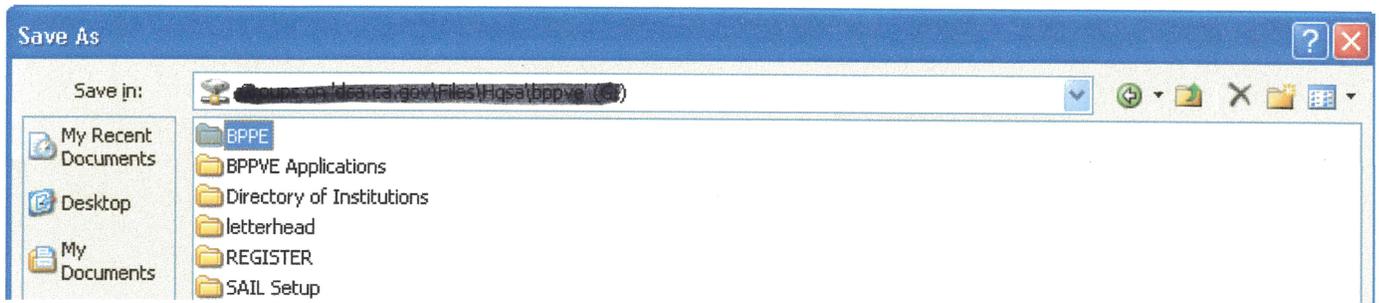
- a. Click on My Computer



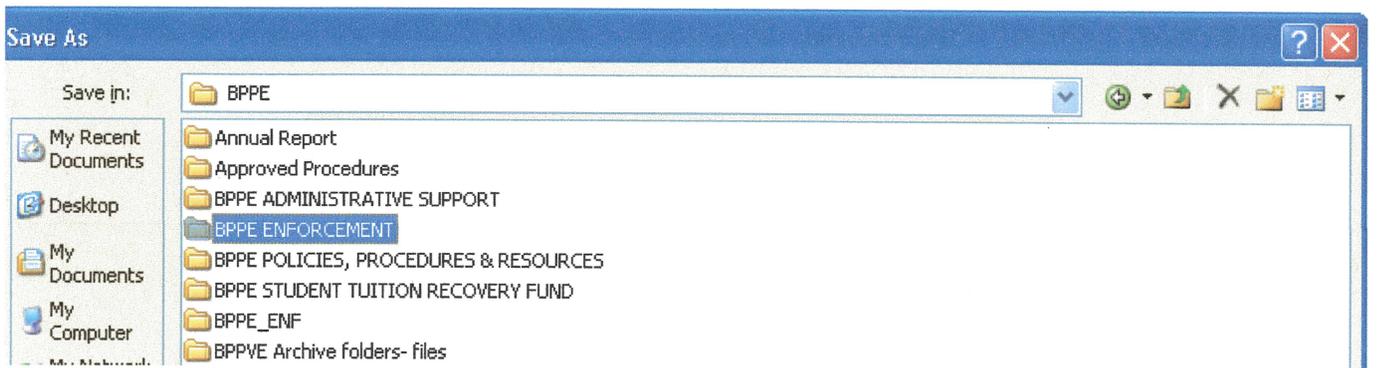
- b. Choose **REPORTS**



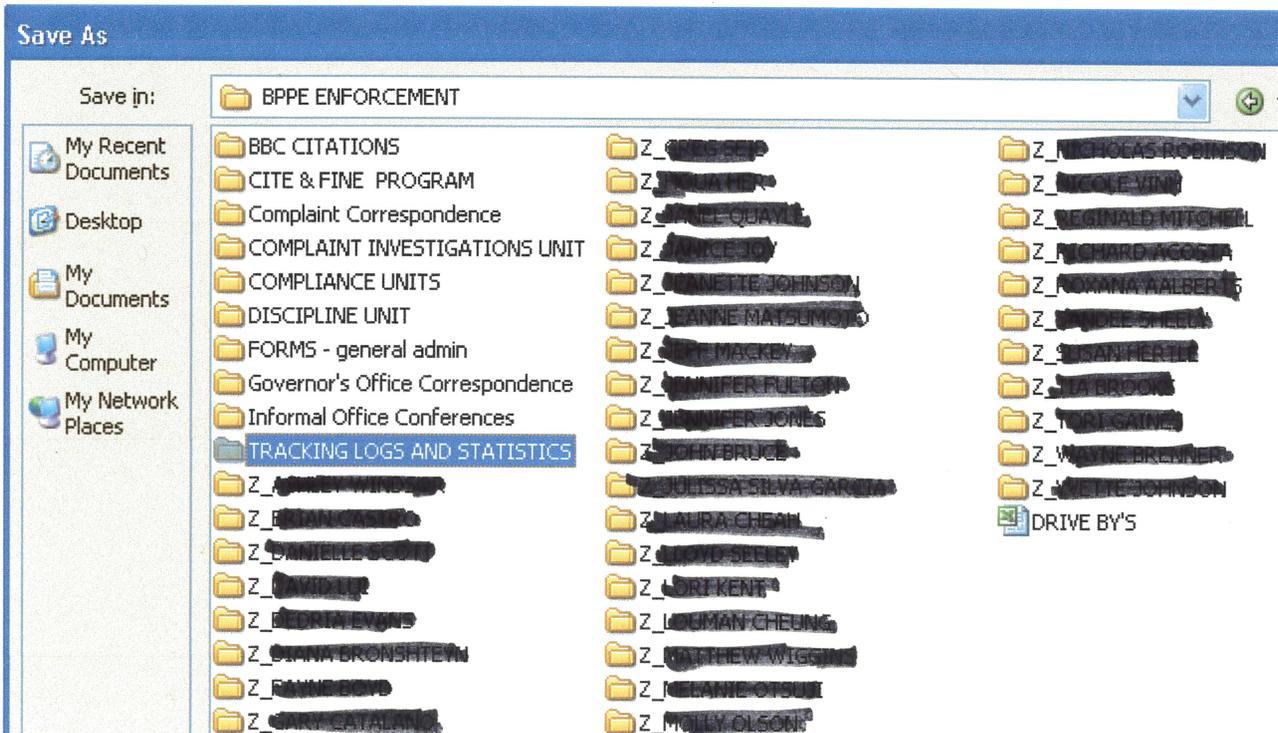
c. BPPE



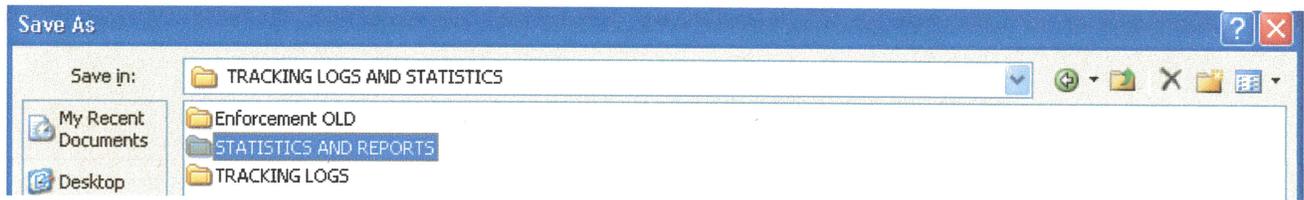
d. BPPE ENFORCEMENT



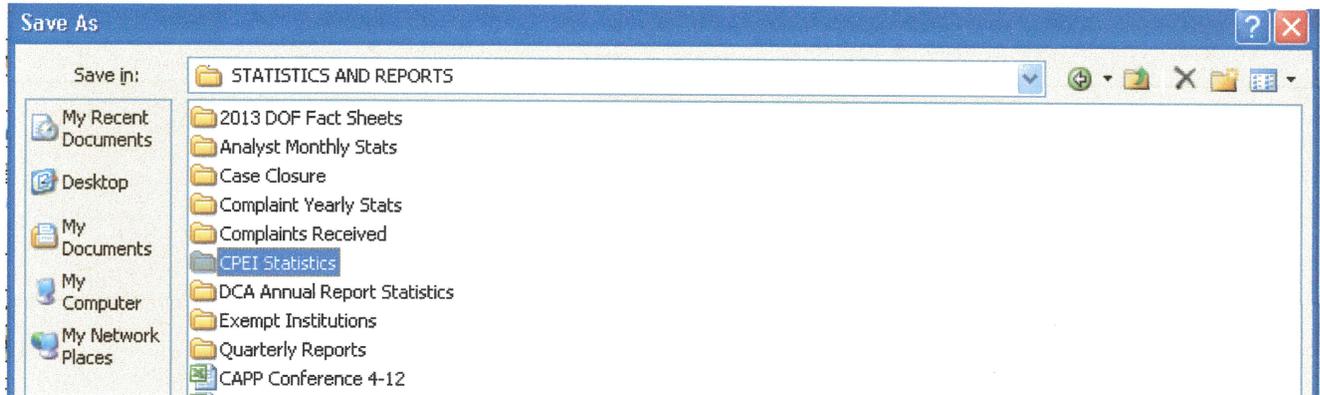
e. TRACKING LOGS AND STATISTICS



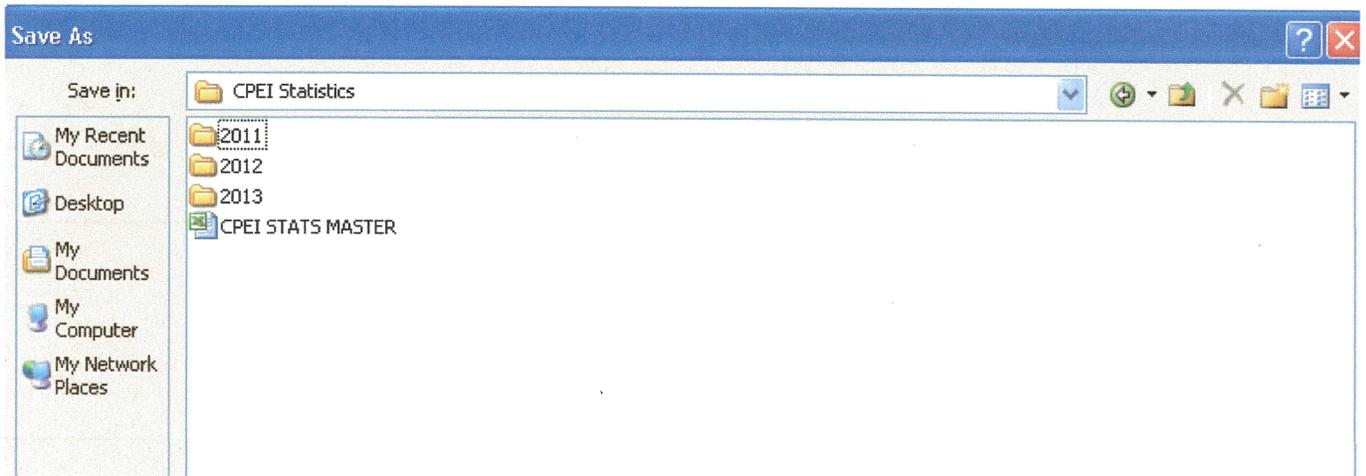
f. STATISTICS AND REPORTS



g. CPEI Statistics

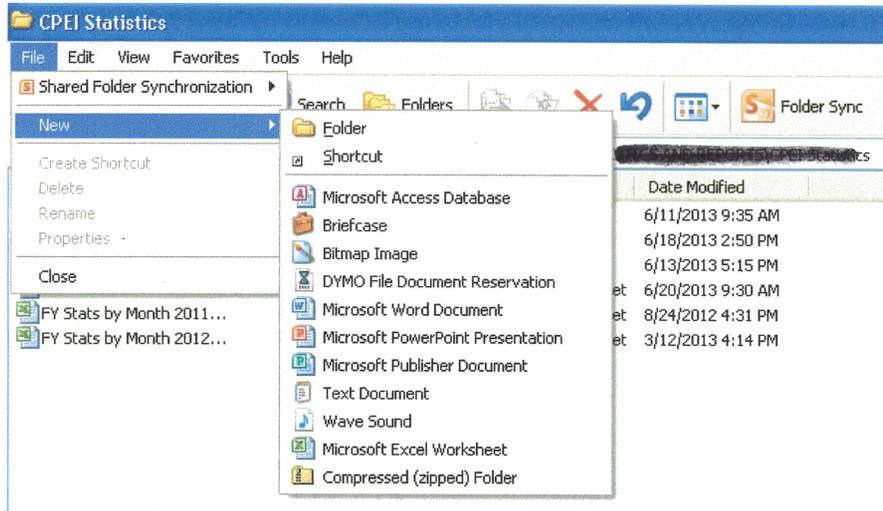


5. Once in the CPEI Statistics folder you will need to choose the appropriate year to place the data in:
 - a. For example if that statistics are for May 2013 you will need to place the excel spreadsheet into the 2013 folder-

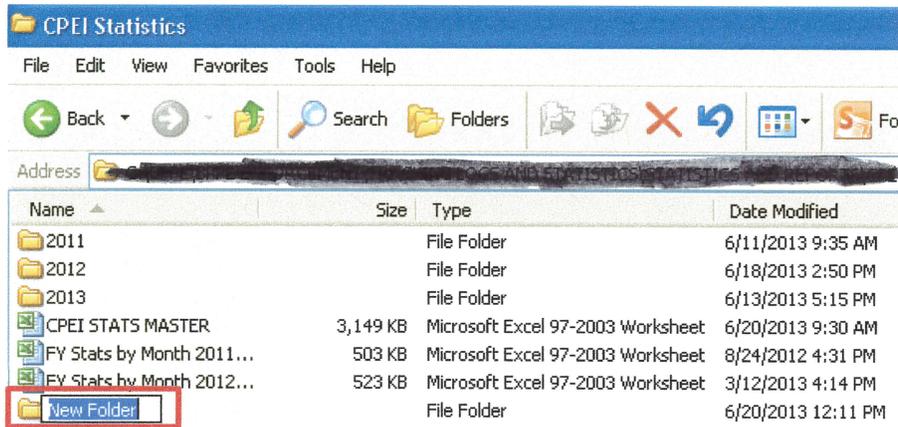


- b. If there isn't a folder for your year you will need to create a new one.
6. If you need to create a folder:
 - a. Go to the CPEI Statistics folder: ~~STATISTICS AND REPORTS~~
~~TRACKING LOGS AND STATISTICS~~ STATISTICS AND REPORTS CPEI Statistics

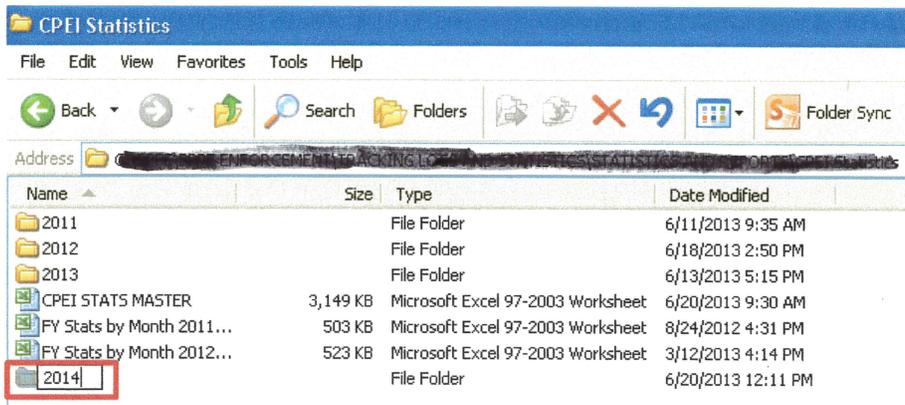
- b. Click on the File option at the top of the screen, choose New, and click on Folder (the first option) -



- c. Rename the folder the date you are creating -



- i. Example, 2014:



7. After the correct folder is chosen title the Excel spreadsheet and hit SAVE.

Transferring Monthly Statistics from Summary Sheet to CPEI (web based) database

Once you have completed entering the data on the Master Summary Sheet and saved it in the correct month and year folder you will enter that data into a web based database.

1. Go to [http://www.cdpr.ca.gov/Consumer/Enforcement/LogIn.asp](#)
2. Enter in the log in information:
 - a. User Name:
 - b. Password:

[Home](#) [Logout](#) [Help](#)



CONSUMER PROTECTION ENFORCEMENT INITIATIVE

Monthly Enforcement Report to DCA

Please submit by the 15th of each month

Login

User Name:

Password:

3. Choose the “Enter data for Board, Bureau, Commission, Committee” option:

[Home](#) [Logout](#) [Help](#)



CONSUMER PROTECTION ENFORCEMENT INITIATIVE

Monthly Enforcement Report to DCA

→ [View reported data for Board, Bureau, Commission, Committee](#)

→ [Enter data for Board, Bureau, Commission, Committee](#)

4. Select the appropriate month and year for the data you are entering and use the information from the Master summary Sheet to enter into the requested data on the website:

Month Year

Program: Bureau for Private Postsecondary Education

Complaint Intake

Complaints Received by the Program. Measured from date received

Complaints

Received:

Closed without Assignment for Investigation:

Assigned for Investigation:

Average Days to Close or Assigned for Investigation:

Pending:

Convictions/Arrest Reports

Received: N/A

Closed / Assigned for Investigation: N/A

Average Days to Close: N/A

Pending: N/A

Investigation

Complaints investigated by the program whether by desk investigation or enforcement action. If a complaint is never referred for Field Investigation, it is counted as "Closed" under Non-Sworn or Sworn.

Desk Investigation

Initial Assignment for Desk Investigation: N/A

Closed: N/A

Average Days to Close: N/A

Pending: N/A

Field Investigation (Non-Sworn)

Assignment for Non-Sworn Field Investigation: N/A

Closed: N/A

Average Days to Close: N/A

Pending: N/A

Field Investigation (Sworn)

Assignment for Sworn Field Investigation: N/A

Closed: N/A

Average Days to Close: N/A

Pending: N/A

All Investigations

Closed: N/A

Average Days to Close: N/A

Pending: N/A



Click the N/A box in the section titled Convictions/Arrest Reports.

Enforcement Actions

This section DOES NOT include subsequent discipline or

AG Cases

AG Cases Initiated:

AG Cases Pending:

SOIs/Accusations

SOIs Filed:

SOIs Withdrawn:

SOIs Dismissed:

SOIs Declined:

Average Days to Complete SOIs:

Accusations Filed:

Accusations Withdrawn:

Accusations Dismissed:

Accusations Declined:

Average Days to Complete Accusations:

Decisions/Stipulations Adopted

Proposed/Default Decisions Adopted:

Stipulations Adopted:

Disciplinary Orders

Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations):

Average Days to Complete*:

Interim Suspension Orders:

Citations

Final Citations:

Average Days to Complete*:

Comments:

Double check your work and hit Submit.

* - The number of days from receipt of complaint to the effective date of the citation or the eff

Title: 10 Day Acknowledgment Letter	Supersedes: None	Procedure #: 2013-0050
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 1
Issue Date: July 1, 2013	Approved By: Joanne Wenzel, Bureau Chief Bureau for Private Postsecondary Education	

Policy: An individual who has cause to believe that an institution has violated the California Private Postsecondary Act of 2009 (Act) or its associated regulations; can file a complaint with the Bureau. Within 10 days of the Bureau receiving the complaint, an acknowledgement letter is mailed to the complainant.

Purpose: *This procedure outlines the process for generating a 10 Day Acknowledgment Letter.*

Acronyms:

Enf. – Enforcement

SAIL – Schools Automated Information Link database

Definitions:

Non-jurisdictional: a complaint involving allegations that are not within the scope of the Bureau’s laws or a complaint with allegations against a school that is exempt from Bureau laws pursuant to California Education Code (CEC) §94874, §94874.1 and 94874.5

Internal Complaint: a complaint received from Bureau staff, typically submitted on a “Tip Intake Summary” Form

Tip: typically generated from an anonymous phone call or letter. Tips are submitted to the Enforcement Unit on a “Tip Intake Summary” Form

ENFORCEMENT SECTION COMPLAINT INVESTIGATIONS PROCEDURES

10 DAY ACKNOWLEDGEMENT LETTER

1. CREATE A 10 DAY ACKNOWLEDGEMENT

A '10 Day Acknowledgement' Letter will be printed unless the complaint is non-jurisdictional, an internal complaint or a TIP.

A. GENERATE A "10 DAY ACKNOWLEDGEMENT LETTER" FROM SAIL

Enforcement File Details - All Access
File Institutions Enforcement Help

S. A. I. L. *Enforcement Files General Information*

Complainant Information:
First: [REDACTED] Last: [REDACTED]
Anonymous Name: [REDACTED]
Address: [REDACTED] Gender (M or F): [REDACTED]
Phone Number: [REDACTED] Attorney Retained? (Y or N): [REDACTED]

General Complaint Information:
Enforcement File Type: [Complaint]
Current Staff: [REDACTED]
Date Received: [REDACTED] Date Closed: [REDACTED]

Closure Information:
BPPVE Section # Violated: [REDACTED] Amount Refunded: [REDACTED]

Subject School or UnApproved/UnRegistered Facility:
School Code: [REDACTED] Complaint Number: [REDACTED]
Violator School Name: [REDACTED]
Violator School Contact: [REDACTED]
Violator School Address: [REDACTED]
Violator School Phone #: [REDACTED] Ext.: [REDACTED]

Allegations Against Subject School or Facility:
Allegation #1: [REDACTED] Allegation #2: [REDACTED] Allegation #3: [REDACTED]

Basis for Enforcement File Closure:
Reason #1: [REDACTED]

Anonymous File? Follow Up Date [REDACTED] Initial Correspondence

Enforcement Main Site | Unlicensed Activity Info | Add/View Comments | **Report Center** | Your Enforcement Mailbox | Print File Details | SAVE INPUT | S.A.I.L System Site

- a. On the **Enforcement File Details - All Access** screen click on **Report Center** (make sure you have completed all Complaint Opening steps):

Enforcement Report Center
 File Institutions Enforcement Help

ENFORCEMENT - Report Center

Please Provide Required Information: **Complaint #** [REDACTED] **School Code** [REDACTED] **Instructions**

<u>Approved/Registered Institutions</u>	<u>Unapproved/Unregistered Activity</u>	<u>Statistical/Misc Reports</u>
<input type="checkbox"/> 'No Authority' Letter - A * <input checked="" type="checkbox"/> '10 Day Acknowledgement' Letter - B * <input type="checkbox"/> 'Summary' Letter - C * <input type="checkbox"/> 'No Merit Recommendation' Letter - D * <input type="checkbox"/> 'Recommendation' Letter - E * <input type="checkbox"/> 'Complaint Closure' Letter - F1 *	<input type="checkbox"/> '10 Day Acknowledgement' Letter * <input type="checkbox"/> 'Initial Contact - Unapproved' Letter * <input type="checkbox"/> 'Final Enforcement - Unapproved' Letter * <input type="checkbox"/> 'Unenforceable Contract' Letter	<input type="checkbox"/> Complaint File Detail * <input type="checkbox"/> Complaint Disposition Report * <input type="checkbox"/> 'File Follow-Up' Report for ASHLEY WINDSOR Complaints Received - By Date - "Aging Format" <input type="checkbox"/> Consumer Complaint Form Log <input type="checkbox"/> Detail Workload Report for ASHLEY WINDSOR <input type="checkbox"/> Summary Workload Report for ASHLEY WINDSOR <input type="checkbox"/> Detail Workload Report for All Analysts <input type="checkbox"/> Summary Workload Report for All Analysts <input type="checkbox"/> Workload Analysis Report - Summary (by date) <input type="checkbox"/> Workload Analysis Report - Detail (by date)
Complaint Mediation Program - Pilot <input type="checkbox"/> 10 Day Acknowledgement Letter <input type="checkbox"/> Unable to Contact Letter <input type="checkbox"/> 'Unenforceable Contract Letter' <input type="checkbox"/> Complaint Stats by Date <input type="checkbox"/> Complaint Transfer Letter <input type="checkbox"/> Approved Institution Enforcement History *		

PRINT * Requires a Complaint # * Requires a School Code **EXIT**

- a. Select '10 Day Acknowledgement' Letter - B * option and click **PRINT**

- i. Review the printed letter and double check your work. Make corrections, if necessary
- ii. Sign the letter and make a copy.

- iii. Mail the original, signed letter to the complainant and keep the copy for the complaint file folder

b. Click the **SAVE INPUT!** button.

B. GENERATE A "10 DAY ACKNOWLEDGEMENT LETTER" FROM THE G: DRIVE

Select this option if the complaint is emailed to Bureau or if the complaint is an Unapproved (UA/UR) complaint:

Enforcement File Details - All Access
 File Institutions Enforcement Help

S. A. I. L. *Enforcement Files General Information*

Complainant Information:
 First: [redacted] Last: [redacted]
 Anonymous Name: [redacted]
 Address: [redacted] Gender (M or F): [redacted]
 Phone Number: 951 445-1833
 Attorney Retained? (Y or N) [redacted]

Subject School or UnApproved/UnRegistered Facility:
 School Code: [redacted] Complaint Number: [redacted]
 Violator School Name: [redacted]
 Violator School Contact: [redacted]
 Violator School Address: [redacted]
 Violator School Phone #: [redacted] Ext. [redacted]

General Complaint Information:
 Enforcement File Type: Complaint
 Current Staff: [redacted]
 Date Received: [redacted]
 Date Closed: [redacted]

Allegations Against Subject School or Facility:
 Allegation #1: [redacted]
 Allegation #2: [redacted]
 Allegation #3: [redacted]

Basis for Enforcement File Closure:
 Reason #1: [redacted]

Closure Information:
 BPPVE Section # Violated: [redacted]
 Amount Refunded: [redacted]

Initial Correspondence [redacted]

Navigation Bar:
 Enforcement Main Site | Unlicensed Activity Info | **AddView Comments** | Report Center | Your Enforcement Mailbox | Print File Details | **SAVE INPUT!** | S.A.I.L System Site

a. click on **AddView Comments** :

Enforcement - Add A Comment

ENFORCEMENT - Add Comments

Comment to be Associated with

Complaint # [REDACTED] * Required

and/or

School Code [REDACTED] * Optional

Comment Body:

'10 Day Acknowledgment' Letter sent via email.

- a. Click and the following screen will appear, once the below question box appears you are going to choose NO:

Enforcement - Add A Comment

ENFORCEMENT - Add Comments

Comment to be Associated with

Complaint # [REDACTED] * Required

and/or

School Code [REDACTED] * Optional

Comment Body:

'10 Day Acknowledgment' Letter sent via email.

Facility:

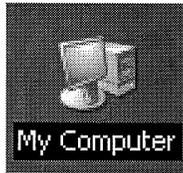
Allegation Description

Where Would You Like To Go?

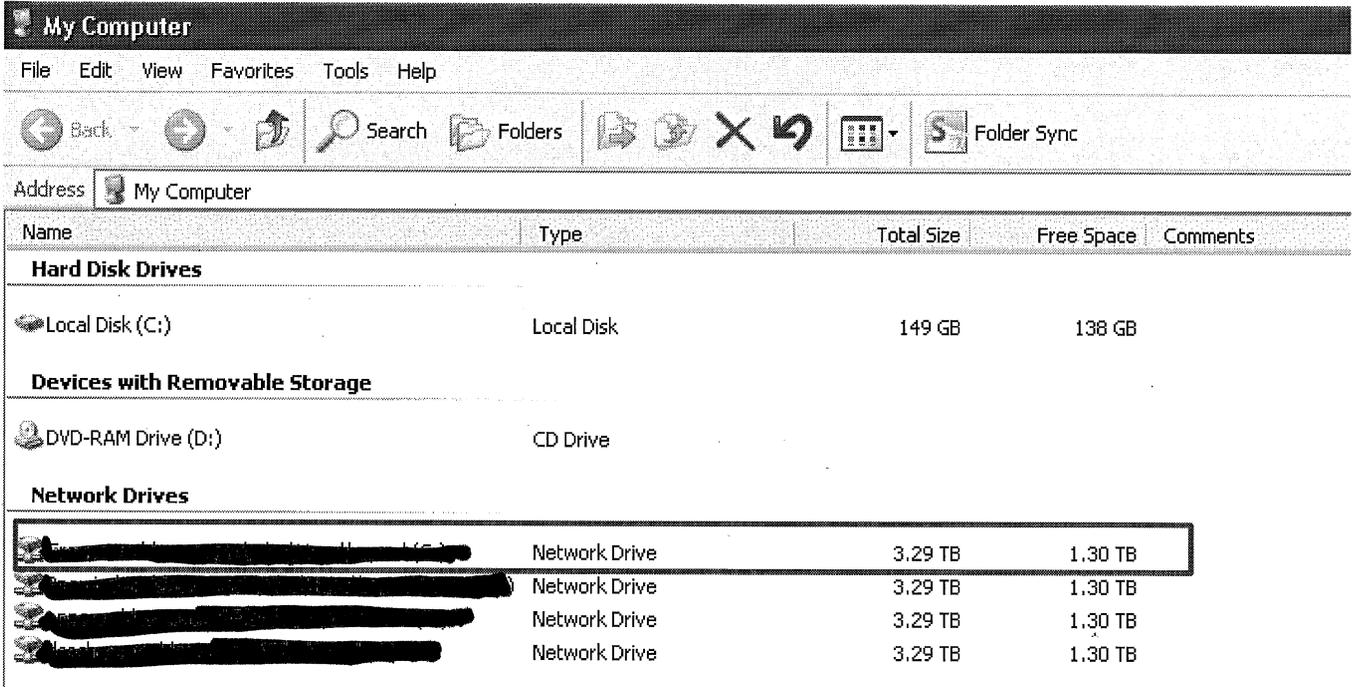
Click YES if you would like to view the Comment History, Click NO to return to case details

Yes No

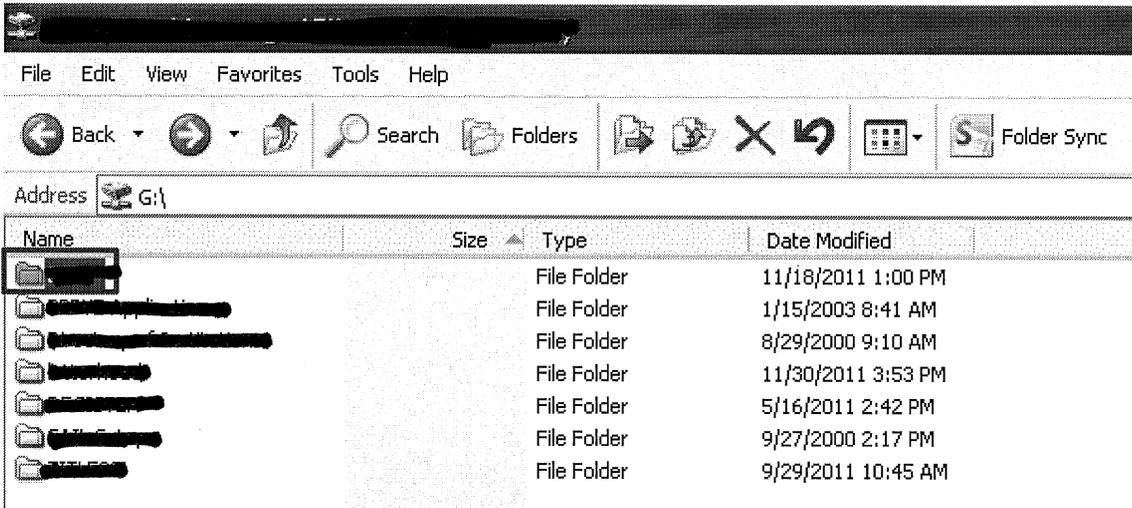
- a. Once the **Enforcement - Add A Comment** screen appears, you will type '10 Day Acknowledgment' Letter sent via email. -



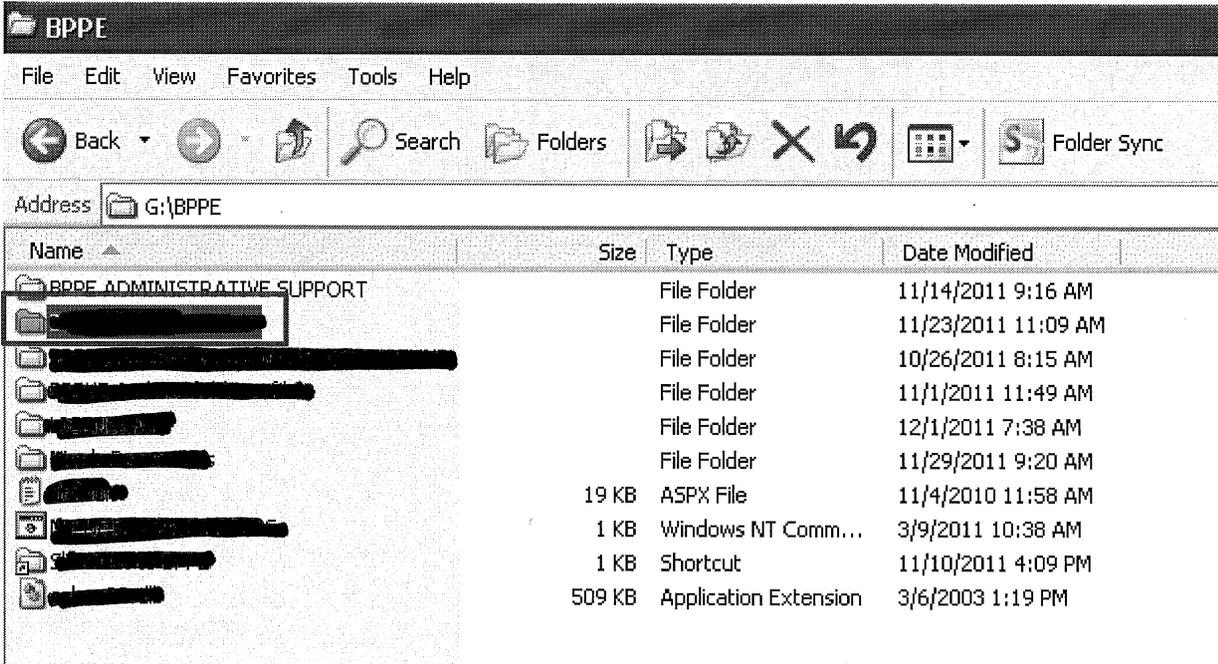
- b. Open your desktop and click on



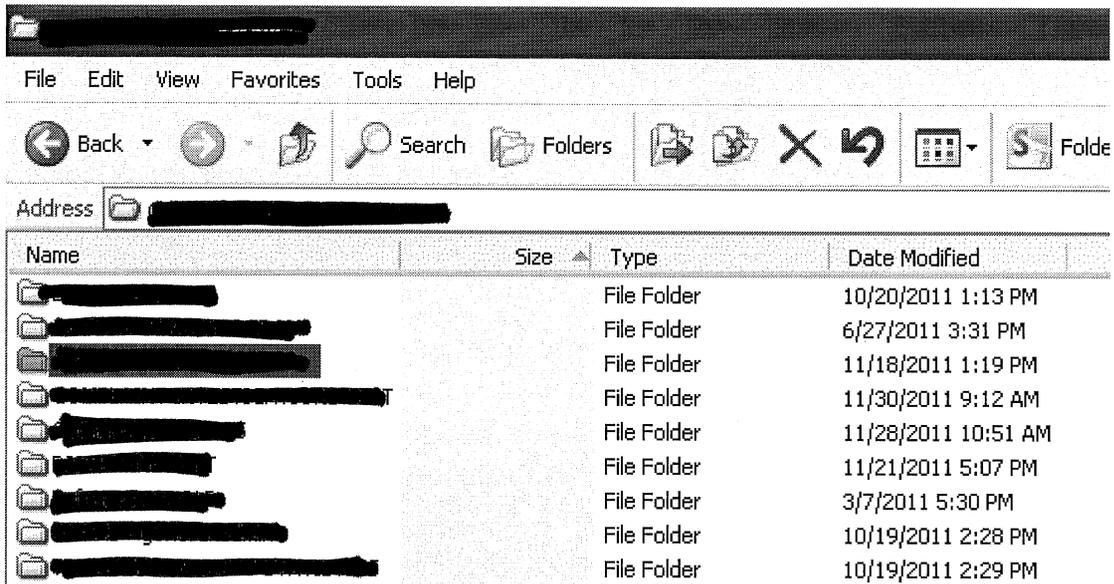
- a. double click on the [Redacted] network drive:



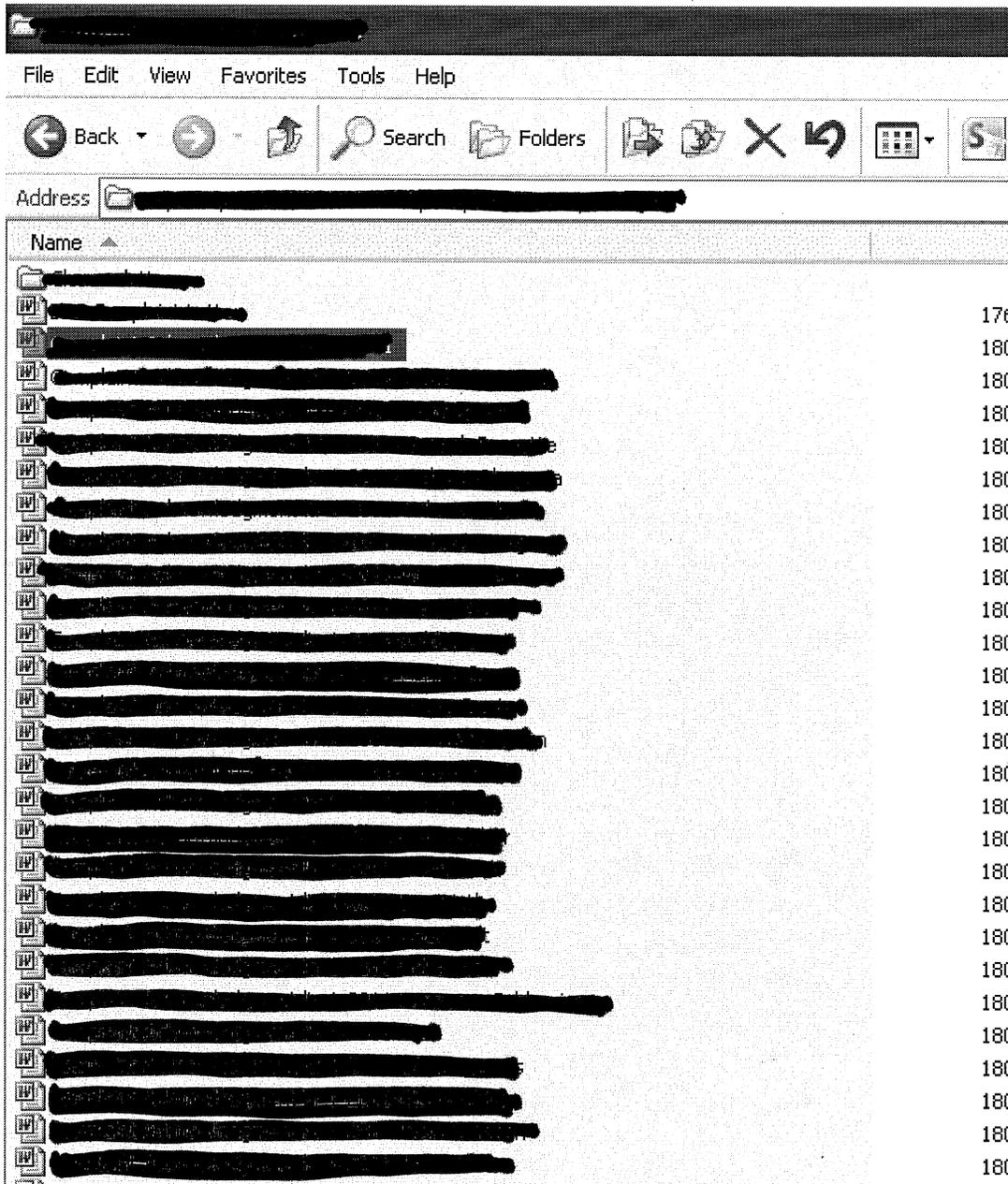
a. Double click on - folder:



a. Double click on folder:

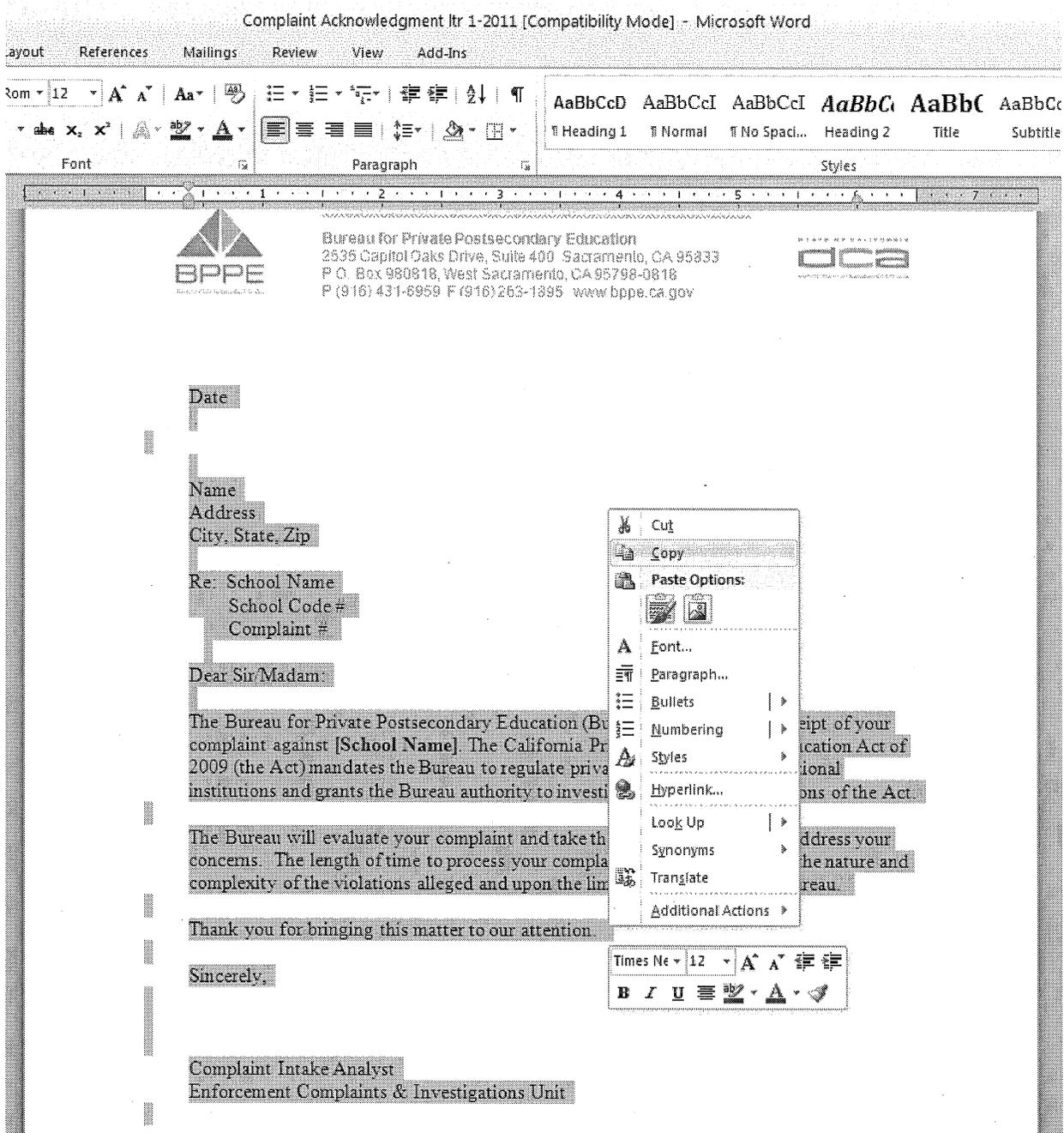


a. Double click on the [Redacted] folder:

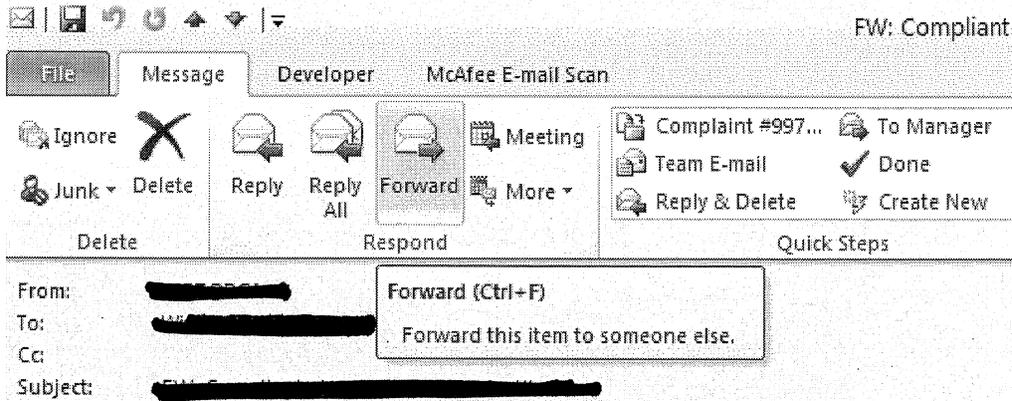


a. Double click on the

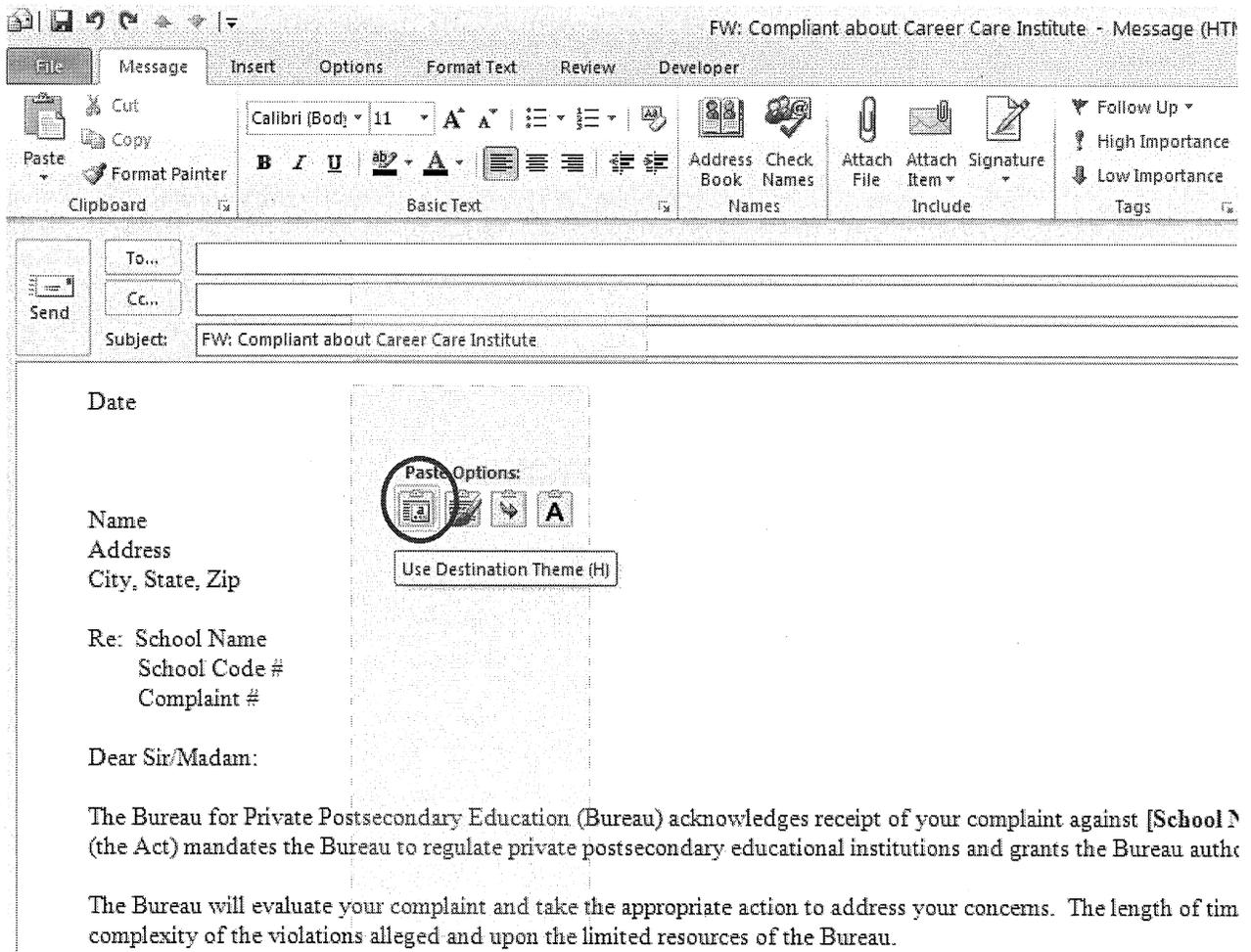




- a. Once the  Word document opens highlight the entire document and right click your mouse to choose the copy option:



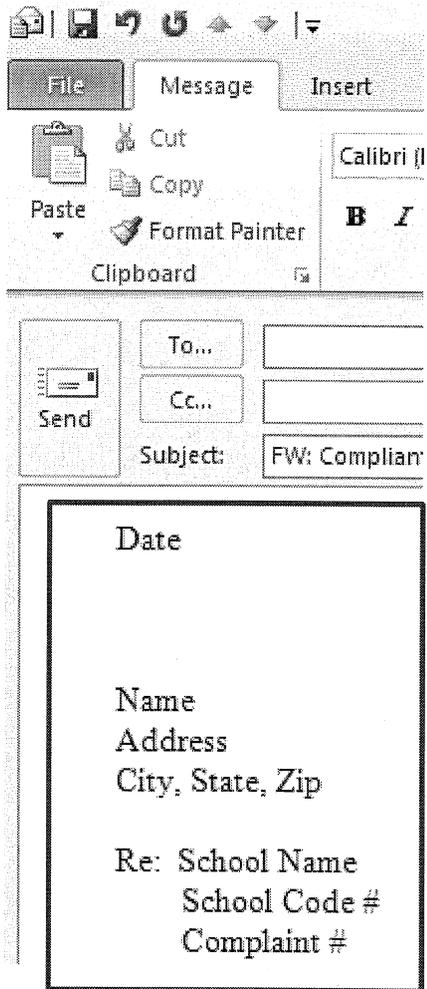
a. Go to the complaint email and click on the forward option:



a. Paste the copied letter into the new email by right clicking your mouse and choosing the Paste option:

b. After the letter is pasted in your email enter the following information:

- i.** The Date
- ii.** Name of the Complainant
- iii.** Address of the Complainant
 - i.** If there isn't an address available delete the Name, Address, City, State, and Zip section (see below example)
- iv.** City, State, Zip
- v.** School Name
- vi.** School Code
 - i.** If it's a UA/UR complaint the school code will be 9999999
- vii.** Complaint #



- viii. Complainant Name
- ix. School Name
- x. Your name above the Complaint Intake Analyst section

Dear Sir/Madam:

The Bureau for Private Postsecondary Education (Bureau) acknowledges receipt of your complaint against [School Name]. (the Act) mandates the Bureau to regulate private postsecondary educational institutions and grants the Bureau authority to

The Bureau will evaluate your complaint and take the appropriate action to address your concerns. The length of time to process the complexity of the violations alleged and upon the limited resources of the Bureau.

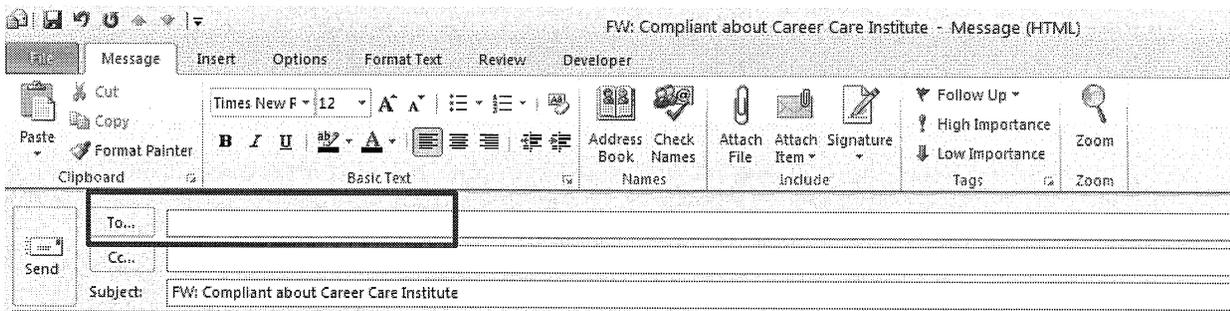
Thank you for bringing this matter to our attention.

Sincerely,

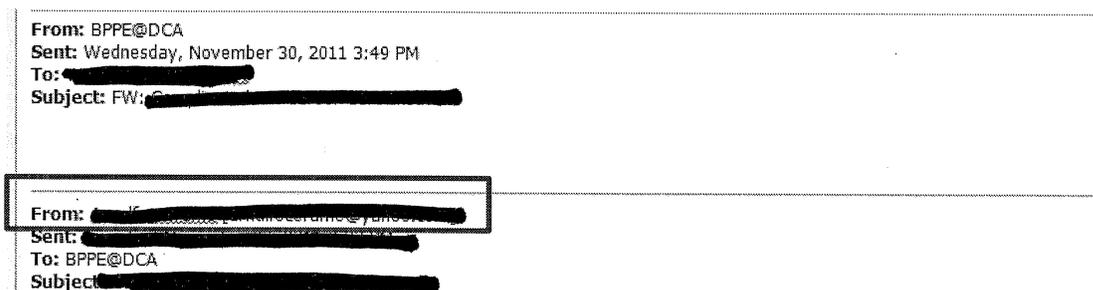
[Redacted Signature]

Complaint Intake Analyst
Enforcement Complaints & Investigations Unit

- c. After the above information is entered type the complainants email address in the **To...** section.

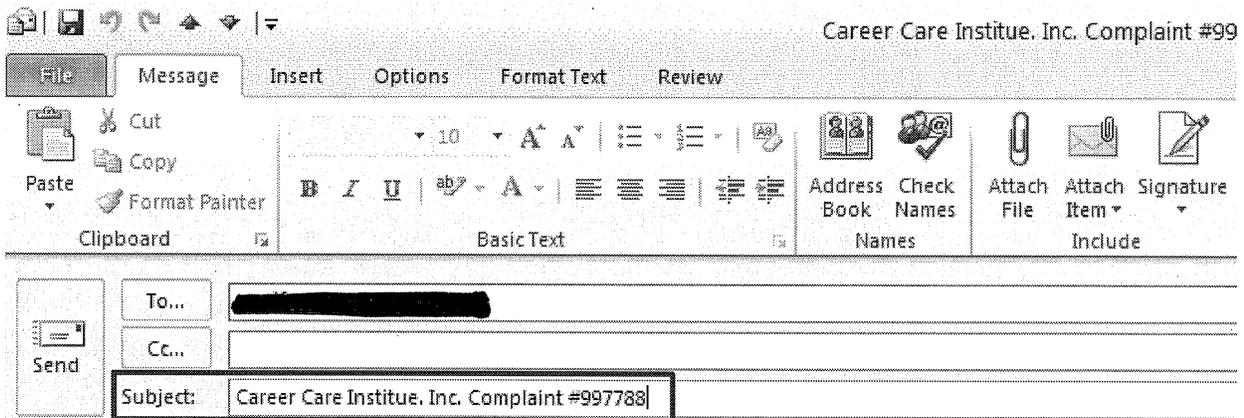


This can be found in the original complaint email in the From Section:



- d. After entering the email address change the Subject Matter to read:

- xi. School Name
- xii. Complaint #



e. Send the email and print the email you just sent for the Complaint File.

Address: Gender (M or F):

Phone Number:

Attorney Retained? (Y or N)

General Complaint Information:

Enforcement File Type:

Current Staff:

Date Received:

Date Closed:

Follow Up Date:

Anonymous File?

Initial Correspondence

Closure Information:

BPPVE Section # Violated:

Amount Refunded:

Violator School Name:

Violator School Contact:

Violator School Address:

Violator School Phone #: **Ext.:**

Allegations Against Subject School or Facility:

Allegation #	Allegation Description
Allegation #1:	<input type="text"/>
Allegation #2:	<input type="text"/>
Allegation #3:	<input type="text"/>

Basis for Enforcement File Closure:

Reason #1:

a. Click

i. The following date box will appear:

Complaint Correspondence Info:			<input type="button" value="Closure Info"/>
	SENT	DUE DATE	RECVD
Initial Letter:	6/14/2011		
2nd Letter:			
Final Letter:			

Basis for Enforcement File Closure:

Reason #1:

- a. Enter the date you sent the complainant the '10 Day Acknowledgment' Letter via email (next to the Initial Letter):

SENT

Initial Letter:

- b. Click and then click

Place a copy of the 10 Day Acknowledgement Letter in the Complaint File.

Title: Assigning Complaints	Supersedes: 2013-0051 July 1, 2013	Procedure #: 2013-0051
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 1
Issue Date: April 30, 2014	Approved By: Joanne Wenzel, Bureau Chief Bureau for Private Postsecondary Education	

Policy: An individual who has cause to believe that an institution has violated the California Private Postsecondary Act of 2009 (Act) or its associated regulations; can file a complaint with the Bureau. Within 10 days of the Bureau receiving the complaint, an acknowledgement letter is mailed to the complainant.

Purpose: *This procedure outlines the process for assigning complaints to enforcement staff.*

Acronyms:

AGPA – Associate Governmental Program Analyst

CRP – Complaint Resolution Program. The Department of Consumer Affairs mediation program.

Enf. – Enforcement

OT – Office Technician

SAIL – Schools Automated Information Link database

SSA – Staff Services Analyst

ENFORCEMENT SECTION

COMPLAINT INVESTIGATIONS PROCEDURES

ASSIGNING COMPLAINT

1. DETERMINING ASSIGNMENT

After a complaint has been reviewed and jurisdiction and priority level have been established, the Office Technician is responsible for creating a complaint file and assigning the complaint to the appropriate staff.

A. ASSIGNMENT TO A STAFF SERVICES ANALYST (SSA)

The SSA or Complaint Investigations (CI) analyst performs desk investigations that consist of communicating with complainants, gathering documentation and evidence from witnesses, institutions and other sources, interpreting the law and analyzing evidence and pertinent facts to determine if an institution has violated Bureau law.

B. ASSIGNMENT TO ASSOCIATE GOVERNMENTAL PROGRAM ANALYST (AGPA)

The AGPA or Field Investigator is responsible for conducting the more complex investigations. The AGPA interprets, applies and administers the laws, rules, regulations and policies pertaining to the complaint review and investigations processes. In addition to the investigation processes used by the SSA, the AGPA goes out in the field to conduct onsite investigations at institutions and interviews witnesses. The AGPA participates in joint task forces with other regulatory or law enforcement agencies and confers with the Office of the Attorney General and other governmental agencies regarding interpretation and application of laws, rules, regulations, and policies pertaining to enforcement cases.

C. ASSIGNMENT TO THE COMPLAINT RESOLUTION PROGRAM (CRP)

The Department of Consumer Affairs (DCA) has a Complaint Resolution Program (CRP) which is responsible for processing consumer complaints that are filed against California businesses.

The CRP works to promote a mutually acceptable resolution between disputing parties. The representative can propose terms to settle disputes, but will not dictate settlement terms.

The Bureau utilizes the services of the CRP for complaints that may be non-jurisdictional in nature or where no violations of Bureau laws are evident.

Complaints referred to CRP do not involve violations of the law that may warrant disciplinary action.

Complaints typically referred to CRP include:

- Refund issues (untimely, wrong amount, refusals to refund)
 - Before referring refund issues to CRP it is important to check for other complaints against the institution that may have the same issue
- Transcripts (failure to provide)
- Job placement services

2. ASSIGNING COMPLAINTS

(1) Review the Complaint Case Aging Log 



COMPLAINTS CASE ASSIGNMENTS - Microsoft Excel

H209 Candice Porche

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
STAFF	RECD	DATE	DATE	DATE	CASE NO	COMP	COMPLAINT	RESOLUTION NAME	LOCATION	REDR	SCHOOL STATUS	SCHOOL CODE	APP #	ALLEGED VIOLATION	STATUS	CURRENT DATE
2691		8/1/12	8/16/12		385					H. CA	Active-refer to specialist					7/8/13
2701		8/16/12	8/22/12		385					S. CA	Closed					7/8/13
2711		8/7/12	8/18/12		284					H. CA	Active					7/8/13
2721		8/7/12	8/23/12		284					H. CA	Active					8/2/13
2731		8/14/12	1/4/13		380					S. CA	Active					7/8/13
2741		8/15/12	8/16/12		308					S. CA	Active					7/8/13
2751		8/15/12	7/22/12		308					N. CA	Exempt Approval					7/8/13
2761		8/15/12	2/12/13		280					S. CA	Exempt Approval				Transferred from LC	7/8/13
2771		8/15/12	8/28/12		183					S. CA	Active					7/8/13
2781		8/15/12	1/27/13		183					S. CA	Closed					7/8/13
2791		8/16/12	8/23/12	7/11/13	372					H. CA	Active					7/8/13
2801		8/16/12	8/23/12		382					H. CA	Active					7/8/13
2811		8/16/12	8/23/12		382					H. CA	Active					7/8/13
2821		8/16/12	1/4/13		382					N. CA	Active-refer to specialist					7/8/13
2831		8/16/12	1/4/13		382					S. CA	Active					7/8/13
2841		8/16/12	8/23/12		382					S. CA	Exempt Approval					7/8/13
2851		8/23/12	8/12/13		381					S. CA	Exempt Approval				Transferred from LC	7/8/13
2861		8/23/12	8/28/12		286					S. CA	Closed & Exempt					7/8/13
2871		8/23/12	8/27/12		378					H. CA	Complaint					7/8/13
2881		8/23/12	8/27/12		378					H. CA	Complaint					7/8/13
2891		8/23/12	8/27/12		378					N. CA	Complaint					7/8/13
2901		8/24/12	8/27/12		375					H. CA	UACGR					7/8/13
2911		8/25/12	1/4/13		375					S. CA	Active					7/8/13
2921		8/25/12	8/27/12		375					S. CA	Active					7/8/13
2931		8/26/12	1/4/13		375					H. CA	Active-refer to specialist					7/8/13
2941		8/27/12	7/2/12		374					S. CA	Active					7/8/13
2951		8/27/12	1/4/13		374					S. CA	UACGR					7/8/13
2961		8/27/12	1/4/13		374					S. CA	UACGR					7/8/13
2971		8/27/12	2/6/13		374					N. CA	Closed					7/8/13
2981		8/28/12	7/11/12		372					S. CA	UACGR					7/8/13
2991		7/28/12	1/23/13		380					S. CA	UACGR					7/8/13
3001		7/8/12	1/4/13		382					S. CA	Active					7/8/13
3011		7/8/12	3/12/13		302					N/A	UACGR				Transferred from LC	7/8/13
3021		7/16/12	1/2/13		381					H. CA	Active - refer to specialist				Returned to VIB for further investigation	7/8/13
3031		7/12/12	2/17/12		309					S. CA	Active					7/8/13
3041		7/12/12	8/23/12		380					S. CA	UACGR					7/8/13
3051		7/12/12	1/4/13		358					N. CA	Active					7/8/13

- a. Check for duplicate complaints
- b. Check the current case load of the analysts
- c. [REDACTED]
- i. [REDACTED]

(2) Input Complaint Assignment In SAIL

- a. Once you have assigned each complaint to an analyst you will need to change the

Current Staff:

to the newly assigned analyst.

Example: you decided to give SSA 1 [Lou Henderson] complaint [redacted] against [redacted] School. You will need to use the drop down menu in S.A.I.L. underneath current staff to change the assigned staff from BPPE Enforcement to Lou Henderson.

Institutions/Schools Main Site

File Annual Reports Application Processing Certs of Authorization Enforcement Revenue Tracking School Information STRF Title 38 Help

Schools Information

Schools Information

1. Enter School Code:

(Example: 3404141)

- ▶ Enforcement/Complaints
- ▶ Applications Processing
- ▶ Annual Reports
- ▶ STRF
- ▶ Revenue Tracking
- ▶ COAFS / Agent Permits
- ▶ S.A.I.L. Net Main Site

S.A.I.L. NET

Schools Automated Information Link Schools Main Site

The School Information site welcomes Ashley Windsor to the system.

Institutions Report Center

a. Open S.A.I.L.

b. Click on the  **▶ Enforcement/Complaints** option on the left side:

Enforcement/Complaints

▶ Enforcement/Complaints

1. Enter Complaint Number:

(Example: 991088)

2. Search by School Code:

(Example: 1928871)

3. Search by Institution Name:

(Example: Elite Progressive)

4. Search by Complainant Name:

S.A.I.L. NET

Schools Automated Information Link

Enforcement Main Site

The Enforcement and Compliance Site welcomes Ashley Windsor.

Enforcement Staff Mailbox ▲

Enforcement Staff Current Workload ▲

Add An Enforcement File Manually ▲

Enforcement Report Center ▲

1. Enter Complaint Number:

a. Enter the Complaint # into

Anonymous Name: |

Address: | Gender (M or F): |

Phone Number: |

Attorney Retained? (Y or N) |

Anonymous File?

General Complaint Information:

Enforcement File Type:
 Complaint

Current Staff:

Date Received: 6/6/11

Date Closed: 8/17/11

Follow Up Date

Violator School Name:

Violator School Contact:

Violator School Address:

Violator School Phone #: Ext.

Allegations Against Subject School or Facility:

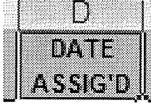
Allegation #1: Fraud - Other

Allegation #2:

Allegation #3:

Basis for Enforcement File Closure:

a. Once the **Enforcement File Details - All Access** appears use the drop down menu to change Current Staff:

- b. Click  .
- c. When you change the analyst from BPPE Enforcement to a SSA, AGPA or CRP
- you will use that date as the  (date assigned) within the Complaint Case Aging Log.

(3) Input complaint assignment on tracking logs

After assigning the complaint to an analyst in SAIL, the information shall be added to the tracking log. Once you have assigned each complaint to an analyst and added the new analyst within SAIL you will need to add that information to either:

- a. The Complaints Case Aging Log
 - i. Master Tab
 - ii. Analyst Tab
- b. The CRP Log

To gain access to the tracking log:

- a. Go to My Computer Shortcut from your desktop:



My Computer

File Edit View Favorites Tools Help

Back Search Folders Folder Sync

Address My Computer

Name	Type	Total Size	Free Space	Comments
Hard Disk Drives				
Local Disk (C:)	Local Disk	149 GB	138 GB	
Devices with Removable Storage				
DVD-RAM Drive (D:)	CD Drive			
Network Drives				
[Redacted]	Network Drive	3.29 TB	1.30 TB	
[Redacted]	Network Drive	3.29 TB	1.30 TB	
[Redacted]	Network Drive	3.29 TB	1.30 TB	
[Redacted]	Network Drive	3.29 TB	1.30 TB	

a. Double click on the following network drive



Groups on 'dca.ca.gov\Files\Hqsa\lbppe' (G:)

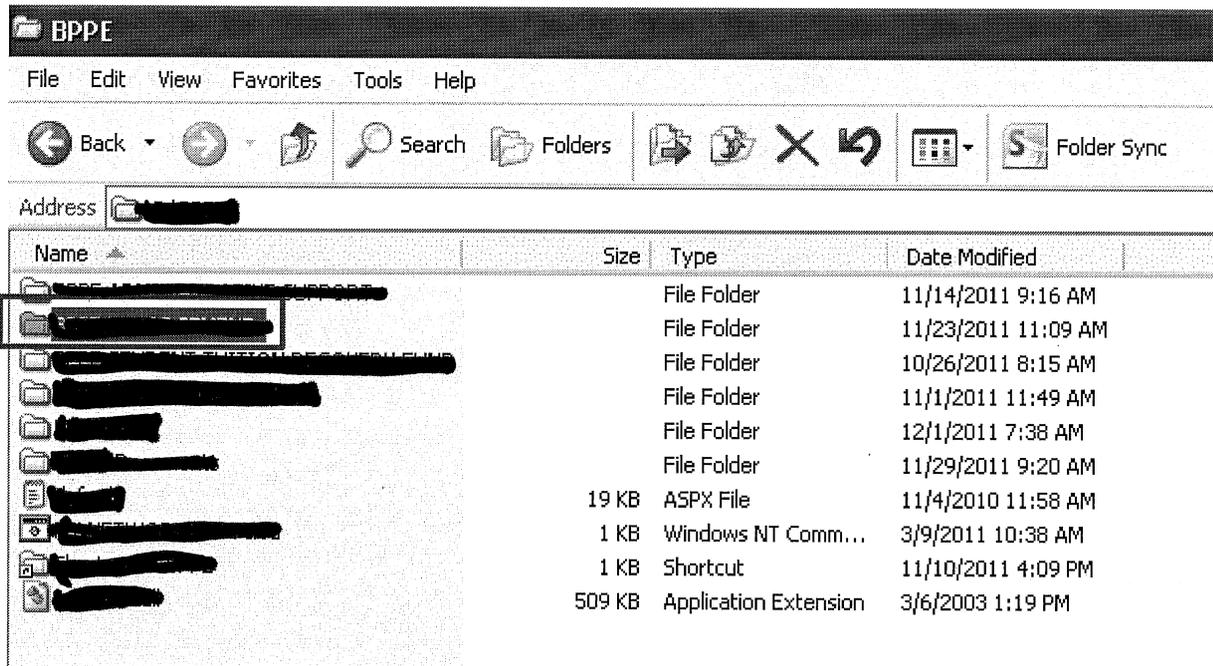
File Edit View Favorites Tools Help

Back Search Folders Folder Sync

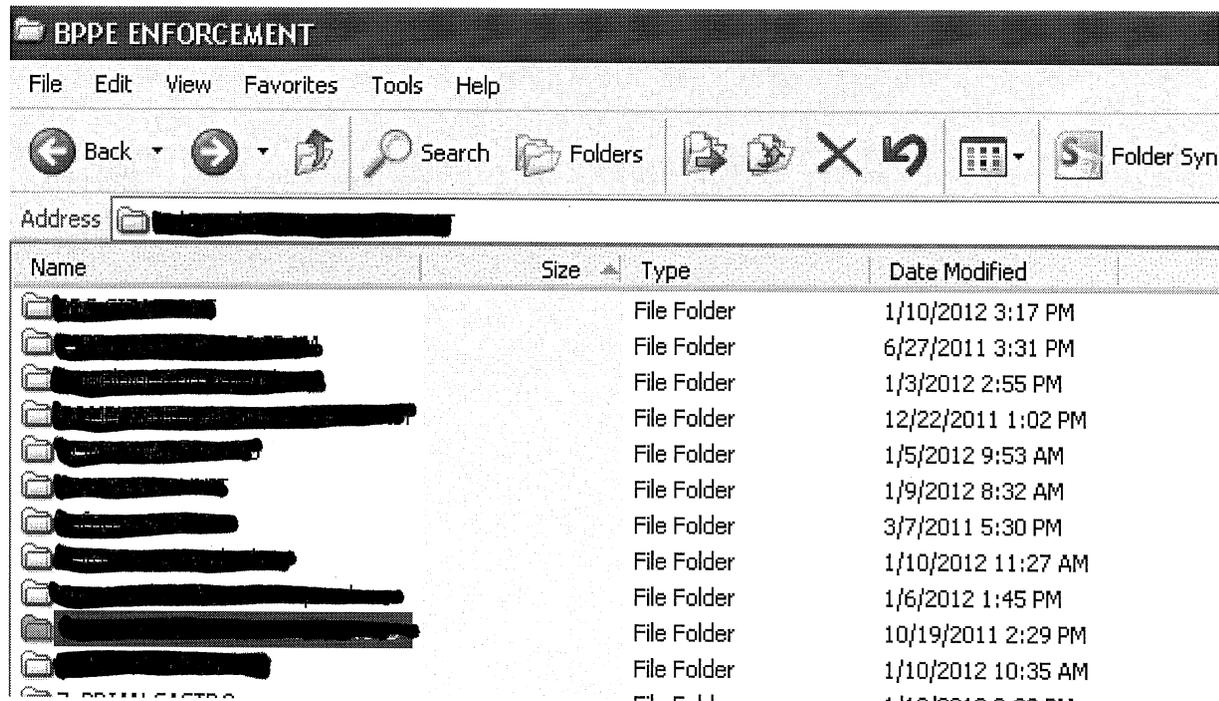
Address [Redacted]

Name	Size	Type	Date Modified
[Redacted]		File Folder	11/18/2011 1:00 PM
[Redacted]		File Folder	1/15/2003 8:41 AM
[Redacted]		File Folder	8/29/2000 9:10 AM
[Redacted]		File Folder	11/30/2011 3:53 PM
[Redacted]		File Folder	5/16/2011 2:42 PM
[Redacted]		File Folder	9/27/2000 2:17 PM
[Redacted]		File Folder	9/29/2011 10:45 AM

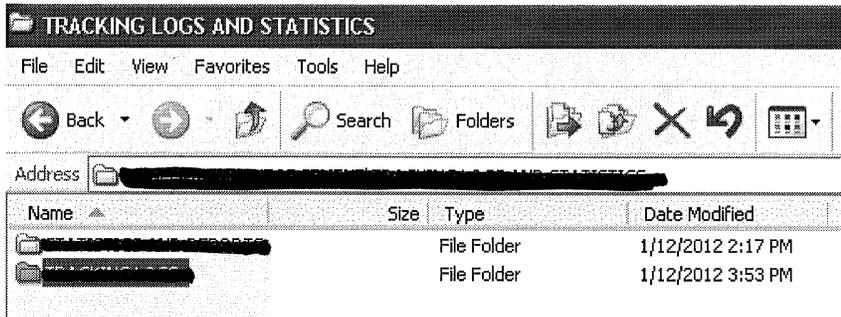
a. Open the G: Drive



a. Double click on the **BPPE ENFORCEMENT** folder:



a. Double click on the **TRACKING LOGS AND STATISTICS** folder:



b. Double click on **TRACKING LOGS** folder:

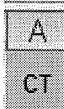
COMPLAINTS CASE AGING LOG										
	A	B	C	D	E	F	G	H	I	J
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME	LOCATION
69	1	[REDACTED]	7/5/11	7/8/11		187	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
70	1	[REDACTED]	9/26/11	11/21/11		106	[REDACTED]	BPPE	[REDACTED]	[REDACTED]
71	1	[REDACTED]	8/28/11	11/18/11		136	[REDACTED]	BPPE	[REDACTED]	[REDACTED]
72										
73	70									
74			<u>Opened</u>	<u>Closed</u>	<u>Referred from CRP</u>		<u>Oldest Open Case</u>	DO NOT MAKE EDITS TO THIS ROW		
75	Last Week:		0	0	0		06/02/10	DO NOT MAKE EDITS TO THIS ROW		
76			(>Sunday)	(>Sunday)	(Hand Count)		(Insert Date)	DO NOT MAKE EDITS TO THIS ROW		
77	KEY:								Assignments:	
78	<u>SCHOOL STATUS:</u>				<u>STAFF:</u>		<u>COLOR CODE (COMPLAINT)</u>		BC	
79	A = Approved				[REDACTED]		High Priority		DO NOT MAKE EDITS TO THIS ROW	
80	AP = Application Pending				[REDACTED]		Referred from CRP			
81	CL = Closed				[REDACTED]					
82	E = Exempt				[REDACTED]		<u>Complaint #</u>			
83	UA = Unapproved				[REDACTED]		* = Complaint Reopened			
84					[REDACTED]					
85					[REDACTED]					
86					[REDACTED]					
87					[REDACTED]					

- a. Once you have opened the Complaints Case Aging Log go back to your complaints and insert each complaint on the appropriate Analysts tab . The easiest way to insert each complaint into the Complaints Case Aging Log and keep them in order is to put all complaints in order by analyst and then by alphabetical order by school name.
- b. When entering the complaint information remember to keep each analyst's case load in alphabetical order:
 - For example, if the complaint you are entering has a school name of  choose the line underneath the last "H" school and before the first "J" school to accurately insert the complaint while continuing the alphabetization of the log:
- c. Choose the correct entry row (based on the school name) and insert a new blank row by using the mouse to right click on the appropriate row and then choosing the insert option:

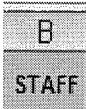
	A	B	C	D	E	F	G	H	I
1	CT	STAFF	DATE REC'D	DATE ASSIG'D	DATE CLOSED	CASE AGE (in days)	COMP #	COMPLAINANT	INSTITUTION NAME
33	1	[REDACTED]	12/1/11	12/9/11		41	[REDACTED]	[REDACTED]	[REDACTED]
34	1	[REDACTED]	12/21/11	12/30/11		21	[REDACTED]	[REDACTED]	[REDACTED]
35	1	[REDACTED]	9/16/11	9/23/11		116	[REDACTED]	[REDACTED]	[REDACTED]
36	1	[REDACTED]	12/15/11	12/19/11		27	[REDACTED]	[REDACTED]	[REDACTED]
37	1	[REDACTED]	12/19/11	12/29/11		23	[REDACTED]	[REDACTED]	[REDACTED]
38	1	[REDACTED]	6/16/11	6/16/11		208	[REDACTED]	[REDACTED]	[REDACTED]
39	1	[REDACTED]	6/3/11	6/6/11		219	[REDACTED]	[REDACTED]	[REDACTED]
40	1	[REDACTED]	5/19/11	5/20/11		233	[REDACTED]	[REDACTED]	[REDACTED]
41	1	[REDACTED]	6/23/11	6/24/11		199	[REDACTED]	[REDACTED]	[REDACTED]
42						21	[REDACTED]	[REDACTED]	[REDACTED]
43						209	[REDACTED]	[REDACTED]	[REDACTED]
44				7/29/11		164	[REDACTED]	[REDACTED]	[REDACTED]
45				7/29/11		164	[REDACTED]	[REDACTED]	[REDACTED]
46				7/29/11		164	[REDACTED]	[REDACTED]	[REDACTED]
47				7/29/11		164	[REDACTED]	[REDACTED]	[REDACTED]
48				8/17/11		145	[REDACTED]	[REDACTED]	[REDACTED]
49				8/31/11		174	[REDACTED]	[REDACTED]	[REDACTED]
50				11/18/11		212	[REDACTED]	[REDACTED]	[REDACTED]
51				7/27/11		166	[REDACTED]	[REDACTED]	[REDACTED]
52				9/13/11		123	[REDACTED]	[REDACTED]	[REDACTED]
53				11/21/11		57	[REDACTED]	[REDACTED]	[REDACTED]



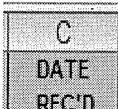
d. Enter the following information:



e. - Count : This will always be 1



f. - Analyst Initials



g. - Date Received

h.

D
DATE ASSIG'D

 - Date Assigned (the date you changed the Current Staff in SAIL from BPPE Enforcement to the analyst name)

i.

G
COMP #

 - Complaint #

j.

H
COMPLAINANT

 - The individual who submitted the complaint

k.

I
INSTITUTION NAME

 - School name

l.

J
LOCATION

 - Always use the physical address listed on the SAIL Institution/Application Detail Report

m.

K
SCHOOL STATUS

 - This will either read Active, Closed or UA/UR (for an unapproved school)

n.

L
SCHOOL CODE

 - This is on the Institution Detail Report or 9999999 for UA/UR schools

o.

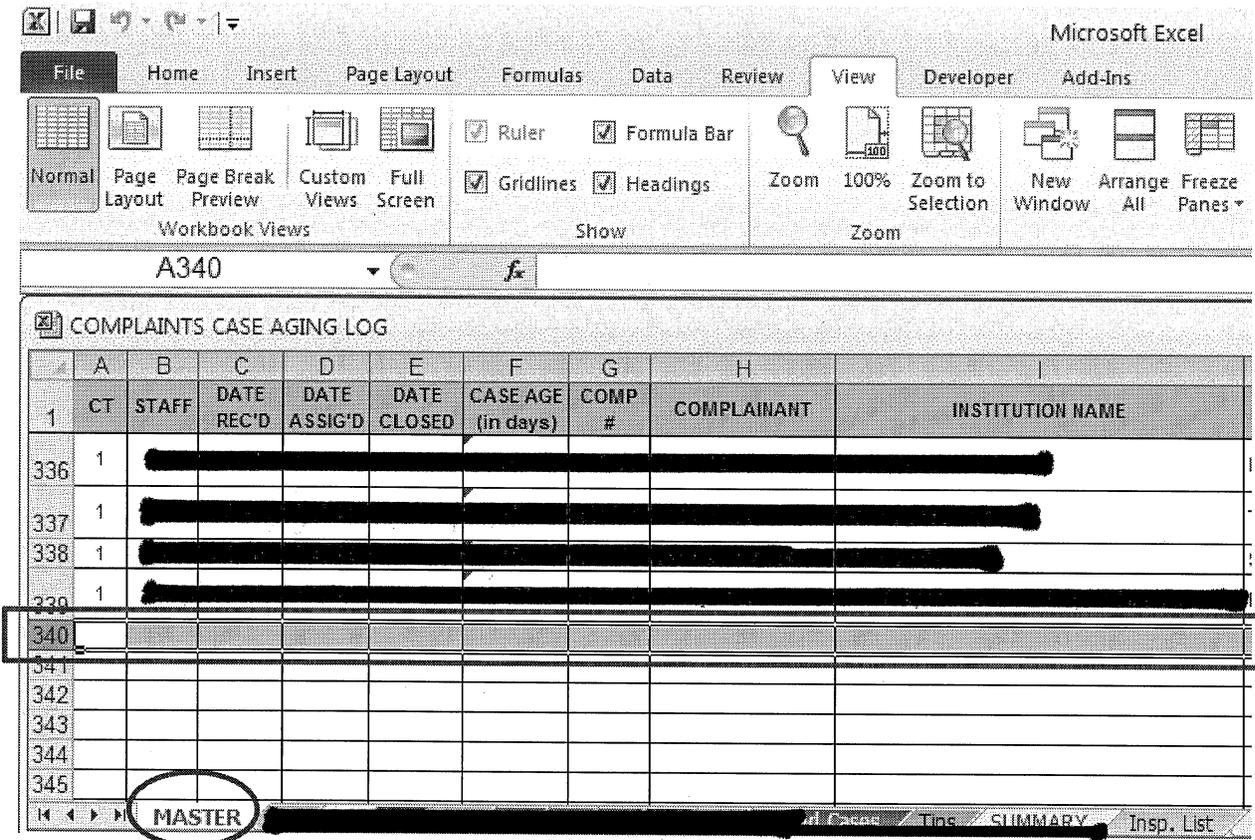
M
APP #

 - This is on the Application Detail Report (if the school isn't currently approved but has an application file)

R

STATUS

- p. In this section enter the priority level as provided by the manager or designee (i.e. Urgent, High Priority, Routine, etc),. Review the Complaint Intake Check Sheet for priority level.
- q. Once the above data entry is completed double check your work and click save.
- r. Once the above step is completed you need to copy the new entry you just completed into the Master Tab on the very bottom row:



F
CASE AGE
(in days)

- s. Note - There is an extra column **F CASE AGE (in days)**, this is a formula that will automatically configure the correct numbers once you enter the new complaint information.



Bureau for Private Postsecondary Education Procedure

Title: Complaint Format	Supersedes: None	Procedure #: 2013-0052
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 4
Issue Date: July 1, 2013	Approved By: [REDACTED] Bureau for Private Postsecondary Education	

Policy: An individual who has cause to believe that an institution has violated the California Private Postsecondary Act of 2009 (Act) or its associated regulations; can file a complaint with the Bureau. Within 10 days of the Bureau for Private Postsecondary Education (Bureau) receiving the complaint, an acknowledgement letter is mailed to the complainant.

Purpose: *This procedure outlines the various formats in which the Bureau receives complaints.*

Acronyms:

AGPA – Associate Governmental Program Analyst

CRP – Complaint Resolution Program. The Department of Consumer Affairs mediation program.

Enf. – Enforcement

OT – Office Technician

SAIL – Schools Automated Information Link database

SSA – Staff Services Analyst

Procedures:

ENFORCEMENT SECTION

COMPLAINT INVESTIGATIONS PROCEDURES

COMPLAINT FORMAT

1. HOW COMPLAINTS ARE FILED

Anyone may file a complaint if they believe an approved institution has violated the laws governing the institution's operation. Complaints are most often received from students, their families, other members of the private postsecondary education industry, law enforcement agencies, and other regulatory agencies

Pursuant to California Education Code (CEC) §94942,

(a) The Bureau shall establish a toll-free telephone number staffed by a bureau employee which a student or a member of the public may file a complaint under this chapter

(b) The bureau shall make a complaint form available on its Internet Web site. The bureau shall permit students and members of the public to file a complaint under this chapter through the bureau's Internet Web site.

A. TELEPHONE

- (1) The Office Technician (OT) or Intake Analyst (IA) is responsible for answering the Bureau's Enforcement telephone line. The telephone numbers are:
 - a. (916) 431-6959 or
 - b. (888) 370-7589 (toll-free)
- (2) OT or IA may take complaints over the phone, but should encourage the caller to put the information in writing and submit documents to support the allegations of the complaint. Refer caller to the Bureau's website  for directions on filing a complaint
- (3) OT or IA takes complaint over the phone
 - a. Complete a "Complaint Form" (Attachment A) on behalf of the caller
 - i. After filling in the information, read the complaint back to the caller and verify the information is correct

Bureau for Private Postsecondary Education Procedure

- ii. Ask the caller to send/provide additional documents to support the allegations of the complaint

B. EMAIL

(1) OT or IA is responsible for monitoring the Bureau's Enforcement Mailbox for complaints.

- a. Access to the mailbox is granted by the Complaint Investigations Unit manager through the Office of Information Services. The OT or IA will have an icon placed on their computer desktop. Only designated staff is granted access to the Mailbox.

(2) OT or IA forwards the complaint to the appropriate analyst or opens a new complaint (refer to Creating a Complaint in SAIL Procedures)

C. COMPLAINT FORM

Anyone desiring to file a written complaint may do so by accessing the Bureau's "Complaint Form" at 

- (1) OT or IA opens the mail and date stamps the incoming complaint form with the current date

D. TIP

Tips may come from internal or external sources.

- (1) OT or IA receives a "Tip Intake Summary" Form (Attachment B)
 - a. Internal – a Tip received from Bureau staff
 - b. External – a Tip received from a caller that does not want to file a formal complaint
- (2) OT or IA date stamps the Tip with the current date
- (3)

E. ENFORCEMENT REFERRAL

An Enforcement Referral is an internal Bureau document. (Attachment C) The Enforcement Referral is used when staff from other units find violations or potential violations that require further investigation by the Complaint Investigations Unit. An Enforcement Referral must be signed or initialed by the manager of the person



Bureau for Private Postsecondary Education Procedure

submitting the Enforcement Referral and must be approved by the Complaint Investigations Manager prior to assigning to staff for investigation.

Title: Creating a Complaint in SAIL	Supersedes: None	Procedure #: 2013-0053
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 1
Issue Date: July 1, 2013	Approved By:  Bureau for Private Postsecondary Education	

Policy: An individual who has cause to believe that an institution has violated the California Private Postsecondary Act of 2009 (Act) or its associated regulations; can file a complaint with the Bureau. Within 10 days of the Bureau for Private Postsecondary Education (Bureau) receiving the complaint, an acknowledgement letter is mailed to the complainant.

Purpose: *This procedure outlines the process for creating an electronic record of the complaint in the Bureau's School's Automated Information Link (SAIL) database.*

Definitions:

AGPA – Associate Governmental Program Analyst

CRP – Complaint Resolution Program. The Department of Consumer Affairs mediation program.

Enf. – Enforcement

OT – Office Technician

SAIL – Schools Automated Information Link database

SSA – Staff Services Analyst

Procedures:

**ENFORCEMENT SECTION
COMPLAINT INVESTIGATIONS PROCEDURES**

**CREATING A COMPLAINT IN THE SCHOOLS AUTOMATED
INFORMATION LINK (SAIL) DATABASE**

1. CREATE A COMPLAINT IN SAIL

Within three days of receiving new complaints, the Support Staff (SS) or Intake Analyst is to open and assign the complaint to the appropriate staff.

- A. SEARCH THE SCHOOLS AUTOMATED INFORMATION LINK (SAIL) DATABASE AND PRINT AN INSTITUTION DETAIL REPORT.

The search criteria used to access an institution detail report are:

- Institution/school code;
- School Name;
- School location; or
- Pending applications

- (1) Perform a search by institution/school code

Bureau for Private Postsecondary Education Procedure

Title: Receiving CRP Complaints	Supersedes: None	Procedure #: 2013-0054
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 3
Issue Date: May 20, 2013	Approved By:  Bureau for Private Postsecondary Education	

Policy: *The highest priority of the Bureau for Private Postsecondary Education (Bureau) is consumer protection. The California Private Postsecondary Education Act of 2009 (Act) gives the Bureau authority to file a complaint against a school that is operating with an expired license.*

Purpose: *the following outlines the procedure when a complaint is received from the DCA Complaint Resolution Program (CRP).*

Occasionally you will receive an email from the Sacramento CRP's office informing you that they will be sending closed or transfer complaints.

Definitions:

Approval to Operate: *the authorization to offer to the public and to provide postsecondary educational programs*

Approved to Operate: *an institution has received authorization to offer postsecondary educational programs to the public.*

Institution: *any private postsecondary educational school, including its branch campuses and satellite locations.*

Owner: *an individual in the case of a sole proprietorship, partners in a partnership, members in limited liability company, or shareholders in a corporation.*

Ownership: *legal or equitable interest in an institution, including ownership of assets or stock*

folder and create a label for the folder just as you would for any complaint, with the following information on it –

- i. School Name
- ii. School Code (if applicable)
- iii. Complaint Number



Bureau for Private Postsecondary Education Procedure

Title: Sending CRP Complaints	Supersedes: None	Procedure #: 2013-0055
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 3
Issue Date: May 20, 2013	Approved By:  Bureau for Private Postsecondary Education	

Policy: *The highest priority of the Bureau for Private Postsecondary Education (Bureau) is consumer protection. The California Private Postsecondary Education Act of 2009 (Act) gives the Bureau authority to file a complaint against a school that is operating with an expired license.*

Purpose: *The following outlines the procedure for sending a complaint to the Department of Consumer Affairs (DCA) Complaint Resolution Program (CRP).*

Occasionally you will receive an email from the Sacramento CRP's office informing you that they will be sending closed or transfer complaints.

Definitions:

Approval to Operate: *the authorization to offer to the public and to provide postsecondary educational programs*

Approved to Operate: *an institution has received authorization to offer postsecondary educational programs to the public.*

Institution: *any private postsecondary educational school, including its branch campuses and satellite locations.*

Owner: *an individual in the case of a sole proprietorship, partners in a partnership, members in limited liability company, or shareholders in a corporation.*

Ownership: *legal or equitable interest in an institution, including ownership of assets or stock*

Postsecondary education: *a formal institutional educational program whose curriculum is designed primarily for students who have completed or terminated their secondary education or*

Enforcement File Details - All Access
File Institutions Enforcement Help

S. A. I. L.

Enforcement Files
General Information

Complainant Information:

First: [REDACTED] Last: [REDACTED]

Anonymous Name: [REDACTED]

Address: [REDACTED] Gender (M or F):

Phone Number: [REDACTED]

Attorney Retained? (Y or N)

General Complaint Information:

Enforcement File Type:

Complaint

Current Staff: [REDACTED]

Date Received: 6/19/12
Date Closed: 4/10/13

Anonymous File?

Follow Up Date

School Code: [REDACTED] Complaint Number: 998242

Subject School or UnApproved/UnRegistered Facility:

Violator School Name: [REDACTED]

Violator School Contact: [REDACTED]

Violator School Address: [REDACTED] CA [REDACTED]

Violator School Phone #: [REDACTED] Ext. [REDACTED]

Allegations Against Subject School or Facility:

	Allegation Description
Allegation #1:	Contractual - Lack of Job Placement
Allegation #2:	[REDACTED]
Allegation #3:	[REDACTED]

Basis for Enforcement File Closure:

Reason #1: Non-Operation

Closure Information:

BPPVE Section # Violated: [REDACTED]

Amount Refunded: [REDACTED]

Initial Correspondence

Your Enforcement Mailbox

Enforcement Main Site

Unlicensed Activity Info

Add/View Comments

Report Center

Print File Details

S.A.I.L System Site

Title: Compliant Prioritization Methodology	Supersedes: New	Procedure #: 2015-0011
Procedure Owner: Enforcement	Effective: Immediately	Page: 1 of 7
Issue Date: March 10, 2015	Approved By:  Bureau for Private Postsecondary Education	

Policy: The Bureau for Private Postsecondary Education (Bureau) is mandated to investigate complaints against postsecondary institutions (institution) and ensure that institutions representing the greatest threat of harm to the greatest number of students are identified and disciplined by the bureau or referred to the Attorney General. This policy ensures compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (CCR).

Purpose: This process outlines how the complaint process and prioritization tracking spreadsheet ensures compliance with the criteria above.

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Complaint Process:

SECTION 1 – Complaint Prioritization Methodology

(Urgent, High, Routine)

SECTION 2 – Assignment of Complaints

SECTION 3 – Updating Complaint Case Aging Log

Section 1 – Complaint Prioritization Methodology:

A. COMPLIANT PROCESSING OVERVIEW

The Bureau for Private Postsecondary Education (Bureau) is statutorily mandated to process complaints:

California Private Postsecondary Education Act of 2009

94941. Complaints, Investigations

(a) An individual who has cause to believe that an institution has violated this chapter, or regulations adopted pursuant to this chapter, may file a complaint with the bureau against the institution. The complaint shall set forth the alleged violation, and shall contain any other information as may be required by the bureau.

(b) To ensure that the bureau's resources are maximized for the protection of the public, the bureau, in consultation with the advisory committee, shall establish priorities for its inspections and other investigative and enforcement resources to ensure that institutions representing the greatest threat of harm to the greatest number of students are identified and disciplined by the bureau or referred to the Attorney General.

(c) In developing its priorities for inspection, investigation, and enforcement regarding institutions, the bureau shall consider as posing heightened risks the characteristics of the following institutions:

(1) An institution that receives significant public resources, including an institution that receives more than 70 percent of its revenues from federal financial aid, state financial aid, financial aid for veterans, and other public student aid funds.

(2) An institution with a large number of students defaulting on their federal loans, including an institution with a three-year cohort default rate above 15.5 percent.

(3) An institution with reported placement rates, completion rates, or licensure rates in an educational program that are far higher or lower than comparable educational institutions or programs.

(4) An institution that experiences a dramatic increase in enrollment, recently expanded educational programs or campuses, or recently consolidated campuses.

(5) An institution that offers only nonremedial educational program courses in English, but enrolls students with limited or no English language proficiency.

(6) An institution that has experienced a recent change of ownership or control, or a change in the business organization of the institution.

(7) An institution with audited financial statements that do not satisfy the bureau's requirements for financial stability.

(8) An institution that has recently been the subject of an investigation, judgment, or regulatory action by, or a settlement with, a governmental agency.

(9) An institution that experiences institutional or programmatic accreditation restriction by an accreditor, government restriction of, or injunction against, its approval to operate, or placement on cash-reimbursement or heightened monitoring status by the United States Department of Education.

(d) The bureau shall indicate in an annual report, to be made publicly available on its Internet Web site, the number of temporary restraining orders, interim suspension orders, and disciplinary actions taken by the bureau, disaggregated by each priority category established pursuant to subdivision (b).

(e) 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.

(Amended by Stats. 2014, Ch. 840, Sec. 35. Effective January 1, 2015)

94942. Complaint Intake

- (a) The bureau shall establish a toll-free telephone number staffed by a bureau employee by which a student or a member of the public may file a complaint under this chapter.
- (b) The bureau shall make a complaint form available on its Internet Web site. The bureau shall permit students and members of the public to file a complaint under this chapter through the bureau's Internet Web site.

(Added by Stats. 2009, Ch. 310, Sec. 6. Effective January 1, 2010)

B. Complaint Prioritization Methodology

In accordance with policies, regulations and state law, the Bureau prioritizes all the complaints it receives into three categories. Complaints are logged into the Complaint Case Aging Log that uses complaint data to compute a total risk score.

Complaints are classified according to their overall risk score as follows:

If total risk score is > 60, the complaint priority is URGENT.

If total risk score is > 40, the complaint priority is HIGH.

If total risk score is less than or equal to 40, the complaint priority is ROUTINE.

Complaint risk is calculated using data the Bureau collects on the Complaint Case Aging Log. Risk is assigned to five (5) individual complaint characteristics and those characteristics together make up the total risk assigned to a complaint. Total risk scores can range from zero to 100 and the individual risk characteristics are scored 0 to 10, with 10 representing the highest risk. The "Total Risk Score" is derived by adding the five individual risk scores and multiplying the result by two (2). For example, if a complaint received an individual risk score of 9 for all five characteristics below, the five individual scores would total (5X9) 45. In the preceding example, the Total Risk Score would be calculated as follows (45X2) and resulting in a total risk score of 90. The five individual risk characteristics are:

1. Age of complaint (AGE)
2. Population of surrounding community (POP)
3. Institution Status (STAT)
4. Number of Open Complaints Against institution (QUANT)
5. Type of Complaint (TYPE)

How the five individual risk characteristics are calculated:

1. AGE
 - a. Table Column Name = Complaint Age Risk
 - b. Cell Formula
 - c. =IF(O2<=500,(10-(9*(O2/500))),0)
 - d. Description – The older a case is the less likely documents and witnesses will be available upon investigation of the complaint. If the case age in days(O2) is greater than 500, the risk score is zero. Higher priority is assigned to newer cases, in other words, cases that are less than 500 days old. Cases that are greater than 500 days, automatically receive a risk score of 0. Cases that are less than or equal to 500 days receive a score between 1 and 10 according to the following formula above.
2. POP
 - a. Table Column Name = Locality Risk
 - b. Cell Formula
 - c. =VLOOKUP(\$S\$2:\$S\$1518,'California Population'!A\$2:\$C\$536,3,FALSE)
 - d. Description – If a complaint is received at an institution in the Los Angeles area versus a complaint that is received at an institution in Chico, all other things being equal, the complaint in Los Angeles is inherently more risky because it could affect a larger number of students and potentially cause more financial harm. The formula looks up the California Population tab in

the worksheet and finds the location. Each location has a risk score based on the size of the population. Larger populations have a higher risk score.

3. STAT

- a. Table Column Name = School Status Risk
- b. Cell Formula
- c. =VLOOKUP(\$U\$2:\$U\$1518,'Status Risk'!A\$2:\$B\$23,2,FALSE)
- d. Description – School status codes identify whether the school is an approved or unapproved institution, among others. All the school status codes can be found on the Status Risk worksheet. This formula reads the school status code in the master spreadsheet and then looks up the assigned risk in the Status Risk worksheet. For example, a school that is unapproved is considered a higher risk than a school that is approved.

4. QUANT

- a. Table Column Name = Open Complaints Risk
- b. Cell Formula
- c. =IF(W2>=9,10,(W2/9)*10)
- d. Description- The higher number of open complaints against an institution that receives a complaint, the more likely the institution is harming other students. For example, if an institution has ten open complaints versus another institution that has 2 open complaints, everything else being equal, the risk score will be higher for the institution with ten open complaints. As a result, the Bureau would allocate a higher priority corresponding to a higher number of open complaints. If a school has 9 or more open complaints, it receives the maximum score of 10. Anything less than 9 receives fewer than 10 points.

5. TYPE

- a. Table Column Name = Complaint Type Risk
- b. Cell Formula
- c. =VLOOKUP(\$AA2:\$AA\$1518,'Allegation Type'!A\$2:\$B\$101,2,FALSE)
- d. Description – Complaint type is the alleged violation in the master worksheet. All complaint types are listed in the worksheet tab called Allegation Type. Allegations of fraud receive a higher risk score.

In accordance with CEC 94941, the Bureau considers the following nine characteristics as posing heightened risks:

1. Significant public resources – (POP)
2. Large number of students defaulting on their loans – (POP)
3. Reported placement data significantly departing from comparable data – (NO DATA)
4. Dramatic increase in enrollment, expanded / consolidated campuses – (POP, QUANT, AGE)
5. Offers non-remedial educational program courses in English, but enrolls students with limited or no English language proficiency. (NO DATA)
6. Recent change of ownership or control, or a change in the business organization – (NO DATA)
7. No financial stability based on audited financial statements – (NO DATA)
8. Recently been the subject of an investigation, judgment, or regulatory action – (QUANT, AGE)
9. Placed on heightened monitoring status or restricted by external accreditor or federal government – (NO DATA)

SECTION 2: Assignment of Complaints

Urgent Priority Complaints:

Urgent complaints are assigned to a field investigator.

High Priority Complaints:

High priority complaints are assigned to a desk investigator. All high priority complaints are first sent to desk investigators for initial review. High priority complaint scores can be a few points away from either being an Urgent or Routine complaints. As a result, desk investigators should quickly review the complaint and assess whether such borderline complaints need to be marked as urgent or routine. If while investigating the complaint additional information surfaces that requires the complaint category to be raised to Urgent, the desk investigator should consult with the manager for possible transfer of the complaint to a field investigator.

Routine Priority Complaints:

Routine complains are those complaints that score 40 or fewer points in the total risk category. These complaints are not likely to be Urgent or High priority and are sent to the Department of Consumer Affairs Complaint Resolution Program (CRP). CRP staff will assess each routine priority complaint and come to a resolution with the institution and complainant. If CRP determines that they cannot bring resolution to the complaint, the CRP will return the complaint to the Bureau for processing as a High Priority.

SECTION 3 – Updating Complaint Case Aging Log

The Office Technician (OT) is responsible for updating the Complaint Case Aging Log. The Complaint Case Aging Log is locked to ensure that only the OT or manager can add/delete information. This is to ensure the integrity of the information in the log.

**COMPLIANCE
INSPECTION
UNIT
PROCEDURES**

Title: Compliance Inspections	Supersedes: 2013-0070, dated July 17, 2013	Procedure #: 2013-0070
Procedure Owner: Compliance Unit	Effective: Immediately	Page: 1 of 61
Issue Date: March 10, 2015	Approved By:  Bureau for Private Postsecondary Education	

Policy: The Bureau for Private Postsecondary Education (Bureau) is mandated to inspect postsecondary institutions (institution) for compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (CCR).

Purpose: This process outlines how the compliance inspector reviews and conducts on-site inspections to ensure compliance.

Productive Benchmarks – The amount of time it takes to complete a compliance inspection (announced or unannounced) varies. On average the compliance inspection process is conducted over a span of 68 days. During this period communication shall be established, institutional material documents reviewed for compliance and an onsite inspection conducted.

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COMPLIANCE INSPECTION OVERVIEW

The Bureau for Private Postsecondary Education (Bureau) is statutorily mandated to inspect private postsecondary institutions (institution) for compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (5 CCR).

There are two types of compliance inspections: Announced and Unannounced. The Bureau shall perform announced and unannounced inspections of institutions at least every five years. An institution is identified for a compliance inspection by the Bureau Chief, Enforcement Chief, or designated person. Pursuant to CEC 94941, the Bureau shall determine compliance inspections for any institutions through a process of risk assessment. In addition to considering complaints filed with the Bureau against the institution, the Bureau shall consider the following institution characteristics as posing heightened risks:

- (1) An institution that receives significant public resources, including an institution that receives more than 70 percent of its revenues from federal financial aid, state financial aid, financial aid for veterans, and other public student aid funds.
- (2) An institution with a large number of students defaulting on their federal loans, including an institution with a three-year cohort default rate above 15.5 percent.
- (3) An institution with reported placement rates, completion rates, or licensure rates in an educational program that are far higher or lower than comparable educational institutions or programs.
- (4) An institution that experiences a dramatic increase in enrollment, recently expanded educational programs or campuses, or recently consolidated campuses.
- (5) An institution that offers only non-remedial educational program courses in English, but enrolls students with limited or no English language proficiency.
- (6) An institution that has experienced a recent change of ownership or control, or a change in the business organization of the institution.
- (7) An institution with audited financial statements that do not satisfy the bureau's requirements for financial stability.
- (8) An institution that has recently been the subject of an investigation, judgment, or regulatory action by, or a settlement with, a governmental agency.
- (9) An institution that experiences institutional or programmatic accreditation restriction by an accreditor, government restriction of, or injunction against, its approval to operate, or placement on cash-reimbursement or heightened monitoring status by the United States Department of Education.

During a compliance inspection, the Compliance Inspector shall look for minor and material violations. If minor violations are detected during a compliance inspection and the institution is not able to correct the violation(s) while the Compliance Inspector is on site, a Notice to Comply (NTC) is issued to the institution. The NTC must be issued by the Compliance Inspector prior to departing the institution at the conclusion of the Compliance Inspection. Only minor violations may be listed on the NTC.

If the Compliance Inspector identifies potential material violations, evidence to substantiate the(se) violation(s) must be collected while on site. The Compliance Inspector completes an Enforcement Referral and attaches supporting evidence. The Enforcement Referral is provided to the Compliance Manager for review and subsequently forwarded to the Investigation Manager.

Material violations include, but are not limited to:

- Annual Report 5 CCR §74110
- Performance Fact Sheet 5 CCR §74112
- Financial instability
 - Financial Resources 5 CCR §71745 (a)(6)
 - Withdrawals and Refunds 5 CCR §71750 (a)(b)(c 1-2-3-4)(d)(e)(f)
 - Annual Fee 5 CCR §74006 (a)
- Financial harm to students
 - Withdrawals and Refunds 5 CCR §71750 (a)(b)(c1-2-3-4)(d)(e)(f)
 - Amount of STRF Assessment 5 CCR §76120 (a)
 - Collection and Submission of Assessments 5 CCR §76130 (a)(b)
 - Mandatory Cancellation, Withdrawal, and Refund Policies CEC §94920 (a)(b)(c)(d)
- Breach of an enrollment agreement
 - Enrollment Agreement 5 CCR §71800 (a)(b)(c)(d)(e 1-12) (f)
 - General Enrollment Requirements CEC §94902 (a)(b 1-2-3) (c)
 - Language of Enrollment Agreement CEC §94906 (a)(b)
 - Minimum Requires for Enrollment Agreement CEC §94911 (a)(b)(c)(d)(e 1-2-3)(f)(g 1-2)(h)(l 1-2)(j 1-2) (k)
 - Signature, Initials Required CEC §94912
- Maintenances of facilities and equipment that could lead to harm to the public
 - Facilities and Equipment 5 CCR §71735 (a)(1)(2) (b)
- Operations of an institution inconsistent with its approval status.
 - Refer to the CEC, Title 3, Division 10, Part 59, Chapter 8
 - Refer to the CCR, Title 5, Division 7.5, Private Postsecondary Education

COMPLIANCE INSPECTOR OVERVIEW

The Compliance Inspector is responsible for:

- 1) Reviewing the documents submitted by the institution
- 2) Updating the Notes to File during the inspection process
- 3) Maintaining open lines of communication with the institution representative
- 4) Completing the deficiency letter, if applicable
- 5) Planning and scheduling the onsite inspection
- 6) Preparing for the onsite inspection
- 7) Conducting the onsite inspection
- 8) Issuing a Notice to Comply for minor violations, when warranted
- 9) Collecting evidence regarding any potential material violations, while on site
- 10) Completing an Enforcement Referral for potential material violations, if applicable
- 11) Completing the inspection report
- 12) Updating the Inspection Tracking Worksheet during the inspection process
- 13) Updating the institution electronic workbook during the inspection process
- 14) Updating the statistical section of the electronic workbook during the inspection process
- 15) Completing inspections report and NTC letter if applicable
- 16) Organizing file and returning file to Compliance Unit Office Technician

Expectations and Timeframes

- The Compliance Inspector shall complete a thorough review of the assigned inspection.
- The Compliance Inspector shall complete the file review and contact the owner of the institution or the institution representative within seven (7) days of receiving the file.
- The Compliance Inspector shall conduct the onsite inspection within twenty-one (21) days of receipt of the file, and the institution shall be given a minimum of seven (7) days' notice before performing the onsite inspection.
- The Compliance Inspector shall notify the institution of any deficiencies and provide ample time to respond to the deficiency letter prior to conducting the onsite inspection.
- The Compliance Inspector shall submit the final inspection report to the manager for review within three (3) days of completing the onsite inspection.

If the Compliance inspector is unable to meet the timeframes he/she shall consult with the manager and establish a reasonable schedule for completing the inspection.

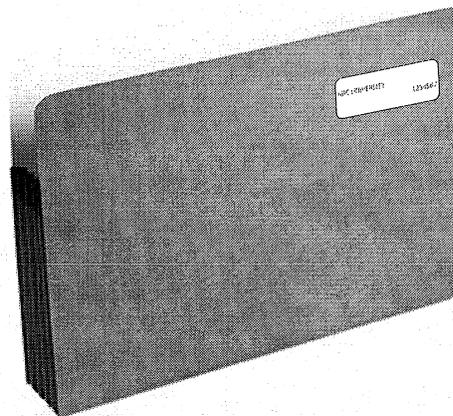
COMPLIANCE INSPECTION FILE OVERVIEW

- An institution is notified via letter that it has been identified for an announced compliance inspection. The institution is requested to complete the following forms and submit them with the required documentation, prior to the onsite inspection
- General Information Form
- Student Tuition Recovery Fund Assessment Forms, substantiating documentation, and Minimum Requirements Form
- Institutional Website Address / Web Advertisements and Minimum Requirements Form
- Catalog Checklist with Minimum Requirements
- Enrollment Agreement Checklist with Minimum Requirements
- Annual Report/School Performance Fact Sheet with Minimum Requirements, and supporting documentation
- Class Schedules

After the institution submits their documentation the Office Technician (OT) verifies documents received and places them in the Compliance Inspection file.

The Compliance Inspection File contains:

- Blue folder, contents include
 - Correspondence
 - Initial response from institution
- Green folder, contents include
 - Documents collected while conducting the onsite inspection
- Brown expanding folder, contents include
 - Blue folder
 - Green folder
 - Misc. documents



Resources and Tools:

- Documents:
All documents required for compliance inspections are contained in the Compliance Master Forms folder located [REDACTED]
- Electronic Workbook -
The electronic workbook shall be updated throughout the entire inspection process. The electronic workbook is located in the institution's electronic file on the G drive. All business documents and communication shall be maintained on the g-drive, in the institution's compliance inspection folder.
 - Compliance Inspector shall track the time spent completing each task throughout the inspection process. The Compliance Inspector shall fill in the time reporting section on each individual tab in the electronic workbook to record the amount of time it took to complete each function. The last tab on the workbook is the "Time Tracker". The "Time Tracker" is an accumulation times recorded on the individual worksheets. When the inspection is completed, the "Time Tracker" tab is printed and submitted with the inspection file.
 - After completing the file review, the Compliance Inspector transfers their findings into the electronic workbook.
 - If "No" is checked, indicate the CEC/CCR section and subsection in the "Notes" section and describe the nature of the violation. This creates language for the deficiency letter, Notice to Comply, and the Enforcement Referral.
 - When the institution responds to the deficiency letter or provides updated information, the Compliance Inspector updates the electronic workbook indicating any corrections, edits or changes to previously noted deficiencies. The information is updated using the following format:
 - Correctly mark the workbook regarding deficiencies.
 - In bold font: Updated – "Current date" (MM/DD/YY)
- Master Inspection Tracking Worksheet –
The Master Inspection Tracking worksheet shall be updated throughout the entire inspection process. The Master Inspection Tracking worksheet is located in [REDACTED] Update the below columns:
 - School material received and a cursory review

- Contact school. Deficiency/Confirmation/Pre-arrival check list mailed
- School Deficiency response received.
- Onsite Inspection completed and Results.

	AGPA: School material received and a cursory review.	AGPA: Contact school. Deficiency/Confirmation/Prearrival check list mailed.	AGPA: School Deficiency response received.	AGPA: Onsite Inspection completed and Results.	Manager: Review and approve report	Manager: letter mail, SAIL/ Update completed
41	9/5/14 12:00 AM	Completed	Completed	NTC issued	Completed	10/13/14 12:00 AM
42	10/30/14 12:00 AM	Completed		NTC issued	Completed	12/1/14 12:00 AM
43	11/14/14 12:00 AM	Completed	Completed	Compliant	Completed	1/13/15 12:00 AM
44	11/14/14 12:00 AM	Completed	Completed	Compliant	Completed	1/20/15 12:00 AM
45	11/14/14 12:00 AM	Completed	Completed	Compliant	Completed	12/16/14 12:00 AM
46	11/18/14 12:00 AM	Completed			Completed	2/3/15 12:00 AM
47	12/17/14 12:00 AM					
48	1/13/15 12:00 AM	Completed		NTC issued		
49	1/13/15 12:00 AM					
50	1/13/15 12:00 AM					
51	12/10/14 12:00 AM				Completed	2/28/15 12:00 AM
52	12/10/14 12:00 AM				Completed	2/5/15 12:00 AM
53	12/10/14 12:00 AM				Completed	2/23/15 12:00 AM
54	12/10/14 12:00 AM					
55	2/4/15 12:00 AM					

SECTION 1 – Submissions and Background Information Review

General Information Form

➤ The Compliance Inspector reviews the General Information Form for the following data:

- Institution Name
- Physical Address of the Main and Branch/Satellite Location(s)
- Agent for Service of Process
- Institution Contact Person
- Program Information
- Owners/Officers information
- Staff and faculty
- Admissions and administrative policies.

The form is located on the [redacted] drive: [redacted]

- The Compliance Inspector compares the General Information form with information shown on the School Automated Information Link (SAIL). To obtain information from SAIL double click the SAIL icon on desktop, insert school code, click GO, click on the appropriate tab for Branches/Satellite location(s), Custodian of Records, Contact Person, Programs, Institution name and Owner(s). For Compliance inspectors that do not have access to SAIL, the OT will provide the SAIL reports.
- If there are any discrepancies with the physical address of location(s), program(s) or Owner/Officer(s), the Compliance Inspector must check SAIL for any pending Applications

to Change Location and request the licensing file from the file room to determine if SAIL has correct information. When searching the licensing file look for applications or notifications of non-substantive changes, such as a change of location less than 10 miles, addition of a new branch less than 5 miles from the main or branch campus, addition of a satellite location or change of mailing address. If the discrepancies continue to exist, the Compliance Inspector must contact the institution's owner or authorized designated individual for additional information.

The screenshot shows the 'General School Information For School Code #5400411' form. The form is titled 'S.A.I.L. Schools' General Information' and includes a navigation bar with options like 'Report Center', 'Add/View Comments', 'Save Work!', 'Add School Item', '@ A Glance', and 'Back To Main'. The form contains various input fields and dropdown menus for school details, including 'School Types', 'Status Date', 'Site Type', 'School Code', and 'Institution Code'. A 'School Physical Address' section is highlighted with a callout box labeled 'REVIEW SCHOOL/INSTITUTION PHYSICAL ADDRESS'. Below this, there are sections for 'School's Contact Information' and 'School's Mailing Address'. Callout boxes labeled 'SELECT PROGRAMS TAB', 'SELECT CUSTODIAN TAB', 'SELECT OWNERSHIP TAB', and 'SELECT BRANCHES/SATELLITE TAB' point to specific tabs in the 'School's Contact Information' section. A callout box labeled 'SELECT CONTACT INFO TAB' points to the 'Contact Name' field. The form also includes a navigation bar at the bottom with tabs for 'Approval', 'Registrations', 'Religious Exemption', 'Other Exemptions', 'Programs', 'Enforcement', 'Revenue Tracking', and 'Applications'.

- Check the institution's approval status. Is the approval current, pending, or expired? If expired, have they submitted their renewal application within 6 months from expiration? If no, inform Compliance Manager. Is the institution accredited? Check status on accrediting agency's website? Has the accreditor taken any actions against the institution? If yes, review the accreditor's action. Does the reason for the action correspond to any violation of Bureau laws and/or regulations? If so, document in the Notes to File and inform your manager of the findings.
- Check SAIL for any pending applications. If there are any, check with the assigned licensing analyst and/or manager for information regarding the application status.
- Check institution's revenue history. Have they paid their annual fees, STRF fees, application fees and or fines timely? If institution has unpaid fees, include in deficiency letter, and indicate in workbook where applicable.
- Check institution's enforcement/complaint history. Are there any open complaints against the institution? Have there been any complaints since the last inspection? If there are, contact the assigned complaint analyst or pull the enforcement file(s) for review. Note the student's name, alleged violation(s) for review during the onsite inspection and if the complaint analyst would like additional documentation from the onsite inspection.
- Confirm any branch and/or satellite locations in connection with a main. Satellites must be within 50 miles of a main or branch. Compare physical locations with the institution's

catalog, enrollment agreement, brochures, and website. If unapproved site locations exist, document violation in the deficiency letter, Notes to File, and confer with Compliance Manager.

- Compare Bureau approved programs to the institution's catalog, brochures, and website. If unapproved programs exist, document violation in the deficiency letter, Notes to File, and confer with Compliance Manager.
- If the Compliance Inspector has questions about the educational programs offered by the institution, he/she should contact the Compliance Manager and make arrangements for review with an Education Specialist.
- The Compliance Inspector flags the compliance inspection during the review of the submitted documents for review by the Compliance Manager to determine if an Education Specialist is needed using the following guidelines:
 - Non-Accredited Degree granting institutions
 - Tips/Complaints from Enforcement on Quality of Education/Quality of Faculty
 - Compliance Inspector indicates the institution syllabi, catalog description of courses, faculty background and/or documents look suspicious
- The Compliance Manager consults with and or refers the compliance file to the Education Administrator or designated person. The Education Administrator or designated person determines if an Education Specialist is warranted and/or provides instructions for the assigned Compliance Inspector to collect relevant documentation to be forward to an Education Specialist for review
- If an Education Specialist is warranted, the Education Administrator or designated person will provide the Compliance Inspector with the name of the Education Specialist. Instructions may be given at this time to forward specific documentation to the Education Specialist from the compliance file.
- The Compliance Inspector contacts the assigned Education Specialist to discuss what, if any, documentation is required by the Education Specialist prior to the onsite inspection and to coordinate the inspection date. The Education Specialist is also provided a copy of the inspection confirmation notice.
- If the institution indicates accreditation, verify accreditation information. Accreditation information is listed in SAIL. Determine if the institution received a Full Approval by the Bureau or Accredited Institution Approval. Check for the most current approval date as the institution could have changed from one type (Full Approval to Accredited Institution Approval).
- Accreditation should also be verified through the U.S. Department of Education (USDOE) <http://ope.ed.gov/accreditation/Index.aspx> and the individual accrediting agency website.
 - A list of accrediting agencies recognized by the USDOE is available at: <http://ope.ed.gov/accreditation/agencies.aspx>

Access the USDOE website at <http://ope.ed.gov/accreditation>. Click on: "Get data for one accredited institution/campus/site."



The Database of Accredited Postsecondary Institutions and Programs

OFFICE OF POSTSECONDARY EDUCATION

The accreditation database is brought to you by the U.S. Department of Education's Office of Postsecondary Education (OPE). The database is provided as a public service without warranty of any kind. The database does not constitute an endorsement by the U.S. Department of Education of any of the educational institutions or programs. OPE recommends that this database be used as one source of qualitative information and that additional sources of qualitative information be consulted.

What is the role of the U.S. Department of Education in postsecondary accreditation?

The U.S. Department of Education does not accredit educational institutions and/or programs. However, the Secretary of Education is required by law to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. The U.S. Secretary of Education also recognizes State agencies for the approval of public postsecondary vocational education and nurse education.

Please note, the Secretary of Education's recognition of accrediting agencies is limited by statute to accreditation activities within the United States. Although many recognized agencies carry out accrediting activities outside the United States, these actions are not within the legal authority of the Department of Education to recognize, are not reviewed by the Department, and the Department does not exercise any oversight over them. (Consequently, institutions and programs outside the United States that are accredited by recognized agencies are not included in this database.)

What is the role of the accrediting agency?

The goal of accreditation is to ensure that education provided by institutions of higher education meets acceptable levels of quality. Accrediting agencies, which are private educational associations of regional or national scope, develop evaluation criteria and conduct peer evaluations to assess whether or not those criteria are met. Institutions and/or programs that request an agency's evaluation and that meet an agency's criteria are then "accredited" by that agency.

For more information on accreditation in the United States, please visit: <http://www.ed.gov/admins/finaid/accred/index.html>.

More about this database...

The Database of Accredited Postsecondary Institutions and Programs is compiled entirely from publicly available information reported to the U.S. Department of Education by recognized accrediting agencies and state approval agencies that have been asked to provide information for each institution and/or program accredited by that agency. This reported information is not audited. The database is updated to reflect additional information as it is received from recognized accrediting agencies and state approval agencies but the Department makes no guarantee that the database will be updated immediately upon receipt of such information. The U.S. Department of Education cannot, therefore, guarantee that the information contained in the database is accurate, current, or complete.

For additional information related to postsecondary accreditation or this web site please refer to the FAQ links at the top of this screen.

To start, click on the desired option

Get Data for one accredited institution/campus/site

Download accreditation data for all institutions, programs and sites

Insert the institution's name and address and click search.

U.S. Department of Education Home FAQ about Accreditation FAQ about this website Glossary Help

The Database of Accredited Postsecondary Institutions and Programs
OFFICE OF POSTSECONDARY EDUCATION

Accreditation > Institution Search [Click here to search for internships/residencies/programs](#)

Begin your search by entering and/or selecting criteria in the form below.

SEARCH BY INSTITUTE SEARCH BY ACCREDITING AGENCY

Name of Institution

Address City

State or Outlying Area

- Any...
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut

[Click here for more information about Accreditation in the U.S.](#)

This screen shows the accreditation history for the institution.

U.S. Department of Education Home FAQ about Accreditation FAQ about this website Glossary Help

The Database of Accredited Postsecondary Institutions and Programs
OFFICE OF POSTSECONDARY EDUCATION

Accreditation > History

Institution: ██████████ - Sacramento

General Information ██████████
██████████

For more information about this institution, visit ██████████ OPE ID: 04057300

Institutional Accreditation * denotes an estimated date

Agency Name	Accredited
Accrediting Council for Continuing Education and Training	* 12/01/2005 -

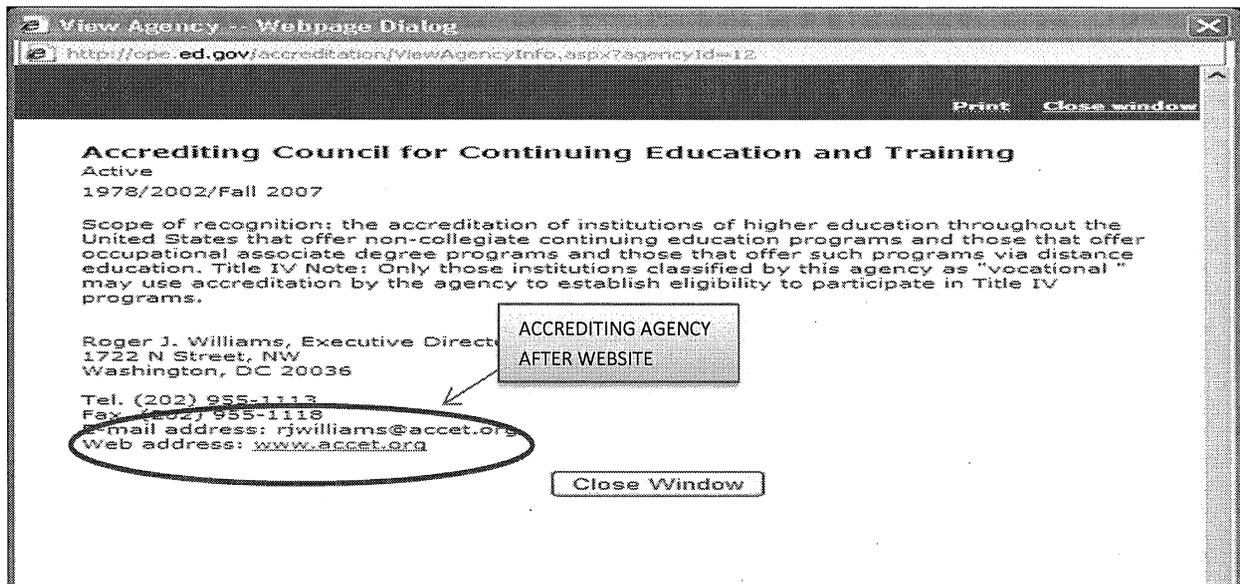
Specialized Accreditation * denotes an estimated date

Agency Name	Program
No Specialized Accreditation has been found	

Internship/Residency * denotes an estimated date

Agency Name	Program Name
No Internship/Residency has been found	

[Click here for more information about Accreditation in the U.S.](#)



The Compliance Inspector checks the accrediting agency's website to verify the institution's educational programs approval and compares it to the programs listed in the SAIL. If there are any discrepancies the Compliance Inspector documents discrepancies in the deficiency letter.

Student Tuition Recovery Fund (STRF) Assessment Reporting Form

The Compliance Inspector must have a thorough knowledge of these code sections: CEC §94919(d), §94920(b), §94923, and 5, CCR §76000, §76020, §76120, §76130, and §76140.

The institution must submit copies of their STRF Assessment Reporting forms for the last two quarters. Pursuant to 5 CCR §76140, the institution is also required to submit the following data (electronically) to support the information reported on the last two STRF Assessment Reporting forms:

- 1) Student identification number
- 2) Students first and last names
- 3) Students email address
- 4) Students mailing address
- 5) Students address at time of enrollment
- 6) Students home address
- 7) Date enrollment agreement was signed
- 8) Courses and course cost
- 9) Amount of STRF assessment collected
- 10) Quarter in which the STRF assessment was remitted to the Bureau
- 11) Third-party payer identifying information
- 12) Total institutional charges charged
- 13) Total institutional charges paid

The STRF Assessment Reporting Form will provide the reporting period (quarter), the STRF assessment amount and the invoice number.

How to calculate the STRF Assessment (5, CCR §76120):

- As of January 1, 2015, the STRF fee is \$0.00* per one thousand dollars of institutional charges rounded to the nearest thousand dollars. For each institutional charge of one thousand dollars or less the assessment is \$0.00*. Only California residents or students enrolled in a residency program are required to pay STRF. (Note: The STRF fee amount can change. The Compliance Inspector shall stay informed of any changes).
 - Residency Program means an educational program as defined in CEC §94837 at an approved institution of which some portion of the instruction occurs as direct instruction as defined in 5 CCR §71715(c).
- STRF is not required when the total institutional charges are paid by a third-party payer or the student lives outside of California and is enrolled in a distance education program.
 - Third-party payer means an employer, government program, or other entity that pays a student's total charges when no separate agreement for the repayment of the charges exists between the third-party payer and the student. For students that have partial third-party payers, STRF is charged on the entire institutional charge.
- STRF is not refundable (except pursuant to CEC §94919(d) or §94920(b))
- The entire amount of STRF, for the total charges for the term of enrollment must be collected when the first payment is made by the student. Institutions cannot pay STRF fees on behalf of the students.
- Helpful tips to review STRF calculations:
 - Analyze the amount of STRF assessed and collected. This amount should be in increments of \$0.00*. If the amount is not in increments of \$0.00*, a thorough review of the entire form should be made.
 - Spot check student records and verify the amount of STRF collected with student's total institutional charges.
- If the institution indicates 0 students signed an enrollment agreement in a quarter or indicates 0 students are STRF eligible, the Compliance Inspector is to make note in the electronic workbook to verify this information on site.



Division of Student Financial Aid
 Bureau for Private Postsecondary Education
 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
 P.O. Box 3000, P.O. Box, Sacramento, CA 95830-0011
 P (916) 414-6928 F (916) 223-7827 www.bppe.ca.gov



Institution Name:	
Institution Address:	
School Code (if applicable):	
Approval to Operate Application sent into the Bureau	YES NO

STUDENT TUITION RECOVERY FUND ASSESSMENT REPORTING FORM

(California Education Code §94921; Title 5, California Code of Regulations §76120-76140)

REPORTING PERIOD

The Student Tuition Recovery Fund (STRF) assessment rate for enrollment agreements signed on or after January 1, 2013, is \$50 per \$1,000 of institutional charges rounded to the nearest thousand dollars from each student. Institutions shall collect the assessment from each student at the time it collects the first payment from or on behalf of the student as or after enrollment. The assessment shall be collected for the entire period of enrollment, regardless of whether the student pays the institutional charges in increments.

STRF ASSESSMENT
INFORMATION
REPORTED BY
THE
INSTITUTION,
LINE G IS FOR
BUREAU USE
ONLY.

Reporting Period: Quarter 20 (/ / - / /)

A	Enter the total number of students who signed enrollment agreements during the reporting period indicated above.	
B	Enter the total number of those students on line (A) who are eligible for STRF.	
C	Enter the total number of students from line (B) who have made their first payment and STRF has been collected during this reporting period.	
D	Enter the total number of students who signed enrollment agreements in prior reporting periods and who have made their first payment and STRF has been collected during this reporting period.	
E	Enter the total institutional charges (after rounding each student's institutional charges to the nearest \$1,000) for all eligible STRF students from on lines (C) and (D).	\$
F	Calculate STRF assessment due. Multiply the amount on line (E) by .05%. Write the result on this line.	\$
G	Bureau use only.	
H	Total Payment Due from line (F).	\$

"I declare under penalty of perjury under the laws of the State of California that the information herein reported is true and correct".

Signature of preparer: _____ Date: _____
 Printed Name: _____
 Phone Number: _____

INVOICE #

Invoice #

Form STRF-3/10 Revenue Code 11690001

Verify STRF on SAIL – Select Revenue Tracking button.

File: Annual Reports Application Processing Certs of Authorization Enforcement Revenue Tracking School Information STRF Title 39 Help

Schools Information

Schools Information

1. Enter School Code:
 Go >>
(Example: 3404741)

Other Searches

- ▶ Enforcement/Complaints
- ▶ Applications Processing
- ▶ Annual Reports
- ▶ STRF
- ▶ Revenue Tracking
- ▶ COAFS / Agent Permits
- ▶ S.A.I.L. Net Main Site

SELECT REVENUE TRACKING

S.A.I.L. NET

Schools Automated Information Link
Schools Main Site

The School Information site welcomes Richard Acosta to the system.

Institutions Report Center

Input the Invoice number from the STRF Assessment Reporting Form – Click “Go.”

File: Annual Reports Application Processing Certs of Authorization Enforcement Revenue Tracking School Information STRF Title 39 Help

Revenue Tracking

Revenue Tracking

1. Enter Transaction #:
 Go >>
(Example: 9854 or 144612)

2. Enter Invoice #:
 Go >>
(Example: 10000000)

Advanced Searches

- ▶ School Information
- ▶ Enforcement/Complaint
- ▶ Application Processing
- ▶ Annual Report
- ▶ S.T.R.F.
- ▶ COAFS / Agent Permits
- ▶ S.A.I.L. Net Main Site

INPUT INVOICE # AND PRESS GO

S.A.I.L. NET

Schools Automated Information Link
Revenue Tracking Main Site

The Revenue Tracking Site welcomes Richard Acosta to the system.

- Add Revenue Batch
- Close Revenue Batch
- Add Revenue Transaction
- Add Service Invoice
- Revenue Report Center

Compare the information reported on the Assessment Reporting Form to SAIL.

Revenue Tracking - Detail For Invoice #900272748 (Read Only Access)

File Add Invoice Print Invoices

S.A.I.L. Revenue Tracking
Invoice Detail

<p>For AF and STRF</p> <p>Due Date: 8/9/2011</p> <p>Delinquent Date:</p>	<p>Invoice #: [REDACTED] Fee Type: 21690091</p> <p>Fee Description: STRF Assessment</p> <p>CALSTARS Account: [REDACTED] BPPVE Fund: BPPE - Fund 0960 - STRF</p> <p>Account Index: [REDACTED] Account PCA: [REDACTED]</p>	<p>Invoice Date: 6/30/2011</p> <p>Invoice Created By: Jessica Liu</p>
<p>Amount Allocated To This 'Fee Type': \$125.00 Associated Transaction #: 170101</p> <p>Amount Refunded From This Invoice: \$0.00 Application #</p>		<p>Associated Transaction Information</p> <p>Trans #: 170101 Batch #: 1246705 Date Check Received: 7/20/2011 Check Amount: \$125 # of Invoices Allocated: 1 Amount of Invoices: \$125 Amount of Refunds: \$0</p> <p>BALANCED * BALANCED</p>
<p>Check <input checked="" type="radio"/> STRF ASSESSMENT INFORMATION TO BE VERIFIED</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Ex</p> <p><input type="radio"/> Other</p>		
<p>Delinquency Notice Tracking: First Notice Sent: Second Notice Sent: Intent to Revoke Sent:</p>		
<p>Annual Fee Information *If Applicable*</p> <p>Month: Year:</p>	<p>Student Tuition Recovery Fund Assessment Information *If Applicable*</p> <p>Quarter: 2nd Quarter Total Students (A): 13</p> <p>Year: 2011 STRF Students (B): 9</p> <p>Form Type: <input type="radio"/> 04 <input checked="" type="radio"/> 05 Tuition Charged (C): \$0.00</p> <p>Did you have students...? Tuition PAID (D): \$50,000.00</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No STRF Assessment (E): \$125.00</p> <p>STRF Credits Used: STRF From 2002 (F):</p> <p>Actual Calculation: \$125.00</p>	
<p>Dishonored Check Clearance Info</p> <p>Current Transaction 'CLEARS' Transaction #:</p> <p><small>*Only available if 'Fee Description' is 'CLEAR'</small></p>	<p>Inactive Invoice Information</p> <p>Reason For Inactive Status:</p> <p><input type="checkbox"/> School Closure</p> <p><input type="checkbox"/> Billed In Error</p> <p><input type="checkbox"/> Duplicate Entry</p> <p><small>*Billed In Error* - Further information will be available from the Revenue/Collections Unit staff, in the 'Cancelled AR' binder.</small></p> <p>Refund Information</p> <p>Full/Partial REFUND of Transaction #:</p> <p><small>*Only use if 'Fee Description' is 'REFUND'</small></p>	
<p> <input type="button" value="Back To Main"/> <input type="button" value="Report Center"/> <input type="button" value="Add/View Comments"/> <input type="button" value="Print Invoice Detail"/> </p>		

- After reviewing the submitted STRF Assessment Reporting forms and documentation, record the findings in the electronic workbook.
 - If not in compliance check "No" in the STRF Minimum Requirements section and identify the specific violation of the CEC or 5 CCR, including subsection(s) In the "Notes" section of the workbook, provide a detailed description of the violation and what the institution needs to do to become compliant.

Institutional Website and Web Advertisements Minimum Requirements Form

The Compliance Inspector must have a thorough knowledge of these code sections related to the institution's website and web advertisements:

- CEC §94897 and §94913 and
- 5 CCR §74140.



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 2011 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
 P.O. Box 202010, Yuba, Sacramento, CA 95720-0210
 P (916) 431-0000 F (916) 301-1547 www.bppe.ca.gov

INSTITUTIONAL WEBSITE AND ADVERTISEMENTS MINIMUM REQUIREMENTS

Name of Institution:			
Street Address:			
City:	Zip:	Institution Code:	School Code:

Pursuant to the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (CCR), an institution shall be in compliance with minimum requirements related to institutional website and web advertisements.

Instructions: For each numbered item listed below:

1. Submit the requested documentation/information;
2. Write "N/A" next to any numbered item that does not apply to your institution; and
3. Complete and sign the declaration at the end of this document.

1. For institutions that maintain a website, please provide web address and link(s) to indicate the location(s) of each item required within CEC §94913.

CEC §94913 (a) An institution that maintains an Internet Web site shall provide on that Internet Web site all of the following:

- (1) The school catalog;
- (2) A School Performance Fact Sheet for each educational program offered by the institution;
- (3) Student brochures offered by the institution;
- (4) A link to the bureau's Internet Web site;
- (5) The institution's most recent annual report submitted to the bureau.

AND

CEC §94913 (b) An institution shall include information concerning where students may access the bureau's Internet Web site anywhere the institution identifies itself as being approved by the bureau.

2. For institutions that advertise on the web, please provide the link(s) of websites that your institution advertises on.

3. Retention of Advertising: please provide advertising for the past five years.

CCR §74140 Every institution shall retain, for a minimum of five years, copies of all advertising, including:

- (a) flyers, brochures, newspaper, and other print advertisements;
- (b) scripts for, and audio and video recordings of, broadcast advertisements, and
- (c) internet content, and
- (d) scripts for telephone solicitations.

The institution shall make these records immediately available for inspection and copying during normal business hours to site visit teams and the Bureau.

Revised 10/10/2014 COMPLIANCE INSPECTION - INSTITUTIONAL WEBSITE/WEB ADVERTISEMENTS Page 1 of 2

The form is located on the [redacted] drive: [redacted]

- If the institution has a website, the Compliance Inspector must check the website for possible violations pertaining to the following but not limited to:
 - School Catalog
 - School Performance Fact Sheets
 - Student Brochures
 - Link to the Bureau's website
 - Annual report
 - An institution shall include information concerning where students may access the Bureau's website anywhere the institution identifies itself as being approved by the Bureau. (CEC §94913)

Catalog Checklist

The Compliance Inspector must have a thorough knowledge of these code sections related to the institution's catalog:

- CEC §94897,
 - CEC §94908,
 - CEC §94909,
 - 5 CCR §71770,
 - 5 CCR §71810 and
 - 5 CCR §76215
-
- The Compliance Inspector must review the catalog from beginning to end to ensure all required language is in the catalog and there is no misleading information that may cause student harm. The institution must list the catalog page that corresponds with the law section listed on the "Catalog Checklist." The institution is requested to write the page number in the "Catalog Page No." column, to identify where the minimum requirement is found in the catalog. If the minimum requirement is not applicable, the institution shall write "NA."



Business, Consumer Services and Housing Agency
 Governor Edmund G. Brown Jr.
 Bureau for Private Postsecondary Education
 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
 P.O. Box 980818, West Sacramento, CA 95798-0818
 P (916) 431-6959 F (916) 263-1897 www.bpps.ca.gov



Catalog Checklist

Name of Institution: _____ Application #: _____
 Reviewer Name: _____ Institution Code: _____

Pursuant to the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (5, CCR), an institution shall be in compliance with the catalog minimum requirements. The minimum requirements listed in the table below summarize relevant sections of the CEC and 5, CCR, or requests specific documentation in regards to the CEC and 5, CCR. Attached for your reference and convenience is the full text of those laws.

Instructions: For each numbered item listed in the table below:

1. Under "Catalog Page No." write the page number(s) where the minimum requirement is found in the catalog. If the minimum requirement is not applicable to your institution, write "N/A."
2. In your institution's catalog, indicate where each numbered minimum requirement is located, by writing and circling the corresponding "Item No." on the applicable catalog page.
3. Item No. 1 is for your information and does not require a response.
4. Complete and sign the declaration at the end of this document.

Item No.	Catalog Minimum Requirements The Catalog shall contain CEC §94909 (§ references the section of the CEC and 5, CCR)	Review Catalog Page No.
1	Any information required by the CEC to be included in the catalog shall be printed in at least the same size font as the majority of the text in that document. (CEC §94908)	X
2	Provide a separate statement indicating how often the catalog is updated. (5, CCR §71810(a))	X
3	Provide a separate statement indicating how you provide your institution's school catalog to a prospective student or to the general public when requested. (CEC §94909(a))	X
4	The catalog shall contain the name, address, telephone number, and, if applicable, internet web site address of the institution. (CEC §94909(a)(1))	
5	The catalog shall contain the address or addresses where class sessions will be held. (CEC §94909(a)(4))	
6	The catalog shall contain the specific beginning and ending dates defining the time period covered by the catalog. (5, CCR §71810(b)(1))	

ITEM #

CATALOG MINIMUM REQUIREMENT

CATALOG PAGE #

The Checklist is located on the **F** drive: [REDACTED]

The Compliance Inspector shall compare the Checklist and catalog provided by the institution. Confirm compliance with the minimum requirements in CEC §94909 and CCR §71810.

- After reviewing the institution's catalog, record the findings in the electronic workbook.
 - If not in compliance check "No" in the Minimum Requirements for School Catalog section and identify specific sections and subsections of the CEC or CCR that are in violation. In the "Notes" section in the workbook, provide a detailed description of the violation(s) and what the institution must do to become compliant.

Potential Issues

In the event the Compliance Inspector finds an institution is offering instruction in a language other than English, the inspector must verify whether or not the institution is approved to offer instruction in any additional languages. The inspector may come across this situation at the desk level while reviewing the catalog and enrollment agreement.

If documentation is found at the desk level review, the Inspector shall review the institution's licensing file for previous applications to verify the alternative language was approved. If the institution is accredited, the Compliance Inspector may contact the accrediting agency for verification.

If the institution is not approved by the Bureau to instruct in a language other than English, and is not accredited, the Compliance Inspector updates the electronic workbook and collects documentation during the onsite inspection for an enforcement referral.

If the institution is approved by means of accreditation to instruct in a language other than English, but the information is not current with the Bureau, document this in the deficiency letter.

Inspection Checklist		Compliant?			Notes
CATALOG		Yes	No	N/A	
71770	(c)(7)(A) Of the first 60 semester credits awarded a student in an undergraduate program, no more than 15 semester credits may be awarded for prior experiential learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71770	(c)(7)(B) Of the second 60 semester units (i.e., credits 61 to 120) awarded a student in an undergraduate program, no more than 15 semester credits may be awarded for prior experiential learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71770	(c)(7)(C) Of the first 30 semester credits awarded a student in a graduate program, no more than 6 semester credits may be awarded for prior experiential learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71770	(c)(7)(D) Of the second 30 semester credits (i.e., credits 31 to 60) awarded a student in a graduate program, no more than 3 semester credits may be awarded for prior experiential learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71770	(c)(7)(E) No credit for experiential learning may be awarded after a student has obtained 60 semester credits in a graduate program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		DATE		MINUTES	
		TOTAL		MINUTES	0

Enrollment Agreement Minimum Requirements Form

The Compliance Inspector must have a thorough knowledge of these code sections related to the Enrollment Agreement:

- CEC §94902,
 - CEC §94906,
 - CEC §94907,
 - CEC§94908,
 - CEC§94909
 - CEC§94911
 - 5 CCR §71800,
 - 5 CCR §71716 and
 - 5 CCR §76215
-
- The Compliance Inspector must review the enrollment agreement from beginning to end to ensure all required language is in the enrollment agreement and there is no misleading information that violates the CEC and 5 CCR.
 - The institution is requested to list the page number on the enrollment agreement that corresponds with the law section listed on the "Enrollment Agreement Minimum Requirements" Checklist. The institution is requested to write the page number in the "Enrollment Agreement Page No." column to identify where the minimum requirement is found in the enrollment agreement. If the minimum requirement is not applicable, the institution shall write "NA."



Enrollment Agreement Checklist

Name of Institution:		Application #:
Reviewer Name:		Institution Code:
<p>Pursuant to the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (5, CCR), an institution shall be in compliance with the enrollment agreement minimum requirements. The minimum requirements listed in the table below summarize relevant sections of the CEC and 5, CCR, or requests specific documentation in regards to the CEC and 5, CCR. Attached for your reference and convenience is the full text of those laws.</p> <p>Instructions: For each numbered item listed in the table below:</p> <ol style="list-style-type: none"> Under "Enrollment Agreement Page No." write the page number(s) where the minimum requirement can be found in the enrollment agreement. If the minimum requirement is not applicable to your institution, write "N/A." In your institution's enrollment agreement, indicate where each numbered minimum requirement is located, by writing and circling the corresponding "Item No." on the applicable enrollment agreement page; Item Nos. 2, 3, and 22 are for your information and do not require a response; and Complete and sign the declaration at the end of this document. 		
		Review Date
Item No.	Enrollment Agreement Minimum Requirements The Enrollment Agreement shall include CEC §94911 (§ references the section of the CEC and 5, CCR)	Enrollment Agreement Page No.
1	Provide a separate statement indicating how you provide the enrollment agreement, disclosures and statements to students when they are unable to understand the terms and conditions of the enrollment agreement due to English not being their primary language. If you recruit, or intend to recruit, in a language other than English, please provide a copy of your enrollment agreement, disclosures, and statements in that language. (CEC §94906(a)(b))	X
2	The enrollment agreement shall not contain a provision that requires a student to invoke an internal institutional dispute procedure before enforcing any contractual or other legal rights or remedies. (CEC §94907)	X
3	Any information required by the CEC to be included in the enrollment agreement shall be printed in at least the same size font as the majority of the text in that document. (CEC §94908)	X
4	The enrollment agreement shall include: the name of the institution and the name of the educational program, including the total number of credit hours, clock hours, or other increment required to complete the educational program. (CEC §94911(a))	

ITEM #

ENROLLMENT AGREEMENT MINIMUM REQUIREMENT

ENROLLMENT AGREEMENT PAGE #

The form is located on the [redacted] drive: [redacted]

- After reviewing the institution's enrollment agreement, record the findings in the electronic workbook.
 - If not in compliance check "No" in the Minimum Requirements for Enrollment Agreement section and identify specific sections and/or subsections of the CEC or CCR that were violated. In the "Notes" section in the workbook, provide a detailed description of the violation and how to become compliant.

Annual Report, School Performance Fact Sheet & Financial Statement Minimum Requirements Form (Need to update form and workbook)

The Compliance Inspector must have a thorough knowledge of these code sections: CEC §94908, §94910, §94929, §94929.5, §94929.7 and §94934 and 5, CCR §74110, §74112 and §74115 related to the institution's annual report.

The form is located on the [redacted] drive: [redacted]

- The Compliance Inspector must check to see if the Annual Report, School Performance Fact Sheet (SPFS), and financial statement were submitted by September 1st. The Annual Report Completion Summary Spreadsheet contains this information and can be found: [redacted] & [redacted] or by contacting the Administration Unit's Analyst.
- The Compliance Inspector shall review the SPFS according to the Performance Fact Sheet Review procedure.
- If the institution submitted a complete Annual Report, the Compliance Inspector can find the SPFS on the Bureau's website. The SPFS must be written in proper format and contain all required data pursuant to CEC §94910, and 5 CCR §74112.
 - The SPFS shall report and contain:
 - completion rates;
 - placement rates;
 - license examination rates, if applicable;
 - salary and wage data;

- the most recent 3-year cohort default rate, if applicable;
 - the percentage of students receiving federal student loans, if applicable; and
 - specific required disclosures.
- The SPFS must be verified with the supporting data submitted by the institution and electronically provided on a flash drive. The Compliance Inspector checks the data for accuracy, and shall document the findings on the SPFS data verification form [REDACTED]. To verify the SPFS data reported by the institution, the Compliance Inspector:
 - Selects a 5% random sample of the students identified in the institution's report to contact
 - Compares the information the inspector collected against the information provided by the institution
 - All data collected is maintained in the institution's compliance inspection file.

If the supporting data is incorrect or was not submitted, contact the institution. If the information reported by the institution is inconsistent with the information provided by the student ask for clarification from the institution. If the supporting data cannot be obtained from the institution or the information is inconsistent, an Enforcement Referral shall be submitted for further investigation

Sample SPFS

Institution Name
Institution Address
Phone, Fax, Website

School Performance Fact Sheet
20XX & 20XX Calendar Years
Educational Program (Program Length)

On-Time Completion Rates

Calendar Year	Number of Students Who Began Program ¹	Students Available for Graduation ²	Graduates ³	Completion Rate ⁴
20XX				
20XX				

Students Complete After Published Program Length (101-150% Completion Rate)

Calendar Year	Number of Students Who Began Program ¹	Students Available for Graduation ²	150% Graduates ⁵	150% Completion Rate ⁶
20XX				
20XX				

Student's Initials: _____ Date: _____

Placement Rates

Calendar Year	Number of Students Who Began Program ¹	Number of Graduates ³	Graduates Available for Employment ⁴	Graduates Employed in the Field ⁷	Placement Rate Employed in the Field ⁸	Graduates Employed in the Field an average of less than 32 hours per week ⁹	Graduates Employed in the Field at least 32 hours per week ¹⁰
20XX							
20XX							

Students are entitled to a list of the job classifications considered to be in the field of this educational program. To obtain this list, please ask an institutional representative or you can review the list of the institution's website at <http://www.schoolchoice.com/jobclassifications>.

Student's Initials: _____ Date: _____

SPFS 12/04

Examination Passage Rates (for licensure examinations not continuously administered)

Number of Students Taking Exam ¹¹	Exam Date ¹²	Number Who Passed Exam	Number Who Failed Exam	Passage Rate ¹³
	XX/XX/XX			
	XX/XX/XX			

License Examination Passage Rates (continually administered examinations)

Calendar Year	Number of Students Taking Exam ¹⁴	Number Who Passed First Exam Taken ¹⁵	Number Who Failed First Exam Taken	Passage Rate ¹⁶
20XX				
20XX				

Student's Initials: _____ Date: _____

Salary and Wage Information (includes data for the two calendar years prior to reporting)

Calendar Year	Graduates Available for Employment ¹⁷	Graduates Employed in Field ¹⁸	Annual Salary and Wages Reported in the Field ¹⁹				Graduates Employed	Students not Reporting Salary
			\$15,000 to \$20,000	\$20,001 to \$25,000	\$25,001 to \$30,000	\$30,001 to \$35,000		
20XX								
20XX								

A list of the employers of the Graduates Employed in the Field can be obtained from the Job Placement Office²⁰ at the School. Students are entitled to a list of the objective sources of information used to substantiate the salary disclosure. To obtain this list, please ask an institutional representative.

Student's Initials: _____ Date: _____

Student Loan Information

The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan. The most recent three-year cohort default rate reported by the U.S. Department of Education for this institution is XX%.

The percentage of the students who attended this institution in 20XX, who received federal student loans to help pay their cost of education at the school was XX%.

Student's Initials: _____ Date: _____

SPFS 12/04

This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or licensure exam passage rates, this fact sheet contains the information as calculated pursuant to state law.

Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at: P.O. Box 980818, West Sacramento, CA 95798-0818, www.bpps.ca.gov, P: 888.370.7589 or 916.431.6959, F: 916.263.1897.

I have read and understand this School Performance Fact Sheet. The School Performance Fact Sheet was reviewed and discussed with a school official prior to signing an enrollment agreement.

Student Name - Print _____

Student Signature _____

Date _____

School Official _____

Date _____

SPFS 12/04

Definitions

¹ "Number of Students Who Began Program" means the number of students who began the program who are scheduled to complete the program within the reporting calendar year.

² "Students available for graduation" is the number of students who began program minus the number of students who have died, been incarcerated, or been called to active military duty.

³ "Graduates" is the number of students who completed the program within 100% of the program length.

⁴ "Completion Rate" is the number of Graduates divided by the Number of Students Available for Graduation.

⁵ "150% Graduates" is the number of students who completed within 101-150% of the program length.

⁶ "150% Completion Rate" is the number of students who completed the program in the reported calendar year within 101-150% of the published program length divided by the Number of Students Available for Graduation in the published program length period.

⁷ "Graduates available for employment" means the number of graduates minus the number of graduates unavailable for employment. "Graduates unavailable for employment" means the graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education in an accredited or bureau-approved postsecondary institution.

⁸ "Graduates employed in the field" means graduates who are gainfully employed in a single position for which the institution prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment must begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program.

⁹ "Placement Rate Employed in the Field" is calculated by dividing the number of graduates gainfully employed in the field by the number of graduates available for employment.

¹⁰ "Number of Students Taking Exam" is the number of students who completed the program within 150% of the published program length and who took the exam in the reported calendar year for the first time.

¹¹ "Exam Date" is the date for the first available exam after the students completed the program.

¹² "Passage Rate" is calculated by dividing the number of students who passed the exam by the number of graduates who took the reported licensing exam.

¹³ "Number Who Passed First Exam Taken" is the number of students who took and passed the licensing exam in the reported calendar year on the first attempt.

¹⁴ "Salary" is as reported by the student. Not all graduates report salary.

SPFS 12/04

The form is located on the [redacted] drive: [redacted]

Instructional SPFS

Institution Name
 Institution Address
 Phone, Fax, Website

School Performance Fact Sheet
[20XX & 20XX Calendar Year]
Educational Program (Program Length)

Comment [MW1]: SPFS reports previous two years' data.

Comment [MW2]: Shall report for each educational program.

On-Time Completion Rates

Calendar Year	Number of Students Who Began Program ¹	Students Available for Graduation ²	Graduates ³	Completion Rate ⁴
20XX				
20XX				

Comment [MW3]: Completion rates shall be reported for each educational program, and all main and branch locations must be reported separately. CEC §94-101(e), §94-121(c), §94-126, CCR §74-112(d).

Comment [MW4]: Shall be a percentage. Things to look for are percentages of the extremes (lows and highs).

Students Completing After Published Program Length (101-150% Completion Rate)

Calendar Year	Number of Students Who Began Program ¹	Students Available for Graduation ²	150% Graduates ³	150% Completion Rate ⁶
20XX				
20XX				

Comment [MW5]: Reporting of the 120% Completion Rate (101%-120%) is completely optional for the institution. CEC §94-126(c), CCR §74-112(d).

Student's Initials: _____ Date: _____

Comment [MW6]: Students shall initial and date each section. CEC §94-902.

Placement Rates

Calendar Year	Number of Students Who Began Program ¹	Number of Graduates ²	Graduates Available for Employment ⁷	Graduates Employed in the Field ⁸	Placement Rate Employed in the Field ⁹	Graduates Employed in the Field an average of less than 32 hours per week	Graduates Employed in the Field at least 32 hours per week
20XX							
20XX							

Comment [MW7]: Placement Rates are required for each program if the program is designed to or advertised to prepare students for a career, occupation, vocation, job or job title. If the program is not designed to lead to a career, occupation, vocation, job or job title, placement rates are not required. CEC §94-101(b), §94-125.5(a)(1), CCR §74-112(e).

Comment [MW8]: This is information that shall be collected by the institution from their graduates.

Students are entitled to a list of the job classifications considered to be in the field of this educational program. To obtain this list, please ask an institutional representative or you can review the list of the institution's website at <http://www.schoolofchoice.com/jobclassifications>.

Comment [MW9]: Information on where the reader may obtain from the institution a list of the employment positions determined to be within the field for a particular educational program. CEC §94-101(f)(2).

Student's Initials: _____ Date: _____

Comment [MW10]: Students shall initial and date each section. CEC §94-902.

Examination Passage Rates (for licensure examinations not continuously administered)

Number of Students Taking Exam ¹⁰	Exam Date ¹¹	Number Who Passed Exam	Number Who Failed Exam	Passage Rate ¹²
	X.XXXXX			
	X.XXXXX			

Comment [MW11]: License examination passage rates shall be reported if the program leads to an occupation requiring any license. License examinations not continuously administered means the exam is offered one or only at specific times of the year. Data shall be reported on the first available exam date after the student's graduate.
CIC §84810(c), §84828.2(a)(2), CCR §74112(f).

License Examination Passage Rates (continually administered examinations)

Calendar Year	Number of Students Taking Exam ¹⁰	Number Who Passed First Exam Taken ¹³	Number Who Failed First Exam Taken	Passage Rate ¹²
20XX				
20XX				

Comment [MW12]: License examinations continually administered means exams that are regularly scheduled. Data shall be reported on the students passing/failing in their first attempt.
CIC §84810(c), §84828.2(a)(2), CCR §74112(f).

Student's Initials: _____ Date: _____

Comment [MW13]: Students shall initial and date each section.
CIC §84802.

Salary and Wage Information (includes data for the two calendar years prior to reporting)

Calendar Year	Graduates Available for Employment	Graduates Employed in Field ⁵	Annual Salary and Wages Reported Graduates Employed in the Field ⁴				Students not Reporting Salary
			\$15,000 to \$20,000	\$20,001 to \$25,000	\$25,001 to \$30,000	\$30,001 to \$35,000	
20XX							
20XX							

Comment [MW14]: Institution shall collect salary and wage data as reported by students placed in the field. Data shall be recorded in \$2,000 increments.
CIC §84810(d), §84828.2(a)(3), CCR §74112(g).

A list of the employers of the Graduates Employed in the Field can be obtained from the Job Placement Office at the School. Students are entitled to a list of the objective sources of information used to substantiate the salary disclosure. To obtain this list, please ask an institutional representative.

Student's Initials: _____ Date: _____

Comment [MW15]: Information on where the report may obtain from the institution, a list of the objective sources of information used to substantiate the salary disclosure.
CIC §84810(f)(2).

Student Loan Information

The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan. The most recent three-year cohort default rate reported by the U.S. Department of Education for this institution is XX%.

Comment [MW16]: Students shall initial and date each section.
CIC §84802.

The percentage of the students who attended this institution in 20XX, who received federal student loans to help pay their cost of education at the school was XX%.

Student's Initials: _____ Date: _____

Comment [MW17]: Only applies to institution collecting Federal Financial Aid (accredited institution).
CIC §84810(h), §84828.2(a)(4).

Comment [MW18]: Students shall initial and date each section.
CIC §84802.

[This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law.]

Comment [MW19]: Specific required statement; CEC §94920(g)(1).

[Any questions a student may have regarding this factsheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at: P.O. Box 980818, West Sacramento, CA 95798-0818, www.bppe.ca.gov, P: 888.370.7589 or 916.431.6959, F: 916.263.1897.]

Comment [MW20]: Specific required statement; CEC §94920(g)(1).

[I have read and understand this School Performance Fact Sheet. The School Performance Fact Sheet was reviewed and discussed with a school official prior to signing an enrollment agreement.]

Comment [MW21]: Language is not mandatory.

Student Name - Print

Student Signature

Date

School Official

Date

Comment [MW22]: Required per CEC §94920(g)(3).

Definitions

“Number of Students Who Began Program” means the number of students who began the program who are scheduled to complete the program within the reporting calendar year.

Comment [MW23]: Correspond to the required footnoted information; also satisfied the disclosure information; CEC §94920(f)(2), §94925, CCR §74112.

“Students available for graduation” is the number of students who began program minus the number of students who have died, been incarcerated, or been called to active military duty.

Comment [MW24]: CCR §74112(b)(2), §74112(d), §74112(e).

“Graduates” is the number of students who completed the program within 100% of the program length.

Comment [MW25]: CEC §94928(g), CCR §74112(d), §74112(e).

“Completion Rate” is the number of Graduates divided by the Number of Students Available for Graduation.

Comment [MW26]: CEC §94928(d), CCR §74112(d).

“150% Graduates” is the number of students who completed within 101-150% of the program length.

Comment [MW27]: CCR §74112(d).

“150% Completion Rate” is the number of students who completed the program in the reported calendar year within 101-150% of the published program length divided by the Number of Students Available for Graduation in the published program length period.

Comment [MW28]: CCR §74112(d).

“Graduates available for employment” means the number of graduates minus the number of graduates unavailable for employment. “Graduates unavailable for employment” means the graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education in an accredited or bureau-approved postsecondary institution.

Comment [MW29]: CCR §74112(d).

Comment [MW30]: CEC §94928(d), CCR §74112(e).

1. "Graduates employed in the field" means graduates who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment must begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program.

 Comment [MW31]: defined in statutes and regulations. Use the definition consistent with the statutes. CEC 39-4929.4(e), 5 CCR 574112(e), CEC 574112(g)

2. "Placement Rate Employed in the Field" is calculated by dividing the number of graduates gainfully employed in the field by the number of graduates available for employment.

 Comment [MW32]: CCR 574112(e)

3. Number of Students Taking Exams is the number of students who completed the program within 150% of the published program length and who took the exam in the reported calendar year for the first time.

 Comment [MW33]: CCR 574112(f)

4. Exam Date is the date for the first available exam after the students completed the program.

 Comment [MW34]: CCR 574112(f)

5. Passage Rate is calculated by dividing the number of students who passed the exam by the number of graduates who took the reported licensing exam.

 Comment [MW35]: CCR 574112(f)

6. Number Who Passed First Exam Taken is the number of students who took and passed the licensing exam in the reported calendar year on the first attempt.

 Comment [MW36]: CCR 574112(f)

7. Salary is as reported by the student. Not all graduates report salary.

 Comment [MW37]: CCR 574112(g)

74112. Uniform Data - Annual Report, Performance Fact Sheet

(a) Format. The format for the Performance Fact Sheet shall be in at least 12 pt. type, in an easily readable font, with 1.15 line spacing. The Performance Fact Sheet shall contain all and only the information required or specifically permitted by section 94910 of the Code or this chapter.

 Comment [MW38]: important to follow. Cannot be less than 12-point font, must be easily readable, specific spacing. SPFS shall contain any information not required or specifically permitted.

(h) Documentation supporting all data reported shall be maintained by the institution for at least five years from the time included in either an Annual Report or a Performance Fact Sheet, and shall include at a minimum: student name(s), address, phone number, email address, program completed, program start and completion dates, place of employment and position, salary, hours, and a description of all attempts to contact each student. Documentation shall also include the name, email address, phone number, and position or title of the institution's representative who is primarily responsible for obtaining the students' completion, placement, licensing, and salary and wage data, the date that the information was gathered, and copies of notes, letters or emails through which the information was requested and gathered.

94929.7. Documentation of Performance Data

(a) The information used to substantiate the rates and information calculated pursuant to Sections 94929 and 94929.5 shall do both of the following:

- (1) Be documented and maintained by the institution for five years from the date of the publication of the rates and information.
- (2) Be retained in an electronic format and made available to the bureau upon request.

(b) An institution shall provide a list of employment positions used to determine the number of graduates employed in the field for purposes of calculating job placement rates pursuant to this article.

(c) The bureau shall identify the specific information that an institution is required to document and maintain to substantiate rates and information pursuant to this section.

 Comment [MW39]: Not to be on SPFS. This is documentation to be collected and maintained by the institution for the Bureau.

Page 14 of 4

The form is located on the  drive: 

The institution is required to submit financial statement pursuant to 5 CCR §74115.

- The Compliance Inspector shall review the financial statement according to the Financial Statement Review procedure.
- After reviewing the institution's Annual Report, SPFS and Financial Statement, record the findings in the electronic workbook.
 - If not compliant check "No" in the Minimum Requirements for Annual Report section and identify specific section of the CEC or 5 CCR and subsection. In the "Notes" section in the workbook, provide a detailed description of the violation and how to become compliant.

Desk Inspection Checklist

ANNUAL REPORT

Compliance Criteria	Compliant?			Notes
	Yes	No	N/A	
94910 (g) The School Performance Fact Sheet shall contain the following statements: (1) "This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law." (2) "Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at (address), Sacramento, CA (ZIP Code), (Internet Web site address), (telephone and fax numbers)."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94910 (h) The School Performance Fact Sheet shall contain all of following: If the institution participates in federal financial aid programs, the most recent three-year cohort default rate reported by the United States Department of Education for the institution and the percentage of enrolled students receiving federal student loans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94928 (d) As used in this article, the following terms have the following meanings: "Graduates available for employment" means the number of graduates minus the number of graduates unavailable for employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94928 (e) (i) "Graduates employed in the field" means graduates who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94928 (f) "Graduates unavailable for employment" means graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education at an accredited or bureau-approved postsecondary institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94928 (g) "Students available for graduation" means the cohort population minus the number of students unavailable for graduation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DATES				
		TOTAL MINUTES		
AR			0	
SPFS			0	
FINCL			0	

Deficiency Letter

Prior to sending a deficiency letter, the Compliance Inspector is required to check SAIL for pending applications and open complaints/enforcement. The Compliance Inspector shall meet and confer with assigned staff.

- After completing the submissions review and background research on the institution, if any potential violations are found, the Compliance Inspector shall issue a deficiency letter identifying the violations. The deficiency letter is created from the non-compliant item(s) identified in the workbook and notes.

 <p style="font-size: small;">BUREAU FOR PRIVATE POSTSECONDARY EDUCATION 2535 Capital Oaks Dr., Suite 400, Sacramento, CA 95833 P (916) 424-8220 F (916) 424-1827 www.bppe.ca.gov</p> <p>MMMM.DD.YYYY</p> <p>John Doe, CAO XYZ College of California 123 Main Street Sacramento, CA 95814</p> <p>Subject: Annual Compliance Inspection - Submission Refers to XYZ College of California Institution Code: B673309, School Code: B673309</p> <p>Dear Mr. Doe, CAO:</p> <p>In reviewing the documentation and information you provided for Institution Name, the Bureau has determined that the submissions are incomplete. This letter is to provide you the opportunity to address these outstanding deficiencies. I am requesting that you review the following listed items and provide your responses to me no later than June 23, 2014:</p> <p>CATALOG MINIMUM REQUIREMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item No.</th> <th>Reference</th> <th>Deficiency - Requested Submission</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>ENROLLMENT AGREEMENT MINIMUM REQUIREMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item No.</th> <th>Law</th> <th>Deficiency - Requested Submission</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>ADMINISTRATION MINIMUM REQUIREMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item No.</th> <th>Law</th> <th>Deficiency - Requested Submission</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>FACULTY MINIMUM REQUIREMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item No.</th> <th>Law</th> <th>Deficiency - Requested Submission</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>WEBSITE MINIMUM REQUIREMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item No.</th> <th>Law</th> <th>Deficiency - Requested Submission</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="font-size: x-small;">Revised 10/FEB/2014 [Institution Name] Page 1</p>	Item No.	Reference	Deficiency - Requested Submission				Item No.	Law	Deficiency - Requested Submission				Item No.	Law	Deficiency - Requested Submission				Item No.	Law	Deficiency - Requested Submission				Item No.	Law	Deficiency - Requested Submission				<p>Please submit all requested documentation by MMMM DD, 20YY. Mail the submission to:</p> <p style="text-align: center;">Bureau for Private Postsecondary Education Enforcement/Compliance Unit 2535 Capital Oaks Dr., Suite 400 Sacramento, CA 95833</p> <p>Failure to submit the items requested in this letter may result in the issuance of a Notice to Cease at the discretion of the Bureau. Should you have any questions, please contact me by telephone at (916) XXXXXXX or by email at XXXX@bpe.ca.gov</p> <p>Sincerely, YOUR NAME Compliance Inspector</p> <p style="font-size: x-small;">Revised 10/FEB/2014 [Institution Name] Page 2</p>
Item No.	Reference	Deficiency - Requested Submission																													
Item No.	Law	Deficiency - Requested Submission																													
Item No.	Law	Deficiency - Requested Submission																													
Item No.	Law	Deficiency - Requested Submission																													
Item No.	Law	Deficiency - Requested Submission																													

The Deficiency Letter form can be found on the U drive: [REDACTED]

SECTION 2- Planning Onsite Inspection

The Compliance Inspector determines the approximate timeframe it will take to complete the onsite inspection. The majority of inspections can be scheduled for one day. Key factors to consider when determining the approximate required timeframe are:

- Distance of the onsite location from home office
- Number of outstanding deficiencies not corrected prior to the onsite inspection or an institution was non-responsive to the contact letter.

The Compliance Inspector schedules the onsite inspection with the owner or authorized designated individual via telephone. The Compliance Inspector discusses the deficiencies, if

applicable and reviews the pre-arrival checklist. Onsite inspections shall be scheduled while classes are in session, when possible. The Compliance Inspector confirms the date and time of the inspection with an email to the owner and authorized designated institution representative.

The Compliance Inspector sends the institution the following documents by mail and/or email:

- Confirmation of onsite inspection letter
- Deficiency letter, if applicable. Provide the school with time to respond to the deficiency letter and provide time for you to review the submitted documents prior to the onsite inspection.
- Pre-Arrival checklist

The Compliance Inspector updates the Inspection Tracking Worksheet with "completed" under Inspection Scheduled and Confirmation Letter Mailed.

BPPC
Bureau for Private Postsecondary Education
2225 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 200212, West Sacramento, CA 95765-0212
P (916) 421-6555 F (916) 223-1687 www.bppe.ca.gov

CCS

INSERT DATE

INSERT INSTITUTION OWNER/ADJ NAME
INSERT INSTITUTION NAME
INSERT INSTITUTION MAILING ADDRESS
CITY, STATE ZIP

Subject: Onsite Compliance Inspection
INSERT INSTITUTION NAME
Institution Code: INSERT CODE, School Code: INSERT CODE

Dear INSERT Mr./Ms. & Last Name:

This letter is to confirm our telephone conversation on **INSERT DATE OF TELEPHONE CALL**, advising that **INSERT INSTITUTION NAME** has been scheduled for an onsite compliance inspection on **INSERT DATE OF INSPECTION** at **INSERT TIME OF INSPECTION**.

In preparation for the onsite compliance inspection, please review the attached document which addresses the documentation and/or other resources that are to be assembled and made available for the inspection. Please note that there may be additional items or information requested during the inspection.

At the end of the onsite compliance inspection should there be any outstanding, unapplicable violations, a Notice to Comply will be issued against **INSERT INSTITUTION NAME**, pursuant to section 94935 of the Ed. Code. By no later than 30 days from the date of the inspection, **INSERT INSTITUTION NAME** shall remedy all violations on the Notice to Comply or file a written notice of disagreement with the Bureau. A Notice to Comply shall not be issued for any minor violation that is corrected and verified prior to the completion of the inspection. Any material violations observed will be referred to enforcement for further investigation.

Should you have any questions, I can be contacted by telephone at (916) 300-XXXX or by email at **INSERT EMAIL ADDRESS**. I look forward to meeting with you and thank you for your cooperation.

Sincerely,

Name of Analyst
Compliance Inspector

Enclosure: Pre-Arrival Checklist
Deficiency Letter

The form is located on the [redacted] drive: [redacted]

 <p> <small> State of California Department of Education 1515 Capitol Mall, Sacramento, CA 95833 (916) 431-0225 • (916) 323-1237 • www.sppa.ca.gov </small> </p> <p style="text-align: center;">PREPARATION FOR THE ON-SITE COMPLIANCE INSPECTION</p> <p><i>In order to conduct an efficient and effective on-site compliance inspection, we request the following:</i></p> <ul style="list-style-type: none"> • A private room ("meeting room") with accessible electrical outlets and sufficient desk space for the inspector to work comfortably; • Owner/Authorized designated individual and personnel with knowledge of daily operations should be made available to the inspector and to provide a tour of the institution. <p>Upon arrival, the inspector will conduct a brief orientation with the institution's administrator(s) to discuss the schedule and to request any additional documentation and/or resources needed.</p> <p><i>Please have the following materials assembled and ready for the inspector's review:</i></p> <ul style="list-style-type: none"> • All corrected deficiencies identified in deficiency letter sent to institution; • Map of the institution; • Institution's organizational chart; • Class schedules (including break times, names of instructors, subjects, room numbers, and number of students in each class); • List of all current instructors, separated by program; • List of current students (by name) – separated by program to include program code; • List of graduates within the last 24 months; • List of all withdrawn/terminated students within the last 24 months; • Copy of school catalog; • Copy of enrollment agreement; • Current advertising and promotional materials used by the institution in both the U.S. and international countries (e.g., brochures, audio scripts or telephone solicitations, internet content) for the last 3 years; • Most current quarterly Student Tuition Recovery Fund (STRF) assessment/payment verification with a copy of the electronic substantiating data; • School Performance Fact Sheet source data. <p><small>Revised: 20-FEB-2014</small></p>	<p>File Review: As part of the inspection, the inspector will conduct a random review of the following files:</p> <ul style="list-style-type: none"> • Current students; • Graduate students; • Withdrawn or Terminated students <p>Additionally, all faculty files and the Chief Academic Officer's (CAO) file should be organized and made immediately available for review.</p> <p>Exit Briefing: At the conclusion of the inspection, the inspector will conduct an exit briefing with the institution Owner/Authorized designated individual. During this time the inspector will review his/her findings and what will be required for the institution to come into compliance if any minor violations were found.</p> <p><small>Revised: 20-FEB-2014</small></p>
--	--

The form is located on the **C:** drive: **\\[redacted]**

SECTION 3 – Developing a Travel Itinerary

As soon as the compliance inspection is scheduled the Compliance Inspector must determine the most economical mode of travel. The Compliance Inspector may use any of the internet map/direction websites (i.e. Google, Yahoo Maps, MapQuest, etc) to determine the mileage and route to the institution. Using the mileage the Compliance Inspector will determine the most economical mode of travel (via personal car, rental car, air flight and or State vehicle).

The Compliance Inspector must use the current rates established by California Department of Human Resources (CalHR).

Refer to CalATERS **\\[redacted]** and the Department of Consumer Affairs (DCA) intranet **\\[redacted]** for the most current procedures on how to create an account, request travel advance and submit expenses for reimbursement.

Refer to the CalTravel Store <http://www.caltravelstore.com> and the Department of Consumer Affairs (DCA) intranet **\\[redacted]** for the most current procedures on how to create an account, and reserve airline ticket, rental car, and hotel accommodations. **All travel reservations shall be made through the CalTravel Store website.**

In the event of additional expense related to hotel accommodations or overtime, the Compliance Inspector must email their manager and receive prior approval. The form is located on the G drive: [REDACTED]

Vehicle Justification Revised: 20 FEB 2014			
	No. of Days	Cost Per Day	Total
State Car		\$24.00	\$0.00
	Mileage	Cost of Mileage	
		\$0.31	\$0.00
			\$0.00
	No. of Days	Cost Per Day	Total
Rental Car		\$33.24	\$0.00
	Mileage	Cost of Mileage	Total
Personal Car		\$0.575	\$0.00

The form is located on the [REDACTED]

When the Compliance Inspector determines the most efficient mode of transportation to the institution, the Travel Itinerary must be completed and emailed to the Compliance Manager for approval. The travel request must be submitted, with a copy of the onsite confirmation letter and deficiency letter (if applicable), to the Compliance Manager in a timely manner. The Compliance Inspector must update the Inspection Tracking Worksheet with "completed" under Travel Itinerary Submitted for Approval.

- Cell phone
 - Flash drive, with the following documents: electronic workbook; deficiency letter, confirmation letter, and pre-arrival checklist; prepared NTC and Enforcement Referral (if applicable), Site Inspection Report, Onsite Interview List, Site Tour Checklist, and Advertisement Checklist.
- Supplies –
- Inspection file
 - Map of institution location
 - Paper
 - Pens
 - Tape
 - Stapler
 - Post-It Notes
 - Law and Regulations
 - Business Cards
 - Bureau Identification Card
 - Paper clips
 - Note pad
 - Notice to Students (blue paper)
- The announced onsite inspection consists of:
- Introductions and inspection orientation with institution owner or authorized designated institution representative
 - [REDACTED]
 - [REDACTED]
 - Site tour
 - Review of deficient materials, as indicated in the deficiency letter (These are items that were not submitted or corrected prior to the onsite inspection), if applicable
 - Advertisement review
 - Student file review (current, graduated, and withdrawn; [REDACTED])
 - Faculty file review
 - Chief Academic Officer file review
 - Administration review
 - Student survey
 - Exit Interview

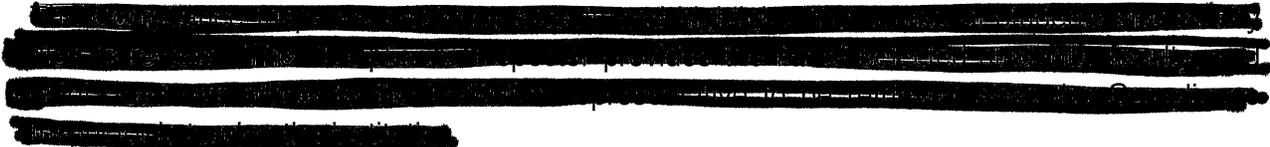
Introductions and inspection Orientation:

- Meet and greet with institutional personnel
- Exchange business cards
- Bureau overview
 - Bureau history
 - Authority to conduct inspections
 - Onsite to confirm/obtain compliance
- Review inspection outline with institution
 - Time frame
 - Required documents

- Compliance Inspector expectations, institution corporation
- Owner or authorized designated individual expectations
- NTC
- Material violations
- Unannounced inspection

If a deficiency letter was issued and no response was received from the school, the Compliance Inspector requests documentation showing compliance of violations found during the review of submitted documents.

The Compliance Inspector requests a list of current, withdrawn and graduated students from the past two years, and a list of the current instructors/faculty.



During the tour the Compliance Inspector pursuant to 5 CCR §75210 posts the, "Notice to Students." The "Notice to Students" is printed on blue paper and is posted in a conspicuous place visible to all students. The Compliance Inspector has the authority to place more than one notice in order to adequately notify students of the compliance inspection.



Bureau for Private Postsecondary Education
P.O. Box 980818, West Sacramento, CA 95798-0818
(888) 370-7589 / www.bppe.ca.gov



NOTICE TO STUDENTS

This institution is subject to regular compliance inspections by the Bureau for Private Postsecondary Education.

Information regarding the dates of inspections conducted and the results of those inspections can be found at the Bureau's website at www.bppe.ca.gov. This institution was last inspected on:

Insert date
of inspection

(This notice shall remain posted for at least 90 days from the date listed above.)

(Title 8 Division 7.5 California Code of Regulations Section 75210)

The form is located on the  drive: 


Onsite Interview List:

The Compliance Inspector is required to document all individuals interviewed and their titles. If available, ask for business cards. Staple the business card to the completed sheet. This form is retained in the institution's green file.

Complete this section prior to inspection

BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
COMPLIANCE INSPECTION - SITE TOUR
SITE TOUR CHECKLIST - CONFIDENTIAL

Inspector Name: _____		Date of Inspection: _____	
Name of Institution: _____			
Street Address: _____			
City: _____	Zip: _____	Institution Code: _____	School Code: _____

Site Tour - Minimum Requirements	Institution in Compliance?		
	YES	NO	N/A
<p>Instruction shall be the central focus of the resources and services of the institution. (§71715(a))</p> <ul style="list-style-type: none"> • Is instruction the central focus of the institution? <p>Notes: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Direct instruction requires the physical presence of one or more students and one or more faculty members at the same location. Direct instruction includes instruction presented in a classroom, seminar, workshop, lecture, colloquium, laboratory, tutorial, or other physical learning settings consistent with the mission, purposes, and objectives of the institution. (§71715(c))</p> <ul style="list-style-type: none"> • Does the instruction of the classes you've visited have at least one student and one faculty member present? <p>Notes: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>An institution shall have sufficient facilities and necessary equipment to support the achievement of the educational objectives of all of the courses and educational programs in which students are enrolled. If an institution represents that the educational service will fit or prepare a student for employment in a particular occupation or as described in particular job titles, either of the following conditions shall be met:</p> <p>(1) The equipment used for instruction or provided to the student shall be comparable in model type or features to equipment generally used in those occupations or job titles at the time the instruction is offered.</p> <p>(2) The institution shall establish that the equipment used for instruction or provided to a student is not obsolete and is sufficient for instructional purposes to reasonably assure that a student acquires the necessary level of education, training skill, and experience to obtain employment in the field of training and to perform the tasks associated with the occupation or job title to which the educational program was represented to lead. (§71735(a)(1)&(2))</p> <ul style="list-style-type: none"> • Does the institution represent that the educational service will fit or prepare a student for employment in a particular occupation or as described in particular job titles? • Is the equipment used for instruction or provided to a student comparable to equipment used in the occupations or job titles? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Revised 7/31/2011 COMPLIANCE INSPECTION - SITE TOUR Page 2 of 3

The form is located on the **U** drive: _____

Student Survey:

While touring the institution the Compliance Inspector visits classrooms to conduct student surveys. A minimum of one class is surveyed, depending on the size of the student population. Approximately 20% of students should be surveyed. The survey is anonymous and should not be conducted in the presence of institutional personnel.

The Compliance Inspector shall take this time to explain the role and responsibility of the Bureau to the students. In exercising its powers, and performing its duties, the Bureau's highest priority shall be the protection of the public pursuant to CEC §94875. If protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

The Compliance Inspector reviews the student surveys for patterns of negative responses. The Compliance Inspector uses discretion to determine if the negative responses warrant a discussion with the owner or authorized designated individual.

The image displays a composite of three elements related to a student survey. On the left is a 'Student Feedback' form with questions such as 'What led you to choose this school and program?', 'What information about this school was the most helpful in making your decision to enroll?', 'Did you research programs at other schools prior to enrolling in this school?', and 'Is there information you did not receive that would have been helpful in making an informed decision about enrolling in this school?'. In the center is a photograph of three students standing on a set of stairs in front of a building. On the right is the contact information for the Bureau for Private Postsecondary Education (BPPE), including its address at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, and phone numbers (916) 431-6959 and 1-888-370-7589. The BPPE logo is also present at the bottom right.

The form is located on the [redacted] drive: [redacted]

Review of Deficient Materials:

During the onsite inspection, the Compliance Inspector reviews all documents the institution has prepared in response to the deficiency notification, if not received prior to the onsite inspection. The Compliance Inspector ensures the institution's deficiency/non submissions material is in compliance with the CEC and 5 CCR.

The Compliance Inspector informs the owner or authorized designated individual of any minor violations found and provides the opportunity for correction. The Compliance Inspector updates the electronic workbook, collects evidence/information regarding minor and/or material violations and corrections.

Advertisements:

The Compliance Inspector reviews the institution's advertisements and brochures for the previous five years. The Compliance Inspector utilizes the Advertisement Checklist to ensure the institution's advertisements and brochures are in compliance with the CEC and 5 CCR. Each section of law listed on the Advertisement Checklist contains helpful information of what to look for while conducting the review of the institution's advertisements and brochures. The

Compliance Inspector compares the brochures found at the institution with the brochures posted on the institution's website (if applicable) for compliance with CEC §94913(a)(3).

The Compliance Inspector informs the owner or authorized designated individual of any minor violations found, to allow the opportunity for correction. The Compliance Inspector collects evidence demonstrating corrections to violations and supporting the NTC, Enforcement Referral and final inspection report.

Fill in prior to inspection

BUREAU FOR PRIVATE EDUCATION COMPLIANCE INSPECTION - ONSITE
ADVERTISEMENT CHECKLIST - CONFIDENTIAL

Inspector Name: _____ Date of Inspection: _____
 Name of Institution: _____
 Street Address: _____
 City: _____ Zip: _____ Institution Code: _____ School Code: _____

Regulations § 74140 Every institution shall retain, for a minimum of five years, copies of all advertising, including (a) flyers, brochures, newspaper, and other print advertisements, (b) scripts for, and audio and video recordings of broadcast advertisements, and (c) internet content, and (d) scripts for telephone solicitations. The institution shall make these records immediately available for inspection and copying during normal business hours to site visit teams and the Bureau.

Does the school do any advertising? YES NO

* If yes, copies should be provided to you already. If copies are not provided, ask for copies of all previously used and currently used advertisements for the last five years.

Advertisements	Institution in Compliance?		
	YES	NO	N/A
Advertising indicating the location of a satellite shall indicate the nature of the classroom. (§71717(d)) Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An institution shall not Advertise concerning job availability, degree of skill, or length of time required to learn a trade or skill unless the information is accurate and not misleading. (§94897(c)) Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An institution shall not Advertise, or indicate in promotional material, without including the fact that the educational programs are delivered by means of distance education if the educational programs are so delivered. (§94897(d)) Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An institution shall not Advertise, or indicate in promotional material, that the institution is accredited, unless the institution has been accredited by an accrediting agency. (§94897(e)) Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An institution shall not Solicit students for enrollment by causing an advertisement to be published in "help wanted" columns in a magazine, newspaper, or publication, or use "blind" advertising that fails to identify the institution. (§94897(f)) Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Revised 7/23/13 COMPLIANCE INSPECTION - ADVERTISEMENTS Page 2 of 2

The form is located on the drive: _____

Student File Review:

The Compliance Inspector shall utilize the Student File Review Checklist to ensure the institution's student files are in compliance with the CEC and 5 CCR. The Student File Review Reference Guide and each section of law listed on the Student File Review Checklist contain helpful information of what to look for while conducting the review of the institution's student files.

As of January 1, 2015, STRF assessment is \$0.00. While reviewing student files the Compliance Inspector verifies STRF eligibility. If no STRF payment (STRF invoice indicates \$0.00) is indicated on the enrollment agreement, verify the student's entire institutional charge was paid by *Third-Party Payer*, or the student is not a resident of CA and is enrolled in a distance learning only program. The student shall be responsible for STRF if they pay any portion of their institutional charges or are enrolled in a residency program.

"Third-Party Payer" means an employer, government program, or other entity that pays a student's total charges when no separate agreement for the repayment of the charges exists between the third-party payer and the student. If the entire institutional charge was not paid by Third-Party Payer the student is required to pay STRF on the entire institutional charge.

"Residency Program" means an educational program as defined in section 94837 of the Code at an approved institution of which some portion of the instruction occurs as direct instruction as defined in section 71715(c).

The Compliance Inspector informs the owner or authorized designated individual of any minor violations found, to allow the opportunity for correction. The Compliance Inspector collects evidence demonstrating corrections to violations and supporting the NTC, Enforcement Referral and final inspection report.

Currently Enrolled Student File	YES	NO	N/A
HS / GED / ATB / Bachelor's Degree required for admission §71770(a)(1)&(2) and §71920(b)(1)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRF Assessments §76120(a),(b)&(c) (see attachment for reference)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The STRF assessment shall be collected from each student in an educational program at the time it collects the first payment and shall be collected for the entire period of enrollment §76130(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment Agreement signed by student & institution §94902(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An enrollment agreement is not enforceable unless all of the following requirements are met §94902(b) (See attachment for reference)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before an ATB student may execute an enrollment agreement, the institution shall have the student take an independently administered examination from the list of examinations prescribed by the U.S. Dept of Education pursuant to §484(d) of the federal Higher Education Act of 1965 §94904	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Performance Fact Sheet initialed, signed, and dated by student; signed and dated by institution §94912	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A student may not waive any provision of Article 13 §94922 (see attachment for reference)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written records and transcripts of any formal education or training, testing, or experience that are relevant to the student's qualifications for admission to the institution or the institution's award of credit §71920(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records documenting units of credit earned at other institutions and applied as transfer credits §71920(b)(1)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades or findings from any examination of academic ability or educational achievement used for admission or college placement purposes §71920(b)(1)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All documents evidencing student's prior experiential learning upon which the institution and the faculty base the award of any credit §71920(b)(1)(D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's age, gender, and ethnicity, if provided voluntarily by the student §71920(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of all documents signed by the student, including contracts, instruments of indebtedness, and documents relating to financial aid §71920(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records showing dates of enrollment and, if applicable, leaves of absence §71920(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For independent study courses, course outlines/learning contracts signed by the faculty and administrators who approved the course §71920(b)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For graduate students, dissertations, theses, and other submitted projects §71920(b)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial aid documents that are required to be maintained by law or by a loan guarantee agency §71920(b)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document showing the total amount of money received from or on behalf of the student and the date(s) on which the money was received §71920(b)(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of any official advisory notices or warnings regarding the student's progress §71920(b)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student 1 Student 2 Student 3 Student 4 Student 5 Student 6

The form is located on the drive: [REDACTED]

Withdrawn Student File Review (Refunds):

[REDACTED]

The Compliance Inspector shall utilize the Student File Review (Refunds) Worksheet to ensure the institution's student files are in compliance with the CEC and CCR. The Student File Review (Refunds) Worksheet contains the Pro Rata Refund Calculation. [REDACTED]

[REDACTED]

If a student cancels their enrollment at the institution, the institution shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to

exceed two hundred fifty dollars (\$250), if notice of cancellation is made through attendance at the first class session or the seventh day after enrollment, whichever is later. CEC §94920 (b). If the institution has an alternative refund policy approved by the Bureau pursuant to CEC §94921 that policy must be followed [REDACTED]

If a student withdraws from an educational program prior to completing 60% of the program, the student is entitled to a pro rata refund of unearned institutional charges. Additional withholdings are allowed when a student withdraws from a program, pursuant to 5 CCR §71750(c)(3). Compliance Inspector will indicate in file notes.

Refund = (Total Charges Paid – Total Nonrefundable Charges) – [(Total Institutional Charges – Total Nonrefundable Charges)/Number of Days or Hours in Program x Number of Days or Hours Student Was Scheduled to Attend]

The Compliance Inspector informs the owner or authorized designated individual of any minor violations found, to allow the opportunity for correction. The Compliance Inspector collects evidence demonstrating corrections to violations and supporting the NTC, Enforcement Referral and final inspection report.

Bureau for Private Postsecondary Education Compliance Inspection - Onsite Student Files Review (Refunds) - CONFIDENTIAL			Institution _____ Date _____														
Student Name/ ID	Enrollment Date	Withdrawal Date	Does the Institution Participate in the Federal Student	Pro Rata Refund Calculation								Did the Institution Properly Calculate Refund	Amount Refunded	Refund Due Date	Actual Date Refund Given	# of Days Late	
				Total Institutional Charge	Program Days/Hours	Student Days/Hours	Student Attendance	Attendance	Refundable Application Fees/Deposit	Non-Refundable Books/Supplies/Equipment	Total Student Fee Paid						Refund Due
			<input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO				

LEGAL REFERENCES ON REVERSE SIDE
Revised 9/23/2011 1 of 2

The form is located on the [REDACTED] drive. [REDACTED]

Faculty File Review:

The Compliance Inspector randomly selects five (5) current faculty files for review and utilizes the Faculty File Review Checklist to ensure the institution's faculty files are in compliance with

the CEC and 5 CCR. If there appears to be a pattern of non-compliance, have the institution provide three (3) additional randomly selected faculty files.

The Compliance Inspector informs the owner or authorized designated individual of any minor violations found, to allow the opportunity for correction. The Compliance Inspector collects evidence demonstrating corrections to violations and supporting the NTC, Enforcement Referral and final inspection report.

Bureau for Private Postsecondary Education Compliance Inspection - Onsite Faculty File Review - CONFIDENTIAL		Faculty Name _____ Title _____		
Educational Program Leading to a Degree				
The faculty shall have sufficient expertise to support the institution's awarding of a degree identifying a specialty or major field of emphasis, demonstrated by, at a minimum: (A) That the person possesses one of the following: (1) A degree from: an institution approved by the Bureau or previously approved by a predecessor agency of the Bureau; or an accredited institution in the United States or Canada; or other state approved institution that documents that the institution at which the faculty member earned his or her degree is equivalent to an institution that is approved by the Bureau, or from an institution outside the United States or Canada and in addition provides a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES). (2) A credential generally recognized in the field of instruction. (B) The degree, professional license, or credential possessed by the person shall be at least equivalent to the level of instruction being taught or evaluated. §71720(a)(4)		YES	NO	N/A
The institution's faculty as a whole shall possess a diverse educational background which shall be demonstrated in part by earned degrees from a variety of colleges and universities or by credentials generally recognized in the field of instruction. §71720(a)(5)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The institution shall not employ or continue to employ any faculty who were adjudicated in a judicial or administrative proceeding as having violated any provision of the Act or this chapter or as having committed any act that would constitute grounds for the denial of a license under Section 480 of the Business and Professions Code. §71720(a)(7)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The institution shall maintain records documenting that each faculty member is duly qualified and was qualified to perform the duties to which the faculty member was assigned, including providing instruction, evaluating learning outcomes, evaluating graduate dissertations, theses, and student projects, and participating on doctoral committees. §71720(a)(9)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Program Not Leading to a Degree				
An institution shall employ instructors who possess the academic, experiential and professional qualifications to teach, including a minimum of three years of experience, education and training in current practices of the subject area they are teaching. If an instructor does not possess the required three years of experience, education and training in the subject area they are teaching, the institution shall document the qualifications the instructor possesses that are equivalent to the minimum qualifications. §71720(b)(1)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The institution shall not employ or continue to employ an instructor who was adjudicated in a judicial or administrative proceeding as having violated any provision of the Act or this chapter, or as having committed any act the would constitute grounds for the denial of a license under Section 480 of the Business and Profession Code. §71720(b)(3)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Experiential Learning				
The faculty evaluating the prior learning shall prepare a written report indicating all of the following: (A) The documents in the student's record on which the faculty member relied in determining the nature of the student's prior experience; (B) The bases for determining that the prior experience (i) is equivalent to college or university level learning and (ii) demonstrates a balance between theory and practice; and (C) The bases for determining (i) to what college or university level the experience is equivalent and (ii) the proper number of credits to be awarded toward the degree for that experience. §71770(c)(4)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Student File with prior experiential learning for written report				
The institution shall designate at least one administrator to be responsible for the review of faculty determinations regarding the award of credit for prior experiential learning. §71770(c)(5)(A)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask administrator who is designated to review faculty determinations				
The administrator shall document the institution's periodic review of faculty evaluations to assure that the faculty written evaluations and awards of credit comply with this section and the institution's policies and are consistent. §71770(c)(5)(B)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review administrator's report				
Notes:				

The form is located on the C drive: [REDACTED]

Notice to Comply:

Using the electronic workbook, if warranted, the Compliance Inspector completes and issues a Notice to Comply (NTC). Refer to NTC example, below. The Compliance Inspector prints two copies.

<p>Bureau for Private Postsecondary Education 2835 Capitol Oaks Drive, Suite 402, Sacramento, CA 95833 P.O. Box 90018, West Sacramento, CA 95708-0018 P (916) 437-9261 F (916) 263-1247 www.bppe.ca.gov</p> <p>BPPE</p>																																													
<p>NOTICE TO COMPLY - CXXXXXXXX MINUTE (Ed. Code § 04285, 5 CCR § 75010)</p>																																													
<table border="1"> <tr> <td>Institution Name:</td> <td>Institution Address:</td> </tr> <tr> <td>Institution Code:</td> <td>Administrator Name:</td> </tr> <tr> <td>Street Address:</td> <td>Date of Inspection:</td> </tr> </table>	Institution Name:	Institution Address:	Institution Code:	Administrator Name:	Street Address:	Date of Inspection:	<p>RETURN THIS FORM WITHIN THE SPECIFIED TIME FRAME (WITH EITHER 1) VERIFICATION OF COMPLIANCE OR 2) NOTICE OF DISAGREEMENT)</p> <p>IMPORTANT COMPLIANCE NOTICE</p> <p>California Education Code §94925 and California Code of Regulations §75010 provide that the Bureau for Private Postsecondary Education (Bureau) shall issue a Notice to Comply for minor violations detected during a compliance inspection by the Bureau.</p> <p>By no later than 20 days from the date of the inspection, you must either: 1) Remedy the noncompliance item(s), sign the below declaration and submit this form to the Bureau, along with documentation describing how compliance was achieved; or 2) File with the Bureau a written notice of disagreement, specifying the minor violation(s) described in the Notice to Comply with which you disagree, and appealing it by requesting an informal office conference. If a written notice of disagreement is not timely filed with the Bureau, the right to appeal is deemed to have been waived.</p> <p>Failure to timely remedy the noncompliance item(s) or file a written request for an informal office conference may result in the Bureau taking administrative enforcement action.</p> <p>DECLARATION</p> <p>Attached to this document is a list describing how compliance was achieved for each violation and supporting documentation. I declare under penalty of perjury that all violations identified in this Notice to Comply are corrected as described in the attachment.</p> <p>Signature _____ Date _____</p> <p>Print Name and Title _____</p> <p>THIS DECLARATION OR NOTICE OF DISAGREEMENT MUST BE SUBMITTED TO THE BUREAU BY MONTH DD, YYYY</p>																																						
Institution Name:	Institution Address:																																												
Institution Code:	Administrator Name:																																												
Street Address:	Date of Inspection:																																												
<p>Name and Date of the Violation(s):</p> <table border="1"> <thead> <tr> <th>Education Code</th> <th>Subsection and Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Code of Regulations</th> <th>Subsection and Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>		Education Code	Subsection and Description																					Code of Regulations	Subsection and Description																				
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Inspector's Name:	Institution Administrator's Name/Title:																																												
Inspector's Signature:	Institution Administrator's Signature:																																												
<p>Notice to Comply - Inspector's Initial: _____ Administrator's Initial: _____</p> <p>2/27/14</p>																																													

The form is located on the G drive: [redacted]

For instruction on how to complete the Notice to Comply refer to the G drive: G:\BPPE\BPPE ENFORCEMENT\Compliance Units\Master Compliance Forms 20FEB2014

Exit Interview:

At the conclusion of the onsite inspection, the Compliance Inspector conducts an exit interview with the institution's owner or authorized designated individual. During this time, the Compliance Inspector reviews his/her findings.

The Compliance Inspector reviews each minor violation listed on the NTC, if applicable, with the owner or authorized designated individual. If any material violations were discovered during the compliance inspection, the Compliance Inspector verbally reviews the material violations and informs the owner or authorized designated individual that the material violations will be forwarded to Enforcement for further investigation. The Compliance Inspector explains the

process for the institution to achieve compliance and/or the institution's right to file a Notice of Disagreement (NOD). The institution's rights are listed under Important Compliance Notice at the bottom of the NTC. The Compliance Inspector informs the owner or authorized designated individual to contact the NTC Analyst for any further questions or concerns regarding the NTC. The NTC must be fully completed, signed, and dated.

SECTION 5 – Post Announced Onsite Inspection

Compliance Inspection Checklist:

Once the onsite inspection is completed the Compliance Inspector completes the Inspector portion of the Compliance Inspection Checklist and updates the Inspection Tracking Worksheet with "Compliant" or "NTC Issued" under the Onsite Inspection Completed section.

The Compliance Inspector must complete the following on the Compliance Inspection Checklist:

- Check the "No Minor Violation" box if the institution is in compliance; or
- Check the "Minor Violation(s)" / "Material Violation(s)" box if the institution is not in compliance.
- Check the "Non-Submission" box if the institution did not submit that particular section.
- Place your initials under "Staff Initials "I" when the review is complete.

Compliance Inspection Checklist

Institution Name:	Institution Code:	School Code:
	Satellite Code:	Approval Exp:
Office Technician:	Compliance Inspector:	
Date Announcement Letter	Education Specialist Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
NON-ACCREDITED DEGR <input type="checkbox"/> yes <input type="checkbox"/> no	BY MEANS OF ACCREDITATION Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME OF ACCREDITOR:		

COMPLIANCE INSPECTOR COMPLETES THESE FIELDS

STAFF INITIALS OT	CI	MINIMUM REQUIREMENT DOCUMENTS	RECEIVED (OT)	COMPLIANCE INSPECTOR (CI) REVIEW	
				NO MINOR VIOLATION(S)	MINOR VIOLATION(S)
		GENERAL INFORMATION FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CATALOG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ENROLLMENT AGREEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ADVERTISEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		STRF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ANNUAL REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SCHOOL PERFORMANCE FACT SHEET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> OT Complete	OT Initial & Date:
--------------------------------------	--------------------

NOTES:

<input type="checkbox"/> Approved for Onsite	Manager Initial & Date:
--	-------------------------

NOTES:

INSPECTION ACTION:

<input type="checkbox"/> No Minor Violations Detected	<input type="checkbox"/> NTC issued	<input type="checkbox"/> Enforcement Referral	Inspector Initial & Date
---	-------------------------------------	---	--------------------------

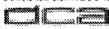
<input type="checkbox"/> Close	<input type="checkbox"/> Expired Approval	<input type="checkbox"/> Surrender	Manager Initial & Date
--------------------------------	---	------------------------------------	------------------------

Notes:

The form is located on the drive:

Notice to Comply Cover Letter:

This form is completed and returned with all other file material.

Statewide Compliance Department - 2014-2015 - Governor Edmund G. Brown Jr.

Bureau for Private Postsecondary Education
3223 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 202046, West Sacramento, CA 95776-2046
P (916) 431-6222 F (916) 223-1557 www.bppe.ca.gov

MMMM DD, 20YY

Fill in prior to mailing

John Doe, CAO
XYZ College of California
123 Main Street
Sacramento, CA 95814

Subject: Compliance Inspection
XYZ College of California
Institution Code: 8675309, School Code: 8675109

Dear John Doe, CAO:

In accordance with the California Education Code (Ed Code) section 94932.5 and Title 5, Division 7.5 of the California Code of Regulations (CCR), section 75200, the Bureau for Private Postsecondary Education is required to conduct compliance inspections for each of its approved institutions. Minor violations that are detected during an inspection are documented on a Notice to Comply and the institution is provided 30 days to remedy the violations and come into compliance.

During your institution's inspection on MMMM DD, 20YY the Bureau issued a Notice to Comply for minor violations detected. The institution provided a response within 30 days from the date of inspection that demonstrated compliance. No further response is needed.

Please be advised that Ed. Code section 94931.5 and CCR section 75200 provide that the Bureau shall perform announced and unannounced inspections of institutions at least every five years. The five-year period starts on the date of the last inspection.

Although the compliance inspection was thorough, it cannot be assumed to be all-inclusive. The absence of comments or findings regarding institutional practices, policies and procedures shall not be construed as acceptance or approval of those procedures or practices. Further, the absence of such comments or findings does not limit or lessen an institution's obligation to comply with the provisions of the California Private Postsecondary Act of 2009 and the regulations adopted therein.

Should you have any questions, please contact Enforcement Manager Wayne Branner directly at (916) 431-6937 or Wayne.Branner@bpe.ca.gov. Your anticipated cooperation is greatly appreciated.

Sincerely,

YOUR NAME
Compliance Inspector

The form is located on the [redacted] drive: [redacted]

Enforcement Referral:

The Enforcement Referral lists all material violations found during the compliance inspection. The Compliance Inspector is responsible for ensuring evidence to support the material violation(s) is collected and provided with the Enforcement Referral. In the case where a material violation cannot be supported with documentation (example: faculty file missing qualifications/experience documentation) the Compliance Inspector documents on the Final Inspection Report which then will be used as evidence to support the Enforcement referral.



BUREAU OF PRIVATE EDUCATION
 Bureau for Private K-12/Postsecondary Education
 2020 Capitol Oaks Drive, Suite 401, Sacramento, CA 95833
 P.O. Box 90074, West Sacramento, CA 95775-0074
 P (916) 421-6222 F (916) 262-1557 www.bpe.ca.gov



ENFORCEMENT REFERRAL

Enforcement Referral Date: MM/DD/YY
 Case No:

Institution Name:	Institution Telephone:
Institution Code:	Institution Address:
Owner(s) Name:	

Analyst's Name: Approving Manager Name and Signature:	Unit Referred From: <ul style="list-style-type: none"> <input type="checkbox"/> Admissions <input type="checkbox"/> Complaint Investigations <input type="checkbox"/> Compliance <input type="checkbox"/> Education Specialist <input type="checkbox"/> Licensing
--	--

1. Reason for Referral:

2. Code Section(s) Violated: (Describe how the school is in violation of each code section. Include any details regarding the nature and facts of the violation.)

#	CEC/CCR (public education)	Description of Violation

3. Evidence: (Provide supporting evidence that the school is in violation of the above mentioned code section(s). Provide copies of evidence as attachments or file in the file where I can obtain the evidence.)

#	Name of Document and Brief Description

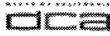
Note: The "N" columns in sections 1 and 3 of this document should correspond with each other.

For Discipline Manager Use Only:

Refer to:	<input type="checkbox"/> Desk Investigator	<input type="checkbox"/> (Unlicensed) Desk Investigator	<input type="checkbox"/> Field Investigator	<input type="checkbox"/> Citation	<input type="checkbox"/> Formal Discipline
Complaint Investigations/ Discipline Manager Approval Signature:					

Formal: ED 725 2004 1 | 7 | 4 | 2

The form is located on the drive:



Bureau for Private Postsecondary Education
 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
 P.O. Box 950818, West Sacramento, CA 95799-0818
 F (916) 431-6855 F (916) 263-1897 www.bppe.ca.gov



ENFORCEMENT REFERRAL

Enforcement Referral Date: MM/DD/YY

[Case No.]

Institution Name:	Institution Telephone:
Institution Code:	Institution Address:
Owner(s) Name:	

Analyst's Name:
Approving Manager Name and Signature:

Unit Referred From:	<input checked="" type="checkbox"/> Admin
	<input type="checkbox"/> Complaint Investigations
	<input type="checkbox"/> Compliance
	<input type="checkbox"/> Education Specialist
	<input type="checkbox"/> Licensing

Comment [Q11]: Insert submission date.

Comment [Q12]: Insert Complaint # if applicable. If no complaint #, I will insert one after I create one in SAT.

Comment [Q13]: Check "X" for the box from the unit it was referred from.

1. Reason for Referral:

[Insert reason for referral. Include any relevant details.]

2. Code Section(s) Violated: (Describe how the school is in violation of each code section. Include any details regarding the nature and facts of the violation.)

#	CEC/CCR	Description of Violation
[#]		

Comment [Q14]: (Why are you referring this to enforcement? What events led to you referring this to enforcement?) Briefly describe what is going on with the school relevant to the violations listed below. Include any pertinent dates (i.e. inspection dates, due dates, investigation date, etc.). Include any details regarding the "good faith" of the institution.

Comment [Q15]: #'s of violation should correspond with the evidence that supports this violation.

3. Evidence: (Provide supporting evidence that the school is in violation of the above mentioned code section(s).)

Provide copies of evidence as attachments or flag in the file where I can obtain the evidence.

#	Name of Document and Brief Description
[#]	

Comment [Q16]: Insert CEC or CCR code section and subsections. Inserting the title of that code section is optional.

Comment [Q17]: This area should contain a direct copy of the law (verbatim).

Comment [Q18]: Underneath the verbatim law put a brief description of the violation in BOLD. How did the school violate this law? What parts of this law, if not all, did they violate? Be specific.

Comment [Q19]: #'s of evidence should correspond with the violation it is supporting.

Comment [Q110]: Insert the name of the document of evidence. Include a brief description, if necessary. (How does this piece of evidence prove the school is in violation?)

Note: The "#" columns in sections 2 and 3 of this document should correspond with each other.

For Discipline Manager Use Only:

Refer to:
 Desk Investigator (Unlicensed) Desk Investigator Field Investigator Citation Formal Discipline

Complaint Investigations/ Discipline Manager Approval Signature: _____

For instruction on how to fill out the Enforcement Referral form, refer to the drive:

Announced Compliance Inspection Report:

The Announced Compliance Inspection Report shall be accurate, clear, concise, and complete. The Announced Compliance Inspection Report shall include only facts and not include opinions.

Within three (3) days of the completion of the onsite inspection, the Compliance Inspector forwards all file material including the Announced Compliance Inspection Report and NTC/Material violations, if applicable, detailing his/her findings, to the Compliance Manager. The Compliance Inspector updates the Inspection Tracking Worksheet with "completed" under Inspection Report Submitted for Approval section.

The Compliance Manager reviews the report. If corrections are warranted the Compliance Manager emails the Compliance Inspector to request corrections to the report. Once the Compliance Inspector has made the corrections, he/she signs the last page of the report and submits the corrections via email to the Compliance Manager.



Bureau for Private Postsecondary Education
 2322 Central Express Drive, Suite 402, Sacramento, CA 95833
 P.O. Box 900016, West Sacramento, CA 95690-0166
 (916) 437-4322 • (916) 353-1307 • www.sdfpe.ca.gov

Announced Compliance Inspection Report

Date Transmitted to Onsite: _____ Date(s) of Onsite Inspection: _____
 Compliance Inspector Name: _____
 Institution Owner: _____
 Name of Institution: _____
 Street Address: _____
 City: _____ Zip: _____ Phone Number: _____
 Institution Code: _____ School Code: _____
 Institutional Contact: _____ Title: _____

Scope Overview

The California Education Code, Title 5, Division 10, Part 58, Chapter 8 (the Ed. Code) and Title 5, California Code of Regulations, Division 7.8 (Regulations) mandate the Bureau for Private Postsecondary Education (Bureau) to perform announced and unannounced compliance inspections of institutions.

This announced compliance inspection was performed in two phases:

- Desk Inspection:** The institution submitted to the Bureau requested documentation and responses related to minimum requirements for the Student Tuition Recovery Fund (STRF), institution catalog, enrollment agreement, and faculty. After the Compliance Analyst reviewed and analyzed the institution's level of compliance, the institution was scheduled for an onsite inspection.
- Onsite Inspection:** The Compliance Inspector performed a visual inspection of the campus; reviewed institutional records, policies, and procedures; interviewed the owner, institution administration and faculty; and administered an anonymous student survey.

INSPECTION DETAILS

SITE REVIEW: A visual inspection of the institution and interviews with key staff members was conducted. The site review included a tour of the institution which included classroom instruction, faculty work areas, library or learning resource center, storage areas, along with a review of necessary building permits and discussion with key staff members.

Findings: Institution is the primary focus of the resources and services of the institution. Onsite inspection of students in classrooms was in progress. The institution's facilities and equipment meet minimum requirements.

MINIMUM REQUIREMENTS: The inspection included a review for compliance with minimum requirements related to Student Tuition Recovery Fund (STRF) regarding the institution catalog, the institution enrollment agreement, student records, faculty, advertisements, institution website and the School Performance Fact Sheet.

- STRF Reporting:** A review of institutional records that support the two previous reporting quarters of STRF submissions was conducted.
Findings: []
- Catalog:** The institution's catalog was reviewed for conformity with minimum requirements of the Ed. Code and Regulations.
Findings: []
- Enrollment Agreements:** The institution's enrollment agreement was reviewed for conformity with minimum requirements of the Ed. Code and Regulations.
Findings: []
- Student Records:** A random sampling of student records for current, graduated, and withdrawn/terminated students were reviewed. The review of student records covered areas of mandatory minimum requirements such as admission qualifications, STRF assessments, properly executed enrollment agreements, disclosures, copies of warnings to students, copies of complaints received from students, contact information, transcripts, records showing minimum requirements met for graduation, and awards and SmarterReady.
Findings: []

Student files reviewed during onsite inspection:

Current Students	
NAME, ID#	NAME, ID#
NAME, ID#	NAME, ID#
NAME, ID#	
Graduated Students	
NAME, ID#	NAME, ID#
NAME, ID#	NAME, ID#
NAME, ID#	
Dropped/Withdrawn Students	
NAME, ID#	NAME, ID#
NAME, ID#	NAME, ID#
NAME, ID#	

- Faculty:** A review of faculty personnel files was conducted to ensure mandated minimum requirements are met.
Findings: []

Instructor/faculty files reviewed during onsite inspection:

NAME TITLE
NAME TITLE
NAME TITLE

- Advertisements:** A review of the institution's advertisements for the past five years was conducted.
Findings: []
- Website:** A review of the institution's website was conducted to ensure mandated minimum requirements are met. The review of the institution's website covered areas of mandatory minimum requirements such as website for the school catalog, school performance fact sheet for each educational program, student brochure if offered by the institution, links to the bureau's website, and the most recent annual report submitted to the bureau.
Findings: []

Institution's website address:
[]

- School Performance Fact Sheet:** A review of the institution's school performance fact sheet for each educational program was conducted to ensure conformity with minimum requirements of the Ed. Code and Regulations.
Findings: []

Additional Information: A description of concerns discussed or brought to the attention of the inspector during the compliance inspection and a brief summary of how the institution plans to address these concerns. Attached to the institution detailed written response on how they intend to address these concerns.
Findings: []

PERSONS INTERVIEWED

NAME	TITLE

OUTSTANDING VIOLATIONS

Violations detected during the announced compliance inspections are brought to the institution's attention to provide the institution an opportunity to bring the violations into compliance with minimum requirements prior to the completion of the onsite inspection. The Bureau is mandated to issue, before leaving the institution, a Notice to Comply, for outstanding violations.

At the conclusion of [SCHOOL NAME] announced compliance inspection, [X] violations remained outstanding. Notice to Comply No. [CA-0000000000] was issued (copy attached).

at all times been in strict accordance with the rules and regulations of the Bureau. Foundational to all the transactions in the Settlement for Further reference.

Submitted by: _____

Signature _____ DATE _____
 Compliance Inspector

The form is located on the [redacted] drive: [redacted]

Inspection Tracking Worksheet

Select "completed" under the AGPA field on the appropriate line in the Inspection Tracking Worksheet. The date and time will automatically populate.

	AGPA - Inspection scheduled; Confirmation letter mailed	AGPA - Travel Itinerary submitted for approval	SSM1 - Travel Itinerary approved	AGPA - Onsite Inspection completed; SAIL updated	AGPA - Inspection Report submitted for approval	SSM1 - Review and approve report	Inspection Cycle Time (in days)						
11/15/11 11:25 AM	Completed	11/16/11 3:31 PM	Completed	11/16/11 10:21 AM	Approved	11/16/11 12:00 AM	Compliant	12/2/11 1:47 PM	Completed	12/2/11 3:07 PM	Approved	11/12 8:56 AM	141
11/15/11 11:25 AM	Completed	11/16/11 3:31 PM	Completed	11/16/11 10:21 AM	Approved	11/16/11 12:00 AM	Compliant	12/2/11 1:47 PM	Completed	12/2/11 3:07 PM	Approved	11/12 8:56 AM	141
11/15/11 11:23 AM	Completed	11/16/11 3:31 PM	Completed	11/16/11 10:21 AM	Approved	11/16/11 12:00 AM	Compliant	12/2/11 1:47 PM	Completed	12/2/11 3:07 PM	Approved	11/12 8:56 AM	141
12/4/12 10:20 AM													
11/15/11 11:25 AM	Completed												
11/25/12 11:17 AM													

Compliance Inspector updates the Tracking Sheet by selecting "Completed" under the AGPA field for the appropriate school. The date and time should automatically populate.

The form is located on the G drive: [REDACTED]

SECTION 6 - Unannounced Onsite Inspection:

The Unannounced Compliance Inspection begins prior to arriving at an institution. Once an institution is identified for an Unannounced Compliance Inspection and assigned to a Compliance Inspector, the Compliance Inspector shall do the following:

- Review Licensing Information in SAIL
 - Check the institution's approval status. Is the approval current, pending, or expired? If expired, have they submitted their renewal within 6 months from expiration? Is the institution accredited? Check status on accrediting agency's website? Has the accreditor taken any actions against the institution?
 - Check SAIL for any pending applications. If there are any, check with the licensing analyst and/or manager for information regarding the application status. Was a catalog and/or enrollment agreement reviewed by the licensing analyst? Were any deficiency noted?
 - Check institution's revenue history. Have they paid their annual fees, STRF fees, application fees and or fines?
 - Check for institution's STRF status. Have they been reporting on time?
 - Check institution's enforcement/complaint history. Are there any complaints against the institution? Have there been any complaints since the announced inspection? If there are any, pull the enforcement file for review.
 - Confirm any branch and/or satellite locations in connection with a main. Satellites must be within 50 miles of a main or branch.
 - Pull the licensing file for current/correct owner, contact and location information.
- Review the Notes to File, NTC, and Enforcement Referral (if applicable for the latter two) from the Announced Compliance Inspection.

- Any items identified in the Notes to File, NTC, and/or Enforcement Referral shall be reviewed again for compliance at the unannounced inspection.
- Copies of the Notes to File, NTC, and Enforcement Referral from the Announced Compliance Inspection will be in the institution's Unannounced Inspection electronic file.
- Review the institution's website, if applicable:
 - Website may or may not be listed in SAIL. Conduct a web search institution for website.
 - If institution maintains a website, check for compliance with CEC §94913:
 - School catalog. Check catalog to make sure it is current. Review catalog for compliance, CEC §94909.
 - A SPFS for each education program offered by the institution. Make sure the SPFS is current and meets the full minimum requirements, CEC §94910; 5 CCR §74112.
 - Student brochures offered by the institution. Make note if no brochures are found.
 - A link to the Bureau's website.
 - The institution's most recent annual report.
 - An institution shall include information concerning where students may access the Bureau's Internet Website anywhere the institution identifies itself as being approved by the Bureau.
 - Also, if an institution states on their website they are approved by the Bureau, they must explain what approval to operate means pursuant to CEC §94987(l).

After completing the background research on the institution, if any minor violations are present, the Compliance Inspector shall update the electronic workbook and prepare a draft NTC and/or Enforcement Referral prior to the Unannounced Inspection. The draft will be revised at the Unannounced Inspection.

Planning Onsite Inspection:

The Compliance Inspector determines the approximate timeframe it will take to complete the onsite inspection. The majority should take no more than one day. Key factors that play into determining the approximate required timeframe:

- Distance of the onsite location from home office
- Number of outstanding deficiencies not corrected prior to the onsite inspection or non-submission

Developing a Travel Itinerary:

See the Announced Compliance Inspection procedures above for a detailed description of the steps to completing "Developing a Travel Itinerary."

Unannounced Onsite Inspection:

- The Compliance Inspector shall review the following:
 - Catalog, if different than what is posted on the institution's website, review and retain a copy for the inspection file
 - Enrollment Agreement, review and retain a copy for the inspection file
 - STRF invoices and back-up documentation, retain copy for inspection file
- The Compliance Inspector shall collect the following documents for the inspection file:
 - General Information form
 - Student Survey
 - Interview list

- Student list
- Faculty list
- SPFS back-up documentation
- Documentation supporting NTC and Enforcement Referral

To conduct an unannounced inspection, follow the same procedures outlined in the Announced Compliance Inspection procedures.

The Compliance Inspector informs the owner or authorized designated individual of any minor violations found and provides the opportunity for correction. The Compliance Inspector updates the electronic workbook, collects evidence/information regarding minor and/or material and corrections.

SECTION 7 – Corrective Notice to Comply:

A “Corrective” NTC is issued when a violation is erroneously cited or the description of the violation does not match the cited CEC or 5 CCR on the NTC. Upon direction from the Compliance Manager, once approval has been obtained from the Enforcement Chief to issue a Corrective NTC, the Compliance Inspector prepares a “Corrective” NTC using the following steps:

- Type the word “**CORRECTIVE**” above the NTC number on the NTC.
- The “Corrective” NTC number shall contain the following information:
 - CAC=Compliance Announced Corrective
 - CUC=Compliance Unannounced Corrective
 - XXXXXXXX=School Code
 - MM=Month
 - YY=Year
 - EX. CAC-1234567-0513
- Institution information and Date of Inspection will remain the same as listed on the original NTC
- Nature and Facts of the Violation(s)
 - Violation(s) that were erroneously cited or the description of the violation does not match the cited CEC or 5 CCR in the original NTC will be corrected in the corrective NTC
- The Compliance Inspector signs the Corrective NTC with name and title.
- Institution Administrator will remain the same as the original NTC
- Institution Administrator Signature will remain blank
- Due Date will be 30 days from date of the Compliance Inspector mails the “Corrective” NTC
- Corrective NTC number will be inserted into footer and Compliance Inspector will initial in the area designated for Inspector’s Initial.

The Compliance Inspector prepares a letter of explanation to the institution. The letter of explanation is addressed to the administrator listed on the NTC and contains the following information:

- Explanation of erroneous cited violation(s)
- Request institution administrator sign and initial in the appropriate spots and return original “Corrective” NTC within 3 days of receipt

- Request institution retain a copy of the signed "Corrective" NTC
- Request institution administrator sign the Declaration page and return with evidence of compliance by the due date listed on the Corrective NTC

The letter of explanation is provided to the Compliance Manager for review, prior to mailing to the institution.

A copy of the "Corrective" NTC and letter of explanation are placed in compliance file.

The Compliance Inspector updates the Notes to File contained in the institutions electronic, compliance inspection file.

SECTION 8 – Reference Material:

Other State Agencies that have concurrent approval over educational programs may be found on drive: [REDACTED]

California Health Care Jobs: Working for Tomorrow

Public and private healthcare training educational institutions may need to be approved by the agency that licenses the profession. For example, schools providing registered nursing training in California must be approved by the Board of Registered Nursing. Check with the appropriate licensing entity to ensure training from an unapproved school will not count toward meeting license requirements

All healthcare professionals licensed by the California Department of Consumer Affairs must meet minimum standards for education, training, and experience. In addition, they must pass appropriate professional exams and criminal background checks. In all, more than 900,000 healthcare professionals are licensed by the Department.

A helpful resource may be found on drive: [REDACTED]

Quick guide to healthcare licensing entities

Acupuncturists

Acupuncture Board
of California
www.acupuncture.ca.gov
916 445 3021

Audiologists

Speech-Language Pathology
and Audiology and Hearing Aid
Dispensers Board
www.speechandhearing.ca.gov
916 263 2666

Chiropractors

Board of
Chiropractic Examiners
www.chiro.ca.gov
916 263 5355

Clinical social workers

Board of Behavioral Sciences
www.bbs.ca.gov
916 574 7630

Contact/spectacle lens dispensers

Medical Board of California
www.mbc.ca.gov
800 633 2322

Dental assistants

Dental Board of California
www.dbc.ca.gov
877 729 7789

Dental hygienists

Dental Hygiene Committee
of California
www.dhcc.ca.gov
916 263 1976

Dentists

Dental Board of California
www.dbc.ca.gov
877 729 7789

Educational psychologists

Board of Behavioral Sciences
www.bbs.ca.gov
916 574 7630

Hearing aid dispensers

Speech-Language Pathology
and Audiology and Hearing Aid
Dispensers Board
www.speechandhearing.ca.gov
916 263 2666

Marriage and family therapists

Board of Behavioral Sciences
www.bbs.ca.gov
916 574 7630

Midwives

Medical Board of California
www.mbc.ca.gov
800 633 2322

Board of Registered Nursing

www.mca.gov
916 322 3350

Naturopathic doctors

Naturopathic Medicine
Committee
www.naturopathic.ca.gov
916 928 4785

Nurse practitioners

Board of Registered Nursing
www.mca.gov
916 322 3350

Occupational therapists

Board of
Occupational Therapy
www.bot.ca.gov
916 263 2294

Ophthalmologists

Medical Board of California
www.mbc.ca.gov
800 633 2322

Opticians

Medical Board of California
www.mbc.ca.gov
800 633 2322

Optometrists

Board of Optometry
www.optometry.ca.gov
916 575 7170 / 866 585 2666

Osteopathic physicians

Osteopathic Medical Board
of California
www.ombc.ca.gov
916 928 5390

Pharmacists

California State Board
of Pharmacy
www.pharmacy.ca.gov
916 574 7900

Pharmacy technicians

California State Board
of Pharmacy
www.pharmacy.ca.gov
916 574 7900

Physical therapists

Physical Therapy Board
of California
www.ptbc.ca.gov
916 561 6200

Physicians and surgeons

Medical Board of California
www.mbc.ca.gov
800 633 2322

Physician assistants

Physician Assistant Committee
www.pacc.ca.gov
916 561 8780

Podiatric medical doctors

California Board of
Podiatric Medicine
www.cbpm.ca.gov
916 263 2647

Psychiatric technicians

Board of Vocational Nursing
and Psychiatric Technicians
www.bvnpt.ca.gov
916 263 7800

Psychiatrists

Medical Board of California
www.mbc.ca.gov
800 633 2322

Psychologists

Board of Psychology
www.psychboard.ca.gov
866 503 3221 / 916 263 2699

Registered nurses

Board of Registered Nursing
www.mca.gov
916 322 3350

Respiratory therapists

Respiratory Care Board
of California
www.rcbc.ca.gov
866 375 0386 / 916 323 9903

Speech language pathologists

Speech-Language Pathology
and Audiology and Hearing Aid
Dispensers Board
www.speechandhearing.ca.gov
916 263 2666

Vocational nurses

Board of Vocational Nursing
and Psychiatric Technicians
www.bvnpt.ca.gov
916 263 7800

Bureau for Private Postsecondary Education Procedure Acknowledgement

Title: Compliance Inspections		Procedure #: 2013-0070
Procedure Owner: Compliance Unit	Effective: immediately	Pages: 61

This is to acknowledge receipt of the Bureau for Private Postsecondary Education's above listed procedure.

By signing below I certify that I have read and understand the procedures.

(Printed Name)

(Signature) (Date)

A copy should be retained by the employee's supervisor/manager, and a copy provided to the employee.



State and Consumer Services Agency – Governor Edmund G. Brown, Jr.

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 980818, West Sacramento, CA 95798-0818
P (916) 431-6959 F (916) 263-1897 www.bppe.ca.gov



MEMORANDUM

DATE	January 15, 2013
TO	All Bureau Staff
FROM	[REDACTED]
SUBJECT	Policy Memo #011513 – 2013 Statutes Affecting Licensees

Today the information contained below was emailed, as a courtesy, to the Bureau's licensees. This notice is designed to inform our licensees of the 2013 statutory changes that may affect their institutions, but that fall outside of the Private Postsecondary Education Act. Please review the information contained in this notice, and see your manager if you have any questions.

NOTICE TO LICENSEES OF CHANGES TO LAWS AFFECTING POSTSECONDARY EDUCATIONAL INSTITUTIONS

Dear School Administrators:

On January 1, 2013, several new laws related to public and private colleges and universities became effective. These statutory changes are not contained within the California Private Postsecondary Education Act and are not directly enforced by the Bureau. However, some or all of these laws may be applicable to your institution. This courtesy notice is intended to provide you with information regarding the new laws and statutory changes that became effective on January 1, 2013.

Senate Bill 1289, Chapter 623, Statutes of 2012, requires public, private and independent educational institutions to state in all printed and online financial aid materials and private loan applications distributed or made available by the institution: (1) federal student loans are required by law to provide a range of flexible repayment options, including, but not limited to, income-based repayment and income-contingent repayment plans, and loan forgiveness benefits, which other student loans are not

required to provide; and (2) federal direct loans are available to students regardless of income.

An institution may continue to use financial aid materials that are printed before January 1, 2013, if the institution includes an insert with the printed material that provides the aforementioned required information. Financial aid materials printed on or after January 1, 2013 are required to contain all of the aforementioned information.

Institutions are also required to clearly distinguish private loans from federal loans in individual financial aid awards by stating, for any private loans included by the institution as part of the institution's award package: (1) whether the rate is fixed or variable; (2) an explanation that private student loans can offer variable interest rates that can increase or decrease over time, depending on market conditions; (3) an explanation that private student loans have a range of interest rates and fees and students should determine the interest rate of, and any fees associated with, the private student loan included in their financial aid award package before accepting the loan; (4) an explanation that students should contact the lender of the private student loan or their postsecondary educational institution's financial aid office if they have any questions about a private student loan; and (5) an explanation that the interest rate on a private loan may depend on the borrower's credit rating.

Institutions that provide a private loan lender list must also provide general information about the loans available through the lender and disclose the basis for each lender's inclusion on the list. The institution must also disclose that the student has the ability to choose any lender.

Complete text of the legislation can be found at the following link:

A redacted link consisting of two lines of blacked-out text.

Senate Bill 1349, Chapter 619, Statutes of 2012, prohibits public and private postsecondary educational institutions, and their employees and representatives, from requesting a student, prospective student, or student group to: (1) disclose a user name or password for accessing social media; (2) access personal social media in the presence of the institution's employees or representatives; and (3) divulge any personal social media information.

Institutions are prohibited from suspending, expelling, disciplining, or threatening to take any of those actions, or otherwise penalizing a student, prospective student, or student group in any way for refusing to comply with a request or demand that violates the aforementioned prohibitions. Institutions are not prohibited from: (1) exercising rights and obligations to protect against and investigate alleged student misconduct or violations of applicable laws and regulations; or (2) taking any adverse action against a student, prospective student, or student group for any lawful reason.

Complete text of the legislation can be found at the following link:

http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1301-1350/sb_1349_bill_20120927_chaptered.pdf

Senate Bill 1525, Chapter 625, Statutes of 2012, enacts the Student Athlete Bill of Rights and places specific requirements on collegiate athletic programs offered at a campus of the University of California or the California State University, or any four-year private university located in California that maintains an intercollegiate athletic program, commencing with the 2013-14 academic year and ending January 1, 2021.

Complete text of the legislation can be found at the following link:

http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1501-1550/sb_1525_bill_20120927_chaptered.html

Senate Bill 1539, Chapter 151, Statutes of 2012, requires textbook publishers and their agents or employees to provide a faculty member of a public or private postsecondary educational institution who selects the student textbooks, with specified information regarding products offered, wholesale and retail pricing, and differences and changes in new editions of textbooks.

Complete text of the legislation can be found at the following link:

http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1501-1550/sb_1539_bill_20120717_chaptered.pdf

Institutions are encouraged to read the full text of the aforementioned legislation in order to determine applicability and compliance. As previously indicated, the Bureau is not directed to interpret or enforce these provisions; however, we will do our best to answer or appropriately redirect any questions that your institution has in regards to compliance with these new laws.

Sincerely,

 Bureau Chief
California Bureau for Private Postsecondary Education

Bureau for Private Postsecondary Education Procedure

Title: Compliance Inspection Clerical Support	Supersedes: None	Procedure #: 2013-0071
Procedure Owner: Compliance Unit	Effective: Immediately	Page: 1 of 47
Issue Date: July 17, 2013	Approved By: Joanne Wenzel, Bureau Chief Bureau for Private Postsecondary Education	

Policy: The Bureau for Private Postsecondary Education (Bureau) is mandated to inspect postsecondary institutions (institution) for compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (CCR).

Purpose: This process outlines how the office technician completes the essential processes for the Compliance Unit.

Definitions:

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COMPLIANCE INSPECTION OVERVIEW

The Bureau for Private Postsecondary Education (Bureau) is mandated to inspect postsecondary institutions (institution) for compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (CCR).

An institution is identified for a compliance inspection by the Enforcement Chief (or designated person). Pursuant to CCR §75200(d), the Bureau shall determine the number of total compliance inspections for any institution by evaluating relevant factors including: size of the institution, number and types of programs offered, time elapsed since last inspection, history of its approval to operate, number and type of complaints, and enforcement history. There are two types of compliance inspections: Announced and Unannounced. The Bureau is required to perform the same amount of announced and unannounced compliance inspection over a two year timeframe. The two year timeframe clock begins on the date of the announced inspection.

COMPLIANCE UNIT – OFFICE TECHNICIAN

The Office Technician is responsible for essential processes in the compliance unit. The Office Technician is responsible for the following duties:

- Answer inquiries from institutions regarding the compliance inspection process
- Create and mail announced compliance inspection contact letters and informational packets
- Create physical and electronic compliance inspection files
- Update the School Automated Information Link (SAIL) database/Inspection Tracking Worksheet
- Mail
- Purging and Filing

This manual outlines the procedures necessary to complete the Office Technician's duties.

SECTION 1 - Answer Incoming Inquires

The Compliance Unit does not have a published incoming telephone line. Incoming calls are transferred from the Department of Consumer Affairs (DCA) or Bureau staff. The following steps should be taken when answering the call:

1. Introduce the Bureau and yourself, i.e. - Bureau for Private Postsecondary Education, this is (your name)
2. Ask the caller to identify him/herself and what institution he/she is representing
3. Answer any basic questions regarding the compliance inspection process
4. If the caller asks detailed questions regarding an ongoing compliance inspection research SAIL to determine to whom the inspection is assigned. Transfer the call to the Compliance Analyst (Analyst) or Compliance Inspector (Inspector). Do not "blind transfer" calls. Inform the Analyst for Inspector who is calling and the name of the institution before transferring so that the Analyst or Inspector may pull the appropriate file. If the Analyst or Inspector is not available, inform the caller you will transfer the call to the Compliance Analyst or Compliance Inspector's voice mail. Inform the caller to expect a return call within 24-48 hours. If the Compliance Analyst or Compliance Inspector is expected to be away from the office for more than 24-48 hours, inform the institution of the potential timeframe for a return phone call. If necessary, escalate the call to the appropriate Compliance Manager.
5. There may be times when the call must be escalated to a Compliance Manager. Never "blind" transfer a call. Provide the Compliance Manager with the caller's name, institution they are representing, institution approval number, to whom the case is assigned and a brief summary of the situation. If the Manager is not available take a message.

SECTION 2 – Announced Compliance Inspection Letter and Informational Packet

The Compliance Manager will provide the Office Technician with a Compliance Inspection Checklist for each institution selected for a compliance inspection. The name of the institution, the school approval number, any satellites attached to the main or branch, and the name of the assigned Compliance Inspector will be stated on Compliance Inspection Checklist. A compliance inspection announcement letter and the minimum requirements informational packet (General Information, Student Tuition Recovery Fund (STRF), Institutional Website and Web Advertisements, Catalog with attachment, Enrollment Agreement with attachment, Administration, Admissions, Educational Program, Faculty, Annual Report/School Performance Fact Sheet Request) must be sent to each selected institution. The forms (Word Document) are located on the share "G" drive (~~C:\PPPE\PPPE ENFORCEMENT\COMPLIANCE UNIT\FORMS AND TEMPLATES\PPPE Form\Desk Forms~~). The Office Technician should keep a small supply of packets (10) at all times.

To order packets, the Office Technician will complete the following steps:

1. Order a Reproduction Request from DCA Digital Print Service Unit for forms.
 - The Office Technician will be notified of the amount of institutions being selected for compliance inspection at least one week in advance by the Enforcement Chief (or designated person).
 - The Office Technician completes and prints the DCA Digital Reproduction Request fill-in form found at:
~~http://inside.dca.ca.gov/forms/das/reproduction_req.pdf~~ See sample on next page with approved instructional language.
 - Send the request form and compliance inspection packet to DCA Digital Reproduction Unit (DRU) via interoffice mail. Also, send an electronic version of the announced compliance inspection packet to DCA Digital Reproduction via email to ~~XXXXXXXXXXXX@ca.gov~~. Place in subject: Request for Reproduction of Compliance Inspection Packet sent via interoffice mail on (insert date).

Note: Electronic documents are preferred by DRU as they allow for cleaner copy.

Note: The DCA Digital Print Services Reproduction Request may be used for other forms such as Student Surveys and Tally Sheets, Onsite Notice to Students, etc.

Digital Print Services Reproduction Request
http://inside.dca.ca.gov/forms/oas/reproduction_req.pdf

		Digital Print Services Reproduction Request Phone 916.574.7263			
Please Ensure That The Form Is Filled Out To Completion					
Requested by Office Technician's Name		Bureau/Division/Division/Program Bureau for Private Postsecondary Education			
Telephone Number (916) 431-		DCA Index Code (4 digit code) 6802		Date Current	Due Date 5 Business Days Out
Number of Original Pages 42		Number of Copies Per Original (Sets) Compliance Inspection Packet		Job Description Compliance Inspection Packet	
Black & White Copies <input type="checkbox"/>		Color Copies <input checked="" type="checkbox"/>			
Tape Bind <input type="checkbox"/> White <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/>		Name Plate <input type="checkbox"/> Green Marble <input type="checkbox"/> Black Marble <input type="checkbox"/>			
Confidential Copy Job Special Instructions: (Please Note That Only Requester May Pick Up Job)					
Pick Up or Delivery (Please Specify Special Instructions)			Contact Person (If Different From Requester)		
You May Send Your Reproduction Job Electronically To: reproduction_room@dca.ca.gov					
Paper Options					
STOCK Text-2DF Bond		Cover Stock 65# Bond			
8 1/2 x 11 / 8 1/2 x 14 / 11 x 17					
Most colors are available. If you have a specific color in mind, it can be ordered for you. Please allow two additional business days for the completion of your copy request.					
Specify if Other Than White					
Colored Cover Stock Request		Paper Stock Provided by Customer?			
Blue <input type="checkbox"/> Goldenrod <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Pink <input type="checkbox"/> Silver <input type="checkbox"/>		Cover Sheet Insertions:			
Casary <input type="checkbox"/> Blue <input type="checkbox"/>		Front and Back <input type="checkbox"/> Front Only <input type="checkbox"/> Back Only <input type="checkbox"/>			
Purple <input type="checkbox"/> Green <input type="checkbox"/>		Finishing Options			
Text		Insert Slip Sheets (Please Specify Slip Sheet Location in "Special Notes" Section, Page 2)			
Single Side <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Back to Back <input checked="" type="checkbox"/>		Hole PUNCH:			
		Three Hole (Left Side) <input type="checkbox"/> Two Hole (Top of Paper) <input type="checkbox"/>			
ReproReq001.doc (Rev. 05/2012) Page 1 of 2					

Cutting:		Collation and Insertions	
1/2 Sheet <input type="checkbox"/>		Collated <input checked="" type="checkbox"/>	
1/3 Sheet <input type="checkbox"/>		Not Collated <input type="checkbox"/>	
		Insert Into Envelope <input type="checkbox"/> (Number 10 Envelope Only)	
Folding:			
1/2 Fold <input type="checkbox"/>		3/4 Fold <input type="checkbox"/>	
Pamphlet Fold <input type="checkbox"/>		2 Fold <input type="checkbox"/>	
Renewal Fold for legal size <input type="checkbox"/>		Forward to mailroom for metering <input type="checkbox"/>	
Stuffing:			
Bindery Options			
Number of Pages Per Booklet		Staple Options:	
		Corner (Vertical) <input checked="" type="checkbox"/>	
		Corner (Horizontal) <input type="checkbox"/>	
		Side <input type="checkbox"/>	
Ribbon Bind - Trim Size 8 1/2 x 11			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Booklet Bound With Color: Min-100 Pages, Max: 200 Pages)			
Legal Requirements			
Any Reproduction Request that includes new or changed information on forms, brochures, etc. that goes to the public MUST have approval from Legal before the request can be processed.			
Legal Approval			
Original: Previous Approval From Legal <input checked="" type="checkbox"/>			
New/Changed: Approval Form Attached <input type="checkbox"/>		Legal Counsel Signature	
		Date Signed:	
Special Notes			
Forms must be kept in order attached: General Information, STRF, Institutional Website and Web Advertisements, Catalog with attachments, Enrollment Agreement with attachments, Administration, Admissions, Educational Program, Faculty, Annual Report.			
Paperclip all documents in upper left hand corner.			
Print 2 to 1 (back to back)			
Electronic version of forms sent on (include date).			
DPS Staff Use Only			
ReproReq001.doc (Rev. 5/2012) Page 2 of 2			

- The Office Technician fills in their Name, Bureau, Telephone Number, DCA Index Code (6802), Date, Due Date, Number of Original Pages, Number of Copies per Original (Sets), Job Description, and Color Copies.
- The Office Technician indicates in Paper Options that Paper Stock will NOT be provided by the Customer.
- The Office Technician indicates in Finishing Options that the Text shall be Back to Back, and that the packets shall be Collated.
- The Office Technician indicates in Bindery Options that the packets shall be stapled in the Corner (Vertical).
- The Office Technician shall indicate in Legal Approval that the packets are Original: Previous Approval from Legal. If changes are made to documents or new documents are created the Office Technician will check the "New/Changed: Approval Form Attached" box and attach approval*
- The Office Technician shall include the following exact language in the Special Notes:
 - "Forms must be kept in order attached: General Information, STRF, Institutional Website and Web Advertisements, Catalog with attachments, Enrollment Agreement with attachments, Administration, Admissions, Educational Program, Faculty and Annual Report."
 - "Paperclip all documents in the upper left hand corner."
 - "Print 2 to 1 (back to back)."
 - "Electronic version of forms sent on 'include date'."

- *The Enforcement Chief will have obtained approval from Legal and provided the Office Technician with a copy of the approval.

2. SAIL Information – double click the SAIL icon on your desktop. Insert School Code and click GO.

- To obtain institution’s Owner - click on Ownership tab.
- To obtain institution’s Contact Person and address - click on Contact Info tab.
- To obtain institution’s Custodian of Record - click on Custodian tab.
- To obtain institution’s physical and mailing addresses - review School Physical Address and School Mailing Address under the School/Institution Name.
- To obtain institution’s Branches and Satellites - click on Branches/Satellites tab.

General School Information For School Code #5400411

File Schedule A Site Visit

S. A. I. L. Schools' General Information

Report Center Add/View Comments Save Work! Add School Item @ A Glance Back To Main

Institution's Program Types: Vocational: Degree: Registered: Title 38: Religious Exempt: Exempt: Residential: Distance Learning:

School Status: Active Site Type: Main School Code: Institution Code:

School/Institution Name: Golden State Business College d.b.a. Milan Institute

Title IV Funding? OPE ID: Addressing Preference: Golden State Business College d.b.a. Milan Institute

School Physical Address: School Mailing Address:

County: CA Phone Number: Fax Number:

Accrediting Body(Agency): (x 2 please reflect in comments) Web Address (URL Address): Assigned Bureau Staff: Date Assigned:

www.milaninstitute.edu

Approval | Registrations | Religious Exemption | Other Exemptions | Programs | Enforcement | Revenue Tracking | Applications

Contact Info | Ownership | Custodian | Agent for Process | Branches/Satellites | Site Visits

School's 'Contact' Information:

Contact Name: Contact Title:

Contact Address: Contact Phone: Contact Fax:

Contact E-mail: lsanchez@milaninstitute.edu

3. Prepare Announced Compliance Inspection Letter

The Office Technician prepares the Announced Compliance Inspection letter using a mail merge Word document (ANNOUNCED INSPECTION Initial Letter). The Announced Compliance Inspection letter will be sent to the address identified by the Enforcement Chief. The due date will be 30 days from the mailing date. The following steps are required to merge the letter:

- Open announced compliance inspection letter in the BPPE share drive (G): ~~G:\BPPE\BPPE ENFORCEMENT\COMPLIANCE UNITS\~~
~~TEMPLATES\OT F~~ ~~ANNOUNCED INSPECTION Initial Letter~~
 - If the "SQL" box pops up – click Yes.
- Click on "Mailings" tab, Edit Recipients List, Highlight Data Source, Click Edit
- Type in data for all selected institutions (data box will lead you through the information needed on each document: Institution contact name; institution name; institution mailing address; city; state; zip code; Institution Code; School Code; Mr./Ms. last name of owner; Compliance Analyst name; last four digits of the Compliance Analyst's phone number; Compliance Analyst's email address; due date and Compliance Analyst Manager's name)
- After last institution is entered click: Ok, Yes, Ok.
- Click on "Finish & Merge" tab, Edit Individual Documents, All, Okay
- Review merge documents to make sure correct information is merge in proper locations. Print documents. Exit document – Save a copy for the electronic file.
- Forward completed announced compliance inspection letter to Compliance Analyst Manager for review and signature.
- After letter is signed, print one copy. Send original signature to institution with attached compliance inspection packet certified mail and placed the other in physical file. Place the saved copy in the electronic file. (Section 3 – Electronic and Physical File)

~~G:\BPPE\BPPE ENFORCEMENT\COMPLIANCE UNITS\FORMS AND TEMPLATES\OT F~~
~~ANNOUNCED INSPECTION Initial Letter 100010.doc~~

 <p><small>State of California Department of Education - Division of Postsecondary Education</small></p> <p>Bureau for Private Postsecondary Education 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 P.O. Box 92618, West Sacramento, CA 95708-0918 P (916) 451-4989 F (916) 952-1867 www.bppe.ca.gov</p> <p>INSERT DATE</p> <p>INSERT INSTITUTION CONTACT NAME INSERT INSTITUTION NAME INSERT INSTITUTION MAILING ADDRESS CITY, STATE, ZIP</p> <p>Subject: Compliance Inspection INSERT INSTITUTION NAME Institution Code: INSERT CODE; School Code: INSERT CODE</p> <p>Dear INSERT Mr./Ms. & Last Name:</p> <p>The California Private Postsecondary Education Act of 2009 (CEC), §94932 and §94932.5, and Title 5, Division 7.5 of the California Code of Regulations (CCR), §75200, require the Bureau for Private Postsecondary Education (Bureau) to inspect institutions for compliance with statutory and regulatory requirements set out in the CEC and CCR.</p> <p>Your institution has been identified for a compliance inspection. The compliance inspection is a two-step process. The first step requires the institution to submit specific documentation and information to the Bureau for the compliance analyst to review. The second step consists of an onsite inspection of the institution by a compliance inspector. If at the end of the compliance inspection there are minor violations a "Notice to Comply" will be issued and the institution will have 30 days to correct the violations and or submit a letter of disagreement. If at the end of the 30 days there are still minor violations and or the Bureau has not received a letter of disagreement the Notice to Comply will be forward to enforcement for issuance of a citation. All non-minor and or material violations found during the compliance inspection will be forward to enforcement for further review.</p> <p>The owner of the institution must be available during all portions of the compliance inspection or may indicate an authorized designated individual on the general information form that has full authority to make any required changes needed to be in compliance with statutory and regulatory requirements.</p> <p>Compliance Analyst, INSERT ANALYST NAME, has been assigned to assist you through the first step of the compliance inspection. Please direct all communications and questions to (916) 451-XXXX or INSERT EMAIL ADDRESS.</p>	<p>Enclosed with this letter are forms that identify the submissions and responses required, during the first step of the compliance inspection on the minimum requirements. These forms must be signed by the owner and/or authorized designated individual.</p> <ul style="list-style-type: none"> • General Information Form • Student Tuition Recovery Fund (STRF) Minimum Requirements • Institutional Website and Web Advertisements Minimum Requirements • Catalog Minimum Requirements • Enrollment Agreement Minimum Requirements • Administration Minimum Requirements • Admissions Minimum Requirements • Educational Program Minimum Requirements • Faculty Minimum Requirements • Annual Report/Student Performance Fact Sheet Minimum Requirements <p>Please follow the instructions set forth on each form, complete each form in its entirety and submit all required documentation to the address below. All submissions must be received by the Bureau no later than INSERT DUE DATE. Mail all submissions to the Bureau's address at:</p> <p>Bureau for Private Postsecondary Education 2535 Capitol Oaks Dr., Ste. 400 Sacramento, CA 95833</p> <p>Thank you in advance for your cooperation.</p> <p>Sincerely,</p> <p>MANAGER'S NAME Enforcement Manager Compliance Inspections</p> <p>Enclosures</p>
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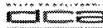
4. Prepare Announced Compliance Inspection Packet

- The Office Technician inputs the Institution Code and School Code on the “minimum requirement informational packet” forms for General Information, STRF, Institutional Website and Web Advertisements, Catalog, Enrollment Agreement, Administration, Admissions, Educational Program, Faculty and Annual Report/School Performance Fact Sheet.

~~CADPPE/BPPE ENFORCEMENT COMPLIANCE INFORMATION CARD~~
~~ATTACHED TO Form/Desk Forms~~



Statewide Consumer Services Agency - Governor Edmund G. Brown Jr.
 Bureau for Private Postsecondary Education
 2595 Capitol Oaks Drive, Suite 400, Sacramento, CA 95822
 P.O. Box 999918, West Sacramento, CA 95798-0918
 P (916) 431-6959 F (916) 263-1897 www.bppr.ca.gov



CATALOG MINIMUM REQUIREMENTS

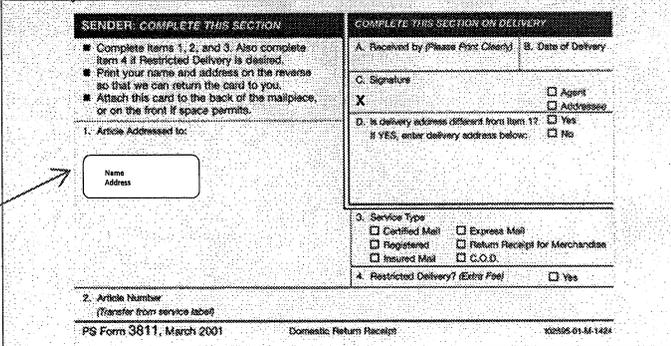
Name of Institution:			
Street Address:			
City:	Zip:	Institution Code:	School Code:

Pursuant to the California Private Postsecondary Education Act of 2009 (Ed. Code) and Title 5, Division 7.5 of the California Code of Regulations (5 CCR), an institution shall be in compliance with the catalog minimum requirements. The minimum requirements listed in the table below summarize relevant sections of the Ed. Code and 5 CCR, or requests specific documentation in regards to the Ed. Code and 5 CCR. Attached for your reference and convenience is the full text of those laws.

5. Prepare Announced Compliance Inspection Package for certified mailing.

- Create 3 labels containing the institution’s name, address and Institution Code.
 - Place label 1 on the front of Form 3811- Certified Mail Green Card

LABEL 1
 OWNER NAME
 INSTITUTION NAME
 INSTITUTION ADDRESS
 INSTITUTION CODE



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Name _____
 Address _____

2. Article Number _____
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Agent
 Addressee

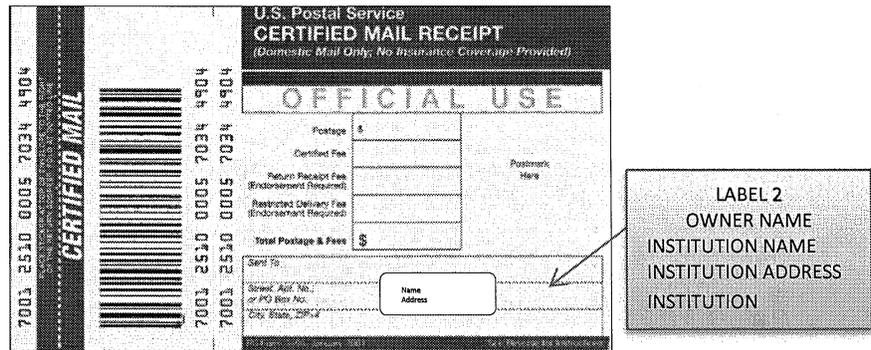
D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

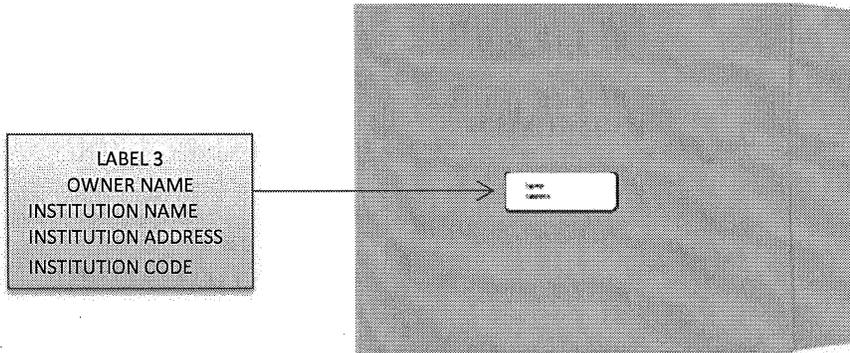
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, March 2001 Domestic Return Receipt X0205 01-41-1424

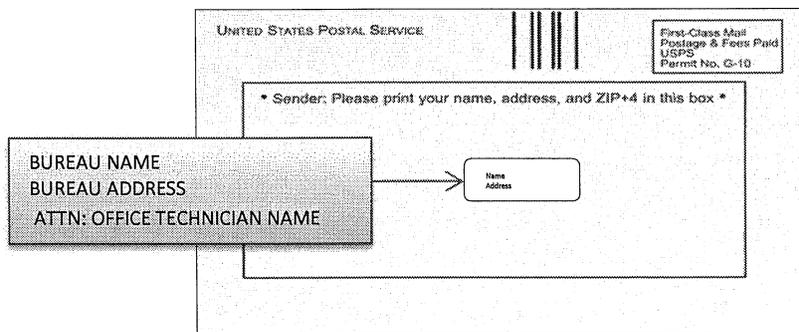
- o Place label 2 on Form 3800 – Certified Mail Receipt



- o Place label 3 on a 10 X 13 envelope



- Create one label containing the Bureau's name, address, and "Attn: OT's name and place it on the back side of Form 3811 – Certified Mail Green Card.



- Remove the sticker which contains the article number of the mail receipt and place it on Form 3811.

- Check the “Certified Mail” and “Return Receipt for Merchandise” boxes on Form 3811 as shown below.

Place the completed Form 3811 on the front of the manila envelope as shown below.

- Separate Form 3800 along the perforated line. Place Part 1 on the envelope and staple Part 2 to a blank white 8.5” x 11” page and attach the page to the back of the copied announcement letter.

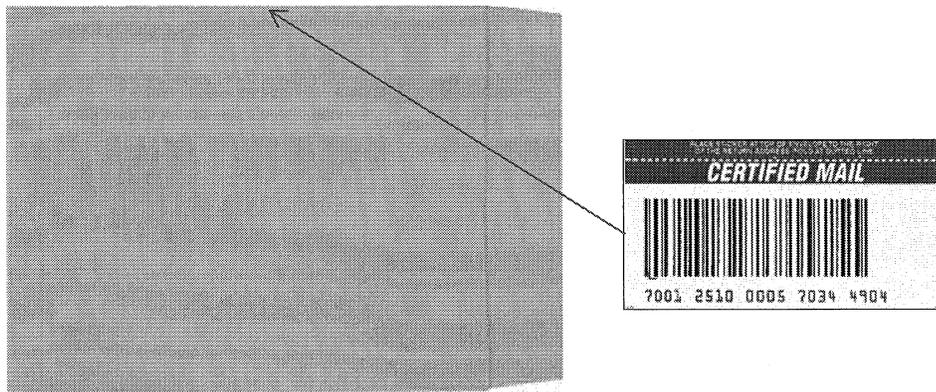
-PART 1



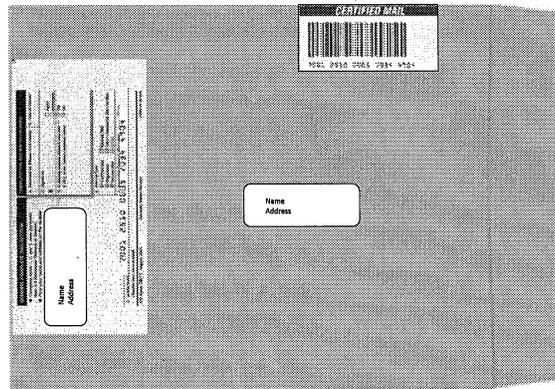
PART 2

U.S. Postal Service	
CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
<small>PS Form 3800, January 2011</small>	

- Place Part 1 on the front of the manila envelope as shown below.

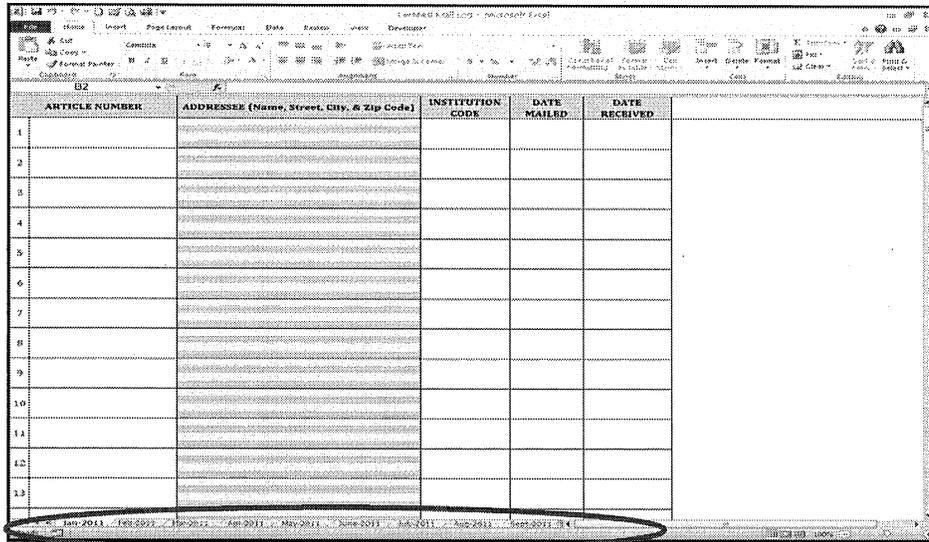


The completed packet should look like the manila envelope shown below.



- Part 2 of PS Form 3800 is attached to the copy of the announcement inspection initial letter placed in the physical file.

- Certified Mail Log – Excel Form
 - Locate the Certified Mail Log for the current year in the share drive (G):
~~C:\DITL\DITL ENFORCEMENT COMPLIANCE UNITS\FORMS AND TEMPLATES\OT Forms\Certified Mail Log.xlsx~~
 - Select the Tab for the current month



- Fill in each field and save the spreadsheet.
 - Include the article number from the Certified Mail receipt;
 - Identify the Addressee;
 - Identify the School Code; and
 - Identify the Date Mail.

ARTICLE NUMBER	ADDRESSEE (Name, Street, City, & Zip Code)	INSTITUTION CODE	DATE MAILED	DATE RECEIVED
1	7001 2510 0005 7034 4904 AEC Institution 22348 School Way Sacramento, CA 00000	100012	7/6/11	
2				
3				
4				
5				
6				
7				
8				
9				

Mail- Receiving

- The “Return Receipt for Merchandise” (PS Form 3811) is returned to the Bureau, the Office Technician fills in the “Date Received” field as shown below and attaches it to the compliance inspection contact letter. The Office Technician obtains the date the packet was received from the “Date of Delivery” box on the “Return Receipt for Merchandise.”

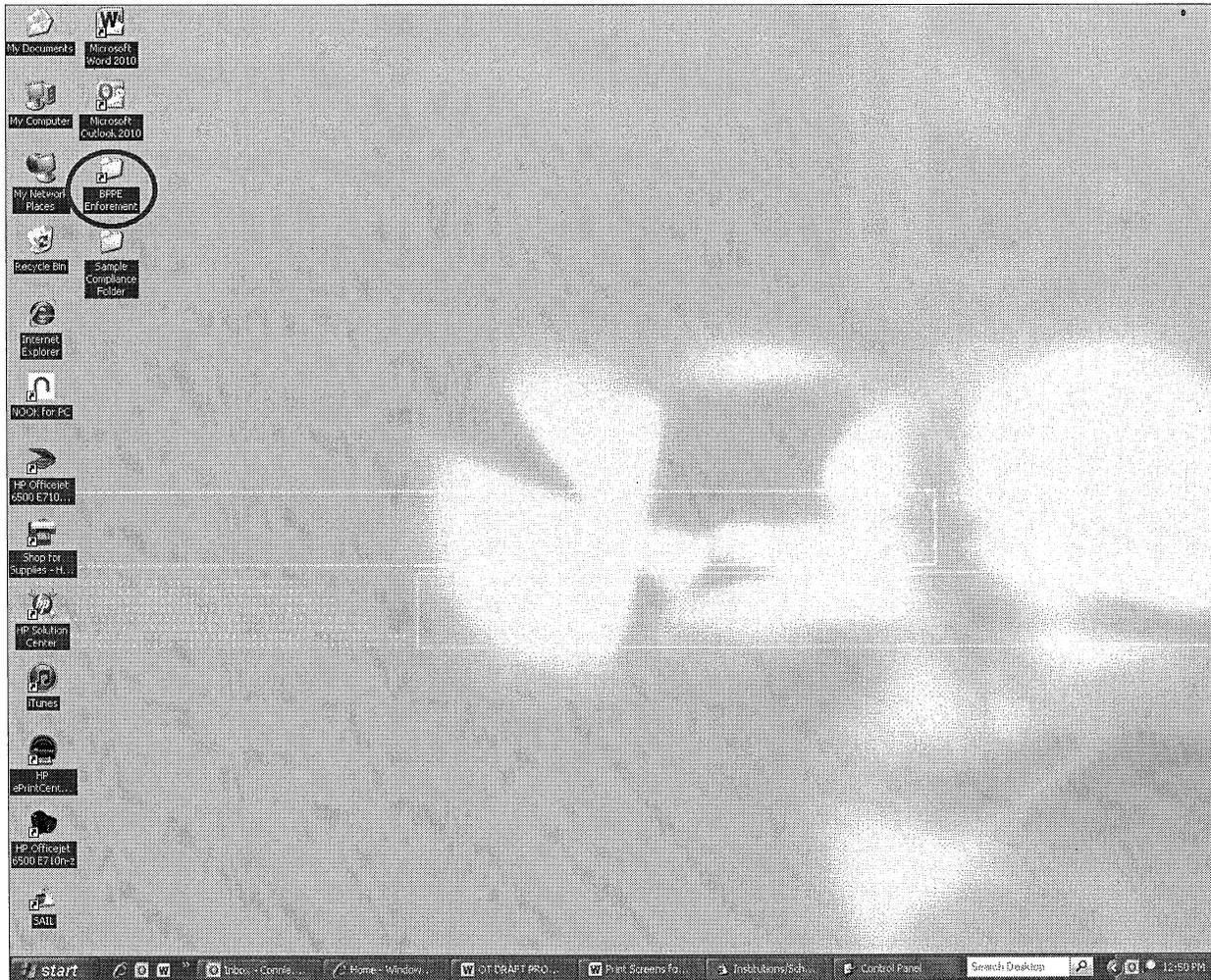
ARTICLE NUMBER	ADDRESSEE (Name, Street, City, & Zip Code)	INSTITUTION CODE	DATE MAILED	DATE RECEIVED
1	7001 2810 0002 F034 4904 ABC INSTITUTION 12345 STREET SACRAMENTO, CA 95800	100012	7/8/11	7/10/11
2				
3				
4				
5				
6				
7				
8				
9				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, March 2001	Domestic Return Receipt 102595-01-M-1424

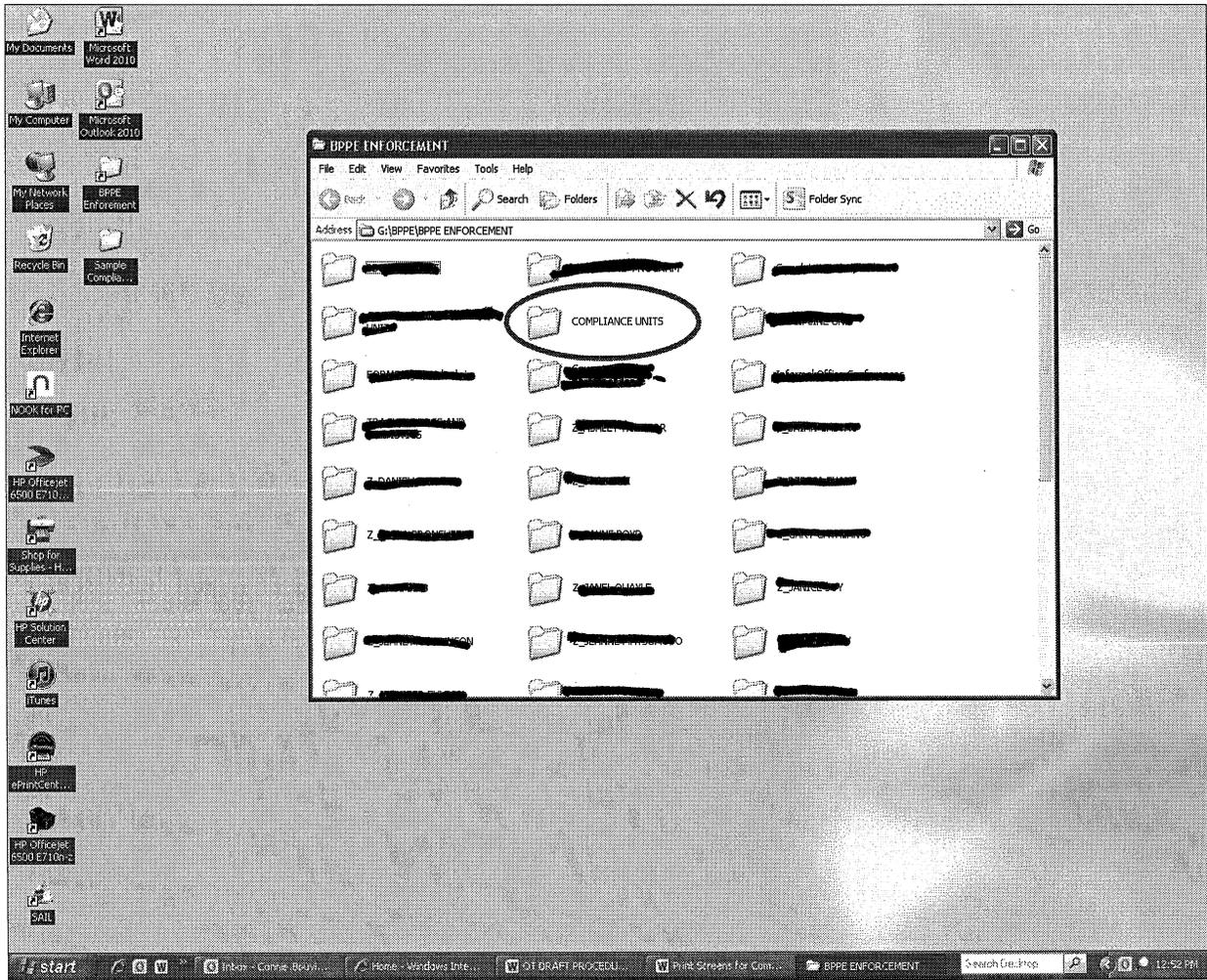
SECTION 3 – Electronic and Physical Files

Create an electronic Compliance Inspection Folder

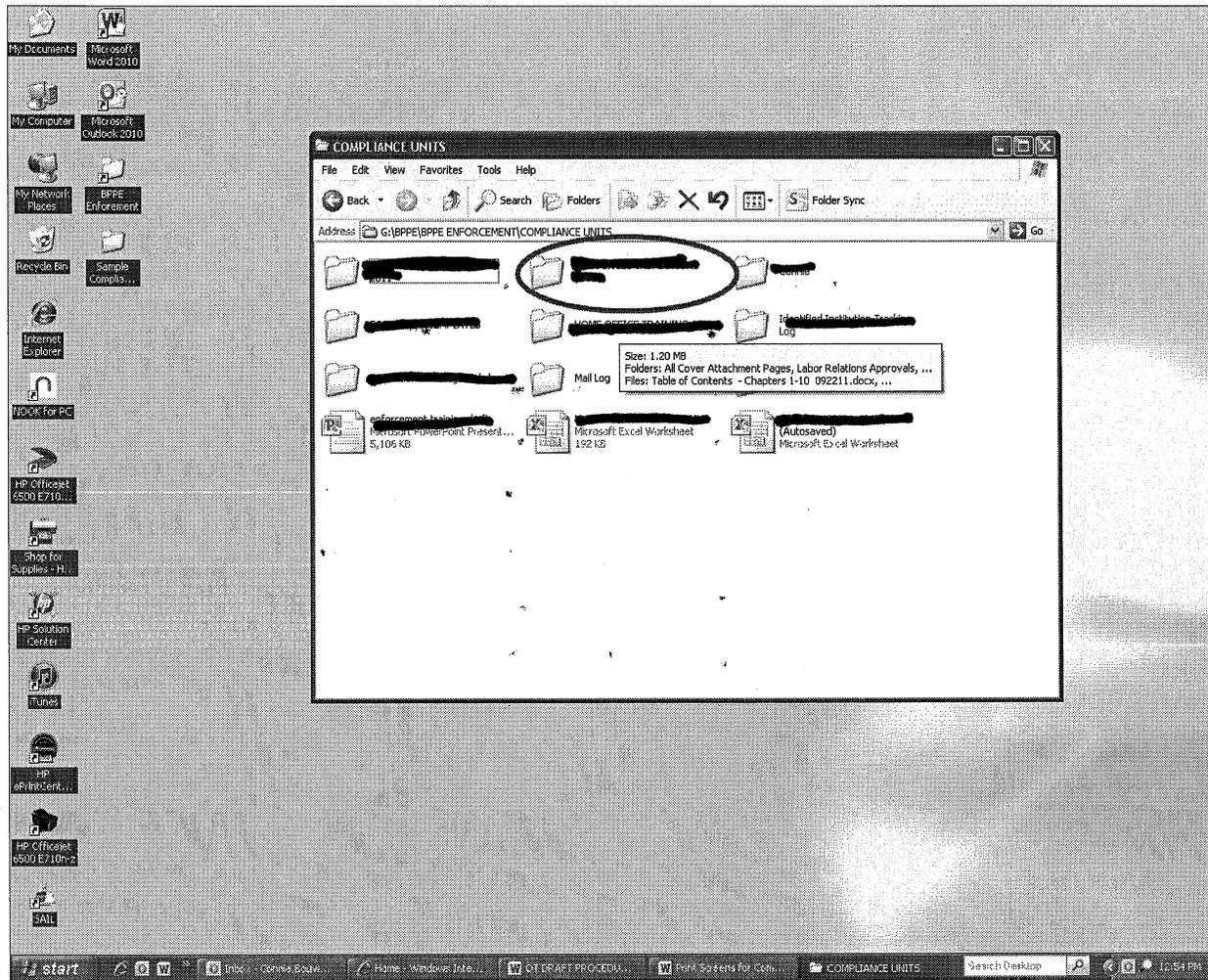
- Double click the BPPE Enforcement Folder on Desktop



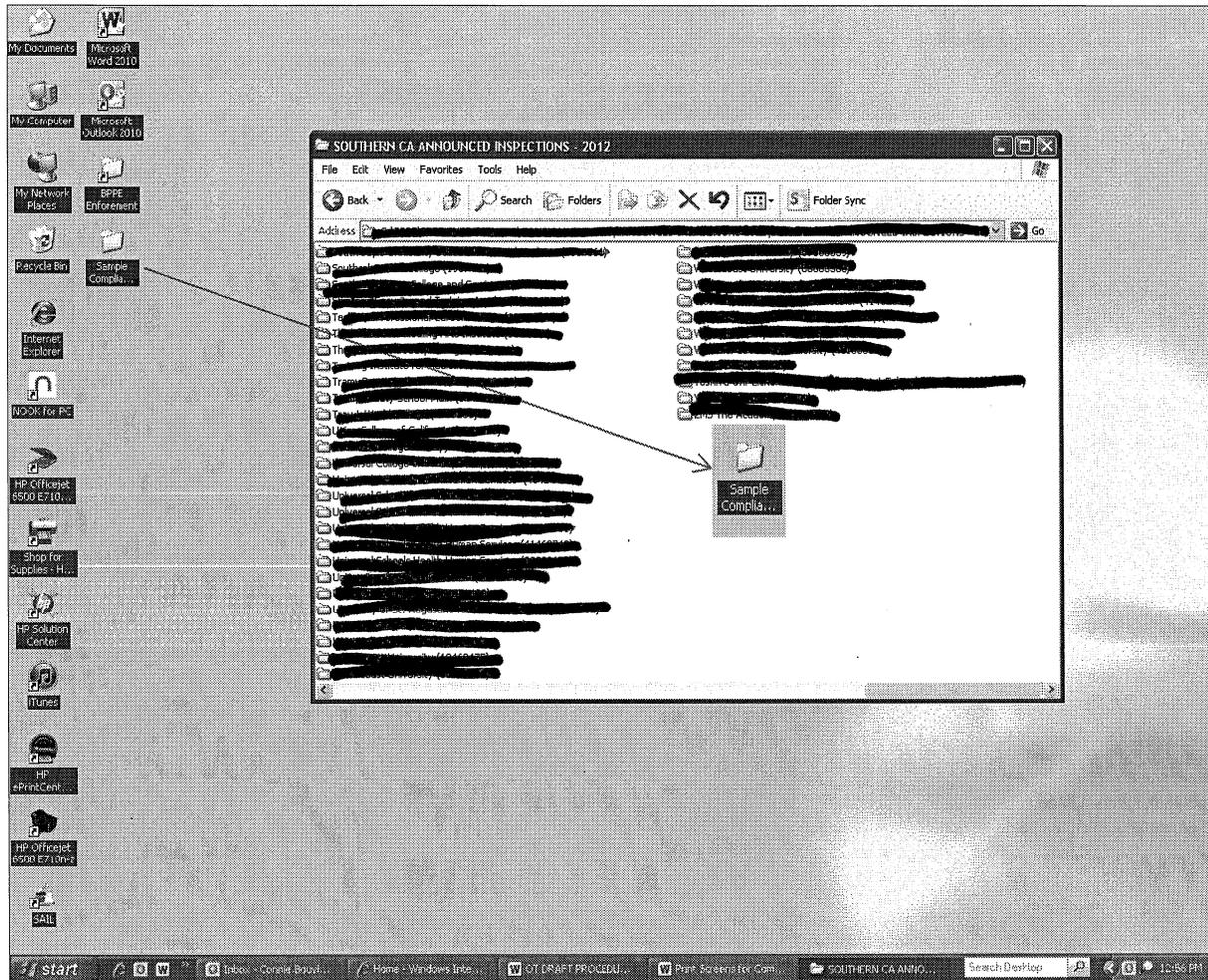
- Double Click the Compliant Units Folder



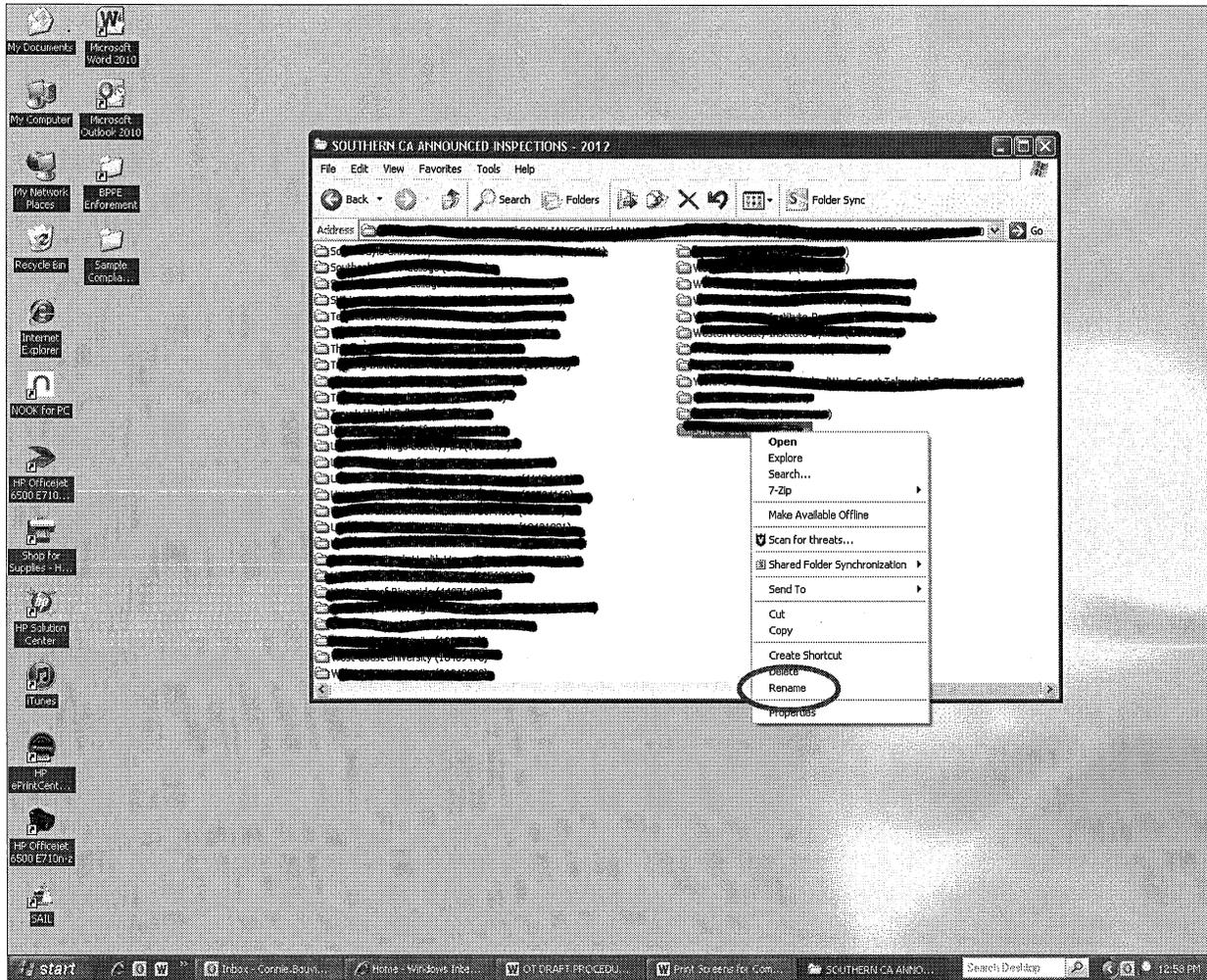
- Double Click the Announced Inspections Folder for the current year



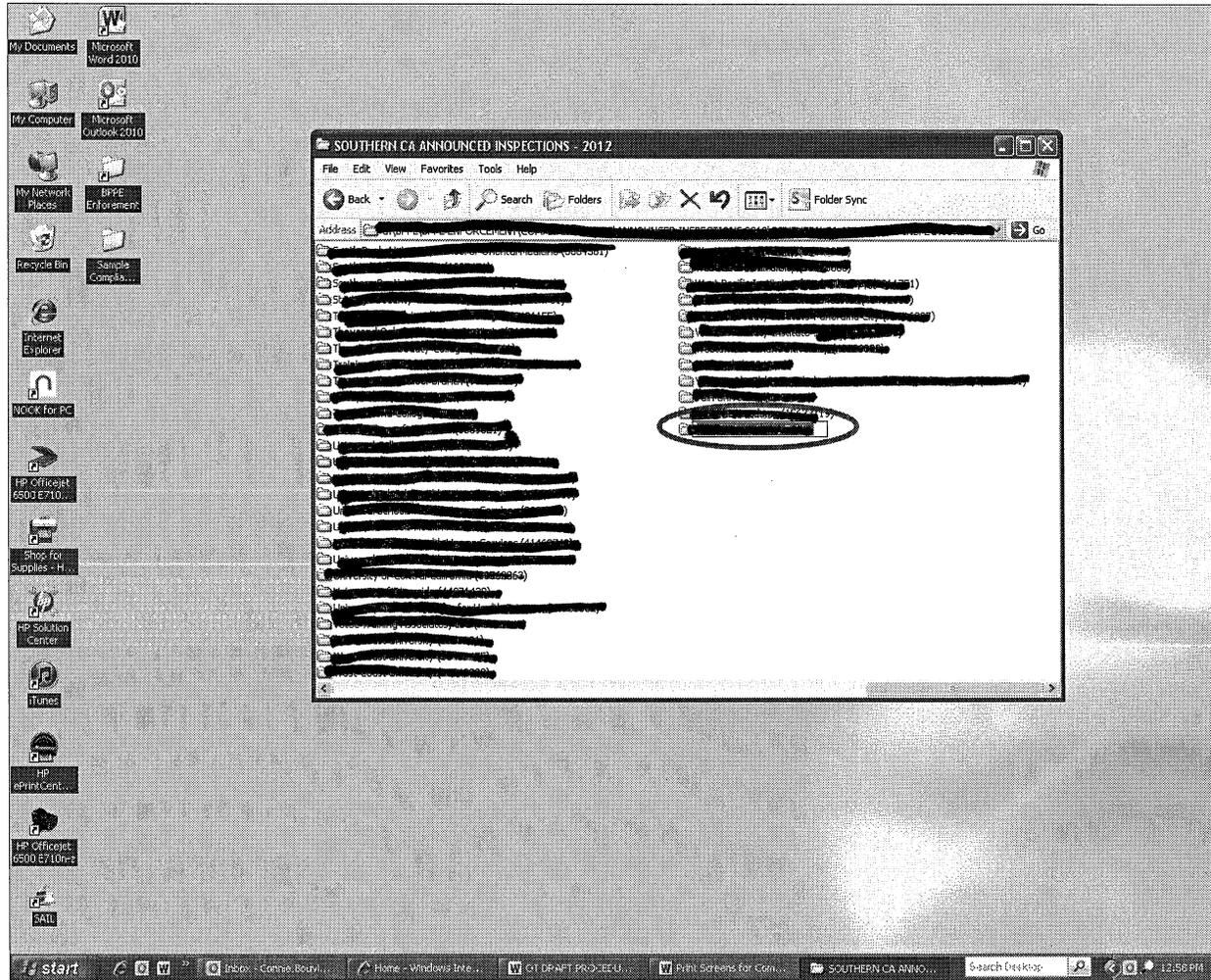
- Scroll to the end of all the existing folders
- Copy & Paste the Sample Compliance Folder on the desktop to the open screen



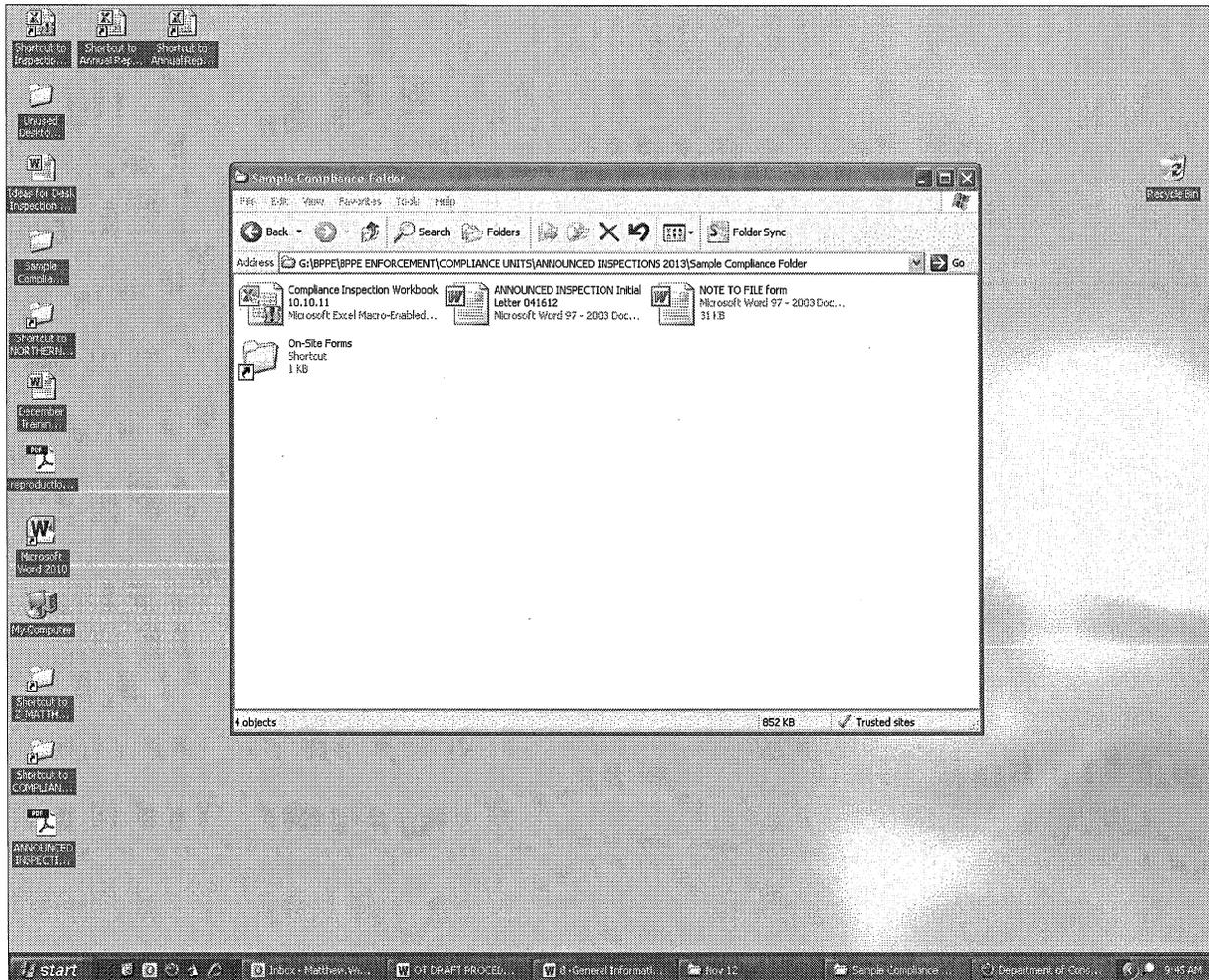
- Right click the Sample Compliance Folder
- Click Rename



- Rename folder using the Institution's Name and School Code number

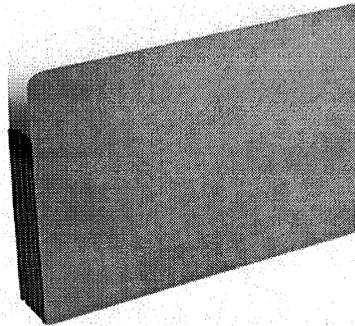


- The Compliance folder will have the Announced Compliance Inspection Letter (the Office Technician will need to move the saved letter into this folder – see page 8), Compliance Inspection Workbook, On-Site Forms and Note to File Form.

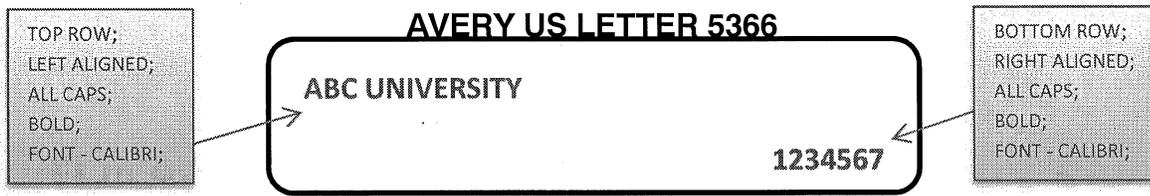


Create Physical Folder

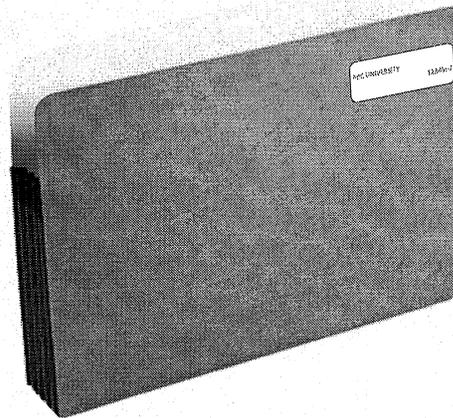
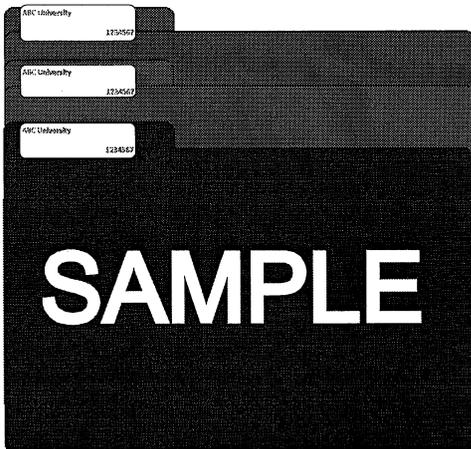
Use a 3-end tab fastener folder, one labeled for each: Compliance Response (Blue), Deficiency Response (Red), and Onsite Inspection (Green); and 1 expanding pocket folder.



- Create 4 labels with the institutions name and School Code;



- Place one label on the folder tab and the other label on the upper right hand corner of the pocket folder;



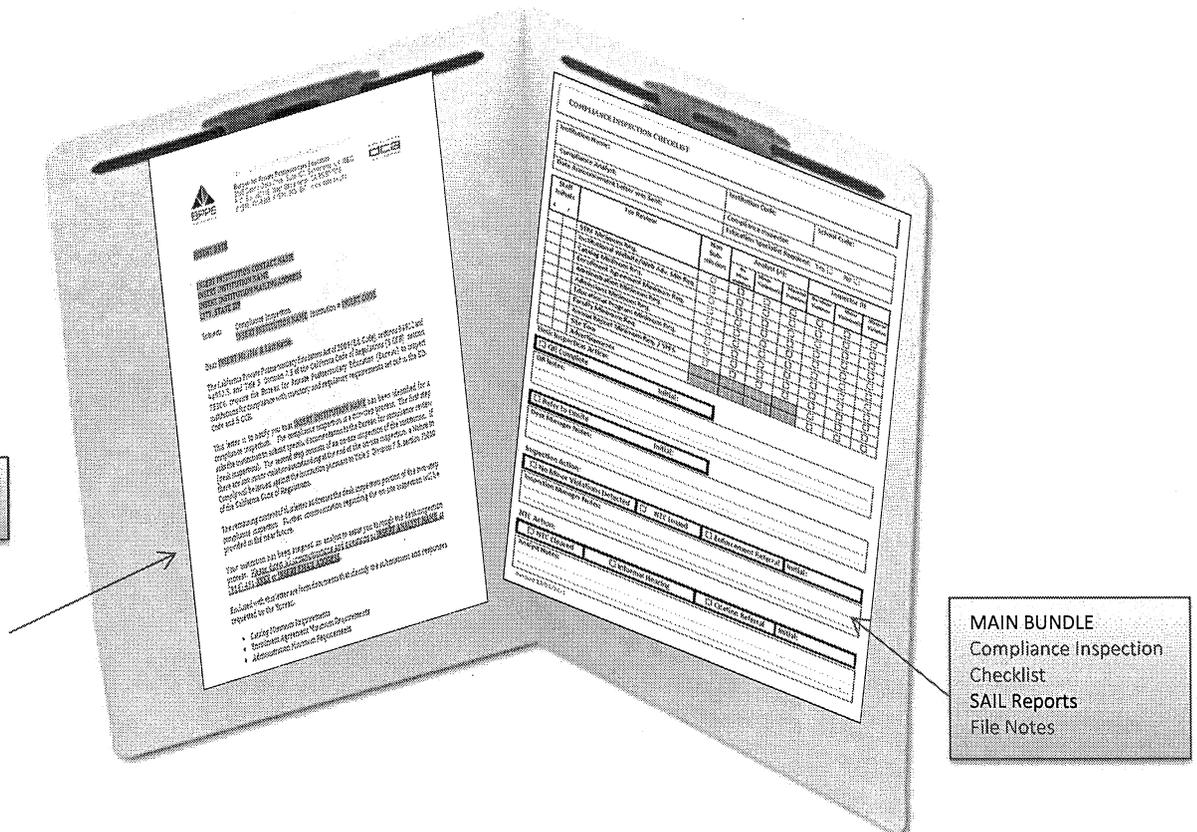
- Place the following documents in the **Blue** Compliance Response file in the following order:

- CORRESPONDENCE BUNDLE (Left Side)**

- Copy of the announced inspection compliance letter with the attached certified mail receipt.

- Documentation Bundle (Right Side)**

- Documentation shall be placed in the following order from top to bottom:
 - Compliance Inspection Checklist
 - Title Sheets on colored paper for: “File Notes”, “SAIL Reports”, “Email”, and “Minimum Requirements”
 - STRF
 - Institutional Website/Web Advertisements
 - Catalog
 - Enrollment Agreement
 - Administration
 - Admissions
 - Educational Program
 - Faculty
 - Annual Report
 - Student Performance Fact Sheet
 - Miscellaneous
 - SAIL reports under the Title Sheet “SAIL Reports”



- The Office Technician received the Compliance Inspection Checklist from the Compliance Analyst Manager.

~~ADDRESS: ENFORCEMENT COMPLIANCE UNIT 1000 AND
 TELEPHONE: 19-00-10-deck~~

COMPLIANCE INSPECTION CHECKLIST								
Institution Name:			Institution Code:			School Code:		
Compliance Analyst:			Compliance Inspector:					
Date Announcement Letter was Sent:			Education Specialist Required: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Staff Initials A I	For Review	Non Sub- mission	Analyst (A):			Inspector (I):		
			No Minor violation	Minor Violation(s)	Material Violations	No Minor Violation	Minor Violation(s)	Material Violation
	STRF Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Institutional Website/Web Adv. Min Req	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Catalog Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enrollment Agreement Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administration Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Admissions Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Educational Program Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Faculty Minimum Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual Report Minimum Req. / SPFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site Tour				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Advertisements				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desk Inspection Action:								
<input type="checkbox"/> QR Complete			Initial:					
QR Notes:								
<input type="checkbox"/> Refer to Onsite			Initial:					
Desk Manager Notes:								
Inspection Action:								
<input type="checkbox"/> No Minor Violations Detected			<input type="checkbox"/> NTC issued		<input type="checkbox"/> Enforcement Referral		Initial:	
Inspection Manager Notes:								
NTC Action:								
<input type="checkbox"/> NTC Cleared			<input type="checkbox"/> Informal Hearing			<input type="checkbox"/> Citation Referral		Initial:
Analyst Notes:								

Revised 12/03/2011

- Print SAIL reports – double click the SAIL icon on your desktop, insert School Code, click GO. Click on Report Center: Place check in - Detailed Report box and Program List box – click Print.

Schools' Report Center

S. A. I. L.

You may print any of the reports defined below by clicking the check box next to the report name, and then click the 'Print' button at the bottom. If the report is underlined, then it is a 'Point and Click' report.

Institution Code: 5400411 School Code: 5400411 *

BPPVE Directory Lists

Institution's Detail Report *

Institution's Detail Report - Quick View *

Institution's Program List *

Pre-Expired Approval Group by Staff

Pre-Expired Approval All Staff

Pre-Delinquency Annual Fee Group by Staff

Pre-Delinquency Annual Fee All Staff

Master List - Closed Schools (approx. 350 pgs)

Official Bureau Documents

Approved/Hybrid Documents

Official Institution Approval Well Certificate *

Official Branch Approval Well Certificate *

Official Approved/Registered Programs List *

Official Approved Site Locations List *

SELECT INSTITUTION'S DETAIL REPORT and PROGRAM LIST

Exemption Documents

Select the Exemption Year:

Official Religious Exempt Program List *

Official Religious Exemption Document **

Religious Exempt Annual Fee Letter *

MIS Reports/Correspondences

Institutional Payment History *
(Include specific Fee Types with a check, and exclude fee types by clearing the box before printing.)

Application Fees

Annual Fees

STRF Assessments

Refunds

*Leave all boxes checked to print all fee types.

Institution Re-Approval Letter *

Temporary Approval Letter *

Registration Documents

Official 'STC' Registration Correspondence *

Official 'STS' Registration Correspondence *

Official 'LEP' Registration Correspondence *

Official 'IEP' Registration Correspondence *

Official 'CE' Registration Correspondence *

Official 'STE' Registration Correspondence *

Official Registered Program List *

Secure Reports Area

Non-Degree Pre-Approval Letters (Expiring within 7 months)

Labels for Non-Degree Pre-Approval Letters

Degree Pre-Approval Letters (Expiring within 7 months)

Notice of Expiration of Approval to Operate

- Click on the Branches/Satellites tab – If there are branches and or satellites – print the Institution Structure (Graphical)

General School Information For School Code #44933350

File Schedule A Site Visit

Schools' General Information

S. A. I. L.

Report Center Add/View Comments Save Work Add School Item @ A Glance Back To Main

Institution's Program Types: Vocational: Degree: Registered: Title 38: Religious Exempt: Exempt: Residential: Distance Learning:

School Status: Status Date: Site Type: Branch School Code: Institution Code:

School/Institution Name:

Title IV Funding? OPE ID: Addressing Preference:

School Physical Address: CA School Mailing Address:

County: Vacaville, CA Phone Number: Fax Number:

Accrediting Body(Agency): (> 2 please reflect in comments) Web Address (URL Address): Assigned Bureau Staff: Date Assigned:

Branch Approval Registrations Religious Exemption Other Exemptions Programs Enforcement Revenue Tracking
Applications Contact Info Ownership Custodian Agent for Process **Branches/Satellites** Site Visits

Branch and Satellite sites in the structure of Institution Code # 4800991						
School Code	Institution Code	School Name	Location Type	Current Status	Physical City	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	

View Institution Structure **Print Institution Structure (Graphical)** Print Institution Structure (Text Only)

Institution Graphical Structure

STATE OF CALIFORNIA - STATE AND CONSUMER SERVICES AGENCY
 Bureau for Private Postsecondary and Vocational Education
 1625 North Market Boulevard, Suite S-202, Sacramento, CA 95834
 P.O. Box 980818, West Sacramento, CA 95798-0818
 (916) 574-7720
 www.bppve.ca.gov

Institutional Structure for School Code #: 3013591

The Institution's MAIN Location:

MAIN
 School Code #3013591 Current Status: Active
 Ding King Training Institute Inc, The
 16650 Harbor Boulevard, Unit B-1
 Fountain Valley, CA 92708

Branch and Satellite Locations of 3013591:

Satellite
 School Code #3013601 Current Status: Closed
 [Redacted Address]

Satellite
 School Code #1940551 Current Status: Closed
 DING KING TRAINING INSTITUTE, THE
 14921 Delano Street
 Van Nuys, Ca 91411

Tuesday, November 13, 2012
 Bureau for Private Postsecondary and Vocational Education -
 Institutional Structure for School Code #3013591

Report produced by
 S.A.I.L. - Schools Automated Information Link

Page 1 of 1

- Identify all programs approved for distance education and note on list of approved programs:
 - Click on the Program tab. On each individual program click on the down arrow.

General School Information For School Code #1500591
 File Schedule A Site Visit

S. A. I. L. Schools' General Information

Report Center Add/View Comments Save Work! Add School Item @ A Glance Back To Main

Institution's Program Types: Vocational: Degree: Registered: Title 38: Religious Exempt: Exempt: Residential: Distance Learning:

School Status: [Redacted] Status Date: [Redacted] Site Type: [Redacted] School Code: [Redacted]
 (When the current status changed.) Institution Code: [Redacted]

School/Institution Name: [Redacted]

Title IV Funding? OPE ID: [Redacted] Addressing Preference: [Redacted]

School Physical Address: [Redacted] School Mailing Address: [Redacted]

County: [Redacted] CA Phone Number: [Redacted] Fax Number: [Redacted]

Accrediting Body/Agency: (x 2 please reflect in comments) [Redacted] Web Address (URL Address): [Redacted] Assigned Bureau Staff: [Redacted] Date Assigned: [Redacted]

Applications | Contact Info | Ownership | Custodian | Agent for Process | Branches/Satellites | Site Visits
 Branch Approval | Registrations | Religious Exemption | Other Exemptions | Programs | Enforcement | Revenue Tracking

Programs/Courses for Institution Code # [Redacted]

Program Title	Program Type	Program Length (Hours or Lessons)	# of Units	Subject to MVV?	Approved On	Discontinued On
[Redacted]	Degree	[Redacted]	94	NO	[Redacted]	[Redacted]
[Redacted]	Degree	[Redacted]	94	NO	[Redacted]	[Redacted]
[Redacted]	Degree	[Redacted]	94	NO	[Redacted]	[Redacted]
[Redacted]	Degree	[Redacted]	94	NO	[Redacted]	[Redacted]

- Check to see if the "Distance Learning" box is checked.

File

S. A. I. L. Programs
Detail

Program Type: [dropdown] Associated Application Number: [input] Program #: [input]
School Specialist: [input] **SAVE** School Code: [input] **AUDIT**

Program Title: [input]

Program Tags: Enter words (separated by commas) that describe this program. These 'tags' will be used for program subject searches.

Program Approved On: [input] Legal Authority: [input] Enter the Legal Authority by Choosing the Authority Description Below.

Program Discontinued On: [input] Authority Description: [dropdown]

Residential/Traditional Setting? Distance Learning? Units Required: [input] Quarter
Subject to Maxine Waters? 60% 70% Requirement Passed? Semester

CIP Code: **52.0101** Enter the CIP Code by Choosing the Code Description Below. Concurrent Approval Required By: [input]

Description: [input] Program Cost/Tuition (\$): [input] **AUDIT**

Degree Granting Program Specific Information

Degree Type: [dropdown]
Field of Study: [dropdown]

Close Program Window **Save Work** **Add/View Comments** **Print Program Details**

If the Distance Learning box is checked – note on SAIL program printout.



Bureau for Private Postsecondary and Vocational Education
1625 North Market Boulevard, Suite S-202, Sacramento, CA 95834
P.O. Box 980818, West Sacramento, CA 95798-0818
(916) 574-7720
www.bppve.ca.gov



Complete Program List For Institution Code # 16825731

Table with columns: Program ID, Program Title, Program Type, Approved On, Discontinued On. Rows include programs like 2936, 2937, 2938, 2942, 2940, 2941, 2906, 2911, 2907, 55166, 2908, 2909, 2943, 2935. Includes a note box: 'NOTE IF SAIL SHOWS THE PROGRAM IS APPROVED FOR DISTANCE EDUCATION.' and a handwritten note: 'Approved for distance Ed'.

11/14/2012

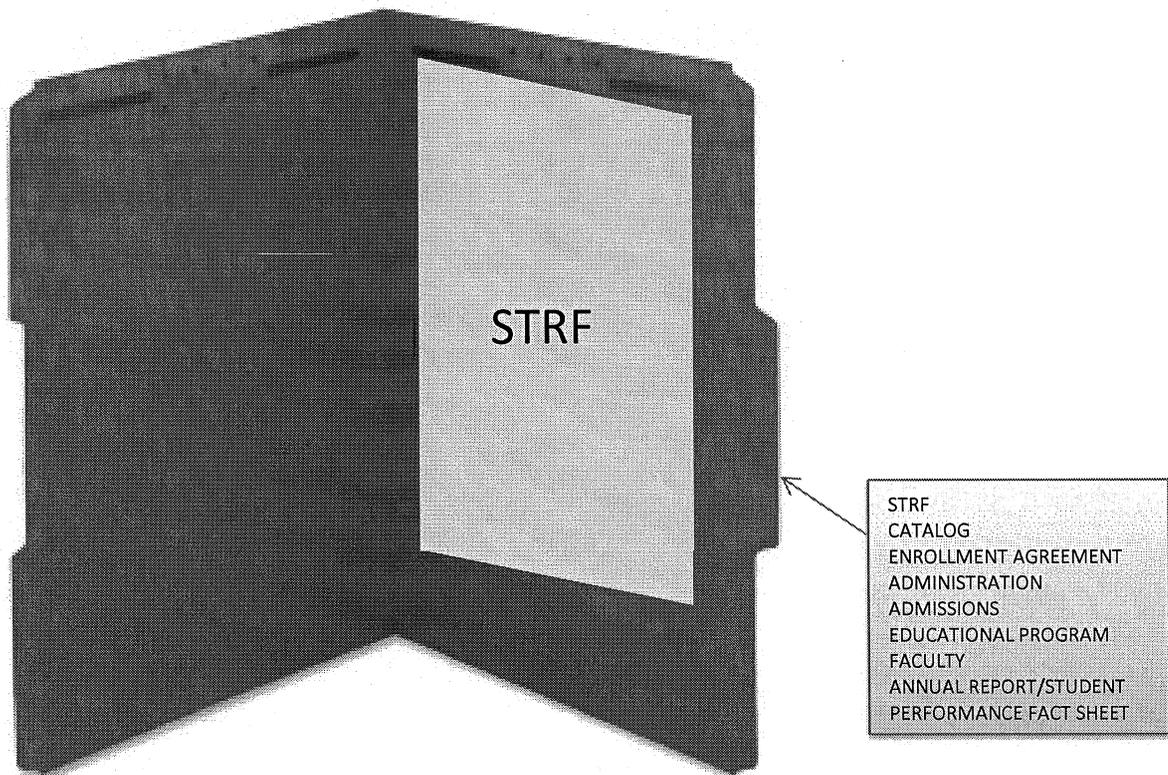
Report produced by S.A.I.L. - Schools Automated Information Link

Complete Program List For School Code # 16825731

Page 1 of 5

- Place the following Title sheets (use color paper) in the Red Deficiency Response file:
 - **Documentation Bundle (Right Side):**
 - STRF
 - Institutional Website/Web Advertisements
 - Catalog
 - Enrollment Agreement
 - Administration
 - Admissions
 - Educational Program
 - Faculty
 - Annual Report
 - Student Performance Fact Sheet
 - Miscellaneous

Red Deficiency Folder



- Place the Blue Compliance Response File, Red Deficiency Response File, and Green Onsite File into the Pocket Folder.

After the physical and electronic files are completed the Office Technician will deliver the physical file to the assigned Compliance Analyst. (There may be occasions when

the desk inspection is completed by a Compliance Inspector and the physical file must be sent via GSO. Please see "Mail" section for GSO procedures).

SECTION 4 – Updating School Automated Information Link (SAIL)/Inspection Tracking Worksheet

The Office Technician is responsible for placing comments in SAIL at certain milestones of the Compliance Inspection.

- After mailing the Compliance Inspection packets and completing the physical/electronic files, the Office Technician will place the following comment in SAIL. Double click the SAIL icon on desktop. Enter the School Code and click "Go."
- Click on "Add/View Comments> Add Comments
- Type: (date compliance packet was sent) – Announced Compliance Inspection Packet mailed. Assigned to Compliance Analyst Name

School Comment History

BPPVE Schools/Institution - Comment History

Add Comment OR View Comment History

For the Below School Code

School Code: 3404541 Close

Schools - Add A Comment

S. A. I. L. School/Institution
Add A Comment

Comment to be Associated with

School Code: * Required

Add Comment

Close

Comment Body:

08/19/2011 - Announce Compliance Inspection letter mailed. Assigned to .

The Office Technician will update the Inspection Tracking Worksheet.
Inspection Tracking Worksheet

~~CADPE/DPPE ENFORCEMENT/COMPLIANCE UNIT/Inspection Tracking Worksheet~~

Inspection Tracking Worksheet - Nor Cal - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

Clipboard Font Alignment Number Styles Cells Editing

J25 Completed

Institution Name	I.D. Number	Assignment Date	Staff Assigned	Workbook	Status	Office Tech - Inspector Tracking Workbook and SAIL updated; School package mailed	SSA - Desk inspection complete, SAIL updated	SSM1 - Desk inspection approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 8/19/11 2:08 PM	Completed 10/24/11 2:12 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11	Completed 8/28/11 2:12 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 12:00 AM	Completed 11/22/11 10:30 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 12/28/12 12:00 AM	Completed 8/28/12 10:57 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 8/19/11 2:11 PM	Completed 10/24/11 2:12 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 12:00 AM	Completed 2/10/12 10:58 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 8/21/11 10:22 AM	Completed 8/11/12 10:45 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 10:23 AM	Completed 4/9/12 12:00 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 10:23 AM	Completed 3/21/12 10:30 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 10:24 AM	Completed 2/10/12 12:27 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 12:00 AM	Completed 1/18/12 4:32 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 10:25 AM	Completed 1/14/12 2:44 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 10:25 AM	Completed 1/18/11 10:05 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 11:12 PM	Completed 1/5/12 1:03 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 12:00 AM	Completed 3/6/12 12:00 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 1:30 PM	Completed 2/27/12 12:48 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 1:31 PM	Completed 1/30/12 12:25 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/12/12 12:00 AM	Completed 8/21/12 2:00 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/11/11 1:33 PM	Completed 1/10/11 1:48 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 9/21/11 10:20 AM	Completed 10/19/11 12:33 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 12/21/12 10:18 AM	Completed 5/23/12 2:13 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 12/21/12 10:18 AM	Completed 10/11/12 8:25 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 12/21/12 10:18 AM	Completed 7/16/12 12:37 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 12/21/12 10:18 AM	Completed 5/7/12 5:13 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 8/18/12 10:51 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/18/12 8:47 AM		
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 7/26/12 4:48 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 10/18/12 8:24 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 1/18/12 12:17 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 7/24/12 10:52 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 8/21/12 1:23 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM	Completed 8/21/12 1:23 PM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 3/20/12 12:00 AM		
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 12:00 AM	Completed 7/24/12 10:54 AM	Approved
[REDACTED]	[REDACTED]	[REDACTED]	BRENNER	[REDACTED]	Completed	Completed 10/7/11 12:00 AM	Completed 3/28/12 12:00 AM	Approved

Acosta Brenner Joy Lut Sab Sheet2 PJ

SECTION 5 – Prepare Compliance Inspection File for Onsite Inspection

The Compliance Inspection Manager will assign the Compliance Onsite Inspection to a Compliance Inspector and forward the case to the Office Technician. The Office Technician will print current SAIL reports - Institution's Detail Report, Institution's Program List, and the Institution Structure (Graphical).

The Office Technician will add the following comment on SAIL: "Approved for Onsite Inspection (current date). Assigned to (Compliance Inspector's name)."

Schools - Add A Comment

S. A. I. L. School/Institution
Add A Comment

Comment to be Associated with

School Code: [REDACTED] * Required

Add Comment

Close

Comment Body:

Approved for Desk Inspection 02/20/12. Assisted by Wayne Brennan

The Office Technician will forward the file to the Compliance Inspector via GSO – see Mail section for instructions. The Inspection Tracking Worksheet is updated indicating the Onsite file has been forwarded to the Compliance Inspector.

Inspection Tracking Worksheet

~~C:\BPPE\BPPLE ENFORCEMENT\COMPLIANCE UNIT\Inspection Tracking Worksheet~~

Inspection Tracking Worksheet - Nor Cal - Microsoft Excel

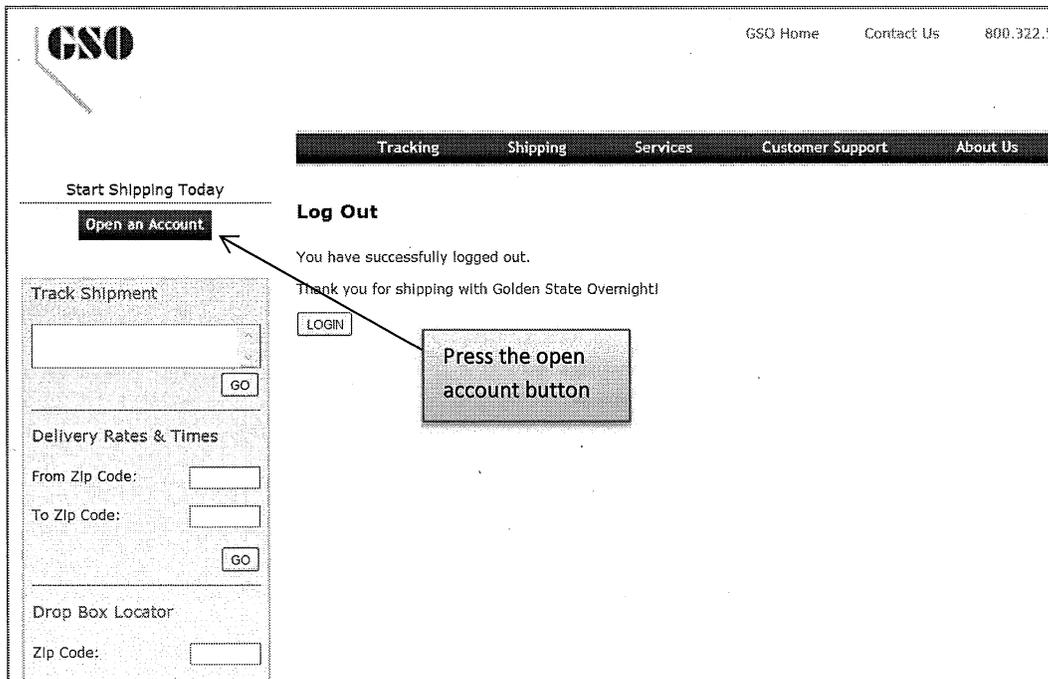
	Office Tech - Inspector Tracking Workbook and SAIL updated; School package mailed	SSA - Desk inspection complete, SAIL updated	SSM1 - Desk inspection approved	Office Tech - inspection package submitted to field inspector; SAIL updated	AGPA - inspection scheduled; Confirmation letter mailed	AGPA - Travel Itinerary submitted for approval	SSM1 - Travel It approved
8	Completed 8/10/11 2:08 PM	Completed 10/24/11 2:12 PM	Approved 10/25/11 12:00 AM	Completed 1/18/11 11:29 AM	Completed 1/18/11 9:10 AM	Completed 1/18/11 9:43 AM	Appr
9	Completed 10/7/11 10:22 AM	Completed 8/28/11 12:12 PM	Approved 10/26/11 10:52 AM	Completed 1/19/11 10:31 AM	Completed 1/24/12 3:57 PM	Completed 2/2/12 3:57 PM	Appr
10	Completed 10/7/11 12:00 AM	Completed 11/22/11 2:10 PM	Approved 10/27/11 12:00 AM	Completed 1/27/11 12:00 AM	Completed 1/30/11 12:00 AM	Completed 1/31/11 12:00 AM	Appr
11	Completed 10/28/12 12:00 AM						
12	Completed 8/19/11 2:11 PM	Completed 10/24/11 2:12 PM	Approved 1/18/11 11:54 AM	Completed 1/19/11 11:27 AM	Completed 1/24/12 3:57 PM	Completed 2/2/12 3:57 PM	Appr
13	Completed 10/7/11 10:22 AM	Completed 2/18/12 10:58 AM	Approved 2/27/12 3:41 PM	Completed 2/28/12 10:17 AM	Completed 3/7/12 8:26 AM	Completed 3/9/12 8:37 AM	Appr
14	Completed 8/21/11 10:22 AM	Completed 6/11/12 10:45 AM					
15	Completed 3/21/11 10:23 AM	Completed 4/9/12 12:30 AM	Approved 4/19/12 10:28 AM	Completed 4/20/12 10:52 AM	Completed 6/7/12 12:00 AM	Completed 8/8/12 12:10 PM	Appr
16	Completed 8/21/11 10:23 AM	Completed 3/12/12 10:30 AM	Approved 3/27/12 1:43 PM	Completed 3/28/12 2:15 PM	Completed 4/12/12 10:10 AM	Completed 4/25/12 10:10 AM	Appr
17	Completed 8/31/11 10:23 AM	Completed 2/10/12 12:27 PM	Approved 2/27/12 3:45 PM	Completed 2/28/12 10:15 AM	Completed 3/7/12 8:19 AM	Completed 3/29/12 4:14 PM	Appr
18	Completed 10/7/11 12:00 AM	Completed 1/18/12 4:52 PM	Approved 1/24/12 2:47 PM	Completed 1/25/12 11:35 AM	Completed 1/24/12 9:39 AM	Completed 3/29/12 4:12 PM	Appr
19	Completed 8/21/11 10:23 AM	Completed 1/4/12 2:44 PM	Approved 1/25/12 2:45 PM	Completed 1/25/12 2:45:53 PM	Completed 1/24/12 3:58 PM	Completed 2/29/12 4:59 PM	Appr
20	Completed 9/21/11 10:25 AM	Completed 1/18/11 10:05 AM	Approved 1/10/11 3:59 PM	Completed 1/19/11 11:29 AM	Completed 1/18/11 9:09 AM	Completed 1/18/11 9:41 AM	Appr
21	Completed 10/7/11 1:12 PM	Completed 1/5/12 1:53 PM	Approved 1/10/12 4:08 PM	Completed 1/10/12 4:10 PM	Completed 5/18/12 1:18 PM	Completed 6/12/12 12:00 AM	Appr
22	Completed 8/21/11 12:00 AM	Completed 3/6/12 12:00 AM	Approved 3/22/12 4:01 PM	Completed 4/5/12 9:52 AM	Completed 3/30/12 10:01 AM	Completed 4/18/12 10:03 AM	Appr
23	Completed 10/7/11 1:00 PM	Completed 2/27/12 12:48 PM	Approved 2/27/12 4:01 PM	Completed 2/29/12 11:01 AM	Completed 3/7/12 9:41 AM	Completed 3/9/12 9:41 AM	Appr
24	Completed 10/7/11 1:01 PM	Completed 1/30/12 12:25 PM	Approved 2/2/12 4:39 PM	Completed 2/2/12 9:47 AM	Completed 3/7/12 9:41 AM	Completed 3/13/12 4:13 PM	Appr
25	Completed 3/20/12 12:00 AM			Completed 1/28/11 1:39 PM			
26	Completed 3/20/12 12:00 AM	Completed 8/21/12 2:30 PM	Approved 8/21/12 2:30 PM	Completed 1/18/11 11:28 AM	Completed 5/7/12 4:10 PM	Completed 5/7/12 4:10 PM	Appr
27	Completed 10/7/11 1:03 PM	Completed 1/10/11 1:43 PM	Approved 1/10/11 3:59 PM	Completed 1/10/11 3:59 PM	Completed 1/18/11 10:28 AM	Completed 1/18/11 10:28 AM	Appr
28	Completed 9/21/11 10:23 AM	Completed 12/10/11 10:33 PM	Approved 1/27/11 12:00 AM	Completed 1/27/11 12:00 AM	Completed 1/18/12 12:00 AM	Completed 2/2/12 4:44 PM	Appr
29	Completed 10/27/12 10:18 AM	Completed 5/23/12 2:13 PM	Approved 5/23/12 4:16 PM	Completed 5/23/12 4:16 PM	Completed 5/22/12 4:30 PM	Completed 6/18/12 12:00 AM	Appr
30	Completed 10/27/12 10:18 AM	Completed 6/20/12 4:03 PM	Approved 6/20/12 4:03 PM	Completed 6/20/12 4:03 PM	Completed 6/20/12 4:03 PM	Completed 7/9/12 12:00 AM	Appr
31	Completed 10/27/12 10:18 AM						
32	Completed 10/27/12 10:18 AM	Completed 7/6/12 12:37 PM	Approved 7/18/12 11:17 AM	Completed 7/6/12 2:38 PM	Completed 7/20/12 9:28 AM	Completed 7/20/12 9:28 AM	Appr
33	Completed 10/27/12 10:18 AM	Completed 5/7/12 12:13 PM					
34	Completed 3/20/12 12:00 AM	Completed 8/18/12 10:51 AM		Completed 8/17/12 4:56 PM	Completed 8/12/12 1:25 PM	Completed 8/12/12 1:25 PM	
35							
36	Completed 3/20/12 12:00 AM	Completed 7/25/12 4:48 PM	Approved 7/30/12 11:25 AM	Completed 7/30/12 12:00 AM	Completed 8/10/12 12:00 AM	Completed 5/10/12 12:00 AM	Appr
37	Completed 3/20/12 12:00 AM			Completed			
38	Completed 3/20/12 12:00 AM			Completed			
39	Completed 3/20/12 12:00 AM						
40	Completed 3/20/12 12:00 AM	Completed 7/24/12 10:52 AM	Approved 7/30/12 12:17 PM	Completed 7/30/12 12:18 PM	Completed 7/30/12 12:18 PM	Completed 7/30/12 12:18 PM	Appr
41	Completed 3/20/12 12:00 AM	Completed 8/29/12 1:23 PM			Completed 8/22/12 1:23 PM	Completed 8/22/12 1:24 PM	
42	Completed 3/20/12 12:00 AM	Completed 8/29/12 1:23 PM			Completed 8/22/12 1:24 PM	Completed 8/22/12 1:24 PM	
43	Completed 3/20/12 12:00 AM						
44	Completed 3/20/12 12:00 AM	Completed 7/24/12 10:54 AM	Approved 7/30/12 12:17 PM	Completed 7/30/12 12:18 PM	Completed 7/30/12 12:18 PM	Completed 7/30/12 12:18 PM	Appr
45	Completed 10/7/11 1:00 AM	Completed 3/28/12 12:45 AM	Approved 3/28/12 12:45 AM	Completed 3/28/12 12:45 AM	Completed 4/23/12 9:15 AM	Completed 4/23/12 12:00 AM	Appr
46	#REF!						
47	#REF!						
48	Completed 10/7/11 12:00 AM	Completed 3/18/12 12:00 AM	Approved 3/18/12 12:00 AM	Completed 3/18/12 12:00 AM	Completed 3/23/12 12:00 AM	Completed 4/10/12 12:00 AM	Appr
49	Completed 10/7/11 12:00 AM	Completed 4/18/12 12:00 AM	Approved 4/18/12 12:00 AM	Completed 4/18/12 12:00 AM	Completed 5/4/12 12:15 PM	Completed 5/4/12 12:17 PM	Appr
50	Completed 9/7/12 12:00 AM						

SECTION 6 – Mail

The Office Technician is responsible for sorting, delivering and mailing all correspondence/packages for the Compliance Analysts, Compliance Inspectors and Compliance Managers.

The Bureau Compliance Unit utilizes Golden State Overnight (GSO) to ship packages to and from the Compliance Inspectors. Each Office Technician must create a GSO account in order to send and receive packages.

- Setting Up Golden State Overnight (GSO) Account:
 - The GSO account number for the Compliance Unit is [REDACTED]. The following steps below provide instructions on how to establish a GSO account:
 - STEP 1: Go to <http://www.gso.com> and click on the Open an Account button.



- STEP 2: Click "Existing GSO Accounts - Register for Online Shipping"

The screenshot shows the GSO website's 'Open an Account' page. At the top, there is a navigation bar with 'Tracking', 'Shipping', 'Services', 'Customer Support', and 'About Us'. Below this, the 'Open an Account' section is active. It features a 'Track Shipment' form on the left, a 'Delivery Rates & Times' form, and a 'Drop Box Locator' form. The main content area is titled 'Open an Account' and includes a sub-section for 'New Customers - Open a GSO Account Now'. A callout box with a black border and white text points to a link that reads 'Existing GSO Accounts - Register for Online Shipping'. Below this link, there is a 'REGISTER' button. To the right, there is a 'GSO QuickShip' section with a 'REGISTER' button. At the bottom right, there is a 'Locate a Nearby GSO Drop Box' section with a 'LOCATE' button.

- STEP 3: Enter GSO Account # [REDACTED], Billing Zip Code # [REDACTED] and click Next

The screenshot shows the GSO website's 'WebShip Registration' page. At the top, there is a navigation bar with 'Tracking', 'Shipping', 'Services', 'Customer Support', and 'About Us'. Below this, the 'WebShip Registration' section is active. It features a 'Track Shipment' form on the left, a 'Delivery Rates & Times' form, and a 'Drop Box Locator' form. The main content area is titled 'WebShip Registration' and includes a progress indicator showing 'Step 1' as the active step. Below the progress indicator, there is an 'Account Validation' section. It contains the text: 'Please enter your account number and billing Zip Code. The billing address is where your invoice is mailed and may be different than your pickup address.' Below this text, there are two input fields: 'GSO Account #:' and 'Billing Zip Code:'. Both fields contain redacted information. Below the input fields, there are 'CANCEL' and 'NEXT' buttons.

- Step 4: Select the address where the package will be picked up and click Next.

GSO GSO Home Contact Us 800.322.5555 LOGIN

Tracking Shipping Services Customer Support About Us

Start Shipping Today
Open an Account

WebShip Registration
 Step 1 Step 2 Step 3 Step 4

Account Validation
 Please enter your account number and billing Zip Code. The billing address is where your invoice is mailed and may be different than your pickup address.
 GSO Account #: * [REDACTED] Billing Zip Code: * [REDACTED] RESET

Select Your Pickup Location
 Displayed below are all the pickup locations GSO has on record for your account. Please select your pickup address. If your location is not displayed, please call GSO Customer Service at 800-322-5555 to setup a new pickup address for your account.

Pickup Location:

Click On Your Pickup Address:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Page 1 of 3 View 1 - 6 of 16

CANCEL NEXT

- Step 5: Decline the option to Join a User Group. Click Next.
- Step 6: Complete contact information and Login profile. Click Next.

GSO GSO Home Contact Us 800.322.5555 LOGIN

Tracking Shipping Services Customer Support About Us

Start Shipping Today
Open an Account

WebShip Registration
 Step 1 Step 2 Step 3 Step 4

Your Contact Information
 Please enter the following contact information. GSO strictly enforces the privacy of this information, and will not share it with any outside organization.
 Contact First Name: * [REDACTED]
 Contact Last Name: * [REDACTED]
 Phone Number: * [REDACTED]
 Email Address: * [REDACTED]

I would like to receive E-mail(s) for New Product Announcements, Newsletters, Promotions and Service Updates.

Create Your Login Profile
 Please create a User Name and Password for your WebShip login. The User Name must be between 6 and 20 characters in length and the Password between 4 and 10 characters in length.
 Create User Name: * [REDACTED]
 Create Password: * [REDACTED]
 Repeat Password: * [REDACTED]

If you forget your Password in the future, you will be asked to answer the question you select below. The answer should be easy for you to remember, but hard for others to guess.

Select Question: * [REDACTED]
 Your answer: * [REDACTED]

BACK NEXT

- Step 7: Verify the information and click Finish.

The screenshot shows the GSO website's WebShip Registration process at Step 4, "Review Your Information". The top navigation bar includes "Tracking", "Shipping", "Services", "Customer Support", and "About Us". The "Shipping" tab is active. On the left, there are three utility sections: "Track Shipment" with a search box and "GO" button; "Delivery Rates & Times" with "From Zip Code" and "To Zip Code" fields and a "GO" button; and "Drop Box Locator" with a "Zip Code" field and a "GO" button. The main content area is titled "WebShip Registration" and shows a progress bar with "Step 4" selected. Below the progress bar is the heading "Review Your Information" and a paragraph: "Please review your WebShip registration information. If you need to edit this information, click the edit links to go to that step and correct the information. Click the 'Finish' button to complete your registration." The registration details are listed as follows:

- Account Info: Edit
- Company: [Redacted]
- Address: [Redacted]
- User Group: Edit
- Group: N/A
- User Profile: Edit
- Your Name: [Redacted]
- Phone: [Redacted]
- Email: [Redacted]
- Login Id: [Redacted]

 At the bottom of the registration section are "BACK" and "FINISH" buttons.

- Prepare GSO Shipping Label and Schedule Pickups
 - Log into the GSO account <http://www.gso.com>.
 - Click the drop down tab "Shipping" and select "Prepare a Shipment"

This screenshot shows the GSO website's main navigation menu. The "Shipping" tab is highlighted, and its dropdown menu is open, listing several options: "Schedule a Pickup", "Prepare a Shipment", "Rates & Fees", "Delivery Rates & Times", "Open an Account", "Online Shipping", "Locate a Drop Box", "Packaging & Supplies", "Labeling", and "Proof of Delivery". A callout box with an arrow points to the "Prepare a Shipment" option, containing the text: "Click Shipping and select Prepare a Shipment". The background of the page shows a banner for "Overnight delivery to California, Nevada and Arizona" and a "Reduce Your Carbon Footprint Switch to GSO" advertisement.

- o Enter your user name and password and select the login button.

- o Select "Prepare Shipment"

- Type recipient's name (if the recipient's name is not in the address book you will need to include all information and answer "yes" to Save to address book. If name is already saved in address book it will pop up and click on appropriate name). Click Next.

GSO Home Contact Us FAQ

Start Page Shipping Tracking Reporting Tools Settings Log Out

Current User: Matthew Wiggins

WebShip Menu

- Start Page
- Shipping
 - Prepare Shipment
 - Edit Shipment
 - Schedule Pickup
- Tracking
- Reporting
- Tools
- Settings
- Log Out

* Required

Prepare Shipment - Step 1 of 3 Help

Search By: All Company Name Contact Recipient Id

Contact: **BUREAU FOR PRIVATE POSTSECONDARY EDUCATION**

SHIP TO RECIPIENT

Company Name: *

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: *

Recipient First Name: *

Recipient Last Name:

Phone Number:

Email Address:

Special Instructions:

Recipient Id:

Save to address book? Yes No

Cancel Next

Names in address book will pop up – highlight and click next

- Verify the information and click Next.

GSO Home Contact Us FAQ

Start Page Shipping Tracking Reporting Tools Settings Log Out

Current User: Matthew Wiggins

WebShip Menu

- Start Page
- Shipping
 - Prepare Shipment
 - Edit Shipment
 - Schedule Pickup
- Tracking
- Reporting
- Tools
- Settings
- Log Out

* Required

Prepare Shipment - Step 1 of 3 Help

Search By: All Company Name Contact Recipient Id

Contact: **BUREAU FOR PRIVATE POSTSECONDARY EDUCATION**

Ship to New Recipient

SHIP TO RECIPIENT

Company Name: *

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: *

Recipient First Name: *

Recipient Last Name:

Phone Number:

Email Address:

Special Instructions:

Recipient Id:

Save to address book? Yes No

Cancel Next

- In the reference box enter the “billing” code: ENF (N or S) CA 6802/Your first initial and last name. Mark the “email notification” box. Click “next”

**Reference box: ENF CA 6802/First Initial and Last Name.
Sample: ENF CA 6802/J Doe**

**GSO Service Type will always be PDS – By 10:30 am.
Signature is always “required.”**

Mark the email notification box.

Current User: Matthew Wiggins

WebShip Menu: Start Page, Shipping (Prepare Shipment, Edit Shipment, Schedule Pickup), Tracking, Reporting, Tools, Settings, Log Out

Prepare Shipment - Step 2 of 3

Shipper Information: [Redacted] [Edit]

Recipient Information: [Redacted] [Edit]
BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
2635 CAPITOL OAKS DRIVE SUITE 400
SACRAMENTO, CA 95833

Shipment Information:
Scheduled Ship Date: 11/26/2012
GSO Service Type: PDS - By 10:30 AM Tuesday
Signature: Required
Reference: [Redacted] Optional
Special Instructions: [Redacted]
 Email Notification

Package Details:
Number of Packages: 1

Package #	C.O.D. Value	Declared Value
1	[Redacted]	[Redacted]
Total		

Buttons: Back, Next

- Make sure the Shipment and Delivery box is marked for the sender and the Shipment box is marked for the recipient. Type in comments: Sending compliance folder(s) for (institution’s name). Click “next”

Current User: Matthew Wiggins

WebShip Menu: Start Page, Shipping (Prepare Shipment, Edit Shipment, Schedule Pickup), Tracking, Reporting, Tools, Settings, Log Out

Email Notification

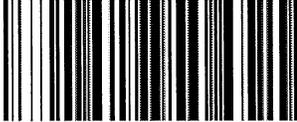
Email Address:
Sender: [Redacted]
Recipient: [Redacted]
Other 1: [Redacted]
Other 2: [Redacted]
Other 3: [Redacted]

	Notification Type	
	Shipment	Delivery
Sender:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recipient:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other 1:	<input type="checkbox"/>	<input type="checkbox"/>
Other 2:	<input type="checkbox"/>	<input type="checkbox"/>
Other 3:	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Max length 100 chars) [Redacted]

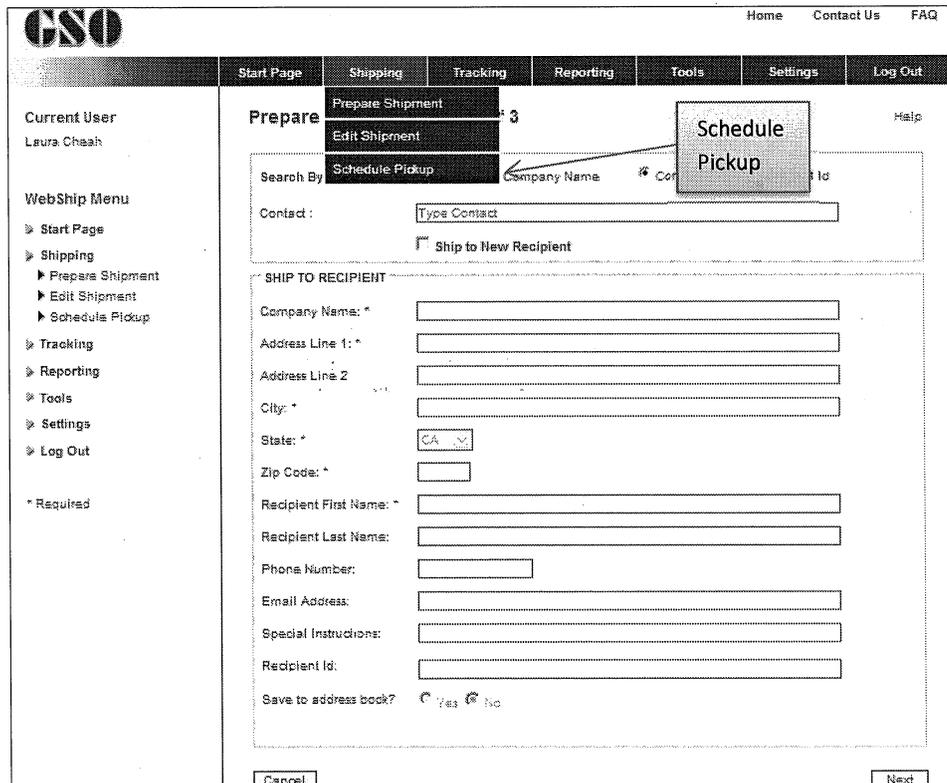
Buttons: Back, Next

- Print two copies (*see mailing instructions) of the label and click finish

		< WebShip >>>> 800-322-5555 www.gso.com	
Ship From: [Redacted] DEPT OF CONSERVATION - PERS 2535 CAPITOL OAKS DRIVE SUITE 400 SACRAMENTO, CA 95833		Tracking #: [Redacted] 	
Ship To: [Redacted] BUREAU FOR PRIVATE POSTSECONDARY EDUCATION 2535 CAPITOL OAKS DRIVE SUITE 400 SACRAMENTO, CA 95833 COD: \$0.00		PDS SMF SACRAMENTO D95833A 	
Reference: [Redacted]		Signature Type: SIGNATURE REQUIRED	
Delivery Instructions: [Redacted]		Print Date : 11/25/12 16:25 PM	

Note: The Office Technician is not to reprint the label for additional shipments. Each package must have a unique barcode. If the recipients have multiple packages select the number of packages in shipment information options under the package details options

- Click "Shipment" and select "Schedule Pickup"



The screenshot shows the GSO WebShip interface. At the top, there are navigation links for Home, Contact Us, and FAQ. Below that is a menu with options: Start Page, Shipping, Tracking, Reporting, Tools, Settings, and Log Out. The 'Prepare' section is active, showing a dropdown menu with 'Prepare Shipment', 'Edit Shipment', and 'Schedule Pickup' (highlighted). A 'Schedule Pickup' button is also visible. The 'SHIP TO RECIPIENT' section contains various input fields: Company Name, Address Line 1, Address Line 2, City, State (dropdown menu set to CA), Zip Code, Recipient First Name, Recipient Last Name, Phone Number, Email Address, Special Instructions, and Recipient Id. There is a 'Save to address book?' checkbox with radio buttons for 'Yes' and 'No'. 'Cancel' and 'Next' buttons are at the bottom.

- Verify correct address for pickup (or select another address). Select time for pickup (always allow one hour before office closes). Put your name as contact and your phone number. Insert the number of packages and approximate weight. Click "submit"

GSO Home Contact Us FAQ

Start Page Shipping Tracking Reporting Tools Settings Log Out

Current User: Matthew Wiggins

WebShip Menu: Start Page, Shipping (Prepare Shipment, Edit Shipment, Schedule Pickup), Tracking, Reporting, Tools, Settings, Log Out

Schedule On Call Pickup

Company: DEPT OF CONSUMER AFFAIRS - BPPE
 Address: 2535 CAPITOL OAKS DRIVE SUITE 400 SACRAMENTO, CA 95833

Addresses For Your Account - Click To Select

Pickup Date: 10/1/2012
 Ready Time: [Dropdown] Latest Time: [Dropdown]

Contact: * [Text Field]
 Phone #: * [Text Field]

Instructions: (Max length 100 chars)

Package Information
 Total # of packages: * [Text Field]
 Approx. total weight (lbs): [Text Field]

Submit Cancel

Use your contact address or highlight an alternate address.

Select time frame for pickup. Insert your name and phone number.

Insert number of packages and approximate weight

- A confirmation number will be provided.

GSO Home Contact Us FAQ

Start Page Shipping Tracking Reporting Tools Settings Log Out

Current User: Laura Cheah

WebShip Menu: Start Page, Shipping (Prepare Shipment, Edit Shipment, Schedule Pickup), Tracking, Reporting, Tools, Settings, Log Out

Schedule On Call Pickup

Company: DEPT OF CONSUMER AFFAIRS - BPPE
 Address: 2535 CAPITOL OAKS DRIVE SUITE 400 SACRAMENTO, CA 95833

Addresses For Your Account - Click To Select

Pickup Date: 10/1/2012
 Ready Time: 4:00 PM Latest Time: 5:00 PM

Contact: * [Text Field]
 Phone #: * [Text Field]

Instructions: (Max length 100 chars)

Package Information
 Total # of packages: * [Text Field]
 Approx. total weight (lbs): [Text Field]

Your pickup confirmation number is [Text Field]

Pickups will occur within the specified pickup window:
 10/1/2012 4:00 PM - 10/1/2012 5:00 PM

Return to Shipping

Mail sent via GSO must be entered into the GSO Binder.

The binder has a received section and a section for each compliance inspector.

Mailing Packages: Attach one webship label to GSO package. Write the contents in the package on the copied label and file it in the GSO binder under the compliance inspector's name.

Receiving Package: Remove the webship label off the package. On the label write the date you received the package and list the contents. Highlight the label in pink and file under the received tab.

The Office Technician logs the returned compliance file on the GSO log and forwards the compliance file to the Compliance Inspection Manager for review.

Section 7 – Purging and Filing

The Compliance Managers or Discipline Analyst will return the completed file to the Office Technician. The Office Technician confirms the Compliance Manager updated the Tracking Worksheet, SAIL and BPPE Website. The Office Technician confirms SAIL has accurate information regarding ownership, addresses, contacts, etc. This information is stated in the compliance inspection report. If there are discrepancies the Office Technician must discuss with the Compliance Inspection Manager for further instructions.

Tracking Worksheet

~~CADPE/BPPE ENFORCEMENT COMPLIANCE UNIT Inspection Tracking Worksheet~~

	AGPA - Travel Itinerary submitted for approval	SSN1 - Travel Itinerary approved	AGPA - Onsite inspection completed; SAIL updated	AGPA - Inspection Report submitted for approval	SSN1 - Review and approve report	Inspection Cycle Time (In days)	Office Tech - Follow up NTC compliance and post to web	Office Tech - Close inspection on SAIL					
7	Completed	11/8/11 9:43 AM	Approved	11/8/11 12:00 AM	NTC Issued	11/29/11 4:49 PM	Completed	12/5/11 4:50 PM	Approved	10/31/12 12:00 AM	165	Completed	Completed
8	Completed	2/9/12 3:57 PM	Approved	3/8/12 2:41 PM	Compliant	2/28/12 11:40 AM	Completed	3/6/12 11:40 AM	Approved	3/15/12 3:32 PM	161	Completed	Completed
9	Completed	12/9/11 12:00 AM	Approved	2/3/12 4:42 PM	NTC Issued	2/19/12 3:55 PM	Completed	2/19/12 3:55 PM	Approved	2/27/12 4:52 PM	144	Completed	Completed
11	Completed	2/3/12 3:57 PM	Approved	2/12/12 1:03 PM	NTC Issued	2/13/12 3:58 PM	Completed	2/18/12 3:58 PM	Approved	3/12/12 1:04 PM	208	Completed	Completed
13	Completed	3/8/12 8:37 AM	Approved	3/4/12 2:36 PM	Compliant	3/22/12 2:42 PM	Completed	3/26/12 12:28 PM	Approved	3/27/12 11:11 AM	172	Completed	Completed
14	Completed	5/6/12 12:10 PM	Approved	5/8/12 12:10 PM	Compliant	5/20/12 3:45 AM	Completed	5/18/12 2:12 PM	Approved	6/11/12 3:23 PM	285	Completed	Completed
15	Completed	4/9/12 8:30 AM	Approved	4/17/12 2:21 AM	Compliant	4/25/12 8:40 AM	Completed	5/17/12 7:32 AM	Approved	5/8/12 11:22 AM	251	Completed	Completed
16	Completed	3/9/12 6:34 PM	Approved	3/15/12 3:37 PM	Compliant	4/2/12 3:48 PM	Completed	3/28/12 3:38 PM	Approved	3/30/12 3:38 PM	212	Completed	Completed
18	Completed	3/8/12 4:12 PM	Approved	3/13/12 4:13 PM	NTC Issued	3/16/12 1:48 PM	Completed	3/21/12 12:23 PM	Approved	3/27/12 11:12 AM	172	Completed	Completed
19	Completed	2/3/12 3:58 PM	Approved	2/17/12 2:46 PM	Compliant	2/18/12 3:53 PM	Completed	2/18/12 3:53 PM	Approved	2/18/12 2:46 PM	171	Completed	Completed
20	Completed	11/8/11 9:41 AM	Approved	11/8/11 12:00 AM	NTC Issued	12/6/11 4:51 PM	Completed	12/9/11 4:50 PM	Approved	12/28/11 8:56 AM	118	Completed	Completed
21	Completed	5/13/12 12:00 AM	Approved	6/1/12 10:55 AM	Compliant	6/15/12 10:44 AM	Completed	6/20/12 10:44 AM	Approved	6/27/12 12:00 AM	264	Completed	Completed
22	Completed	4/9/12 10:03 AM	Approved	4/25/12 2:00 AM	NTC Issued	5/2/12 10:41 AM	Completed	5/8/12 7:33 AM	Approved	5/14/12 12:00 AM	245	Completed	Completed
23	Completed	3/18/12 8:14 AM	Approved	3/18/12 2:36 PM	NTC Issued	4/14/12 12:05 PM	Completed	4/12/12 12:05 PM	Approved	4/18/12 12:05 AM	187	Completed	Completed
24	Completed	3/17/12 4:13 PM	Approved	3/16/12 11:10 AM	NTC Issued	3/20/12 1:47 PM	Completed	3/23/12 12:31 PM	Approved	3/27/12 11:11 AM	173	Completed	Completed
27	Completed	5/7/12 4:10 PM	Approved	5/8/12 12:08 PM	Compliant	5/22/12 9:04 AM	Completed	5/25/12 9:57 AM	Approved	6/3/12 12:18 PM	239	Completed	Completed
28	Completed	2/3/12 4:44 PM	Approved	2/3/12 4:44 PM	NTC Issued	2/1/12 4:01 PM	Completed	2/14/12 4:01 PM	Approved	3/12/12 1:37 PM	194	Completed	Completed
29	Completed	6/3/12 12:00 AM	Approved	6/1/12 10:56 AM	Compliant	6/19/12 10:45 AM	Completed	6/20/12 10:45 AM	Approved	6/26/12 12:00 AM	152	Completed	Completed

Section 8 - Supplies

The Office Technician is responsible for ensuring the Compliance Unit has a stock of supplies. The following is a list of the most common required supplies:

- GSO Shipping supplies (labels, envelopes, stickers, etc)
Call GSO customer service center at 800-322-555 or login to GSO website and order on line.
- DCA Reproduction Request for Student Satisfaction Survey, Notice to Students, Student Satisfaction Tally Sheet and Announced Compliance Institution Packet.
Complete the "Digital Print Services – Reproduction Request" form.
- Office Supplies (pens, ink, tablets, paperclips, etc.).

BPPE Supply Room:

- Obtain the supply room key from your Manager;
- Gather the supplies needed and complete a "supply out take" form;
- Have your manager sign the completed form;
- Place the completed form in the Administration staff member's inbox assigned to ordering supplies.

~~C:\BPPE\BPPE ADMINISTRATIVE SUPPORT\Forms\Supply Room Out-take Form.docx~~

Supply Room Out-Take Form					
Date:		Permanent Markers/Sharpies	AMT	Goods/Commodity	AMT
Unit Name:		Permanent Markers-(green)		(Black) White Board Markers	
Employee Name:		Permanent Markers-(blue)		(Blue) White Board Markers	
Manager Signature:		Permanent Markers (black)		(Green) White Board Markers	
Please Give Completed Form To Angela Brady		Sharpies (black)		12-inch Rulers	
Binder Clips	AMT	Labels-Mailing	AMT	Post-It Pads	
Small - Boxes		Avery 6490 (3 1/2")		Mini	3-hole Puncher
Medium - Boxes		Avery 5352 (2" x 4 1/4")		Small 3x3	7-hole Puncher
Large - Boxes/Loose		Avery 5163		Small 3X3 (lined)	Binder Label Holders
Flags		Avery 5165		Medium 3x5	CD Labels
Post-it (single)		Staples (3 1/3" x 4")		Large 4x6	Ear Plugs
Mini Multi-Color (4 pack)		Labels-Shipping		Large 4x6 (lined)	Envelope Moistener Bottles
Sign Here		Avery 5267 (1/2" x 1 3/4")		Post-It Note labels (150 sheets/box)	Envelope Moistener Pencils
Folders/Report Covers		Avery 8167 (1/2" x 1 3/4")		Y2020 series	Glue Sticks
Manila folders w/ expandable pocket		Avery 5960 (1" x 2 5/8")		Y2010 series	Highlighter: Multi-color Packs
Manila folders w/ fasteners (used)		Universal 90102 (2 5/8" x 1")		Rubber bands	Highlighter: Yellow
Manila folders w/ side tab		Paper Clips/Holders		Size 32 / Size 33	I.D. Badge Clips/Reels
Manila folders-legal size		Small - Boxes 100 per box		Size 64	I.D. Badge Holders (plastic)
Yellow folders w/ side tab		Large - Boxes		Supersize multi-colored	I.D. Badge Lanyards
Blue folders w/ side tab		Paper Clip Holders		Staples/Staplers/Removers	Laminating Sheets
Light green pressboard folders- side tab		Pads/Tablets		Standard (boxes)	Letter Openers
Light green section folders- 1 divider		Yellow Ruled Pad (8 1/2 X 11 3/4)		Staple Remover	Mouse Pads
Dark green section folders- 2 dividers		Steno Book Pad (8 X 9) Yellow		Stapler	Paper Fasteners (boxes)
Brown section folders- 2 dividers		Steno Book Pad (8 X 9) White		Heavy Duty (boxes)	Paper Fasteners-Large (loose)
Black 3 ring twin pocket portfolio (folder)		Phone Message Book (duplicates)		Heavy Duty Staple Remover	Punched Hole Reinforcement Labels
Grey twin pocket portfolio (folder)		Message Pads		Tape/Dispensers	Rotary Cards (2 1/6" x 4")
Clear front/black back report covers		Pencils		Tape	Rubber Fingertips (small)
Black heavy duty report covers		Wooden (#2 lead)		Desktop Tape Dispenser	Scissors
Alphabet Accordion Folders (used)		Mechanical		Desktop Tape Dispenser (used)	Separator/Sorter
Labels-Filing		Pens		Packaging Tape	Sheet Protectors
Avery 6266		Blue		Toner/Ink Cartridges (Personal Printers)	Transparency Film (100 sheets/ box)
Avery 6366		Red		Magenta/Yellow/Cyan (Combo)	Wax Fingertip Moistener
Clear Labels 11406		Black		Black	White Board Erasers
WRITE IN ITEM:					White-Out (correction tape)

Supplies not available in the supply room:

- Obtain the "office supply" catalog from Administration.
- Complete the "Enforcement Section Supply Request" form and have your manager sign.
- Place the form in the "Catalog Supply Orders Folder" in Administration Unit section. You will be informed by Administration unit when the supplies are delivered.

~~ENFORCEMENT FORMS~~

Enforcement Section Supply Request Form

Line #	Product No. & Description	Page #	Qty	Unit Price	Amount	Requester's Name
1	Avery Tab Write on Dividers –Erasable Laminated Tabs. AVE-23075	6	10	4.15	41.50	Susan Hertle
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
Catalog Name and Year: Calif. Office supplies – National Office Solutions #36519						
Approved by Manager:						
Ordered By:				Date:		
Received By:				Date:		

Title: Notice to Comply & Citation	Supersedes: None	Procedure #: 2015-0027
Procedure Owner: Compliance Unit	Effective: 02/27/2015	Page: 1 of 21
Issue Date: 2/27/2015	Approved By:  Bureau for Private Postsecondary Education	

Policy: The Bureau for Private Postsecondary Education (Bureau) is mandated to inspect postsecondary institutions (institution) for compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (CCR).

Purpose: The Bureau has the authority to issue a Notice to Comply (NTC) pursuant to CEC 94935 by Compliance Inspector when a minor violation of the CEC and/or CCR is detected during the onsite inspection. The Compliance Inspector shall issue the Notice to Comply before leaving the institution. The institution shall have 30 days from the date of inspection to remedy the noncompliance or file a Notice of Disagreement.

A Citation is issued when an institution fails to comply with a Notice to Comply or when it is found that an institution committed a violation of the CEC or Bureau regulations (The Act § 94936(a)). The Bureau will base its assessment of the administrative fine on: the nature and seriousness of the violation; the persistence of the violation; the good faith of the institution; the history of previous violations; the purposes of the Act and Bureau regulations; and the potential harm to the students. (The Act § 94936(b)(2)(A-F)). The amount of the administrative fine varies. (See Guide to Assessment of Administrative Fines in Cite and Fine attachment folder.) Failure to comply with a citation order may result in disciplinary action (5 CCR § 75020(c)(4)).

Citation(s) constitute a public record of the action taken and are posted on the Bureau's web site.

Definitions:

A **Citation** is a written document issued to an institution for violation of the Bureau laws and regulations. The citation contains an order of abatement and/or administrative fine. The citation describes the nature of the violation and the specific provisions of the law or regulation that is alleged to have been violated.

Notice of Disagreement (NOD) is written documentation submitted by an institution that disagrees with one or more of the alleged minor violations listed in the Notice to Comply. The Notice of Disagreement must be submitted to the Bureau within 30 days of the date of the compliance inspection. (CEC 94935 (g), 5 CCR 75010 (d)(2))

Order of Abatement is notifies an institution that it must cease violating provisions of the law. Institutions are required to comply with the order of abatement and provide clear evidence of compliance and demonstrate the ability to maintain compliance

Productivity Benchmark:

The Notice to Comply process is conducted over a 45-day process. During this period documented institutional violations are evaluated for compliance and/or referred for citation.

The Citation process is conducted over a 90-day period. During this period communication shall be established and institutional material documents reviewed for compliance to provide consumer protection.

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COMPLIANCE INSPECTION OVERVIEW

The Bureau for Private Postsecondary Education (Bureau) is statutorily mandated to inspect private postsecondary institutions (institution) for compliance with statutory and regulatory requirements set out in the California Private Postsecondary Education Act of 2009 (CEC) and Title 5, Division 7.5 of the California Code of Regulations (5 CCR).

Pursuant to CEC §94932.5, the Bureau shall perform announced and unannounced inspections of institutions at least every five years. An announced compliance inspection involves the institution receiving advanced notice that the Bureau will be conducting an inspection. An unannounced inspection is just that. The institution does not receive notice of the inspection. This allows the inspector to observe the institution under normal daily operation.

An institution is identified for a compliance inspection by the Bureau Chief, Enforcement Chief, or designated person. Pursuant to CEC §94941, the Bureau shall determine compliance inspections for any institutions by a process of risk assessment. In addition to complaints against the institution, the Bureau shall consider the following institutional characteristics as posing heightened risks:

- (1) An institution that receives significant public resources, including an institution that receives more than 70 percent of its revenues from federal financial aid, state financial aid, financial aid for veterans, and other public student aid funds.
- (2) An institution with a large number of students defaulting on their federal loans, including an institution with a three-year cohort default rate above 15.5 percent.
- (3) An institution with reported placement rates, completion rates, or licensure rates in an educational program that are far higher or lower than comparable educational institutions or programs.
- (4) An institution that experiences a dramatic increase in enrollment, recently expanded educational programs or campuses, or recently consolidated campuses.
- (5) An institution that offers only nonremedial educational program courses in English, but enrolls students with limited or no English language proficiency.
- (6) An institution that has experienced a recent change of ownership or control, or a change in the business organization of the institution.
- (7) An institution with audited financial statements that do not satisfy the bureau's requirements for financial stability.
- (8) An institution that has recently been the subject of an investigation, judgment, or regulatory action by, or a settlement with, a governmental agency.
- (9) An institution that experiences institutional or programmatic accreditation restriction by an accreditor, government restriction of, or injunction against, its approval to operate, or placement on cash-reimbursement or heightened monitoring status by the United States Department of Education.

During a compliance inspection, the Compliance Inspector shall look for violations of the CEC and 5 CCR. If the institution is unable to correct minor violations during the compliance inspection a Notice to Comply (NTC) is issued by the Compliance Inspector. The NTC must be issued prior to the Compliance Inspector leaving the institution and only minor violations may be listed.

If the Compliance Inspector identifies potential material violations, evidence of the potential material violation(s) must be collected, prior to leaving the institution. Potential material violations are recorded on an Enforcement Referral. The NTC, inspection report, Enforcement Referral and evidence supporting the material violation(s) are forwarded to the Compliance Manager for review and approval. The Compliance Manager is responsible for reviewing the NTC, inspection report, Enforcement Referral and supporting evidence. The NTC and inspection report are forwarded to the Compliance Analyst for tracking and review of response, if received in 30 days. The Compliance Manager forwards the Enforcement Referral and supporting evidence to the Complaint Investigations Unit for further review and investigation.

COMPLIANCE ANALYST OVERVIEW

This manual outlines the procedures necessary to complete the Compliance Analyst's duties.

At the conclusion of the announced or unannounced compliance inspection, if warranted, the Compliance Inspector issues a NTC (NTC) and/or gathers evidence/information of potential material violation(s) for referral to the Complaint Investigations Unit for further review and investigation.

The Compliance Analyst is responsible for:

- 1) Tracking the NTCs issued and calendaring (30 days from the date of issuance) the date by which the institution must provide a response to the NTC and/or file a Notice of Disagreement.
- 2) Issuing a corrective NTC, when warranted, as instructed by the Compliance Manager.
- 3) Reviewing the NTC submissions from the institution to determine compliance with the minor violation(s) listed on the NTC.
- 4) Preparing the administrative citation for noncompliant institutions.
- 5) Processing Notices of Disagreement received in response to a NTC, including working with the Bureau Chief or the designee to schedule an informal office conference.
- 6) Identifying areas of concern for an unannounced compliance inspection.
- 7) Posting the NTC on the Bureau's website.
- 8) Issue the follow-up letter to institution at the end of the compliance inspection process.

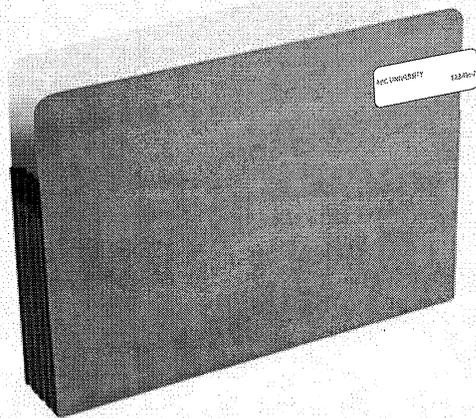
Compliance Inspection File Overview

When a NTC is issued to an institution, the Compliance Analyst receives the following files from the Compliance Manager, after the manager has reviewed and approved the compliance inspection report and NTC.

- Blue folder is for correspondence and initial response by the institution

- Contents include:
 - General Information Form
 - Student Tuition Recovery Fund Minimum Requirements and supporting documentation
 - Institutional Website and Web Advertisements and supporting documentation
 - Catalog Minimum Requirements/Copy of Current Catalog
 - Enrollment Agreement Minimum Requirements/Copy of Enrollment Agreement
 - Annual Report/School Performance Fact Sheet Minimum Requirements and electronic device with supporting data
 - Copy of deficiency letter mailed to the institution and the institutions response to the deficiency letter, if applicable.

- Green folder is for documents collected while conducting the onsite inspection.
 - Contents include:
 - Documentation that substantiates the reason(s) for the NTC and/or Enforcement Referral, and final inspection report. (example: copy of student files, catalog collected on site, enrollment agreements, etc.)



All folders, blue and green are placed and kept in an accordion file.

Notes to File

An electronic file is created for each institution identified for a compliance inspection. The electronic files are located in the [redacted] drive: [redacted]. Each file contains file notes, or Notes to File. The Notes to File shall be updated to reflect all documents received, all actions taken, and all communication with the institution.

SECTION 1 – Tracking Notice to Comply

Once the Compliance Inspector has completed the onsite inspection and report, the compliance inspection file is forwarded to the Office Technician (OT) for tracking. The OT forwards the file to the Compliance Manager for review and approval. If a NTC was issued at the conclusion of the compliance inspection, the Compliance Manager forwards the NTC and the compliance inspection file to the Compliance Analyst for tracking and to await the response from the institution.

The Compliance Analyst logs the NTC into the Tracking Log upon receipt with the following information:

- School Code
- School Name
- Date Assigned
- Received From
- Analyst/Inspector
- NTC Issue date
- Action Needed
- NTC due date
- Status – Open

For statistical reporting, the Compliance Analyst is also responsible for tracking violations listed on the NTC.

SECTION 2 – Corrective Notice to Comply

A “Corrective” NTC is issued when a violation is erroneously cited or the description of the violation does not match the cited CEC or 5 CCR on the NTC. Upon direction from the Compliance Manager, once approval has been obtained from the Enforcement Chief to issue a Corrective NTC, the Compliance Analyst prepares a “Corrective” NTC using the following steps:

- Type the word “**CORRECTIVE**” above the NTC number on the NTC.
- The “Corrective” NTC number shall contain the following information:
 - CAC=Compliance Announced Corrective
 - CUC=Compliance Unannounced Corrective
 - XXXXXXXX=School Code
 - MM=Month
 - YY=Year
 - EX. CAC-1234567-0513
- Institution information and Date of Inspection will remain the same as listed on the original NTC
- Nature and Facts of the Violation(s)

- Violation(s) that were erroneously cited or the description of the violation does not match the cited CEC or 5 CCR in the original NTC will be corrected in the corrective NTC
- The Compliance Analyst signs the Corrective NTC with name and title.
- Institution Administrator will remain the same as the original NTC
- Institution Administrator Signature will remain blank
- Due Date will be 30 days from date of the Compliance Analyst mails the “Corrective” NTC
- Corrective NTC number will be inserted into footer and Compliance Analyst will initial in the area designated for Inspector’s Initial.

The Compliance Analyst prepares a letter of explanation to the institution. The letter of explanation is addressed to the administrator listed on the NTC and contains the following information:

- Explanation of erroneous cited violation(s)
- Request institution administrator sign and initial in the appropriate spots and return original “Corrective” NTC within 3 days of receipt
- Request institution retain a copy of the signed “Corrective” NTC
- Request institution administrator sign the Declaration page and return with evidence of compliance by the due date listed on the Corrective NTC

The letter of explanation is provided to the Compliance Manager for review, prior to mailing to the institution.

A copy of the “Corrective” NTC and letter of explanation are placed in compliance file.

The Compliance Analyst updates the NTC-Material Review Log with the following information after the “Corrective NTC” is completed:

- NTC Due will show original NTC due date and/or “Corrective” NTC due date
- Action Taken

The Compliance Analyst updates the Notes to File contained in the institution’s electronic, compliance inspection file.

If institution does not return the signed Corrective NTC, the Compliance Analyst is responsible for contacting the institution administrator to ensure the Corrective NTC was received.

If the institution states they did not received the Corrective NTC, the Compliance Analyst will resend and confirm receipt by the institution.

SECTION 3 – Notice to Comply Response

An institution that is issued a NTC is required within 30 days of the inspection to:

- 1) Correct the violation(s), sign the declaration on the NTC and return with documentation indicating how compliance was achieved; or
- 2) File a NOD, specifying the violation(s) in which they disagree and requesting an informal conference to appeal the NTC. The institution may elect to correct some deficiencies, but contest others.

If the institution submits documentation that demonstrate compliance has been achieved before the due date listed on the NTC, the Compliance Analyst performs an initial review of the documentation utilizing the Bureau's statutes and regulations (California Education Code, Title 3, Division 10, Part 59, Chapter 8 and the California Code of Regulations, Title 5, Division 7.5) and policy memos to determine if the documentation submitted shows the violation(s) listed on the NTC have been brought into compliance. The Compliance Analyst files the reviewed documents in the onsite (green) file and submits the file, along with a recommendation regarding the disposition of the file which includes file closure or citation.

If the institution does not submit the Declaration page, which is signed under penalty of perjury that the violations were corrected, or submitted a Declaration not signed by an authorized administrator, the Compliance Analyst must contact the institution and request a signed declaration.

IMPORTANT COMPLIANCE NOTICE

California Education Code §94935 and California Code of Regulations §75010 provide that the Bureau for Private Postsecondary Education (Bureau) shall issue a Notice to Comply for minor violations detected during a compliance inspection by the Bureau.

By no later than 30 days from the date of the inspection, you must either: 1) Remedy the noncompliance item(s), sign the below declaration and submit this form to the Bureau, along with documentation describing how compliance was achieved; or 2) File with the Bureau a written notice of disagreement, specifying the minor violation(s) described in the Notice to Comply with which you disagree, and appealing it by requesting an informal office conference. If a written notice of disagreement is not timely filed with the Bureau, the right to appeal is deemed to have been waived.

Failure to timely remedy the noncompliance item(s) or file a written request for an informal office conference may result in the Bureau taking administrative enforcement action.

DECLARATION

Attached to this document is a list describing how compliance was achieved for each violation and supporting documentation. I declare under penalty of perjury that all violations identified in this Notice to Comply are corrected as described in the attachment.

Signature

Date

Print Name and Title

THIS DECLARATION OR A NOTICE OF DISAGREEMENT MUST BE SUBMITTED TO THE BUREAU BY MONTH DD, 20YY

If the due date has not passed and the documentation submitted by the institution does not show compliance, as confirmed by management review, for the violation(s) listed on the NTC, the Compliance Analyst, as directed by the Compliance Manager must contact the institution and request additional documentation to show compliance.

If the documentation submitted by the institution remedies the violation(s) listed on the NTC, the Compliance Analyst files the documentation in the onsite (green) file and submits the file to the Compliance Manager for review and final determination of the disposition of the file.

When approval to close has been obtained from the Compliance Manager, the Compliance Analyst updates the Tracking Log with the following information

- Date Docs received
- Action Taken
- File referred to (Office Technician)
- Status – Closed

The file is then referred to the Office Technician for closure.

If the institution does not submit documentation to remedy the violation(s) or provide sufficient documentation by the due date listed on the NTC, the Compliance Analyst

notes the items that are not in compliance and provides the file and recommendation for issuance of a citation to the Compliance Manager, for review.

The recommendation for citation contains the outstanding violation(s), evidence of the violation(s), and a statement that the institution failed to comply. If after reviewing the file, documents and recommendation for citation, the Compliance Manager concurs with the Compliance Analyst's findings and recommendation the Manager approves the file for transfer. The Compliance Analyst updates the Tracking Log and forwards the complete package to the Discipline Unit OT to create a citation file folder and electronic file.

Once the Citation File has been returned, the Compliance Analyst drafts the Citation and Fine Assessment Worksheet.

The Compliance Manager updates the "List of Institutions for Compliance Inspections Misc." tracking log. [REDACTED]

SECTION 4 – Notice of Disagreement

When an institution submits a Notice of Disagreement (NOD) in response to a NTC, the Compliance Analyst ensures the request is postmarked within 30 days from the date of inspection and/or NTC issue date. If the institution does not provide documentation to demonstrate compliance and if the NOD is not received within 30 days, the institution's right to appeal is waived and a citation is drafted regarding all violation(s) listed on the NTC. If the NOD is received timely; the Compliance Analyst processes the request. The NOD submitted by the institution must include the following information:

- Specific violation(s) on the NTC that are in dispute
- Request for an informal office conference

An informal office conference is held with the Bureau Chief or his/her designee. The informal office conference must be held within 30 days from the timely receipt of the NOD. The informal office conference can be extended past 30 days for good cause with the Bureau Chief's approval.

If the NOD is received by the due date and contains the required information, the Compliance Analyst works with the Bureau Chief to schedule the informal office conference. The Compliance Analyst has access to the Bureau Chief's Outlook Calendar and schedules the informal office conference accordingly. Once scheduled, the Compliance Analyst sends an email to the Bureau Chief, Enforcement Chief and Compliance Manager containing the following information:

- Institution name, owner(s) names, mailing address, and school code
- Phone number of the owner(s) and/or the owner's legal counsel (if applicable)
- The date the informal office conference is scheduled

The Compliance Analyst creates an electronic file in [REDACTED]. The electronic file is titled using the school code and institution name, ex. 1234567 ABC University. The electronic file contains:

- A copy of the NTC
- Informal Office Conference to Appeal NTC/Informal Conference Note Sheet
- Copy of Confirmation Letter
- Informal Office Conference Decision

After the informal office conference is scheduled, the Compliance Analyst completes an "Informal Conference to Appeal NTC/Note Sheet" and prepares an Informal Office Conference confirmation letter and sends the confirmation letter via email and registered mail and/or fax to the institution's owner(s). The electronic copy of the Informal Conference confirmation letter and Informal Conference to Appeal NTC/Note Sheet are saved in the institution's informal conference electronic file. The hardcopy of the Informal Conference confirmation letter is placed in the compliance file. The Informal Conference to Appeal NTC/ Note Sheet is placed on the top of the compliance file. The Compliance Analyst forwards the physical compliance file to the Bureau Chief for review.

The Compliance Analyst updates the Tracking Log with the following information after the compliance file is forwarded to the Bureau Chief:

- Referred to (Bureau Chief)
- Action Taken
- Status – Awaiting Response (Informal Conference)

The Compliance Analyst also updates the Notes to File and adds a comment in the Schools Automated Information Link (SAIL) database regarding the informal office conference

Following the informal office conference to appeal the NTC, the Bureau Chief may affirm, modify, or withdraw the NTC. A written order affirming, modifying, or withdrawing the original NTC shall be served on the person approved to operate the institution within 30 days from the date the informal office conference was held. If the order affirms or modifies the original NTC, said order shall fix a reasonable period of time up to 30 days for correction of the violation(s). This order shall be deemed the final administrative decision concerning the NTC prior to any enforcement action.

Within 30 days following the informal office conference, the Compliance Analyst receives an Informal Office Conference Notice of Decision, Decision/Conference notes and compliance file from the Bureau Chief. The Compliance Analyst makes two copies of the Notice of Decision and one copy of the Decision/Conference notes:

- One copy each of the Informal Office Conference Notice of Decision and Decision/Conference notes are placed in NTC Informal Conference Decision binder
- One copy of the Informal Office Conference Notice of Decision and the original Decision/Conference notes are to be placed in the compliance and electronic file.
- The original Informal Office Conference Notice of Decision is sent via certified mail to the institution owner(s) and logged into the compliance Certified Mail Log.

The Compliance Analyst notifies the Compliance Manager via email with the following information:

- School Code
- Institution Name
- Outcome of Informal Office Conference
 - NTC affirmed – New due date xx/xx/xxxx
 - NTC modified – New due date xx/xx/xxxx
 - NTC withdrawn – File closed

If the NTC is affirmed or modified, the Compliance Analyst awaits the institution's response. Once the response is received the Compliance Analyst is responsible for reviewing and verifying compliance. If the response is non-compliant or if the institution fails to respond, the Compliance Analyst recommends enforcement action to the Compliance Manager. Upon management approval, the Compliance Analyst prepares the citation. The response or non-response is treated the same as a NTC with the only exception being that the institution can no longer file a NOD.

The Compliance Manager requests a case conference with the Enforcement Chief.

If the NTC is affirmed or modified, the Compliance Analyst updates the Tracking Log with the following information after the Notice of Decision has been mailed:

- Action Needed
- NTC Due (due date listed on the Notice of Decision)
- Action Taken
- Status – Open

The Compliance Analyst updates SAIL with the following information:

- Informal Conference to appeal NTC# XX-XXXXXXXX-XXXX, (affirmed, modified, withdrawn), (evidence of compliance due xx/xx/xxxx)

If the NTC is withdrawn and there are no other outstanding minor violations, the Compliance Analyst follows the same close out procedures as a NTC that has been cleared.

SECTION 5 - Preparing the Administrative Citation

The Compliance Unit Analysts are responsible for obtaining the necessary evidence that demonstrates continued non-compliance with minor violations listed on an NTC and/or material violation(s). Compliance can be obtained on minor violations within 30 days from the date the NTC was issued. Institutions are not given the opportunity to obtain compliance with material violation(s); however, some of their NTC submissions may also correct material violations. When referring a case for citation, the case file and evidence that supports the continued non-compliance or a material violation(s) must be included with the Citation and Fine Assessment worksheet. Once the Citation and Fine Assessment worksheet has been completed, return the draft to the Compliance Manager for review and approval.

NOTE: Compliance Analysts should include specific and detailed information supporting each violation. Supporting evidence of each violation also needs to be included in the file.

Citation Completion:

1. Complete the 'Citation' Template worksheet (Attachment)

CITATION/ASSESSMENT OF FINE AND/OR ORDER OF ABATEMENT AND/OR ORDER OF RESTITUTION

TO: ENTITY OWNER NAME
ENTITY ADDRESS
ENTITY CITY STATE ZIP CODE

INSTITUTION CODE: (INSTITUTION TYPE)
CITATION NUMBER: (CITATION NUMBER)
CITATION DATE: (CITATION DATE)
DATE TO REPORT THIS VIOLATION

ORDER OF ABATEMENT INCLUSION: (YES/NO)

VIOLATION

1 The California Education Code (CEC) and All California Code of Regulations (CCR) Edition you will find the code number(s) of the violation(s) and the date of the violation(s).

2 Violation
INSTITUTION CODE SECTION - (INSTITUTION CODE SECTION TITLE)
VIOLATION NUMBER - (VIOLATION NUMBER)

Follow the template instructions and update all required data highlighted in yellow.

2. Input the background information in the background section of the template. This is generally on the last page or two of the document.

Note: During the Citation Committee meeting, members may ask for background information of the school. It is important to get a "big picture" of the school. Obtaining

background information on the school will help you assess fines based on the six (6) criteria: 1) nature and seriousness of the violation; 2) the persistence of the violation; 3) the good faith of the institution; 4) the history of previous violations; 5) the purposes of the Act and BPPE regulations; and 6) the potential harm to the students:

- Input Enforcement background. Research and input any prior enforcement actions, formal and informal.
 - List complaint background. List any complaints the school has: complaint #, status of complaint, the received and closure date of the complaint, alleged violations, and reason for closure.
 - List compliance background. List the dates of compliance inspections, any scheduled inspections, or status on current compliance inspection.
 - Input Licensing background. Research and input:

Note: Pull licensing file to obtain information. SAIL is not always correct.

- Status including the approval and expiration date.
- If the school is accredited. (Certain laws apply for accredited/non-accredited institutions.)
- Any Pending applications.
- Prior site visit history.
- Input Administration (Admin) background:
 - Revenue history. Is the school current with annual fees and Student Tuition Recovery Fund (STRF)? Are payments current?
 - Annual Report status.

3. In the Violations section of this worksheet you will:

- Review the NTC, Enforcement Referral and supporting evidence.
- The Compliance Analyst must verify that the violation(s), as cited are enforceable.
- Confirm the evidence supports the violation(s) cited. The evidence will either prove or disprove the violation charged.
- Fill out the violation section of the citation. Be sure to include detailed and specific information supporting each violation.

NOTE: Do not refer to a visit as a 'Site Visit.' Violations resulting from NTC should be referred to as an announced or unannounced inspection.

Citation Worksheet

#	Code/Section	Description	Fine
1	2	3	4
			Total - 5

1. #: Sequentially enter the number of violations in numerical order.
2. Code/ Section: enter the code section as stated on the NTC and Enforcement Referral.
3. Brief Description of Violation(s): Enter the heading of the code section and verbatim law. (During the citation committee meeting, it will be easier to reference the violated laws in one place rather than flipping back and forth in your law book.) Below the laws and regulations language include detailed and specific information obtained from the NTC, ER and file to indicate how the law or regulation was violated and when it was violated (i.e., date of inspection(s), did it happen more than once, etc.). (Information that would help support the violation, such as licensing status, pending investigations/complaints, Quality of Ed activity, and revenue history will be listed in the background information section referenced above).
4. Fine: Enter the fine amount for each violation on the corresponding line.
5. Total: enter the total amount in the "Total" box. Enter the "total" fine amount from the Fine Assessment Worksheet(s).

DO NOT change CONTACT INFORMATION or signatory name. Once the Citation is finalized it will be sent out by the Discipline Analyst and signed by the Enforcement Chief.

Order of Abatement: Leave as is on the template.

Organize the supporting evidence by violation. Each violation should have a corresponding piece of evidence, or statement if evidence is not provided. Tab and number the corresponding piece of evidence so it will be easier to review.

Complete a 'Fine Assessment Worksheet' (Attachment), for each violation listed on the Citation draft. The worksheet template is located: 



1. Input in the header:
 - o Institution Name and Institution code
 - o NTC/ Case #
 - o Violation being assessed.
2. Complete the first section regarding the factors that must be considered when assessing the fines. After research and analytical assessment describe the following factors:
 - o The nature and seriousness of the violation: You can use the verbiage in 5 CCR §75030.

- The persistence of the violation: Has this school committed this violation before? If a citation was previously issued for this violation, but the school did not appeal and paid/came into compliance, that alone does not constitute an admission of the violation charged, and therefore the Bureau cannot use the past violation as a factor in assessing the fine.
 - The good faith of the institution: Has the school attempted to come into compliance?
 - The history of previous violations.
 - The purposes of The Act: what was the purpose and intention of this law being created?
 - The potential harm to students: You can use the verbiage in 5 CCR §75030.
3. The Fine Amounts section of this worksheet will be completed during the Citation Committee meeting, once a unanimous decision has been reached. Check mark the classification it falls under and input the fine amount decided upon. Refer to worksheet for definition of violations.
 4. Complete the Recommendation section of this worksheet.
 - Based on the evidence (facts) what is your recommendation of which violation classification the violation falls under? Provide an explanation to support your recommendation.
 - Based on the evidence (facts) what is your recommendation for the specific fine amount within the chosen violation classification? Provide an explanation to support your recommendation.
 5. The Action section of this worksheet will be the final determination the Citation Committee decides. Input the reasoning behind the Citation Committee's fine assessment.
 6. Complete a 'Fine Assessment Worksheet' for each violation referred/listed on the 'Citation' draft
 7. Once all the violations are reviewed, complete a Memo of Recommendation; update Notes to File in the institution's electronic Compliance Inspection file on the G drive; and submit to the Compliance Manager for review and approval. Remember you will also be presenting your recommendation to the Citation Committee (meetings held monthly) so ensure your documentation is accurate and thorough and there is adequate evidence to support each violation.
 8. Once approved, the Compliance Manager forwards the citation package to the Discipline Analyst for tracking and scheduling the Citation Committee Meeting.
 - The Discipline Analyst notifies appropriate staff of the date and time for the appearance at the Citation Committee Meeting, and which citations will be presented.

9. If approved by the Committee, the Discipline Analyst sends the Citation Notice and track for response and payment.
10. If the institution responds, the Discipline Analyst provides the institution's response to the Compliance Analyst for review.
11. The Compliance Analyst reviews documentation provided and verifies if violations have been corrected.
12. The Compliance Analyst updates the Tracking Log and Inspection Notes to File with results of the review.
13. The Compliance Analyst forwards the file to the Compliance Manager for review and approval.
14. If approved, the Compliance Manager returns the file to the Compliance Analyst to close out the file on the Tracking Log.
15. If violations have not been abated, the file is returned to the Compliance Analyst to update the Tracking Log, and is forwarded to the Discipline Analyst to complete the citation process.

SECTION 6 – Identifying Areas of Concern for Unannounced Compliance Inspections/Risk Assessment

The Compliance Analyst is required to analyze the NTCs and response or lack of response submitted by the institution.

The Compliance Analyst, in consultation with the Compliance Manager, identifies risks found during the inspection process and from the institution's history with the Bureau.

SECTION 7 – Posting the NTC on the Bureau's Website

The Compliance Analyst is responsible for posting the NTCs to the Bureau's website.

The posting of the completed compliance inspections is emailed to the Department of Consumer Affairs (DCA) internet team approximately every two weeks.

The information regarding the results of the completed compliance inspections is documented in the G Drive:

SAMPLE:
ABC UNIVERSITY, SCHOOL CODE # 1234567
1234 A Street
Los Angeles, CA 00000
Date of Inspection: 00/00/0000
No Minor Violations Detected

COMPUTERS INSTITUTION, SCHOOL CODE # 7539515
9516 Hello Drive
Stockton, CA 00000
Date of Inspection: 00/00/0000
NTC Issued (pull scan ComputersInst 7539515)

Institution's name (all caps) and physical address shown in SAIL at the time of the onsite inspection are to be used. NTC is to be scanned and saved in the [REDACTED]. The NTC will be saved at [REDACTED]. The NTC will be saved as Institution Name and School Code, ex. ABC University 1234567.

To post compliance results the Compliance Analyst drafts an email with the following information:

- To: DCA Internet Team
- CC: (Enforcement Manager)
- BCC: Yourself for record keeping
- Subject: BPPE Web Revisions
- Body of Email
- Greeting

And place a copy of the NTC in the OIS file located on the S-drive.

Below are changes for the Bureau's Compliance Inspection Page, http://www.bppe.ca.gov/enforcement/inspection_results.shtml

Please replace the placeholders shown below with the items immediately following:

REMOVE THIS PLACEHOLDER
INSTITUTION NAME, INSTITUTION #
ADDRESS
Date of Inspection
No Minor Violations Detected or Minor Violations Detected
Link to NTC

ADD THIS ITEM
ABC UNIVERSITY, SCHOOL CODE # 1234567
1234 A Street
Los Angeles, CA 00000
Date of Inspection: 00/00/0000
No Minor Violations Detected

ADD THIS ITEM
BEAUTY SCHOOL (MAIN), SCHOOL CODE # 9876543
5678 B Avenue
San Francisco, CA 00000
Date of Inspection: 00/00/0000
No Minor Violations Detected

ADD THIS ITEM
BEAUTY SCHOOL (Branch), SCHOOL CODE # 4567892
9456 R Drive
Sacramento, CA 00000
Date of Inspection: 00/00/0000
No Minor Violations Detected

For inspections which result in a NTC being issued, the following format is used to document the information for DCA:

ADD THIS ITEM AND INCLUDE THE NTC LOCATED ON DCASHARE

[REDACTED]

MY UNIVERSITY, SCHOOL CODE # 4561238
1595 Z Place, Suite 524
San Diego, CA 00000
Date of Inspection: 00/00/0000
NTC Issued

ADD THIS ITEM AND INCLUDE THE NTC LOCATED ON [REDACTED]

[REDACTED]

COMPUTERS INSTITUTION, SCHOOL CODE # 7539515
9516 Hello Drive
Stockton, CA 00000
Date of Inspection: 00/00/0000
NTC Issued

If you have any questions, please feel free to contact me directly.

(INSERT SIGNATURE)

SECTION 8 – Closure Letter

When the NTC process is completed, after review and approval by the Compliance Manager, the Compliance Analyst is responsible for sending an approved NTC closure letter to the institution. The closure letter form can be found here: [REDACTED]

A copy of the closure letter is maintained in the institution's compliance inspection file.

Bureau for Private Postsecondary Education Procedure Acknowledgement

Title: Notice to Comply & Citation		Procedure #: 2015-0008
Procedure Owner: Compliance Unit	Effective: February 27, 2015	Pages: 21

This is to acknowledge receipt of the Bureau for Private Postsecondary Education's above listed procedure.

By signing below, I certify that I have read and agree to comply with all the terms and conditions of the Procedure.

(Printed Name)

(Signature) (Date)

A copy should be retained by the employee's supervisor/manager, and a copy provided to the employee.

**BUREAU
FOR PRIVATE
POSTSECONCARY
EDUCATION
POLICIES**



State and Consumer Services Agency – Governor Edmund G. Brown, Jr.

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 980818, West Sacramento, CA 95798-0818
P (916) 431-6959 F (916) 263-1897 www.bppe.ca.gov



MEMORANDUM

DATE	January 15, 2013
TO	All Bureau Staff
FROM	Laura Metune, Bureau Chief
SUBJECT	Policy Memo #011513 – 2013 Statutes Affecting Licensees K

Today the information contained below was emailed, as a courtesy, to the Bureau's licensees. This notice is designed to inform our licensees of the 2013 statutory changes that may affect their institutions, but that fall outside of the Private Postsecondary Education Act. Please review the information contained in this notice, and see your manager if you have any questions.

NOTICE TO LICENSEES OF CHANGES TO LAWS AFFECTING POSTSECONDARY EDUCATIONAL INSTITUTIONS

Dear School Administrators:

On January 1, 2013, several new laws related to public and private colleges and universities became effective. These statutory changes are not contained within the California Private Postsecondary Education Act and are not directly enforced by the Bureau. However, some or all of these laws may be applicable to your institution. This courtesy notice is intended to provide you with information regarding the new laws and statutory changes that became effective on January 1, 2013.

Senate Bill 1289, Chapter 623, Statutes of 2012, requires public, private and independent educational institutions to state in all printed and online financial aid materials and private loan applications distributed or made available by the institution: (1) federal student loans are required by law to provide a range of flexible repayment options, including, but not limited to, income-based repayment and income-contingent repayment plans, and loan forgiveness benefits, which other student loans are not

required to provide; and (2) federal direct loans are available to students regardless of income.

An institution may continue to use financial aid materials that are printed before January 1, 2013, if the institution includes an insert with the printed material that provides the aforementioned required information. Financial aid materials printed on or after January 1, 2013 are required to contain all of the aforementioned information.

Institutions are also required to clearly distinguish private loans from federal loans in individual financial aid awards by stating, for any private loans included by the institution as part of the institution's award package: (1) whether the rate is fixed or variable; (2) an explanation that private student loans can offer variable interest rates that can increase or decrease over time, depending on market conditions; (3) an explanation that private student loans have a range of interest rates and fees and students should determine the interest rate of, and any fees associated with, the private student loan included in their financial aid award package before accepting the loan; (4) an explanation that students should contact the lender of the private student loan or their postsecondary educational institution's financial aid office if they have any questions about a private student loan; and (5) an explanation that the interest rate on a private loan may depend on the borrower's credit rating.

Institutions that provide a private loan lender list must also provide general information about the loans available through the lender and disclose the basis for each lender's inclusion on the list. The institution must also disclose that the student has the ability to choose any lender.

Complete text of the legislation can be found at the following link:

http://leginfo.ca.gov/pub/11-12/bill/sen/sb_1251-1300/sb_1289_bill_20120927_chaptered.pdf

Senate Bill 1349, Chapter 619, Statutes of 2012, prohibits public and private postsecondary educational institutions, and their employees and representatives, from requesting a student, prospective student, or student group to: (1) disclose a user name or password for accessing social media; (2) access personal social media in the presence of the institution's employees or representatives; and (3) divulge any personal social media information.

Institutions are prohibited from suspending, expelling, disciplining, or threatening to take any of those actions, or otherwise penalizing a student, prospective student, or student group in any way for refusing to comply with a request or demand that violates the aforementioned prohibitions. Institutions are not prohibited from: (1) exercising rights and obligations to protect against and investigate alleged student misconduct or violations of applicable laws and regulations; or (2) taking any adverse action against a student, prospective student, or student group for any lawful reason.

Complete text of the legislation can be found at the following link:

http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1301-1350/sb_1349_bill_20120927_chaptered.pdf

Senate Bill 1525, Chapter 625, Statutes of 2012, enacts the Student Athlete Bill of Rights and places specific requirements on collegiate athletic programs offered at a campus of the University of California or the California State University, or any four-year private university located in California that maintains an intercollegiate athletic program, commencing with the 2013-14 academic year and ending January 1, 2021.

Complete text of the legislation can be found at the following link:

http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1501-1550/sb_1525_bill_20120927_chaptered.html

Senate Bill 1539, Chapter 151, Statutes of 2012, requires textbook publishers and their agents or employees to provide a faculty member of a public or private postsecondary educational institution who selects the student textbooks, with specified information regarding products offered, wholesale and retail pricing, and differences and changes in new editions of textbooks.

Complete text of the legislation can be found at the following link:

http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1501-1550/sb_1539_bill_20120717_chaptered.pdf

Institutions are encouraged to read the full text of the aforementioned legislation in order to determine applicability and compliance. As previously indicated, the Bureau is not directed to interpret or enforce these provisions; however, we will do our best to answer or appropriately redirect any questions that your institution has in regards to compliance with these new laws.

Sincerely,

Laura Metune, Bureau Chief
California Bureau for Private Postsecondary Education



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MEMORANDUM

DATE	January 15, 2013
TO	All Staff
FROM	[REDACTED] Bureau Chief
SUBJECT	Policy Memo #011513 ^B Refund & ATB Alternative Request Processes

Institutions requesting Bureau-approval to use an alternative refund calculation and/or an alternative Ability-to-Benefit Examination should follow the procedures outlined below.

Ability-to-Benefit (ATB) Examination

California Education Code (CEC) §94811 defines an ability-to-benefit (ATB) student as a student who does not have a certificate of graduation from a school providing secondary education, or a recognized equivalent of that certificate. Under CEC §94904 (a), an institution is required, prior to executing an enrollment agreement with an ATB student, to have the student take and pass an independently administered examination from the list of examinations prescribed by the United States Department of Education (USDE).

[A list of approved ATB examinations can be found here.](#)

CEC §94904(b) authorizes the Bureau to approve an alternative examination if the USDE does not have an approved examination relative to the intended occupational training provided by the institution. An institution seeking Bureau approval of an alternative to the ATB test should submit, in writing, the proposed alternative test, evidence that the USDE-approved examinations are not relative to the intended occupational training, and evidence of the relation of the proposed test to the occupational training program.

Requests should be sent to:
Bureau for Private Postsecondary Education
Attn: Bureau Chief - Ability-to-Benefit Alternative Review
P.O. Box 980818
West Sacramento, CA 95798-0818

Once a decision is made regarding a request and a letter sent to the institution, the Bureau Chief will place comments in SAIL and place a copy of the letter on the Groups Drive:

G:\BPPE\Manager Decisions\Alternative ATB Request Decisions

Refund Calculations

California Education Code (CEC) [§94919](#) and [§94920](#) establishes specific requirements for institutional policies and procedures regarding cancellations, withdrawals and refunds to students.

CEC [§94921](#) authorizes an institution offering an educational program, for which the refund calculations set forth in statute cannot be utilized, to petition the Bureau for approval of an alternative method for calculating tuition refunds. An institution seeking Bureau approval of an alternative refund calculation should submit, in writing, the proposed alternative calculation and evidence that the refund calculations contained in statute cannot be utilized because of the unique way in which the educational program is structured.

Requests should be sent to:
Bureau for Private Postsecondary Education
RE: Bureau Chief - Alternative Refund Calculation Petition
P.O. Box 980818
West Sacramento, CA 95798-0818

Once a decision is made regarding a request and a letter sent to the institution, the Bureau Chief will place comments in SAIL and place a copy of the letter on the Groups Drive:

G:\BPPE\Manager Decisions\Alternative Refund Request Decisions



MEMORANDUM

DATE	February 20, 2013
TO	Licensing Unit Discipline Unit Closed Schools Unit
FROM	[REDACTED], Bureau Chief
SUBJECT	Policy Memo #22013 – Denial of an Application

The Bureau has updated the application denial process. Please follow the procedures outlined below when denying an initial or renewal application.

Denial of an Application

Licensing Unit

1) In the [REDACTED] drive, follow path to the denial templates:

[REDACTED] \BPPE\LICENSING\Denials\Denial Templates (March 2013)

2) Using the appropriate template, modify all highlighted areas of the denial letter specific to the application and to the institutional deficiencies or denial justifications.

3) Forward the letter to the Licensing Manager for approval and signature.

4) When the denial letter is returned with the Licensing Manager's signature, forward copies to the parties listed sending one by regular mail and the other by certified mail.

- Owner(s) Institution Address
- Owner(s) Home Address
- Agent for Service
- Contact Person for Application

5) Update SAIL:

- a. The analyst will update the SAIL application screen to note the denial of the application.
 - b. If the institution's renewal is being denied, the analyst will update the SAIL school information screen to list the institution status as "Term Denial".
- 6) Organize the Licensing File and/or Application File pursuant to Licensing Unit requirements; include a copy of the denial letter. File the Licensing/Application File in the filing room.
 - 7) Copy and organize a second Application File as follows:
 - a. Two Copies of the Denial Letter.
 - b. Bundle the initial application in order of items listed on the application.
 - c. Bundle the first deficiency letter with institutional responses to the first deficiency.
 - d. Bundle subsequent deficiency letters together with the specific institutional responses to those deficiency letters.
 - 8) Provide the aforementioned bundles to the Licensing Manager.

Licensing Manager:

- 1) Licensing Manager will enter the denial on the denial log, found at (insert directions to log). The Licensing Manager will hold denial files until the institution has appealed denial, or the denial period has passed.
- 2) For Initial and Renewal Application Denials:
 - a. For appealed denials, Licensing Manager will complete a Discipline Referral document and provide the Application File bundle to the Formal Discipline Unit. The Licensing Manager will note in SAIL that the file has been transferred to the Discipline Unit.
 - b. For all initial and renewal denials, Licensing Manager will provide a copy of the denial letter to the Closed Schools Unit. Unless the institution has appealed the denial of a renewal application or the institution is a transition institution appealing the denial of an initial application, the Closed Schools Unit will track compliance with the school closure requirements. The Licensing Manager will note in SAIL that the Closed School Unit has been informed of the denial.
- 3) For Substantive Change Application Denials:
 - a. Licensing Manager will hold the Application File bundle for 60 days to determine if an appeal will be filed. If an appeal is filed, the Licensing Manager will provide the bundle and the appeal to the Bureau Chief.

Closed School Unit

- 1) Upon receipt of the denial letter, except in cases of transition and renewal applications where the institution has appealed, the closed school unit will:

- a. research/contact the institution and determine if the institution is currently operating.
- b. If the institution is operating, the closed school unit will work with the institution to follow the school closure process.
- c. If the institution continues to operate without approval, the closed school unit will make a referral to the Unlicensed Activity team for investigation and possible enforcement action.

Formal Discipline Unit

- 1) The Formal Discipline Analyst is the primary point of contact for cases involving the appeal of a denial of an initial or a renewal licensing application. The Analyst will work directly with the institution, the Office of the Attorney General and the Licensing Unit.
- 2) After a denial is issued and appealed, if an institution submits additional information and documentation to the Discipline Analyst to address deficiencies outlined in the denial letter, the Discipline Analyst will work with the Licensing Unit to determine if the additional documents and/or information bring the institution into compliance.

Note: If an application is denied on the grounds that the application is incomplete, the Licensing Analyst may choose to wait to review any resubmissions until all incomplete items have been addressed.

- 3) If the additional documents and/or information bring the institution into compliance, the Discipline Analyst will work with the Licensing Manager to determine if the denial should be withdrawn and an approval issued. If the decision is made to withdraw the denial and issue an approval, the Licensing Unit will issue appropriate approval documents; the Discipline Analyst will close the appeal case.
 - a) The institution clears all causes for denial, [REDACTED] informs the institution, and Licensing withdraws the denial/SOI and issues an approval. Jennifer informs DAG of withdrawal of case.
 - b) The institution clears some causes for denial, [REDACTED] informs the institution that the resubmission did not clear causes for denial. SOI moves forward; DAG is updated of any causes for denial that were cleared. DAG/BPPE management decides if new SOI is necessary.
 - c) The institution clears some original causes, but creates new causes for denial, [REDACTED] informs the institution that the resubmission did not clear causes for denial. SOI moves forward; [REDACTED] updates DAG on cleared/new causes for denial, sends an email to inform Licensing/Enforcement and Chief/Deputy of new causes for denial. [REDACTED] works with DAG/BPPE management to decide if new SOI is necessary and/or if institution will be informed in writing prior to issuance of new SOI of new causes for denial.

- d) The institution clears all original causes, but creates new causes for denial; [REDACTED] will inform the institution of the new causes for denial – will send the list of new causes of denial. [REDACTED] will update the DAG of the change to the causes for denial. [REDACTED] will send an email to inform [REDACTED], [REDACTED] & [REDACTED] (copied to [REDACTED] & [REDACTED]) that the original causes for denial have been cleared but that the submission creates new causes for denial, and that the DAG/institution have been notified. Laura, [REDACTED] & [REDACTED] may decide, depending on what the new causes are, to withdraw the SOI and work with the institution to achieve compliance.
- 4) Once reviewed, if the Licensing Analyst determines that the additional documents and/or information do not bring the institution into compliance, the Discipline Analyst will update the appeal file as appropriate. If the additional documents and/or information submitted change the causes for denial, the Discipline Unit will notify the Deputy Attorney General assigned to the case.
- 5) If the institution requests information from the Discipline Analyst regarding the status of the resubmission, the Analyst may inform the institution that the case is moving to appeal because the documents submitted do not address all deficiencies identified in the denial letter. The Institution is not entitled to additional deficiency letters or notifications from the Discipline Analyst.



MEMORANDUM

DATE	July 2, 2012
TO	BPPE Compliance Unit
FROM	[REDACTED], Bureau Chief
SUBJECT	Compliance Inspections: 2010 Annual Report & School Performance Fact Sheet

Please follow these temporary instructions for ensuring compliance with the 2010 Annual Report and the School Performance Fact Sheet requirements. Please note that these reviewing directions are temporary and to be used for the Cycle 5 and Cycle 6 compliance inspections. The information we request from institutions and the instructions for reviewing that information to ensure compliance will be changed for the next compliance inspection cycles.

I encourage all staff members to email me with any questions or suggestions regarding this and future reviewing processes.

2010 Annual Report

1) During the desk inspection determine:

- a. Was the institution required to submit a 2010 Annual Report?
Note: All institutions with an approval to operate during the 2010 reporting year are required to submit a 2010 Annual Report.

If No: Institution is in compliance.

If Yes: Move to (b)

- b. Did the institution submit a complete 2010 Annual Report?
Note: This can be determined by reviewing the 2010 Annual Report Completion Summary spreadsheet found on the groups drive {C:\BPPE\BPPE Annual Report\ANNUAL REPORT\2010 ANNUAL REPORT\TRACKING LOG ALL SCHOOLS} and by calling [REDACTED] at 916.431.6931.

If Yes: Institution is in compliance.

If No: Move to (2)

- 2) The institution should be notified on a Deficiency notice that they are not in compliance.
 - a. If the institution has not achieved compliance by the time of the onsite inspection, the onsite inspector should issue a Notice to Comply (NTC). The NTC should indicate a violation of CEC 94934 and CCR 74110. To achieve compliance, the institution needs to provide documentation showing evidence of submitting a completed 2010 Annual Report.
- 3) If an institution submits a 2010 Annual Report to the compliance unit, that report and all required report attachments should be submitted to Susan Hargrove for processing.

School Performance Fact Sheet

All compliance staff should review and be comfortable with their knowledge and understanding of the requirements contained in CEC 94910, 94928, 94929, 94929.5, and 94929.7; and CCR 74112. Questions should be directed to managers, [REDACTED] or [REDACTED].

- 1) Compliance staff is directed to pull the fact sheet(s) for review during the desk inspection.
 - a. If the institution submitted a complete 2010 annual report, compliance staff can find the fact sheet(s) on the annual report page of the Bureau's website. However, if the fact sheet has been updated by the institution since 2010, compliance staff should request the most recent versions of the fact sheet(s) from the institution.
 - b. If the institution did not submit a complete 2010 annual report, desk inspection staff should request submission of the most recent fact sheet(s) from the institution.
 - c. If an institution does not provide/have a fact sheet prior to the conclusion of the onsite inspection, an NTC should be issued. If an institution does not have a Fact Sheet and is in violation of other disclosure provisions that may cause student harm (such as misleading/inaccurate/missing enrollment agreements or catalogs) please discuss with your manager, Joanne and Laura as these combined violations may be greater than a minor violation to be noted on the NTC.

- 2) Compliance staff is directed to review the fact sheet(s) for compliance with applicable statutes and regulations. Specifically;
- a. Does the fact sheet provide the required disclosures for each program for which the disclosures are required to be provided? Note: All programs must provide graduation rates; but placement rates, licensure examination passage rates, and wage/salary data depend on the type of program. The specific requirements are outlined in CEC 94910. Questions should be directed to [REDACTED]. If an institution has a fact sheet, but failed to separate disclosures by approved programs, an NTC should be issued.
 - b. Is the fact sheet in the correct format? CCR 74112 outlines the format for the Fact Sheet. If not, an NTC should be issued.
 - c. Desk inspectors should request a copy of the list of employment positions as required by 94910(f)(2) and a copy of the objective sources used to substantiate the salary disclosure 94910(f)(3).
 - d. The Fact Sheet(s) are designed as the primary disclosure to prospective students about the quality of the institution in which they are enrolling. In order for this disclosure to be meaningful, the items disclosed must be accurate. Using best judgment, compliance inspectors should look for claims that seem misleading or false. For example, a 100% placement rate in today's economy would be very difficult to achieve. Similarly, a 90% licensure examination passage rate for RN's is uncommon.
 - i. Verification of some of these items can be completed at the desk inspection. For example, many licensure boards post exam pass rates by institution on their website.
 - ii. Field inspectors should request to review the documents that are required to be maintained in 74112(h). Specifically, field inspectors should look at the fact sheet reported placement rate, and then look to see if the school has documents supporting the claim (records of the employment, position, salary, hours, and description of attempts to contact the student).
 - iii. If desk or field staff discovers that documentation is missing, or that reported items are misleadingly incorrect, staff should discuss with managers, [REDACTED] and [REDACTED] as this may be more than a minor violation, and may involve a referral to investigations. If problems are discovered onsite, please immediately call your manager as you may be requested to obtain copies of the documents prior to leaving the onsite inspection.



MEMORANDUM

DATE	August 8, 2012
TO	All Staff
FROM	[REDACTED]
SUBJECT	Distance Education – Consortium Agreements

The Compliance Unit has recently discovered a handful of institutions participating in consortium agreements for distance education. The specific terms of the agreements vary, but generally all of the following apply:

- There is a “home” institution approved by BPPE.
- There is a “host” institution not approved by BPPE offering distance education programs. The host institution operates in another state, but is likely owned by the same parent company as the home institution.
- The home institution executes the enrollment agreement with students. The enrollment agreement covers the entire cost of the program, including costs associated with courses provided by the host institution; there is no separate agreement with the host institution.
- The disclosure to the student in the catalog and enrollment agreement is minimal; it could include a single sentence informing the student that some portions of the program may be delivered to the student via distance education provided by the host institution.
- The credits earned through courses provided by the host institution are granted by the home institution. This is different than an articulation agreement, where there is an actual “transfer” of credits from the host to the home institution.

When reviewing institutions participating in consortium agreement, there are several applicable statutes and regulations. Staff should ensure institutions participating in consortium agreements meet the following:

Program Approval.

The institution must be approved to offer distance education.

Accredited. Institutions granted an approval by means of accreditation are approved to offer distance education programs upon Bureau receipt of verification of accreditation that identifies distance education programs. 5 C.C.R. §71390(b)

Non Accredited. Institutions granted full approvals are approved to offer distance education programs upon Bureau approval of an application that identifies distance learning as the method of instruction for the program. 5 C.C.R. §71210(c)(5)

A consortium agreement does not satisfy this requirement. The home institution must obtain Bureau approval to offer distance education. The institution can either seek full approval of the program with the distance education component, or provide evidence of approval from the accreditor for a distance education component of the program.

Staff can verify whether the institution is approved to offer distance learning in S.A.I.L. The Licensing Unit will check the “distance learning” box for both the individual program and for the institution if the institution is approved for distance education. Pulling the licensing file may help address any inconsistencies.

Minimum Operating Standards.

Instruction. Institutions offering distance education must meet minimum operating standards for instruction contained in 5 C.C.R §71715(d). For purposes of a consortium agreement, the home institution maintains responsibility for assessing students prior to admission and providing meaningful interaction with faculty, among the other requirements.

Distance Education. Institutions must abide by the transmission of materials and cancellation requirements contained in 5 C.C.R. §71716.

Disclosures.

Institutions must disclose to the student in the school catalog that the program contains a distance education component. CEC 94909(a)(4) requires the school catalog to contain the location of courses offered. The institution should list if the course/program is provided via distance education, and if the program is provided by an entity with which the institution is contracting. An institution could disclose in the

catalog that the method of delivery would be either in-class or distance depending on enrollment needs.

Changes in Method of Delivery.

Pursuant to CEC 94898(c), if an institution enrolls a student in a program that is conducted at a specific site, the institution may not subsequently convert the program to distance education, unless the student was notified in writing during the enrollment process that the program contained a distance education component.

Oftentimes it is only through a complete and thorough review of the catalog and enrollment agreement that staff is able to find issues such as this one. Thank you for continuing to bring these matters to our attention. Please don't hesitate to talk with your managers or with us if you have questions regarding this or any other situation that you come across in through your work.



MEMORANDUM

DATE	November 9, 2012
TO	Compliance Unit
FROM	[REDACTED] Bureau Chief [REDACTED] Enforcement Chief
SUBJECT	Verification of High School Completion

Policy Direction:

The Bureau will now accept the DD-214 (Military Discharge) as verification of completion of high school.

Justification:

An “ability-to-benefit” (ATB) student is defined in California Education Code (CEC) §94811 to mean a student who does not have a certificate of graduation from a school providing secondary education, or a recognized equivalent of that certificate. Pursuant to CEC §94904, institutions may not enroll an ATB student without requiring the student to take and pass a U.S. Department of Education-approved ATB examination. To ensure that institutions are following these provision of statute, the Bureau regulations, pursuant to 5 CCR §71920(b)(1)(A), require institutions to maintain records that verify high school completion or equivalency or a student’s ability to do college level work, such as successful completion of an ATB examination.

Bureau statutes and regulations do not establish the specific documents that are acceptable evidence of completion of high school. Bureau management had been interpreting the law and regulation to require a copy of the high school diploma in the student’s file.

The DD-214 is accepted by most accrediting agencies as a reliable verification of completion of high school. The Bureau will now be accepting this document as adequate verification for compliance with 5 CCR §71920(b)(1)(A).



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MEMORANDUM

DATE	November 13, 2012 Last Updated: December 1, 2012
TO	All Bureau Staff
FROM	Laura Metune, Bureau Chief
SUBJECT	Policy Memo #111312A – Educational Programs with Concurrent Approvals

The following list was compiled by the Licensing Unit and contains educational programs that have been identified as requiring approval from another licensing entity within the state of California. This list will be expanded and updated as other programs requiring concurrent approvals are identified.

Program	Approval From:
Acupuncture	Acupuncture Board
Asian, Chinese, Oriental Medicine	Acupuncture Board
Cosmetology, Barbering, Esthetician, Manicuring	Board of Barbering and Cosmetology
Associate Degree in Nursing	Board of Registered Nursing
Bachelors of Science in Nursing	Board of Registered Nursing
Masters of Science in Nursing	Board of Registered Nursing
Psychiatric Technician	Board of Vocational Nursing and Psychiatric Technicians
Vocational Nursing	Board of Vocational Nursing and Psychiatric Technicians
Intravenous Therapy/Blood Withdrawal	Board of Vocational Nursing and Psychiatric Technicians
Registered Dental Assistant	Dental Board
Hemodialysis Technician	Department of Public Health, Aide and Technician Certification Section (ATCS)

Home Health Aid	Department of Public Health, Aide and Technician Certification Section (ATCS)
Nurse Assistant	Department of Public Health, Aide and Technician Certification Section (ATCS)
Clinical Laboratory Scientist	Department of Public Health, Laboratory Field Services
Cytology	Department of Public Health, Laboratory Field Services
Medical Laboratory Technician	Department of Public Health, Laboratory Field Services
Phlebotomy Technician	Department of Public Health, Laboratory Field Services
Radiologic Technician	Department of Public Health, Radiologic Health Branch
X-Ray Technician	Department of Public Health, Radiologic Health Branch
Dental Hygiene	Must be accredited by Commission on Dental Accreditation (CODA) and must inform the Dental Hygiene Committee of California (DHCC)
Ultrasound Technician	No approval required at this time
RN to BSN (Registered Nursing to Bachelor of Science in Nursing)	No approval required at this time.
RN to MSN (Registered Nursing to Masters of Science in Nursing)	No approval required at this time.
Electrocardiogram	No approval required at this time.
Surgical Technician	No approval required at this time. Certification is optional, though many hospitals prefer to hire Certified Surgical Technologists. In order to be eligible to sit for the CST exam with the NBSTSA you have to have graduated from a CAAHEP (www.caahep.org) or ABHES (www.abhes.org) accredited Surgical Technology program.
Pharmacy Technician	No approval required at this time/program must meet the hour requirements of the Pharmacy Board.
Medical Assisting	No approval required at this time; Medical assistants are not licensed, certified, or registered by the State of California. However, the medical assistant's employer and/or supervising physician's or podiatrist's malpractice insurance carrier may require that the medical assistant be certified by a national or private association. A medical assistant must be certified by one of the approved certifying organizations in order to train other medical assistants. (Title 16 CCR 1366.3)
MRI Technician	No approval required at this time; The State of California does not require nor provide a certification exam. However, it is customary that employers will expect a potential employee to have at least taken a certification exam. Graduates are eligible to sit the for ARMRIT certification exam upon successful completion of the program.

Real Estate	Private providers of pre-license statutory real estate courses must obtain course approval from the Department of Real Estate. As part of the approval process the DRE reviews the course materials only. The DRE does not qualify the school or course provider. In addition there is no regulatory oversight of private pre-licensure course providers who offer courses or programs costing \$500 or less. For courses or programs over \$500, qualification by the Bureau for Private Postsecondary Education is required, in addition to the DRE course approval. As a result, if a course provider offering a course costing \$500 or less fails to deliver the educational course/program as represented, a student's monetary remedy is to seek redress in Small Claims Court. Students are cautioned to fully understand the education course/program offered by the provider before enrolling or registering.
Physical Therapist	Program must be accredited by The Commission on Accreditation in Physical Therapy Education (CAPTE)
Physical Therapy Assistant	Program must be accredited by The Commission on Accreditation in Physical Therapy Education (CAPTE)
Massage Therapy	Certification is not required, however in order to be a CMT, individuals must attend CAMTC-approved institutions. CAMTC institutions must either be nationally accredited; state approved by the California Bureau for Private Postsecondary Education (BPPE), or a California community college.
Emergency Medical Technician	State and Local EMS Authority
Nursing Home Administrator	Institution must be recognized by the US Department of Education or California State Superintendent of Public Instruction (school must be accredited)



MEMORANDUM

DATE	November 14, 2012
TO	All Bureau Staff
FROM	[REDACTED], Bureau Chief
SUBJECT	Policy Memo #111412 – AB 2296 Implementation

On September 26, 2012, Governor Brown signed into law Assembly Bill 2296, Chapter 585, Statutes of 2012. As a result of the passage of this legislation, institutions governed by the California Private Postsecondary Education Act of 2009 (Act) will be required to make several changes to the information disclosed to prospective students and the data provided to the Bureau. On November 14, 2012, the following information was provided as a courtesy to licensees, provide a summary of the statutory changes that become effective January 1, 2013, and the actions institutions should take in order to achieve compliance with the law.

Accreditation: Prospective Student Disclosures (Catalog)

Pursuant to existing law, institutions offering unaccredited doctoral degrees are required to make specified disclosures to prospective students prior to enrollment. Effective January 1, 2013, California Education Code (CEC) §94897(p) will require institutions offering associate, baccalaureate, masters and doctoral degrees to disclose to prospective students prior to enrollment whether the institution or degree program is unaccredited, and any known limitations of the degree, including all of the following:

- 1) Whether a graduate of the degree program will be eligible to sit for applicable licensure exam in California and other states.
- 2) A statement that reads: “A degree program that is unaccredited or a degree from an unaccredited institution is not recognized for some employment positions, including, but not limited to, positions with the State of California.”
- 3) That a student enrolled in an unaccredited institution is not eligible for federal financial aid programs.

Additionally, beginning January 1, 2013, CEC §94909(a)(16) will require all institutions to include a statement in the school catalog specifying whether the institution, or any of the institution's degree programs, is accredited by an accrediting agency recognized by the United States Department of Education (USDE). Unaccredited institutions, or institutions offering unaccredited degree programs, must include the three disclosures itemized above in the school catalog. Pursuant to existing law (CEC §94909(a)(10)), which is not changing, all institutions are required to disclose whether the institution participates in financial aid programs in their school catalog.

Institutional Websites: Required Disclosures and Documents

Effective January 1, 2013, CEC §94913 will require institutions that maintain an internet website to include all of the following documents on the institution's internet website:

- 1) The school catalog.
- 2) The School Performance Fact Sheet (Fact Sheet) for each educational program offered by the institution.
- 3) Student brochures offered by the institution.
- 4) A link to the Bureau's internet website (www.bppe.ca.gov).
- 5) The institution's most recent annual report submitted to the Bureau. Note that institutions are not required to post the financial statements that are required to be submitted to the Bureau along with Annual Report (Title 5, California Code of Regulations (5 CCR) §74110(b)) on the institution's website.

In addition, the institution's website must include, in any area of the website where the institution identifies itself as being approved or licensed by the Bureau, information regarding where students may access the Bureau's website.

Fact Sheet and Enrollment Agreement

Pursuant to CEC §94910, institutions must provide a prospective student with a Fact Sheet prior to enrollment. AB 2296 made several changes to the information required to be disclosed on the Fact Sheet. As outlined below, several of these changes become effective January 1, 2013, and institutions should update their Fact Sheet accordingly. Additional changes will occur upon the Bureau's promulgation of regulations, required by CEC §94928(e)(2).

- 1) Placement rates.
 - a) The definition of "graduates employed in the field" will change effective January 1, 2013. As of that date, institutions will be authorized to count "graduates employed in the field" as only those "graduates who are gainfully employed in a single position for which the institution represents the program prepares graduates within six months after a student completes the applicable educational program" (AB 2296, Section 6; CEC 94928(e)(1) as amended). Please note that existing law (CEC §94910(f)(2) and §94929.7(b)), which

continues unchanged, requires institutions to maintain and make available lists of the employment positions considered to be “in the field” for each educational program, for purposes of Fact Sheet reporting. Institutions should review these lists to determine if they contain the same positions that the institution represents the approved educational program prepares graduates. The Bureau plans to promulgate regulations by July 1, 2014, to conform applicable regulations (5 CCR §74112(e)(4)) with the changes to the statute.

- b) For occupations requiring passage of a licensing examination prior to employment, institutions may begin counting graduates on and after January 1, 2013, as employed in the field if the graduate begins employment “in a single position for which the institution represents its program prepares its graduates” within six months of the announcement of the first licensure examination results (AB 2296, Section 6, CEC 94928(e)(1)). The Bureau will promulgate regulations by July 1, 2014, to conform applicable regulations (5 CCR §74112(e)(4)) with these changes.
- c) Except where inconsistent with the aforementioned changes to the calculation of placement rates, institutions should continue to follow the requirements outlined in regulation (5 CCR §74112(e)) until such time as the Bureau promulgates additional specific measures and standards for determining whether a student is gainfully employed (AB 2296, Section 6, CEC §94928(e)(2)).

2) Salary and wage information.

- a) Effective January 1, 2013, **all** institutions must include salary and wage information on the Fact Sheet (AB 2296, Section 3; CEC §94910(d) as amended). Because existing regulations (5 CCR §74112(g)) require all institutions to include this information in the Annual Report provided to the Bureau, this information should be readily available. Institutions should begin including this information on the Fact Sheet on January 1, 2013.
- b) Effective January 1, 2013, institutions must remove from their Fact Sheet the Employment Development Department Occupational Employment Statistic wage and salary data (AB 2296, Section 3; CEC §94910(d) as amended; and 5 CCR §74112).

3) Loan default rates, percentage of students receiving federal student loans.

- a) Effective January 1, 2013, institutions that participate in federal financial aid programs must include on their Fact Sheets the most recent three-year cohort default rate reported by the USDE for the institution and the percentage of currently enrolled students receiving federal student loans (AB 2296, Section 3; CEC §94910(h) as amended).
- b) Effective January 1, 2013, all institutions must make conforming changes to the statements required to be contained in the institution’s enrollment agreement (AB 2296, Section 4; CEC §94911(i)(1), §94911 (i)(2) as amended). Please refer to the specific language contained in the legislation for the language required in this disclosure.

4) Documentation of Fact Sheet data.

- a) Pursuant to existing law (CEC §94929.7 and 5 CCR §74112(h)), institutions are required to maintain specific documentation to substantiate Fact Sheet information for a period of five years from the date of publication of Fact Sheet rates. Effective January 1, 2013, in addition to the aforementioned requirements, institutions will also be required to maintain the information in electronic format made available to the Bureau upon request (AB 2296, Section 8, CEC §94929.7).



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MEMORANDUM

DATE	July 3, 2013
TO	All Staff
FROM	[REDACTED] Deputy Bureau Chief
SUBJECT	Policy Memo #070313 – Student Tuition Recovery Fund Rate Change

On January 1, 2013, the Student Tuition Recovery Fund (STRF) assessment rate changed from two dollars and fifty cents (\$2.50) per thousand (\$1000) of institutional charges to fifty cents (\$.50) per thousand (\$1000) of institutional charges.

Effective January 1, 2013, all institutions will be required to immediately begin collecting the STRF assessment at the new rate of fifty cents (\$.50) per thousand (\$1000) of institutional charges.

Regulations 76130 and 76140

Item No. 4 – The catalog shall contain a statement that the institution is a private institution and that it is approved to operate by the Bureau. (CEC §94909(a)(2))

Policy Clarification: All units shall require institutions to include a statement that is in compliance with CEC §94897(l); the institution must state that approval means the institution is in compliance with the California Private Postsecondary Education Act of 2009. An institution may not imply that the Bureau endorses programs, or that Bureau-approval in any way means the institution exceeds the standards outlined in law.

Item No. 8 – The catalog shall contain the address or addresses where class sessions will be held. (Ed. Code §94909(a)(4))

Policy Clarification: This required disclosure is intended to provide students with complete information regarding the location(s) of class sessions for which they are

enrolling. All units should ensure that all addresses where classes will be held are included in the catalog. Further, if an educational program contains a required internship and/or externship, Bureau staff should look to ensure that the student is provided information regarding the location(s) of internships and externships.

Item No. 20 – The catalog shall contain a statement specifying whether the institution has a pending petition in bankruptcy, is operating as a debtor in possession, has filed a petition within the preceding five years, or has had a petition in bankruptcy filed against it within the preceding five years that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. Sec. 1101 et seq.). (Ed. Code §94909(a)(12))

Policy Clarification: All units shall require institutions to add disclosures specifying whether they have a pending petition in bankruptcy, etc. The institution must include each component mentioned in the aforementioned disclosure requirement. This is because the statute reads that the institution must disclose “whether the institution has” filed bankruptcy, etc.

Item No. 21 - The catalog shall contain a description of the nature and extent of the placement services, if provided by the institution. (Ed. Code §94909(a)(13))

Policy Clarification: A statement is not required if the institution does not offer placement services. This is because the statute reads that the institution must disclose the nature and extent of services “if” the institution offers services.

Item No. 25 – Subsection (13) Housing information including all of the following:
(A) Whether the institution has dormitory facilities under its control;
(B) The availability of housing located reasonably near the institution's facilities and an estimation of the approximate cost or range of cost of the housing; and
(C) If the institution has no responsibility to find or assist a student in finding housing, a clear and conspicuous statement so indicating. A statement that the program is "non- residential" does not satisfy this subparagraph.

Policy Clarification: Because of the way this regulation is written, institutions are required to provide information in the catalog relative to all three disclosure requirements. Institutions shall include answers to each section, whether they provide housing assistance or not.

Enrollment Agreement Minimum Requirements

Item No. 8 - The enrollment agreement shall include a clear and conspicuous statement that the enrollment agreement is legally binding when signed by the student and accepted by the institution. (Ed. Code §94911(d))

AND -

Item No. 15 - The enrollment agreement shall include a specific required statement above the space for the student's signature. See attached full text of the law for required statement. (Ed. Code §94911(k))

Policy Clarification: All units shall require both the statement required by Item No. 8 and the specific statement required in Item No. 15.

Item No. 16 - The enrollment agreement shall contain the following:

(a) The name and address of the institution and the addresses where instruction will be provided.

Policy Clarification: The Bureau requires the institution specify the address where instruction will be provided.

(b) Period covered by the enrollment agreement.

Policy Clarification: The Bureau requires the institution specify the period covered by the enrollment agreement.

(c) Program start date and scheduled completion date.

Policy Clarification: The Bureau requires the institution specify the program start date and scheduled completion date. This cannot be combined with the statement required in (b) which specifies the period covered by the enrollment agreement.

(d) The date by which the student must exercise his or her right to cancel or withdraw, and the refund policy.

Policy Clarification: The Bureau requires the institution to specify the date by which the student must exercise his or her right to cancel or withdraw.

Item No. 21 - The enrollment agreement and schedule of student charges shall include specific required language related to the Student Tuition Recovery Fund (STRF). See attached full text of the law for required language. (5 CCR §76215(a))

Policy Clarification: The Bureau requires institutions to include the entire STRF disclosure in both the Catalog and Enrollment Agreement.



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MEMORANDUM

DATE	November 13, 2012
TO	Licensing & Enforcement Staff
FROM	[REDACTED] Bureau Chief
SUBJECT	Policy Memo #111312B – Catalog and Enrollment Agreement Review Clarifications

On Thursday, October 25, 2012, [REDACTED] and [REDACTED] of the Licensing Unit facilitated training with several Sacramento-Based employees within the Enforcement Unit. This training was intended to ensure consistency in reviewing enrollment agreements and catalogs for compliance with minimum requirements. This training identified several inconsistencies that required further clarification from Bureau management. This policy memo is intended to clarify items left open at the training. If you have additional questions, please see your immediate manager or see me directly.

Note that the Licensing Unit is reviewing “proposed” catalogs for institutions and programs seeking approval. The Compliance Unit is reviewing the current catalogs that reflect institutions and programs that have already been approved by the Licensing Unit

Catalog Minimum Requirements:

Item No. 4 – The catalog shall contain a statement that the institution is a private institution and that it is approved to operate by the Bureau. (CEC §94909(a)(2))

Policy Clarification: All units shall require institutions to include a statement that is in compliance with CEC §94897(l); the institution must state that approval means the institution is in compliance with the California Private Postsecondary Education Act of 2009. An institution may not imply that the Bureau endorses programs, or that Bureau-approval in any way means the institution exceeds the standards outlined in law.

Item No. 8 – The catalog shall contain the address or addresses where class sessions will be held. (Ed. Code §94909(a)(4))

Policy Clarification: This required disclosure is intended to provide students with complete information regarding the location(s) of class sessions for which they are enrolling. All units should ensure that all addresses where classes will be held are included in the catalog. Further, if an educational program contains a required internship and/or externship, Bureau staff should look to ensure that the student is provided information regarding the location(s) of internships and externships.

Item No. 20 – The catalog shall contain a statement specifying whether the institution has a pending petition in bankruptcy, is operating as a debtor in possession, has filed a petition within the preceding five years, or has had a petition in bankruptcy filed against it within the preceding five years that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. Sec. 1101 et seq.). (Ed. Code §94909(a)(12))

Policy Clarification: All units shall require institutions to add disclosures specifying whether they have a pending petition in bankruptcy, etc. The institution must include each component mentioned in the aforementioned disclosure requirement. This is because the statute reads that the institution must disclose “whether the institution has” filed bankruptcy, etc.

Item No. 21 - The catalog shall contain a description of the nature and extent of the placement services, if provided by the institution. (Ed. Code §94909(a)(13))

Policy Clarification: A statement is not required if the institution does not offer placement services. This is because the statute reads that the institution must disclose the nature and extent of services “if” the institution offers services.

Item No. 25 – Subsection (13) Housing information including all of the following:
(A) Whether the institution has dormitory facilities under its control;
(B) The availability of housing located reasonably near the institution's facilities and an estimation of the approximate cost or range of cost of the housing; and
(C) If the institution has no responsibility to find or assist a student in finding housing, a clear and conspicuous statement so indicating. A statement that the program is "non- residential" does not satisfy this subparagraph.

Policy Clarification: Because of the way this regulation is written, institutions are required to provide information in the catalog relative to all three disclosure requirements. Institutions shall include answers to each section, whether they provide housing assistance or not.

Enrollment Agreement Minimum Requirements

Item No. 8 - The enrollment agreement shall include a clear and conspicuous statement that the enrollment agreement is legally binding when signed by the student and accepted by the institution. (Ed. Code §94911(d))

AND -

Item No. 15 - The enrollment agreement shall include a specific required statement above the space for the student's signature. See attached full text of the law for required statement. (Ed. Code §94911(k))

Policy Clarification: All units shall require both the statement required by Item No. 8 and the specific statement required in Item No. 15.

Item No. 16 - The enrollment agreement shall contain the following:

(a) The name and address of the institution and the addresses where instruction will be provided.

Policy Clarification: The Bureau requires the institution specify the address where instruction will be provided.

(b) Period covered by the enrollment agreement.

Policy Clarification: The Bureau requires the institution specify the period covered by the enrollment agreement.

(c) Program start date and scheduled completion date.

Policy Clarification: The Bureau requires the institution specify the program start date and scheduled completion date. This cannot be combined with the statement required in (b) which specifies the period covered by the enrollment agreement.

(d) The date by which the student must exercise his or her right to cancel or withdraw, and the refund policy.

Policy Clarification: The Bureau requires the institution to specify the date by which the student must exercise his or her right to cancel or withdraw.

Item No. 21 - The enrollment agreement and schedule of student charges shall include specific required language related to the Student Tuition Recovery Fund (STRF). See attached full text of the law for required language. (5 CCR §76215(a))

Policy Clarification: The Bureau requires institutions to include the entire STRF disclosure in both the Catalog and Enrollment Agreement.

CURRENT ORGANIZATIONAL CHARTS

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

Advisory Committee
 Margaret Reiter
 Tamika Butler
 Syton Hurdle
 Ken McElDowney
 Patrick Uetz
 Senator Jerry Hill
 Shawn Crawford
 Diana Amaya
 Mitchell Furst
 Katherine Lee-Carey
 Marie Roberts De La Parra
 David Wood
 Assemblyman Jose Medina

DIRECTOR, DCA
 Awet Kidane
CHIEF DEPUTY DIRECTOR
 Tracy Rhine

BUREAU CHIEF
 Joanne Wenzel
 Exempt
 644-100-9934-002

DEPUTY BUREAU CHIEF
 Alyson Cooney
 CEA
 644-100-7500-001

Mina Hamilton
 Attorney
 644-100-5778-001

Licensing Section
 Leera Rifredi
 Staff Services Manager II
 644-110-4801-001

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 Mann

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 Alexsisa Bojorques
 110-5393-811 VACANT (New)
 110-5393-XXX Mila 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)

Admin Support Unit
 Assoc Mgmt 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

STRE Closed School Unit
 Assoc Gov Prog Analyst
 120-5393-907 VACANT (Piccino)
 Staff Services Analyst
 120-5157-001 Victoria Morales
 120-5157-803 Susan Hertle
 120-5157-907 Gema Pider

Senior Ed Specialist
 130-2743-008 Drew Saeteune
 Ed Specialist
 130-2742-602 Vicky Parsons
 130-2742-604 VACANT (Borckman)
 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 Janel Quayle
 130-2742-607 Unity Taylor
 130-2742-608 VACANT (New)
 Office Tech (Typing)
 130-1139-999 Stephanie Lee

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

Awet Kidane, Director	Date
Alyson Cooney, Deputy Bureau Chief	Date
Vanessa Haynes, C&P Analyst	Date

CURRENT

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

Enforcement Section
 Robert Bayles
 Staff Services Manager II
 644-100-4801-001

Complaint Investigation Unit
 Staff Services Manager I
 Blessida Canlas
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MAJOR STUDIES

July 17, 2015



Business Processes Review Report: FINAL

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Executive Summary

Summary of Workload Review and Recommendations

Purpose

This is the third report¹ 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 inception². 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 AGPA³, 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 time⁵, 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 operationalized⁶.

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 Database⁷) 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 backlog 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 process⁸ 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 in 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.

CPS Observation – Response to CSA Audit Findings	
<p>CSA Concern</p> <p>LICENSING RECOMMENDATIONS</p> <p>#1 - Reduce the backlog by streamlining the application process.</p> <ul style="list-style-type: none"> 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. 	<p>CPS Observation</p> <p>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 <u>have</u> been adequately addressed.</p> <p>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</p>
<p>#2 – Develop a tracking system for application status.</p>	<p>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</p>

<ul style="list-style-type: none"> 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. 	<p>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”.</p>
<p>#3/#4 – Specify processing timeframes to process applications and include them in procedures.</p>	<p>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.</p>
<p>#5 – Track the time it takes to complete each step of the licensing process to identify inefficiencies.</p> <ul style="list-style-type: none"> 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. 	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> Initial Review: Time spent from receiving the application and corresponding materials to sending the first deficiency letter 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 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 <p>QEU should report its review as a sub-component of the above categories.</p>
<p>#6 – Use available resources, such as visiting committees, to assist in processing applications.</p> <ul style="list-style-type: none"> BPPE does not successfully utilize visiting committees to review apps, 	<p>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</p>

<p>and although BPPE indicated difficulty in finding willing participants, it does not have documentation showing attempted efforts to contact visiting committees.</p>	<p>unable to provide documentation of the BPPE’s failed attempts at establishing more visiting committees.”</p> <p>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 ... <u>when</u> 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.</p>
<p>#7 – Establish a proactive program to identify unlicensed institutions in order to comply with the law.</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p>
<p>#8 – Use enforcement options to ensure unlicensed institutions cease to operate.</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p>

	<p>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.</p> <p>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.”</p>
<p>COMPLIANCE RECOMMENDATIONS</p> <p>#9 – Establish a schedule that maps out anticipated announced and unannounced inspection dates and ensure it complies with law.</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <p>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.”</p> <p>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.”</p>
<p>#10 – Prioritize announced and unannounced inspections to focus on those with highest risk.</p> <ul style="list-style-type: none"> • 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 	<p>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</p>

<p>takes into account Licensing and Complaints referrals.</p> <p>#11 – Seek official clarification from legal counsel on requirements of inspecting institutions approved through accreditation by July 1, 2014.</p> <ul style="list-style-type: none"> 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. 	<p>governance, risk management, and control processes have all been addressed, CPS HR believes this response reflects “Full Implementation.”</p> <p>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.</p>
<p>#12/#14 – Track process and time it takes to complete steps of an announced inspection process and routinely evaluate processing time expectations.</p> <ul style="list-style-type: none"> Time to complete processing steps is not tracked to identify how long it takes to complete each step. 	<p>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.</p> <p>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.”</p>
<p>#13 – Streamline inspection process to reduce redundancies and increase efficiency.</p> <ul style="list-style-type: none"> Average processing time was found to be 300 days (GOAL was 185 days) – with redundant review between desk and on site review. 	<p>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.</p>

<p>#15 – Establish unannounced inspection process with corresponding time frames.</p> <ul style="list-style-type: none"> Lack of procedures for unannounced inspections. 	<p>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.</p>
<p>#16/#17 – Track process and time it takes to complete steps of an unannounced inspection process and routinely evaluate processing time expectations.</p>	<p>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:</p> <p>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.</p> <p>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.”</p>
<p>#18 – Establish procedures and training for managers on the review of review of inspection files.</p> <ul style="list-style-type: none"> Managers are not trained in reviewing inspection files. 	<p>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.</p>
<p>#19 – Assign resolution of Notice to Comply notices to managers.</p> <ul style="list-style-type: none"> 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). 	<p>CSA has found this recommendation “Fully Implemented.” Managers have been assigned the task of resolving Notices to Comply.</p>

<p>#20 – Track and monitor enforcement actions (NTC, Citation) on a weekly basis to ensure compliance with mandated deadlines.</p> <ul style="list-style-type: none"> • 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. 	<p>CSA has found this recommendation “Fully Implemented.” BPPE procedure Compliance Inspection File Review (#2015-0009) includes weekly review of Notices to Comply.</p>
<p>#21 – Provide definitive guidance to inspectors on identifying minor and material violations and what to do in each case.</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p>
COMPLAINTS RECOMMENDATIONS	
<p>#22 – Establish benchmarks and monitor processing times to justify additional staff to resolve the backlog.</p> <ul style="list-style-type: none"> • BPPE is unable to identify the average time to investigate complaints because data is not 	<p>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,</p>

<p>reliably tracked in SAIL or on Complaint Case Aging Log.</p> <ul style="list-style-type: none"> 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. 	<p>complete and interlocking process steps that will ensure prompt processing. These are complementary 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.</p>
<p>#23 – Analyze process and establish realistic time frame for resolving complaints.</p> <ul style="list-style-type: none"> Based on a sample of 11 cases, it takes BPPE an average of 254 days to close a complaint (the goal is 180 days). 	<p>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).</p>
<p>#24/#25 – Establish and enforce processing time frames within procedures.</p>	<p>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.</p>
<p>#26 – Implement definitive risk assessment and prioritization so complaints are appropriately prioritized and tracked on the complaint log.</p> <ul style="list-style-type: none"> 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 assignment. 	<p>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.</p>

<ul style="list-style-type: none"> BPPE is unable to track sources of complaints. 	
<p>#27 – Continue working with Department of Consumer Affairs (DCA) to establish investigative training programs to ensure sufficient evidence is gathered.</p> <ul style="list-style-type: none"> 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. 	<p>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</p>
<p>ADMIN/AR-PFS RECOMMENDATIONS</p>	
<p>#28 – Direct staff to review and retain documentation supporting a school’s Performance Fact Sheet during a compliance inspection.</p>	<p>CSA has found this recommendation “Fully Implemented.” BPPE staff maintain documentation collection during compliance inspections.</p>
<p>#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.</p> <ul style="list-style-type: none"> BPPE lack of guidance to institutions on how to calculate data needed on their Performance Fact Sheet, and how to complete the Annual Report. 	<p>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.</p>
<p>#30 – Improve outreach and training to ensure institutions comply with applicable disclosure submission requirements.</p> <ul style="list-style-type: none"> BPPE lack of follow through on procedures to ensure accurate data is submitted on Annual Reports and Performance Fact Sheets. 	<p>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.</p>

<p>#31 – Track processing times for steps of STRF claims to identify and address areas of delay.</p> <ul style="list-style-type: none"> • 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). 	<p>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.</p>
<p>#32 – Continue addressing the collection of recovery fund assessments to bring the balance back under statutory limit of \$25 million.</p> <ul style="list-style-type: none"> • Funds in the recovery account exceeded the statutory limit. 	<p>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.</p>
<p>#33 – Implement and enforce procedures and sanctions to ensure institutions submit quarterly recovery fund assessments collected from students.</p> <ul style="list-style-type: none"> • BPPE lacks procedures to track if institutions actually submit quarterly payments to BPPE of the assessments they collect from students. 	<p>CSA has found this recommendation “Fully Implemented.” STRF Delinquent Invoice Notice Procedure (#2014-0011) provides for quarterly review and notice of delinquent institutions.</p>

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 inception⁹. 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.

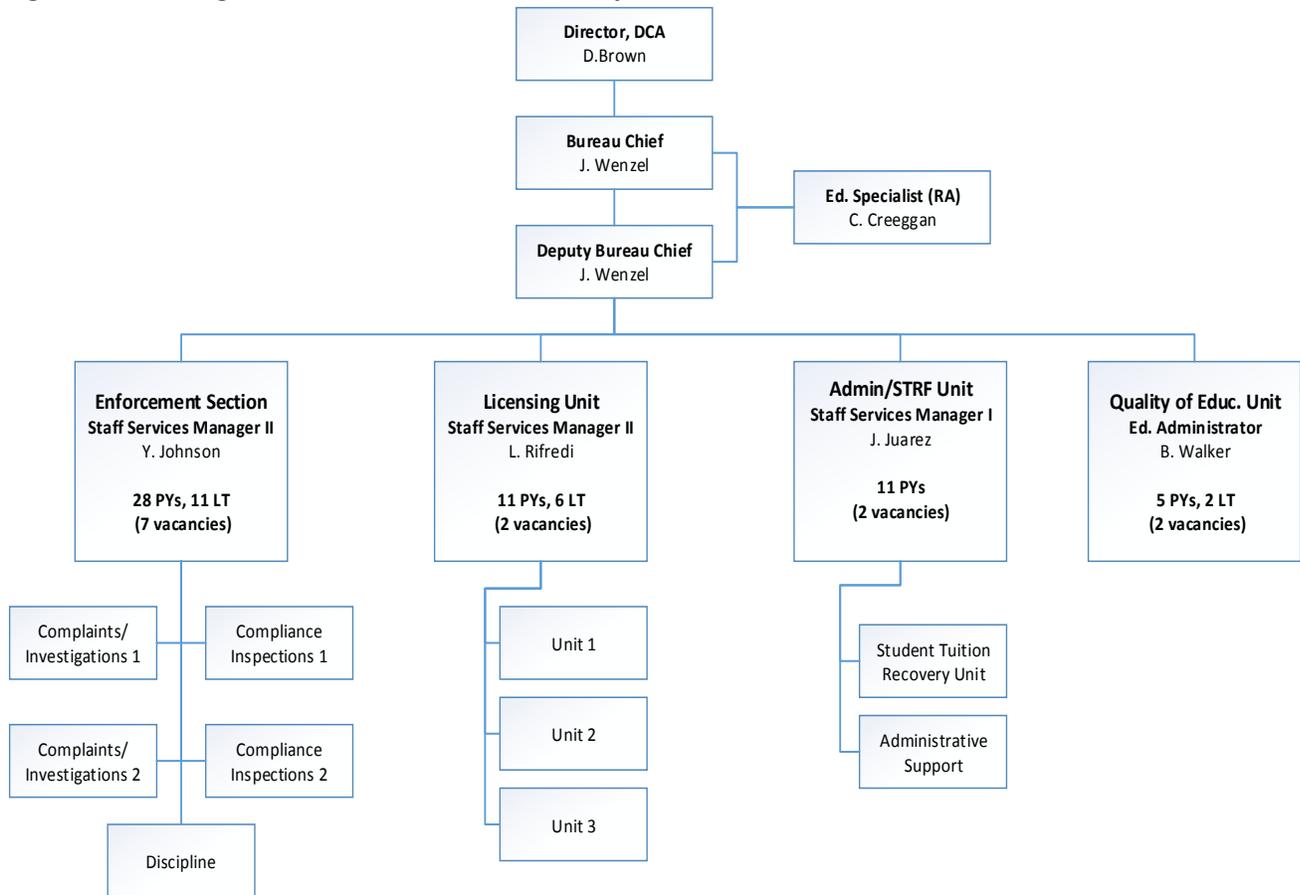
BPPE's authorized positions have increased from 63 in 2010 to 66 in June 2014, and then to 76 for FY 14/15. This staffing is distributed among four operational units that 1) license California-based private postsecondary educational institutions; 2) handle student complaints about the institutions; 3) 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 report¹⁰ 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 Database¹²) 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

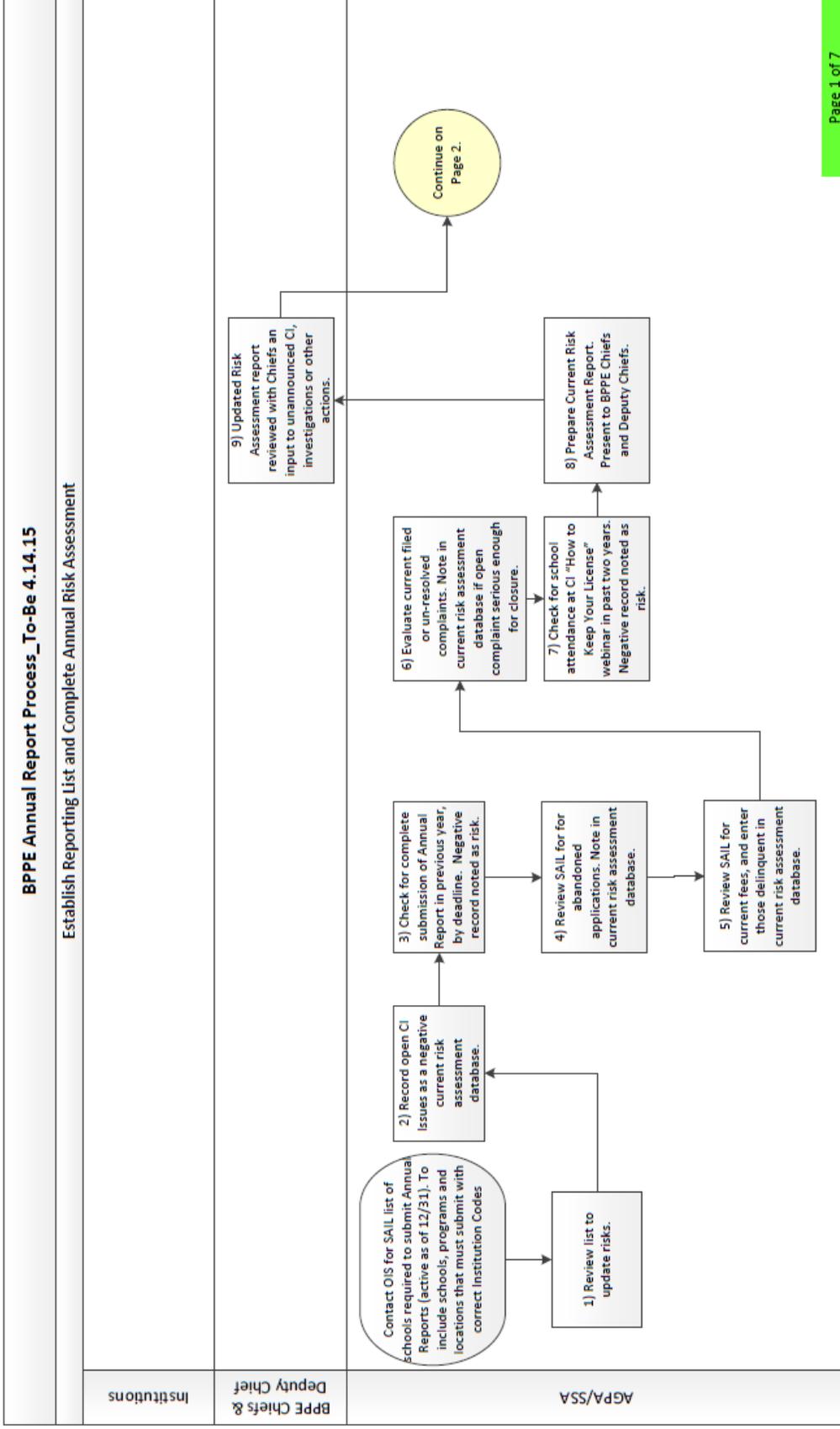
- Immediately convert all Limited Term positions to Permanent Full Time. This will reduce turnover and protect the value of required investment in newly hired staff. It will therefore

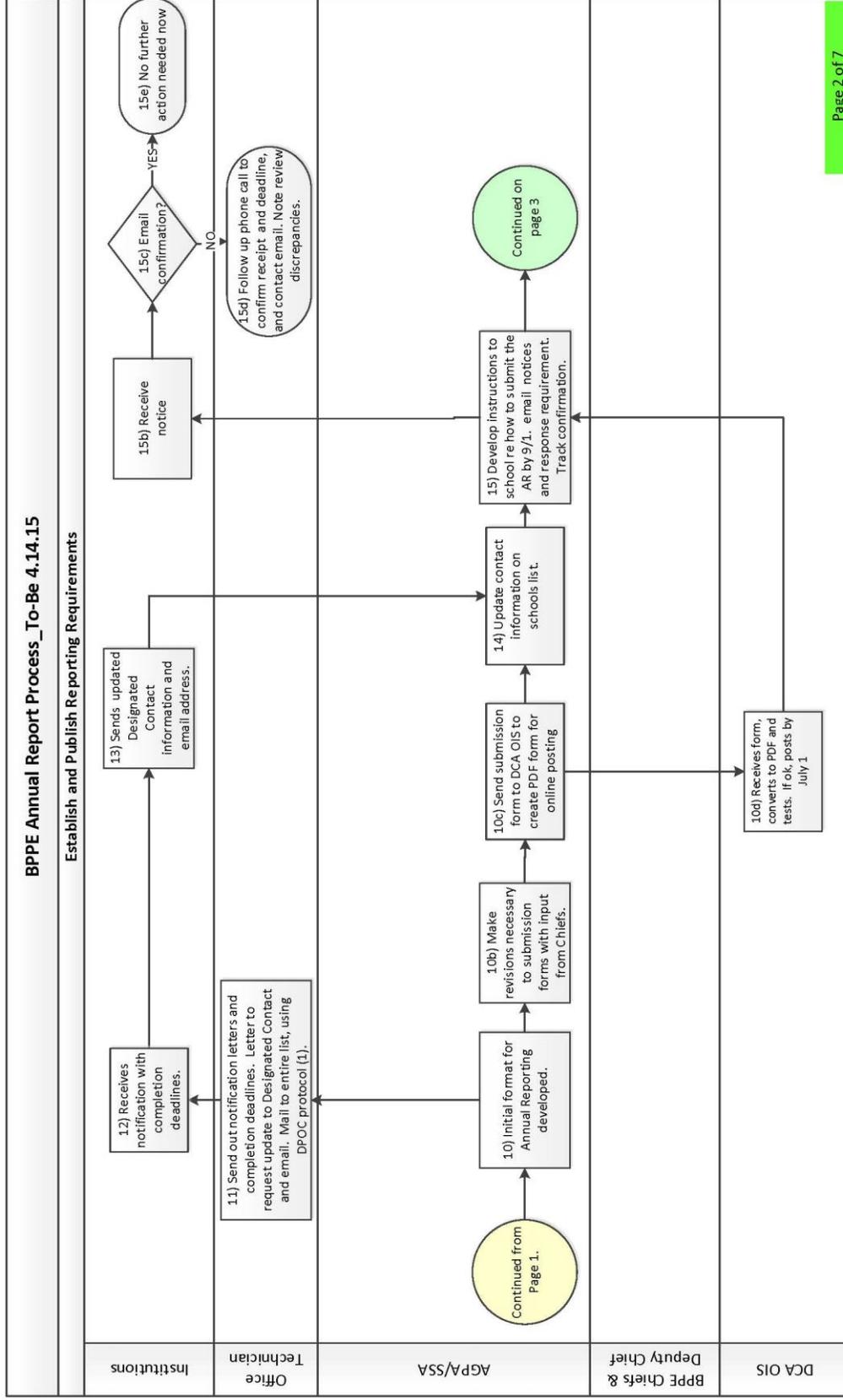
¹² See previous footnote.

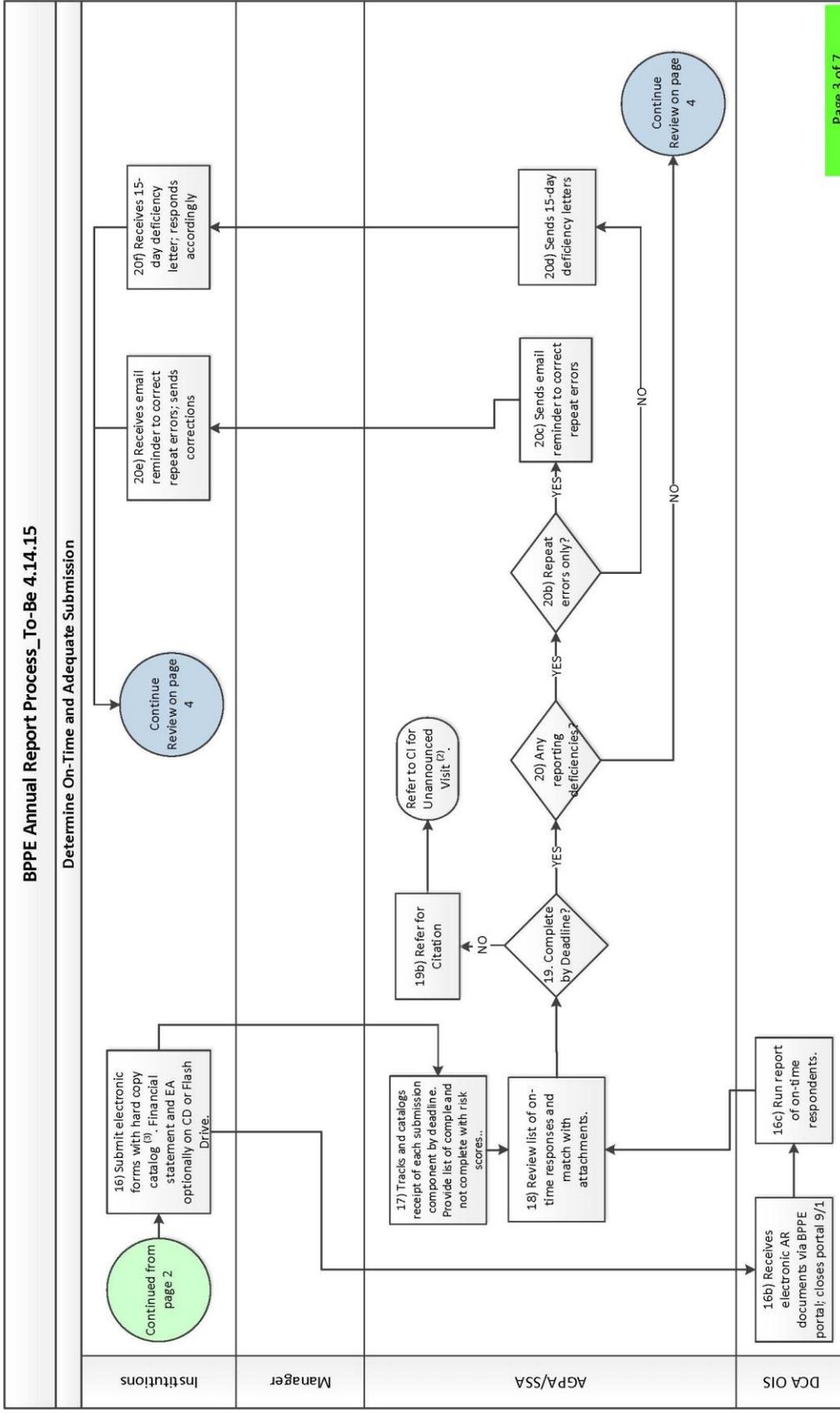
allow for the quickest possible stabilization of current processes, and adaption of recommended process improvements. As such, it will create the environment in which future innovations can occur, which is conservatively estimated to take from 2-3 years.

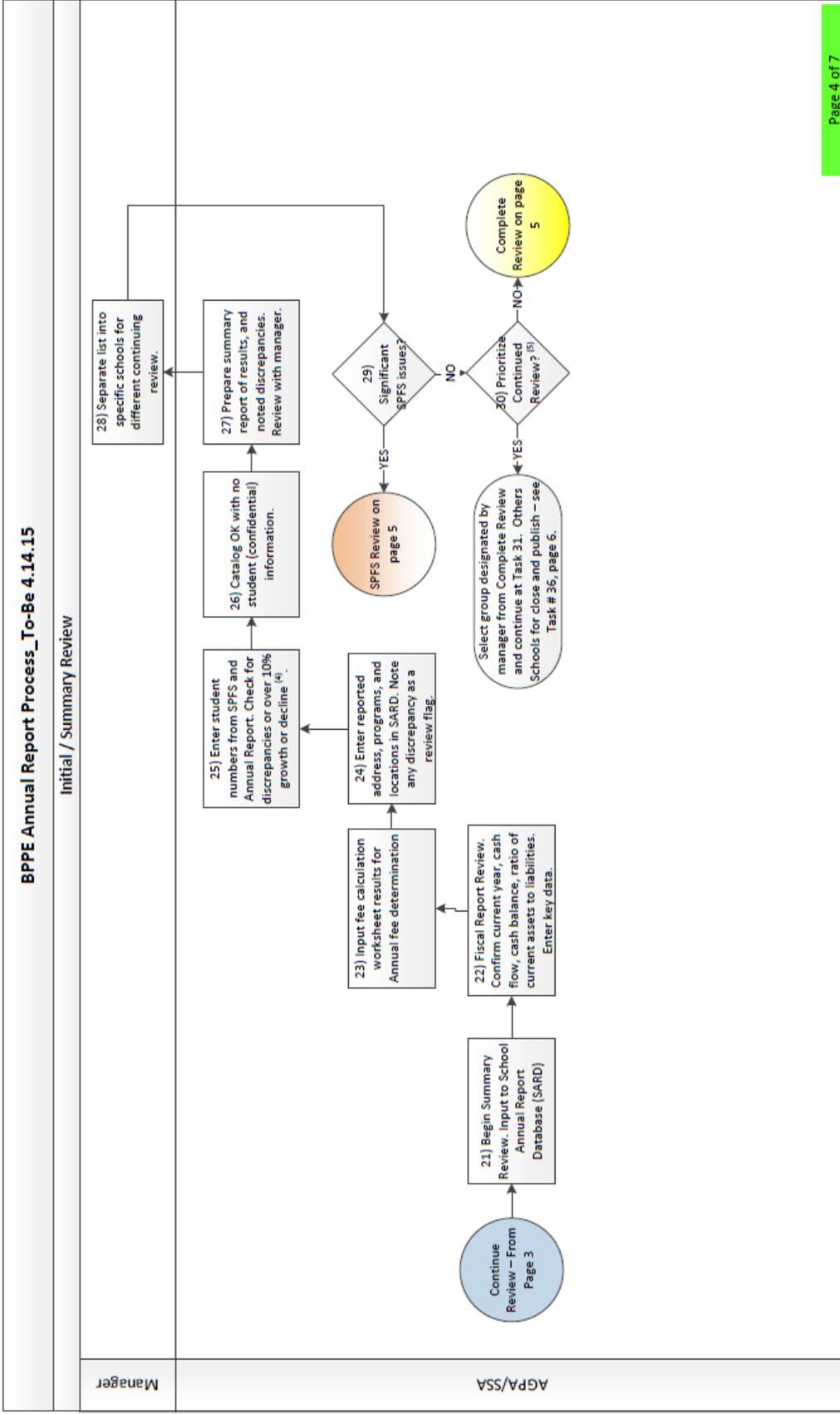
- Utilize e-mail to immediately send letters out to the Designated Point of Contact (DPOC) as designated on the application and follow up to confirm receipt via telephone when possible. This is designed to reduce the process turn-around time, improve the quality of communication, and reduce work time 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.

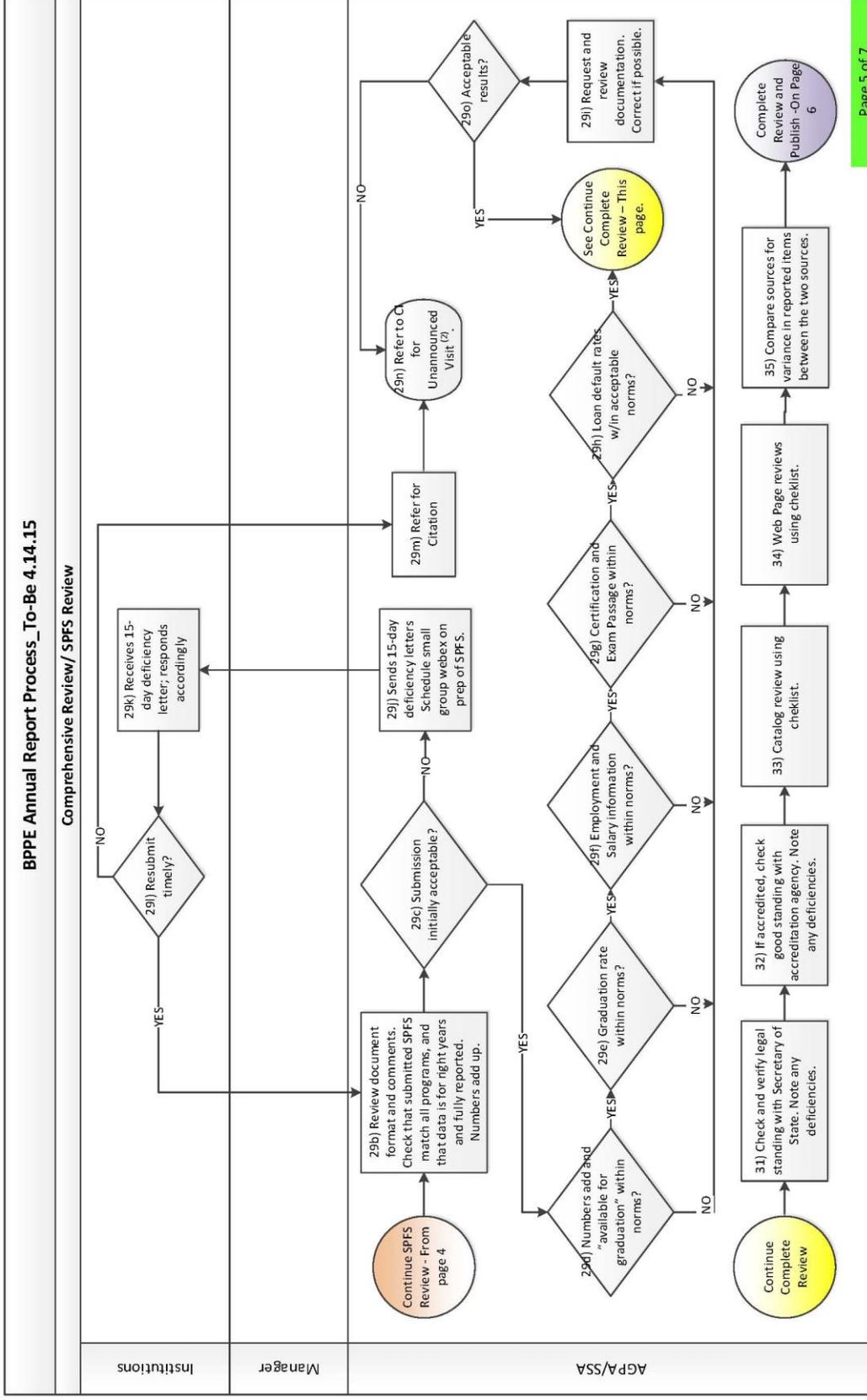
Annual Report “To Be” Process Flow Chart

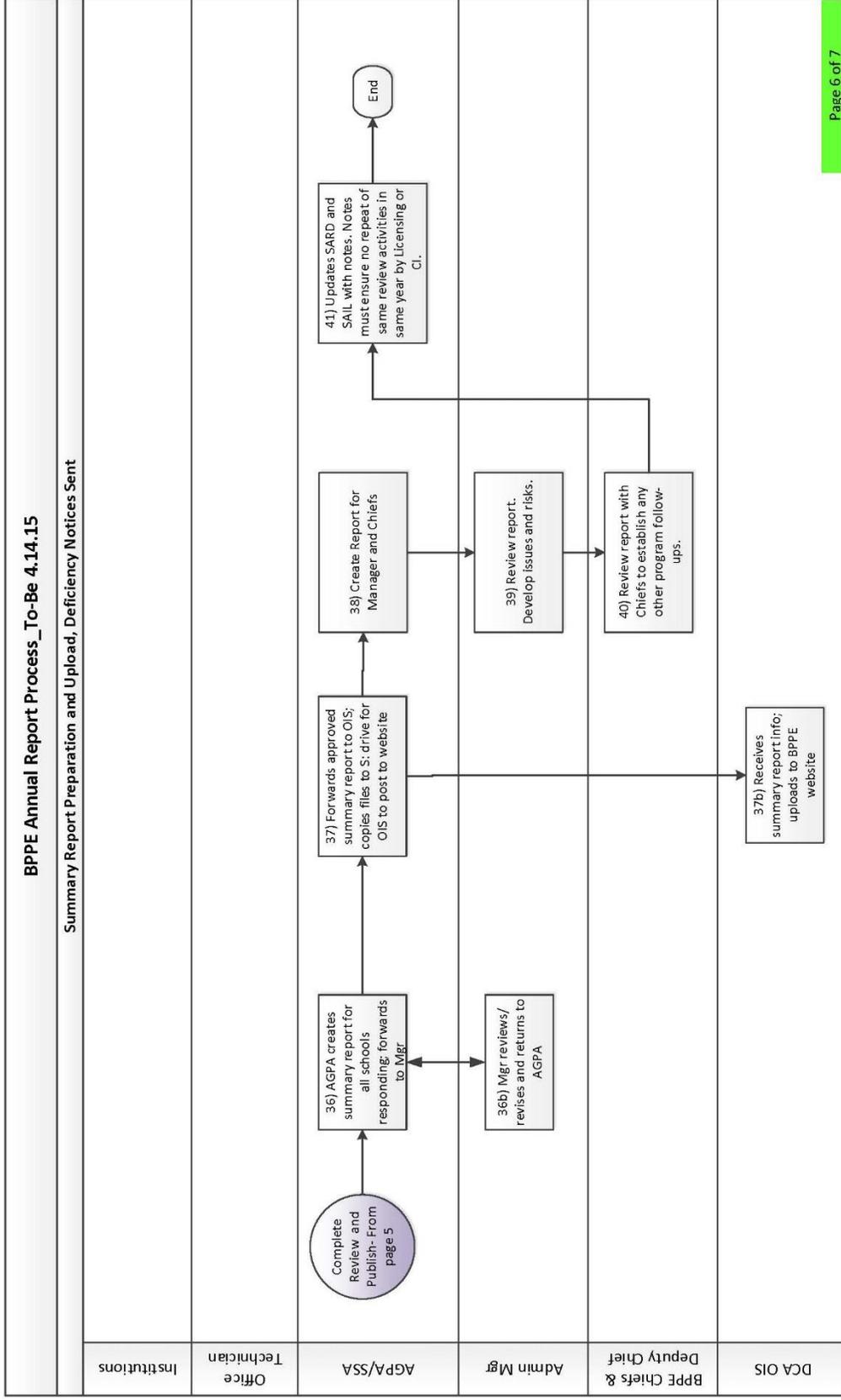












BPPE Annual Report Process_To-Be 4.14.15	
Footnotes and Other Notes	
<p>FOOTNOTES:</p> <p>(1) – DPOC protocol is standard throughout BPPE and defined in Licensing flowchart footnotes.</p> <p>(2) – If licensee is responsive following citation and prior to unannounced CI, CI may opt to refer the matter 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.</p> <p>(3) - Electronic link to online catalog is also allowed.</p> <p>(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.</p> <p>(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”.</p>	<p>OTHER NOTES:</p> <p>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.</p> <p>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.</p> <p>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.</p>

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 required¹³. 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.

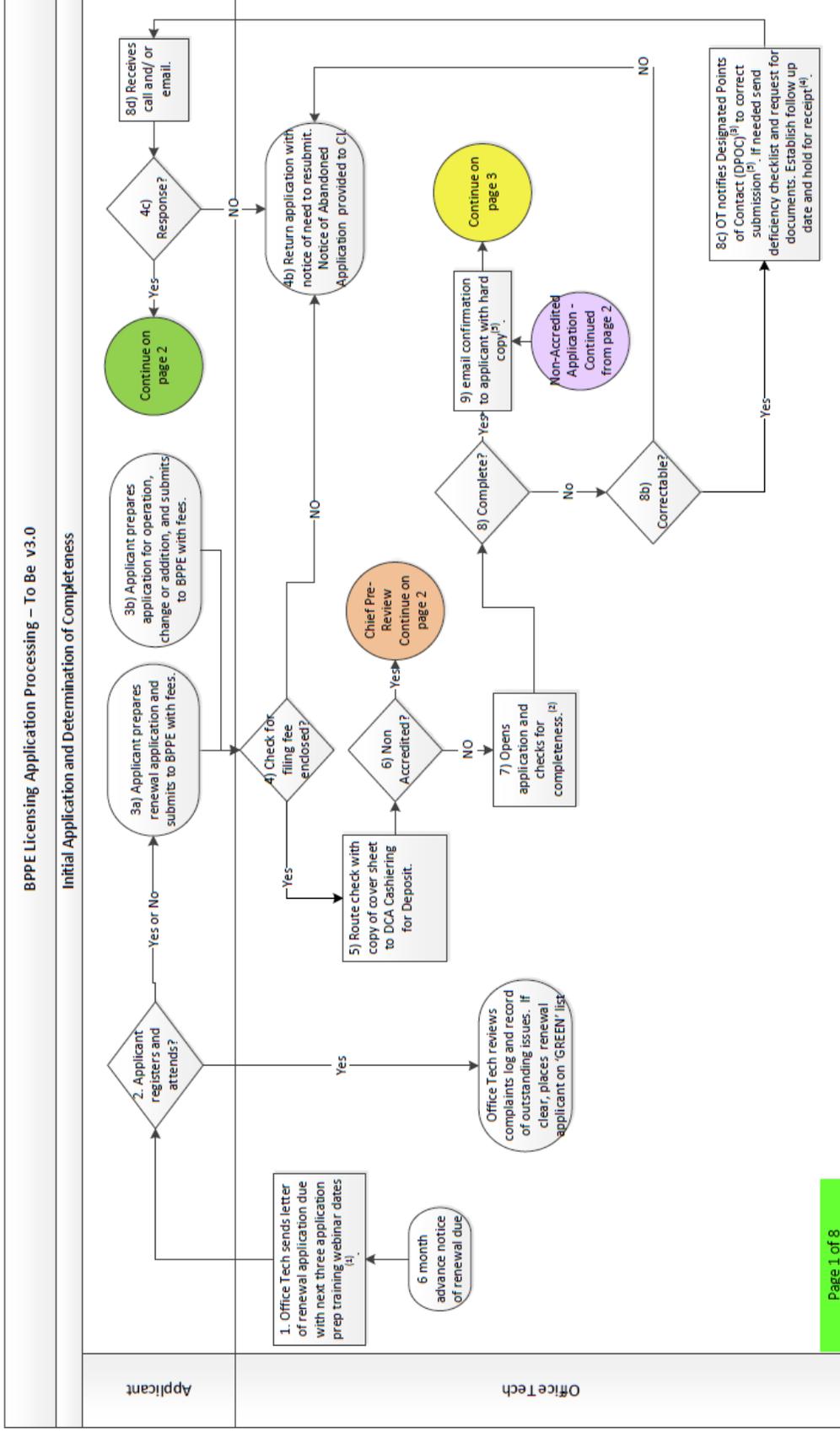
Other important changes in the Licensing Process are more fully explained on page 4 under the heading of One Piece Flow. By increasing the active and prompt processing of each license review, work will flow more quickly. However, this will require that managers ensure that analysts are not "over-assigned" work since that will divert their attention from necessary follow-ups and most timely actions. Over-assignment will also result in 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.

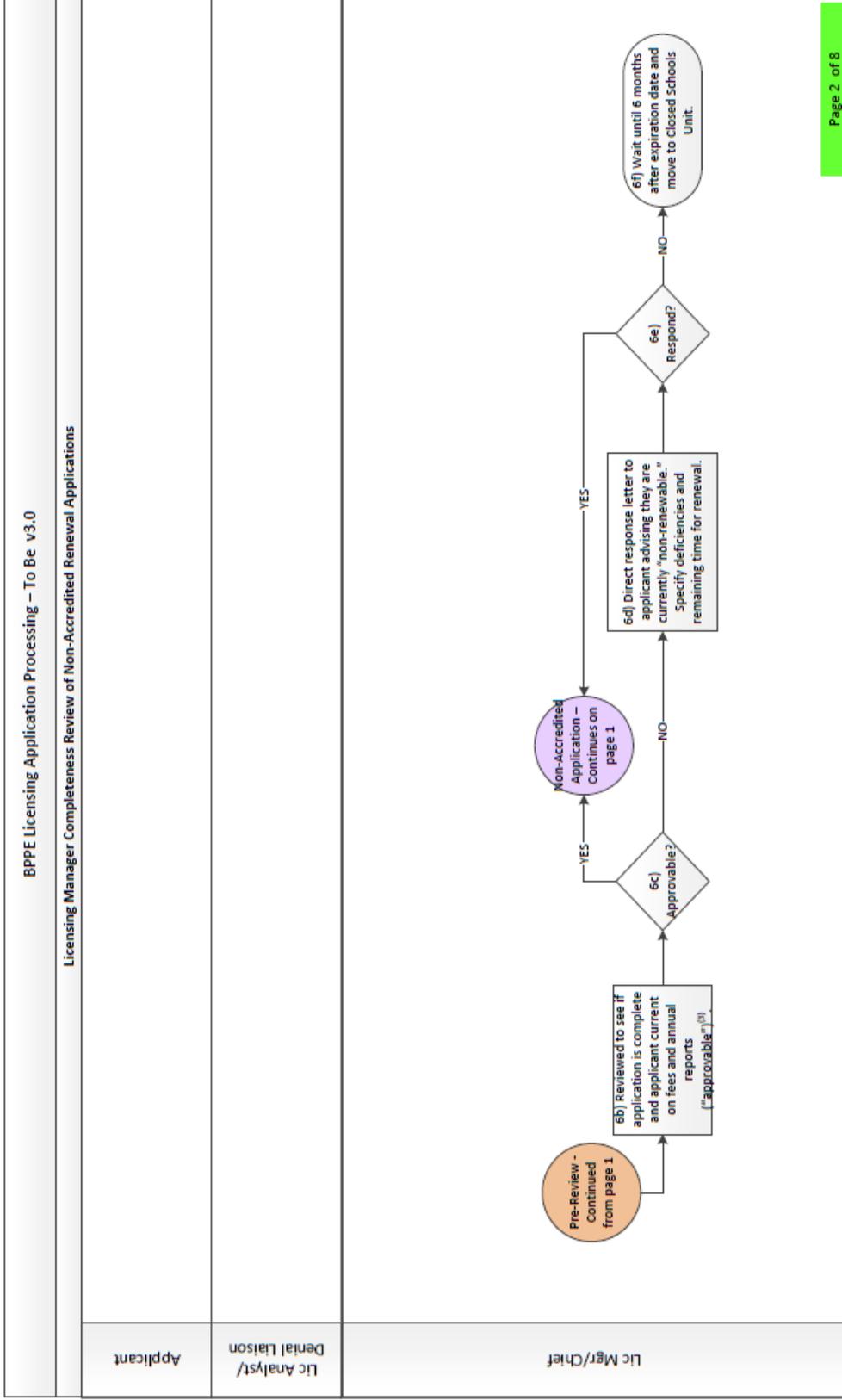
Risk management will be enhanced by the active tracking of all potentially abandoned applications, and by ensuring the either Compliance Inspection and/or the Closed Schools Unit is promptly made aware of all such incidences. This will ensure appropriate follow-up actions.

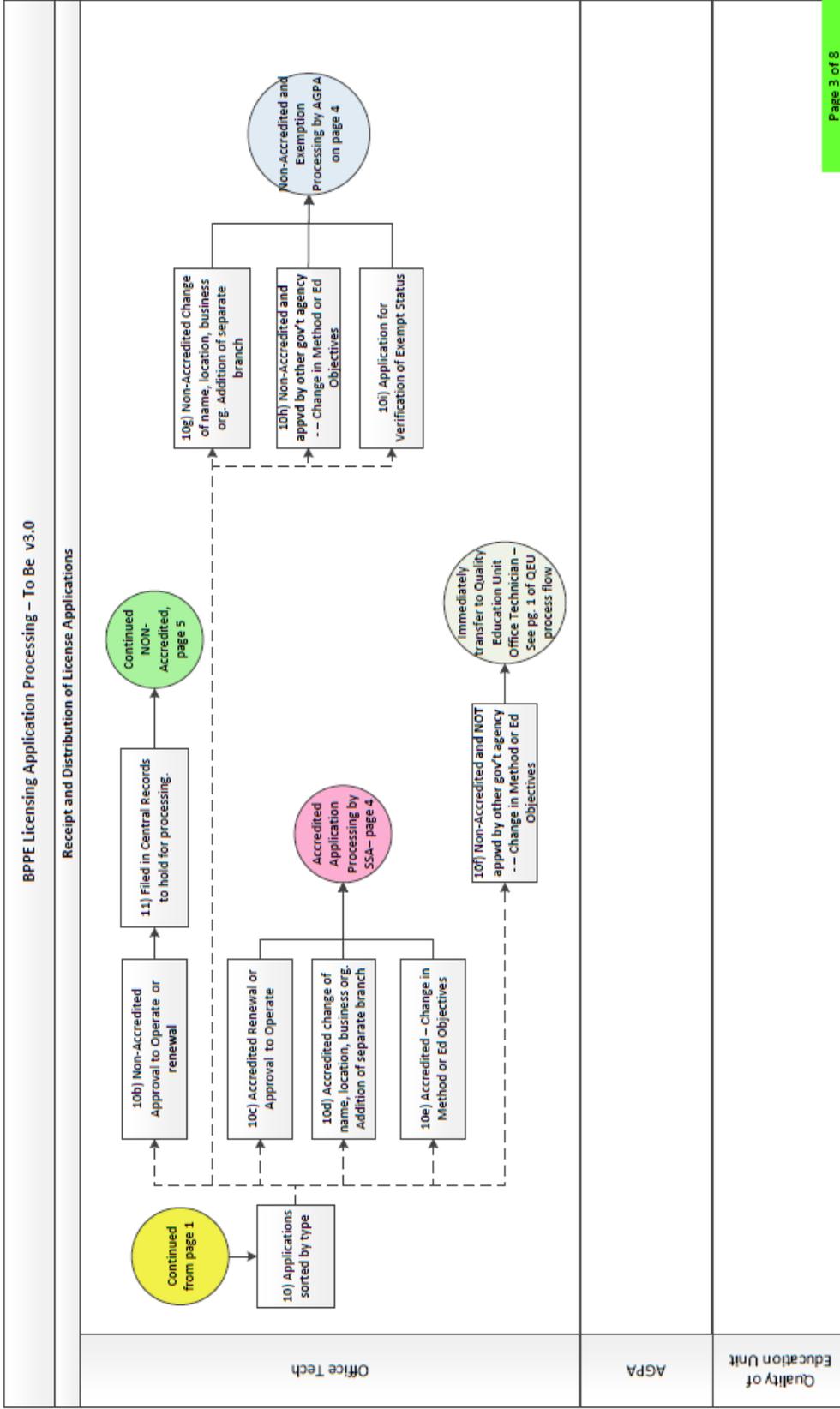
Improved work tracking in Licensing Unit will come about through the use of bi-weekly 30-minute "stand up" review meetings, by each SSM-1 and their reporting analysts. This will ensure most timely follow ups and will enhance one piece flow.

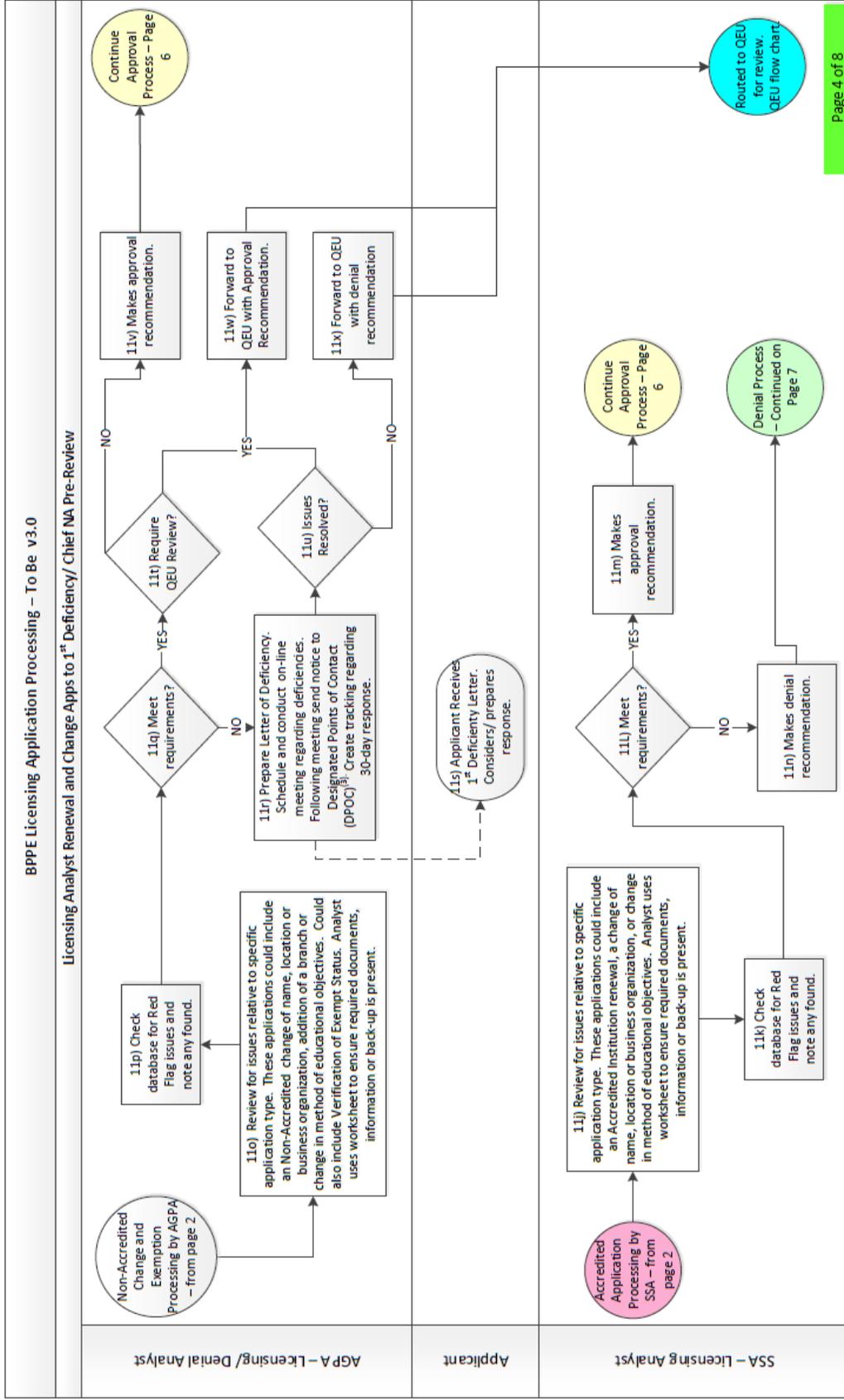
¹³ See Draft Interim Report of Sept. 15, 2014, Table 2, page 12.

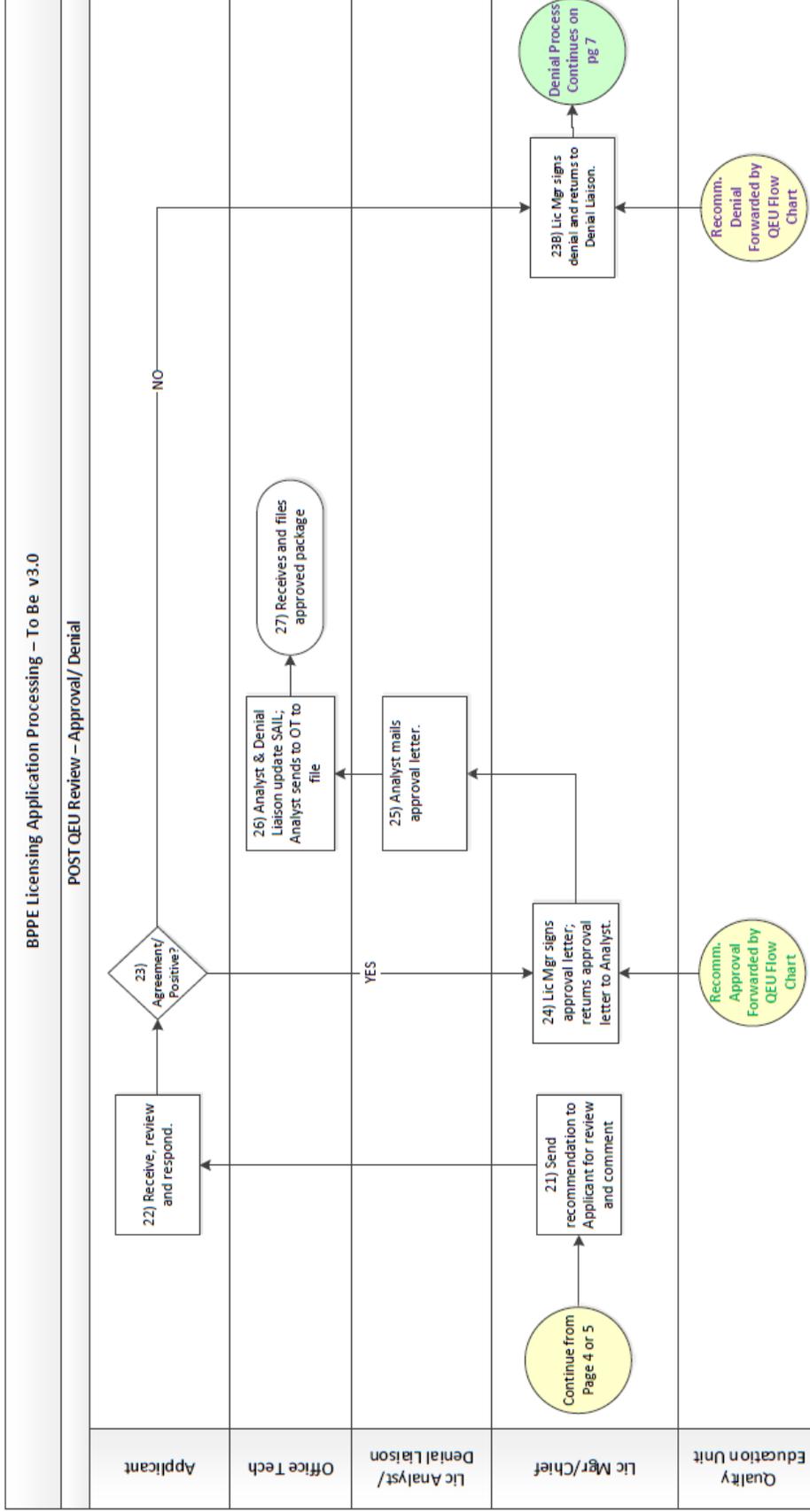
Licensing “To Be” Process Flow Chart



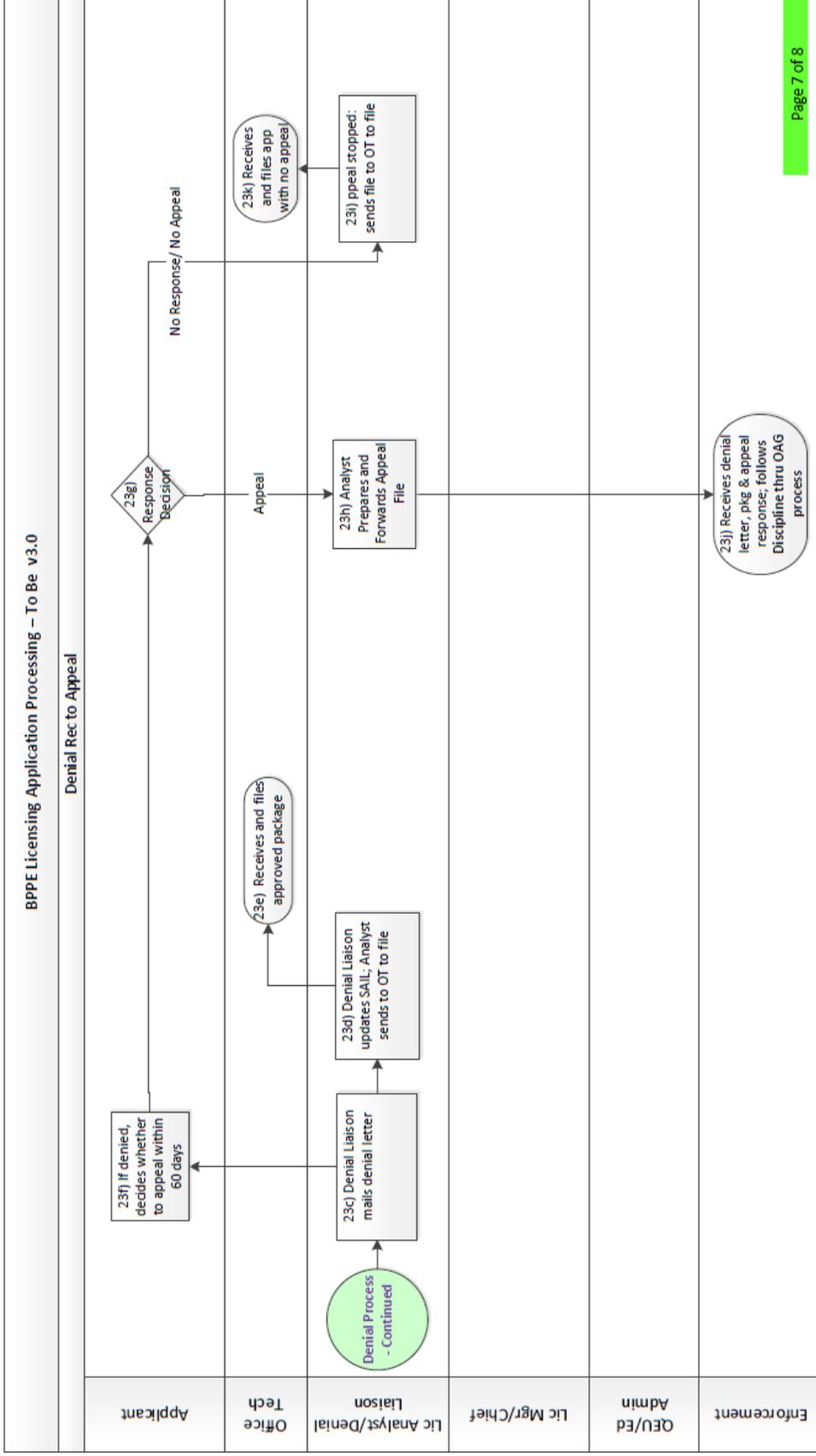








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BPPE Licensing Application Processing – To Be v3.0 3/31/15

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 in 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.

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/ <i>Limited Term</i>	0	6	1	7*
Permanent Filled	0	3	1	
Limited Term Filled	0	1	0	
Permanent (<i>Vacant</i>)		1		
Limited Term (<i>Vacant</i>)		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.

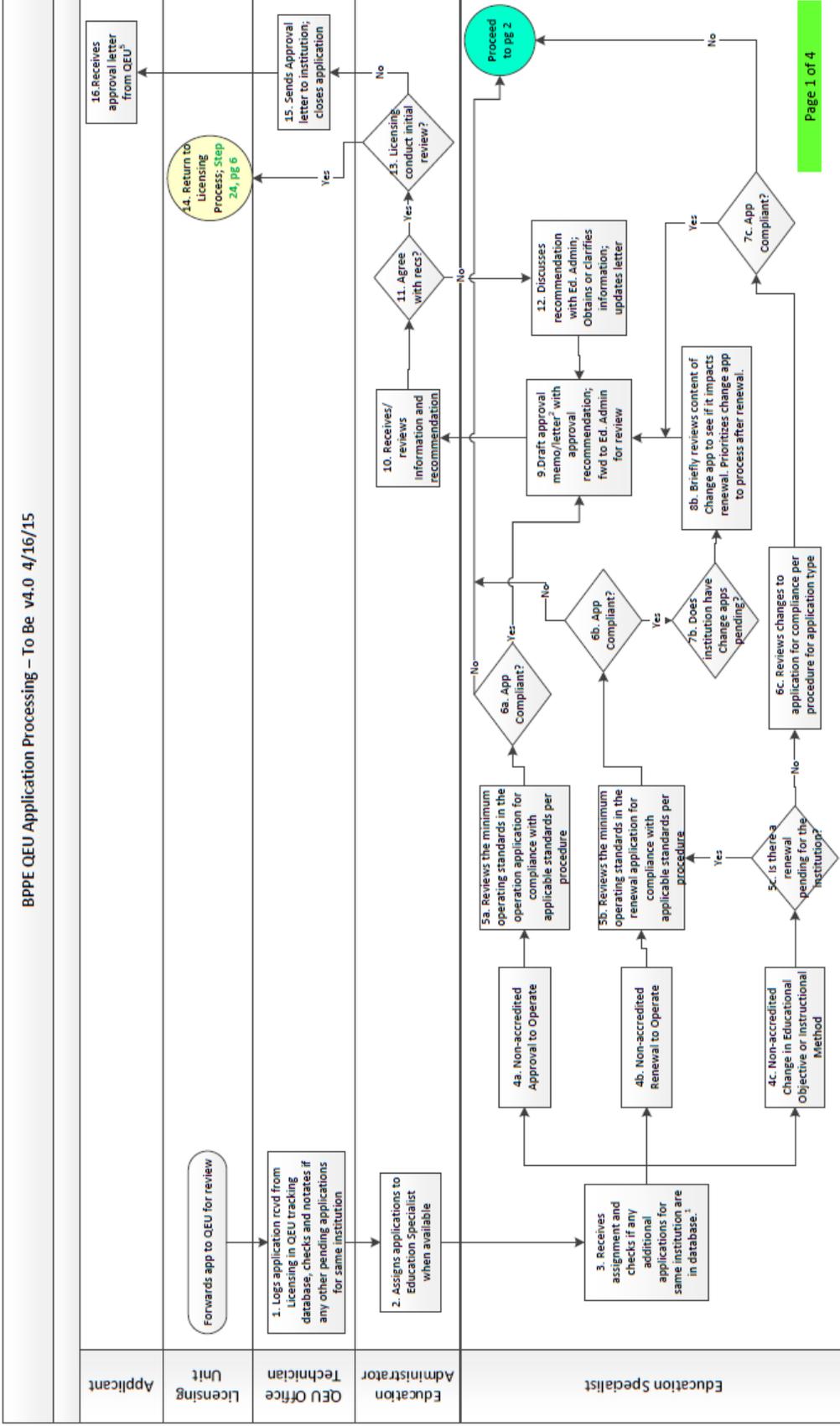
- Further evaluate the use of onsite visits:
 - Application Meetings are designed to assist the institutions in meeting compliance by providing information and coaching. In order to minimize the need for application meetings, a new field can be added at the top of the Change application requiring the 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 time¹⁴.
 - 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.

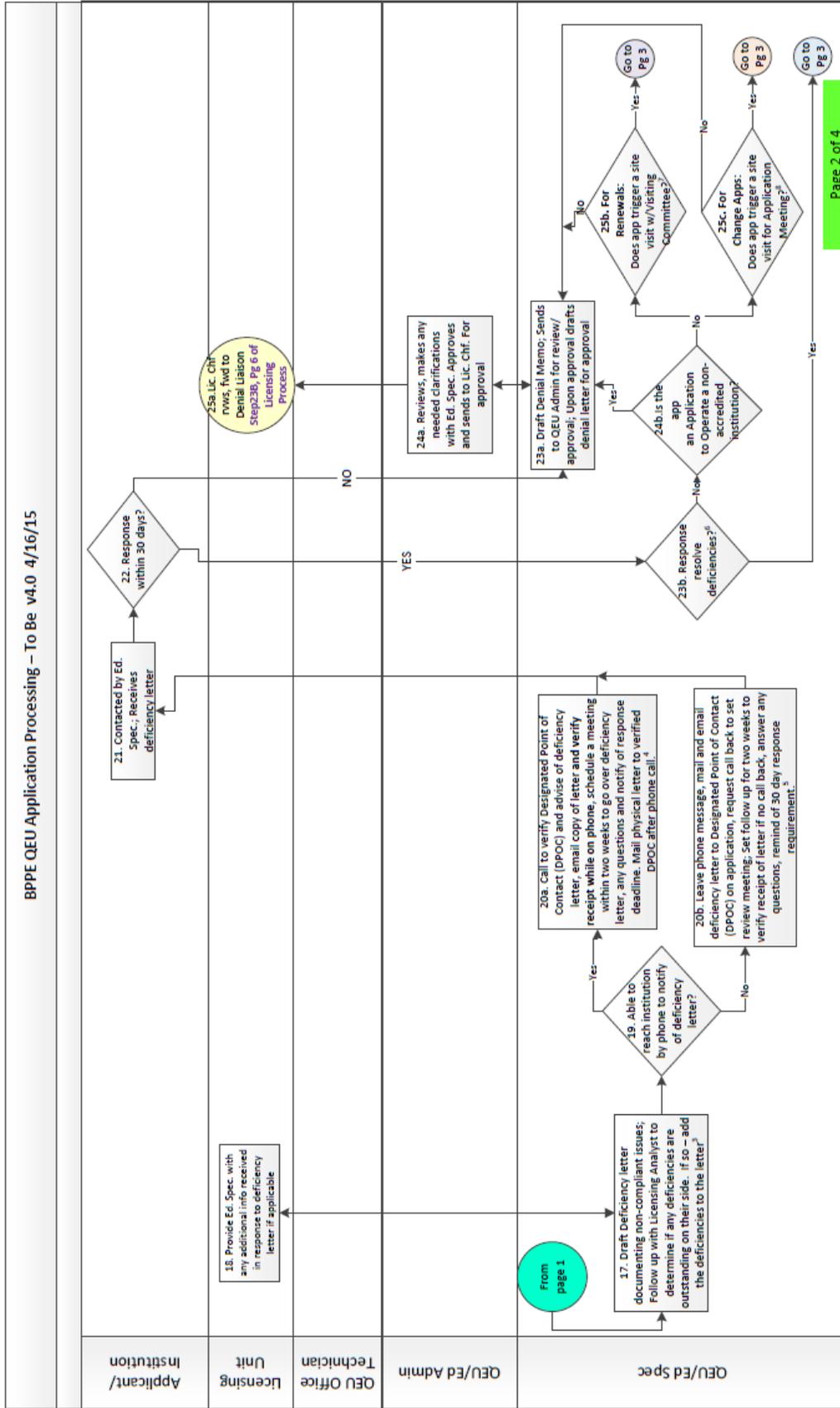
reviews so only the schedule needs to be coordinated if the need for a Visiting Committee arises. Increase institution awareness of requirements, frequently asked questions through the creation of webcasts or informational materials that can be referenced or required reading/viewing with the application.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

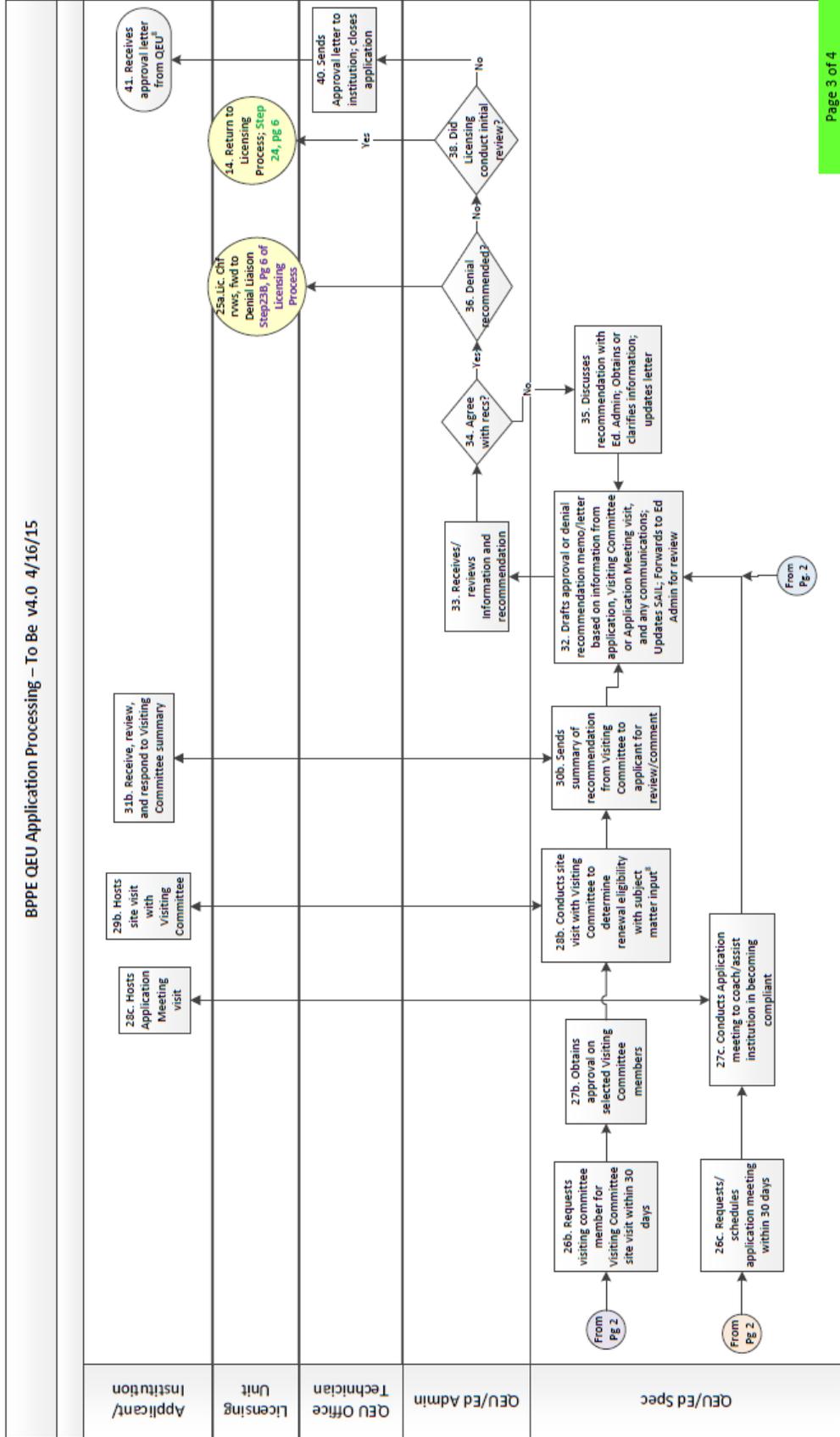
- Reduce the time for processing deficiencies by calling the Designated Point of Contact at the time the deficiency letter is drafted. Currently, the Education Specialist will call to notify a letter is on the way, but it is recommended that upon contact, the ES email a copy of the letter, verify receipt 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



Bureau for Private Postsecondary Education
Business Processes Review Revised Final Report





BPPE QEU Application Processing – To Be v4.0 4/16/15	
<p>FOOTNOTES:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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)</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(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.</p>	<p>OTHER NOTES:</p> <ul style="list-style-type: none"> • 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.

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 estimation¹⁵ 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/ <i>Limited Term</i>	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent (<i>Vacant</i>)		1	2		
Limited Term (<i>Vacant</i>)					
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 has 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.

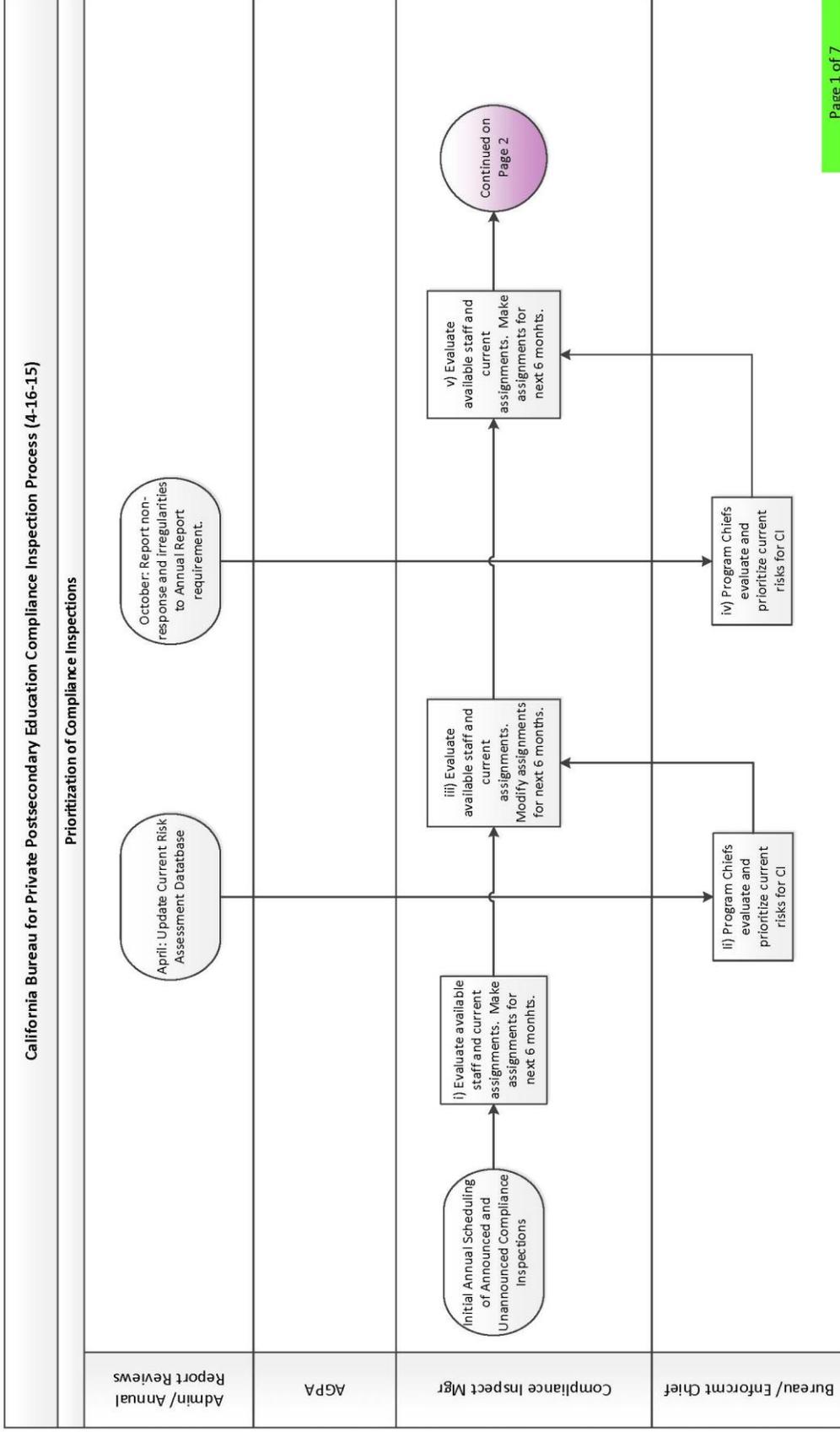
Recommended Process Changes

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.

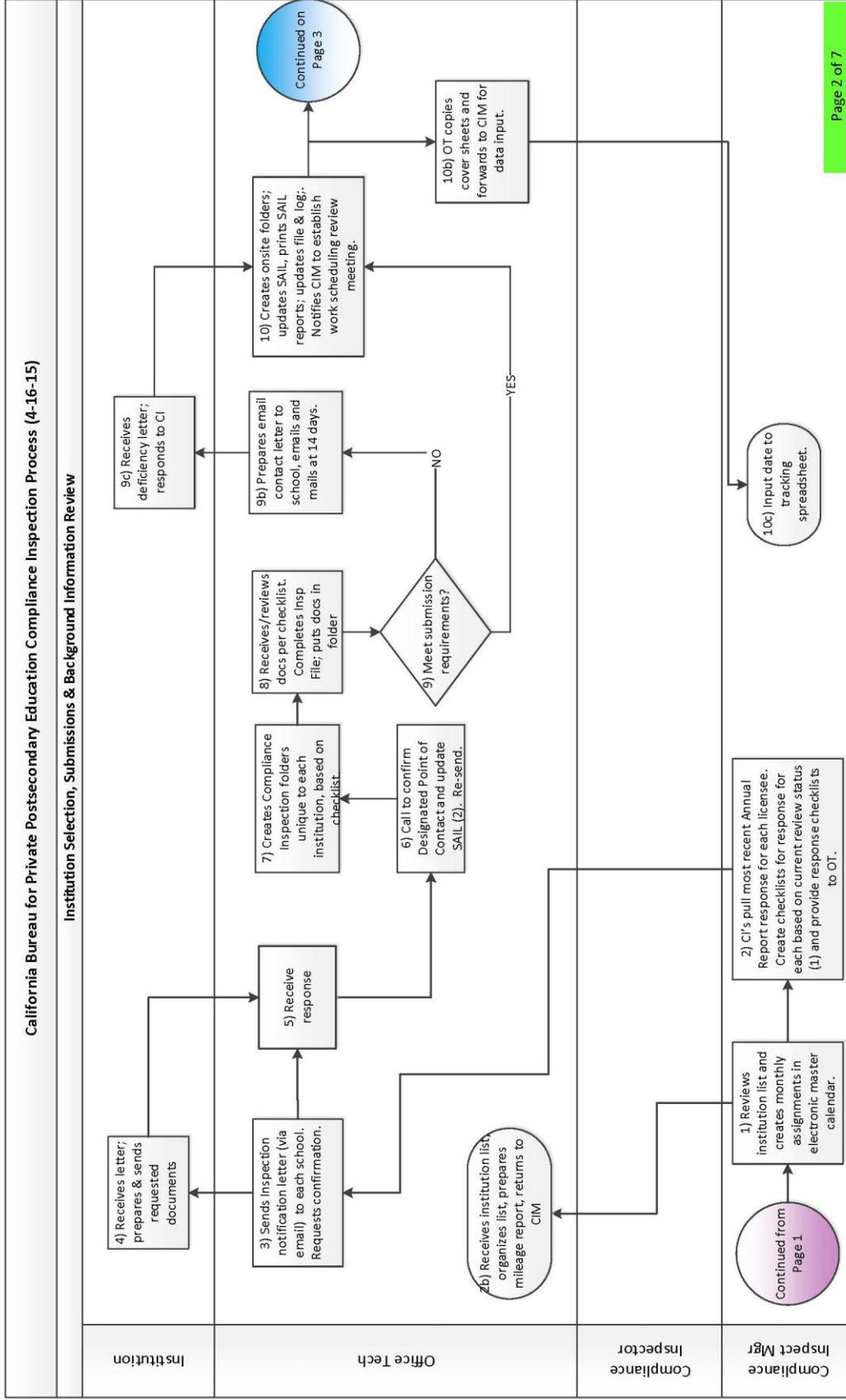
During the time of this review CI has started its “supply management” effort through use of twice monthly webinars, “How to Be in Compliance – Keeping Your License.” This should be formalized and maintained, with regular feedback from participants on the training value, and allowing suggestions for future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

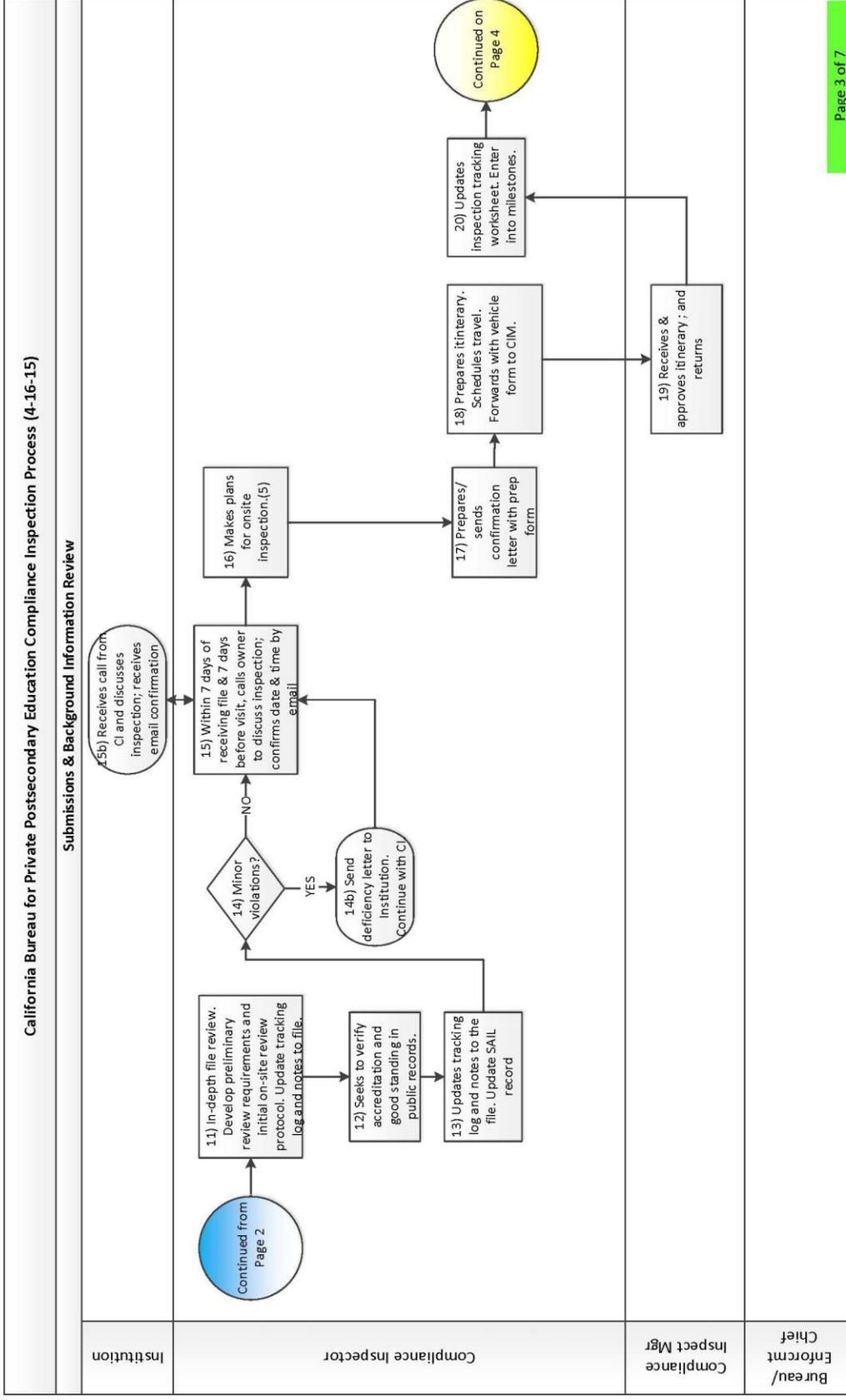
Our review also noted a management habit of having files routed for “signature”, with the primary purpose being the simple tracking of work. Management has been advised that maintaining process flow should take precedence, and that unnecessary sign-offs serve as an unneeded source of delay. Tracking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

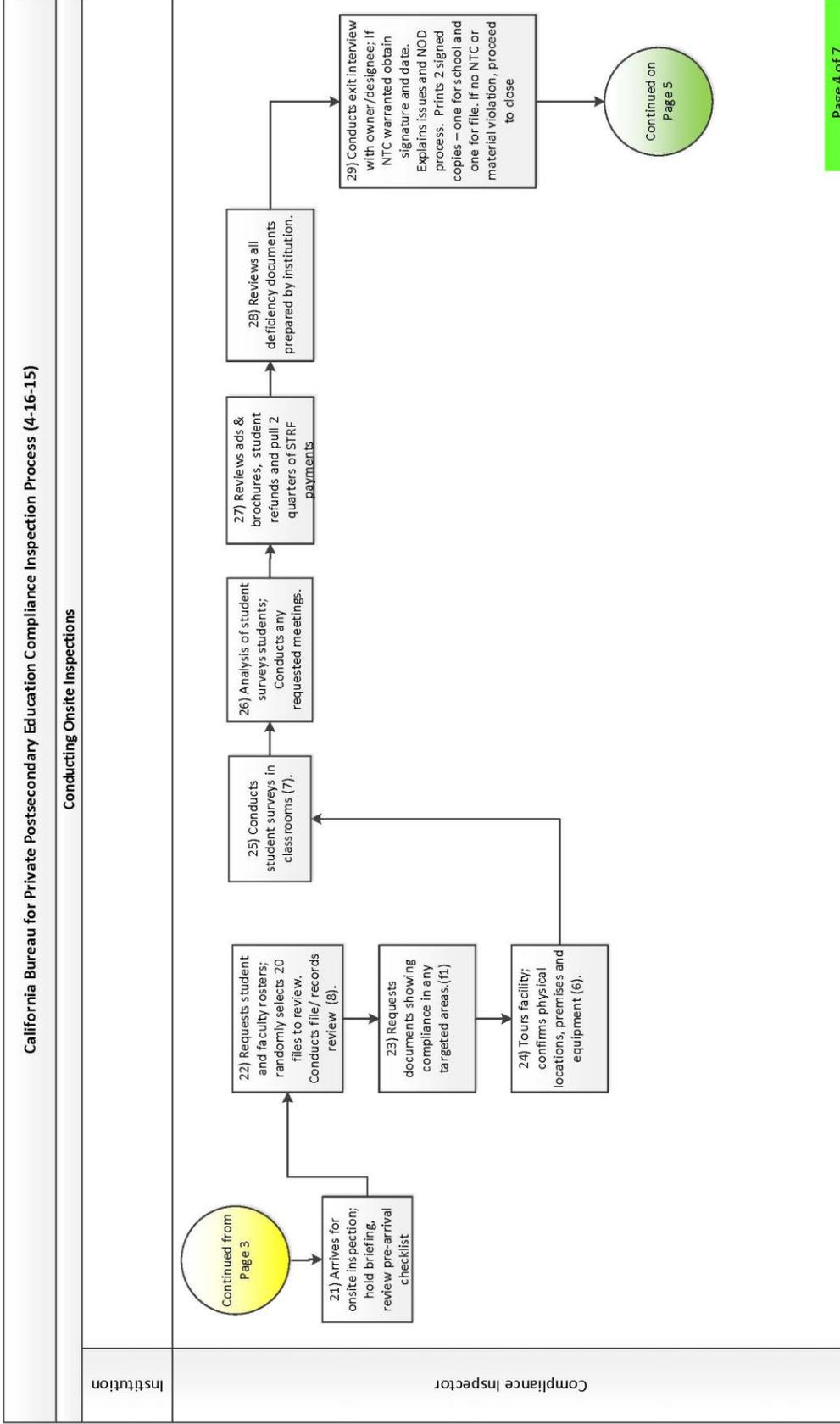
Compliance Inspection “To Be” Process Flow Chart



Bureau for Private Postsecondary Education
Business Processes Review Revised Final Report



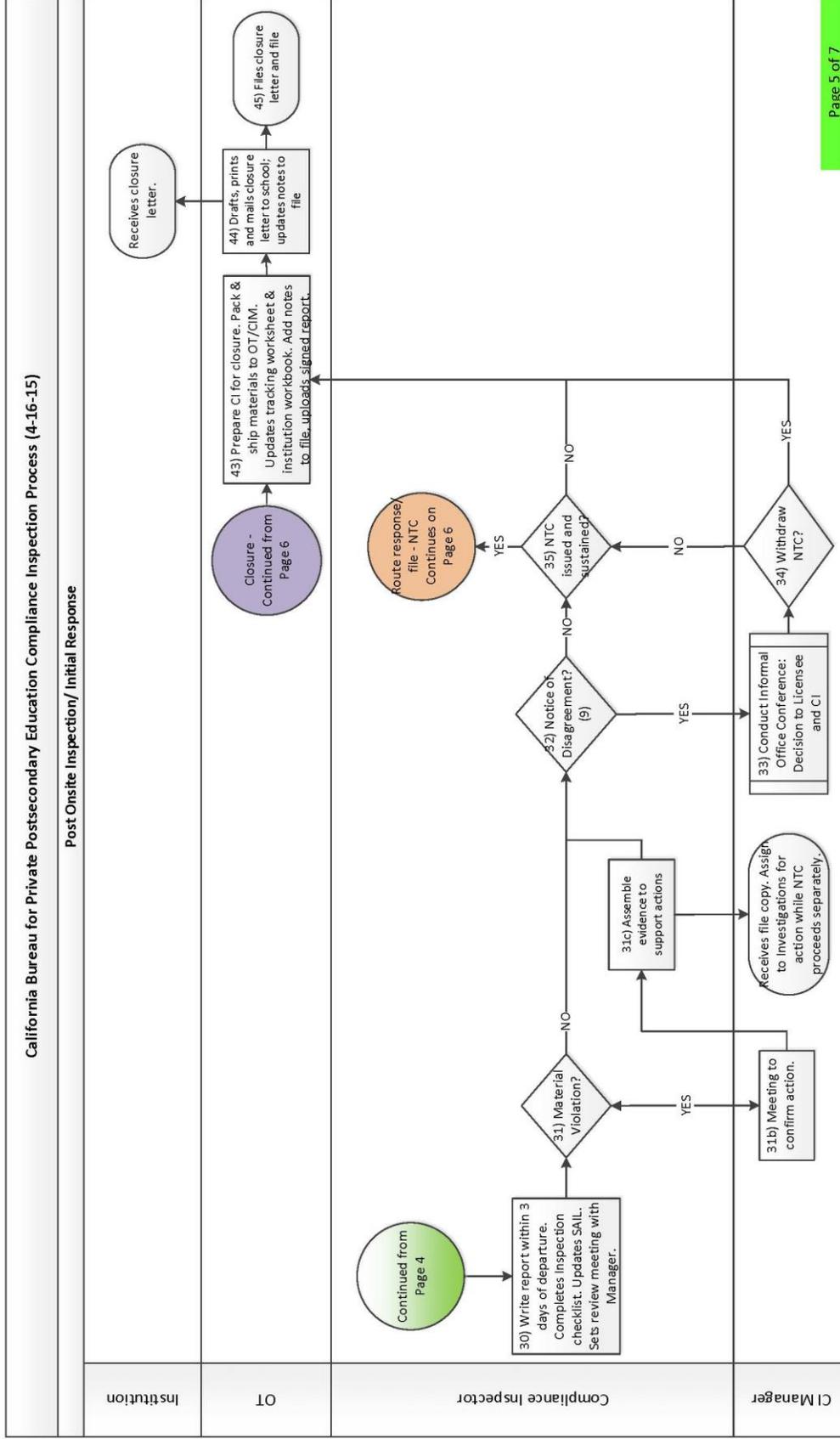




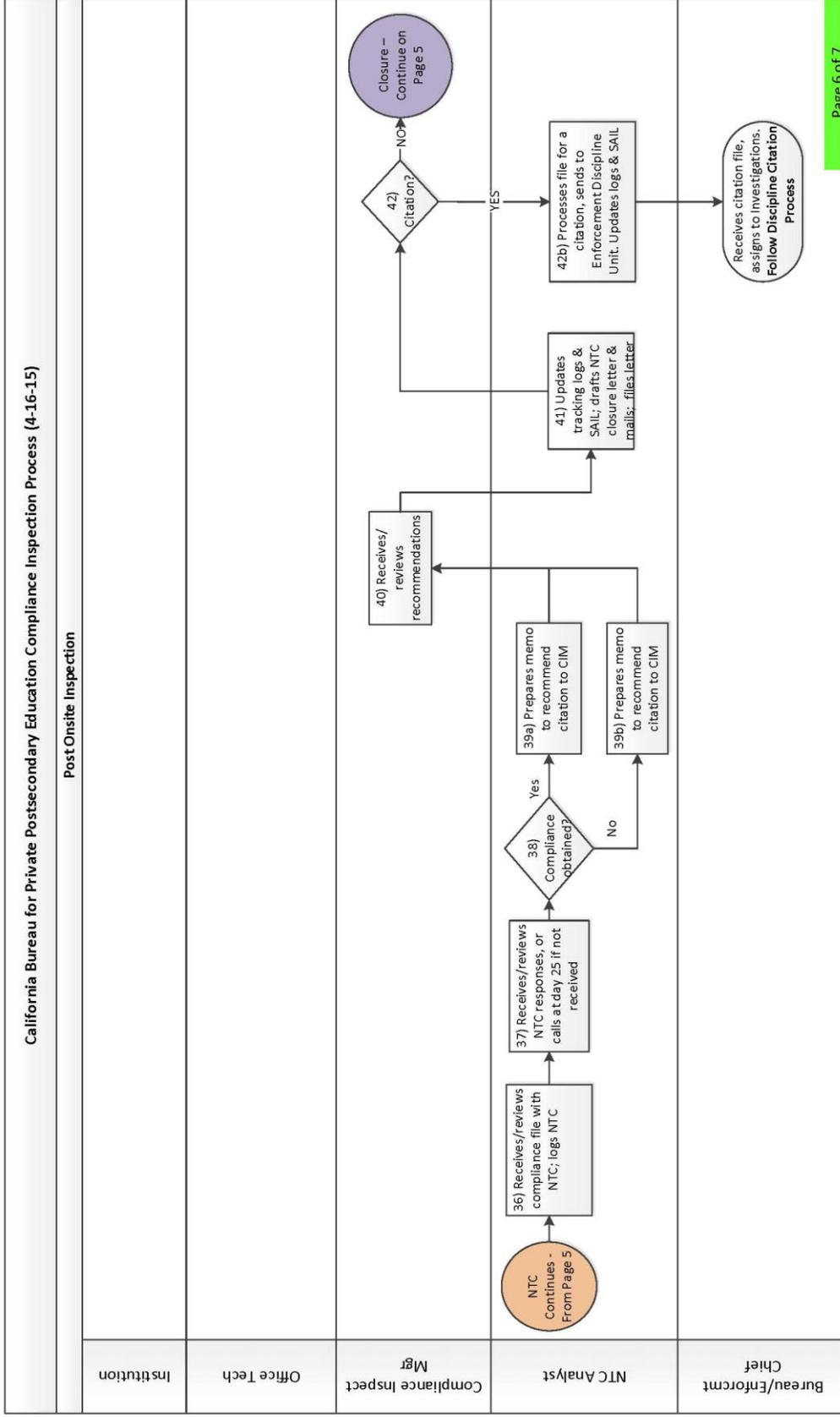
Institution

Compliance Inspector

Bureau for Private Postsecondary Education
Business Processes Revised Final Report



Bureau for Private Postsecondary Education
Business Processes Review Revised Final Report



California Bureau for Private Postsecondary Education Compliance Inspection Process (4-16-15)	
<p>Footnotes:</p> <p>(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 in 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.</p> <p>(2) Confirming contact in CI process is sometimes difficult, and it is noted that sometimes an online text message and verbal confirmation by phone is needed, since those in non-compliance are not responsive.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(6) Includes validation of City/ County business license.</p> <p>(7) Goal is 80% of all classes in session. Note if unapproved language instruction and if programs are approved.</p> <p>(f1) In response to deficiency letter.</p> <p>(f2) Review to Enforcement requires approval by Chief.</p>	<p>(8) Randomly select students from multiple programs. Check if properly admitted, properly executed EA, check clock hours, what they have been charged and if 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.</p> <p>(9) Must be filed within 30 days.</p> <p>Issues and Comments:</p> <p>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.</p> <p>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.</p>
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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/ <i>Limited Term</i>	1	4	13	2	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent (<i>Vacant</i>)		1		1	
Limited Term (<i>Vacant</i>)			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 be 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

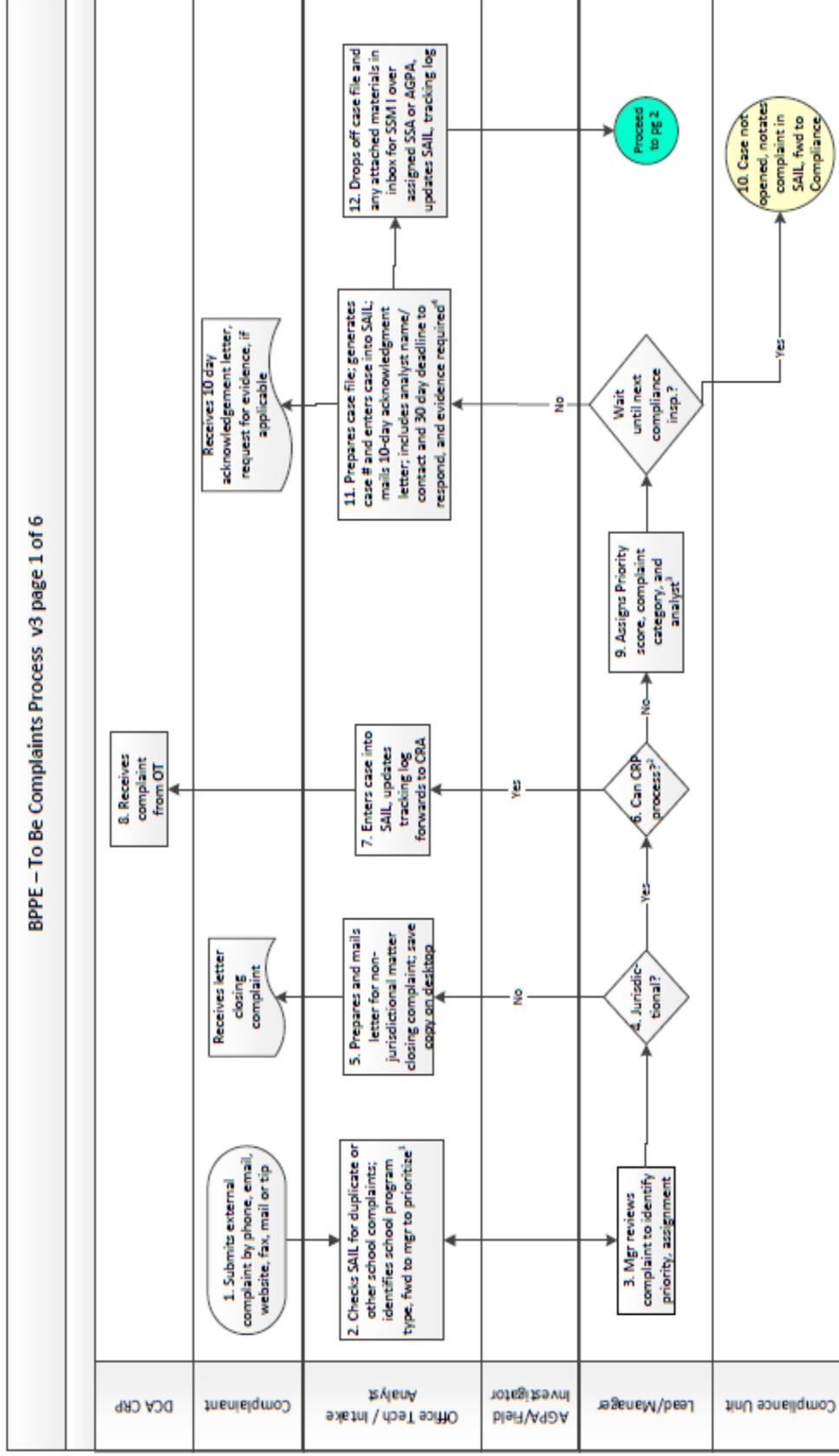
evidence that is required and a 30 day deadline to respond. This will assist in minimizing wait times for complainant response.

Additional Complaints Process Recommendations

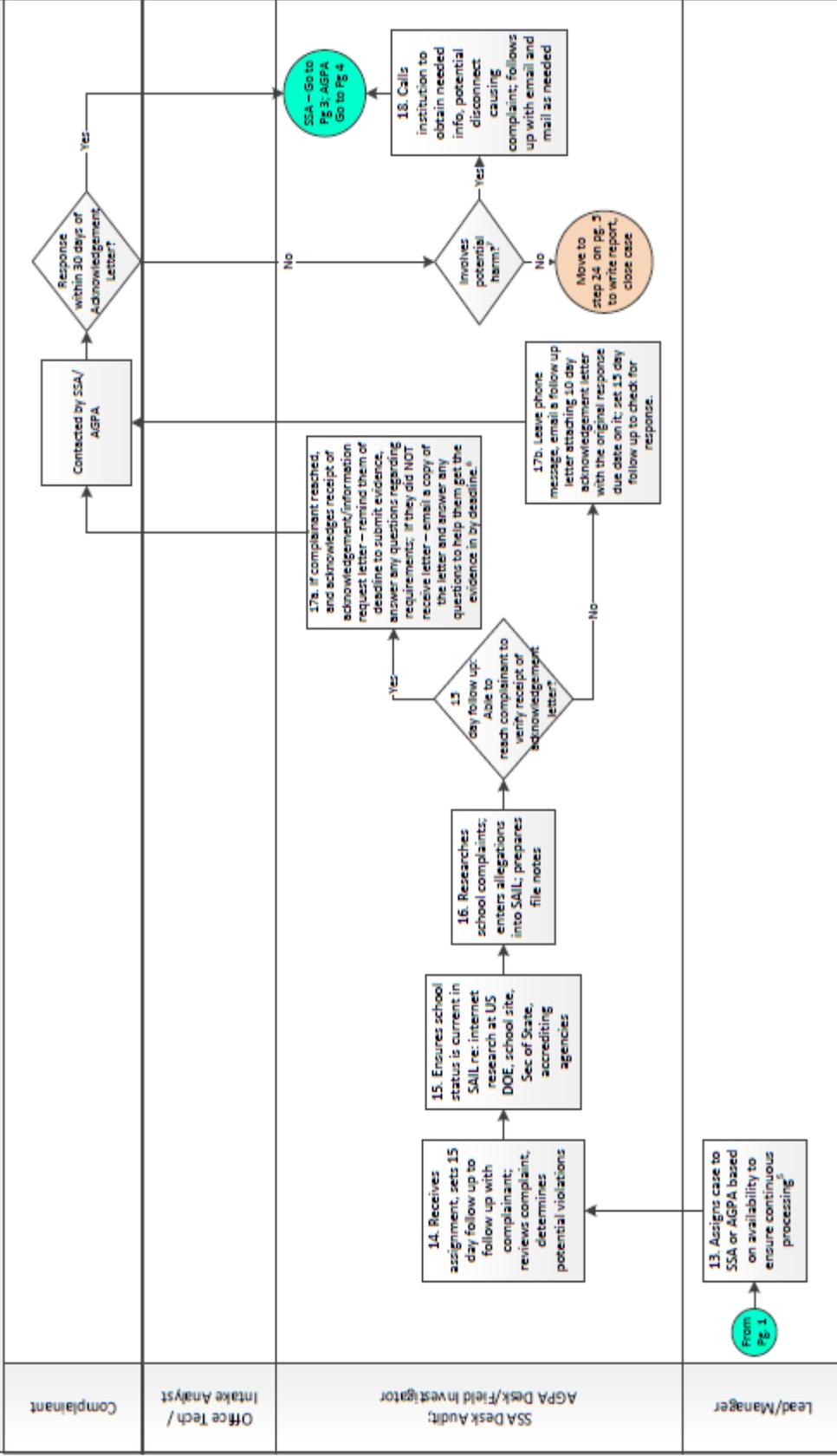
A primary focus of the process re-engineering is to streamline the process to increase efficiency, eliminate the backlog, and to optimize staff time. The following list of recommendations are presented for consideration to assist the Complaints Unit in maximizing their time while minimizing process time.

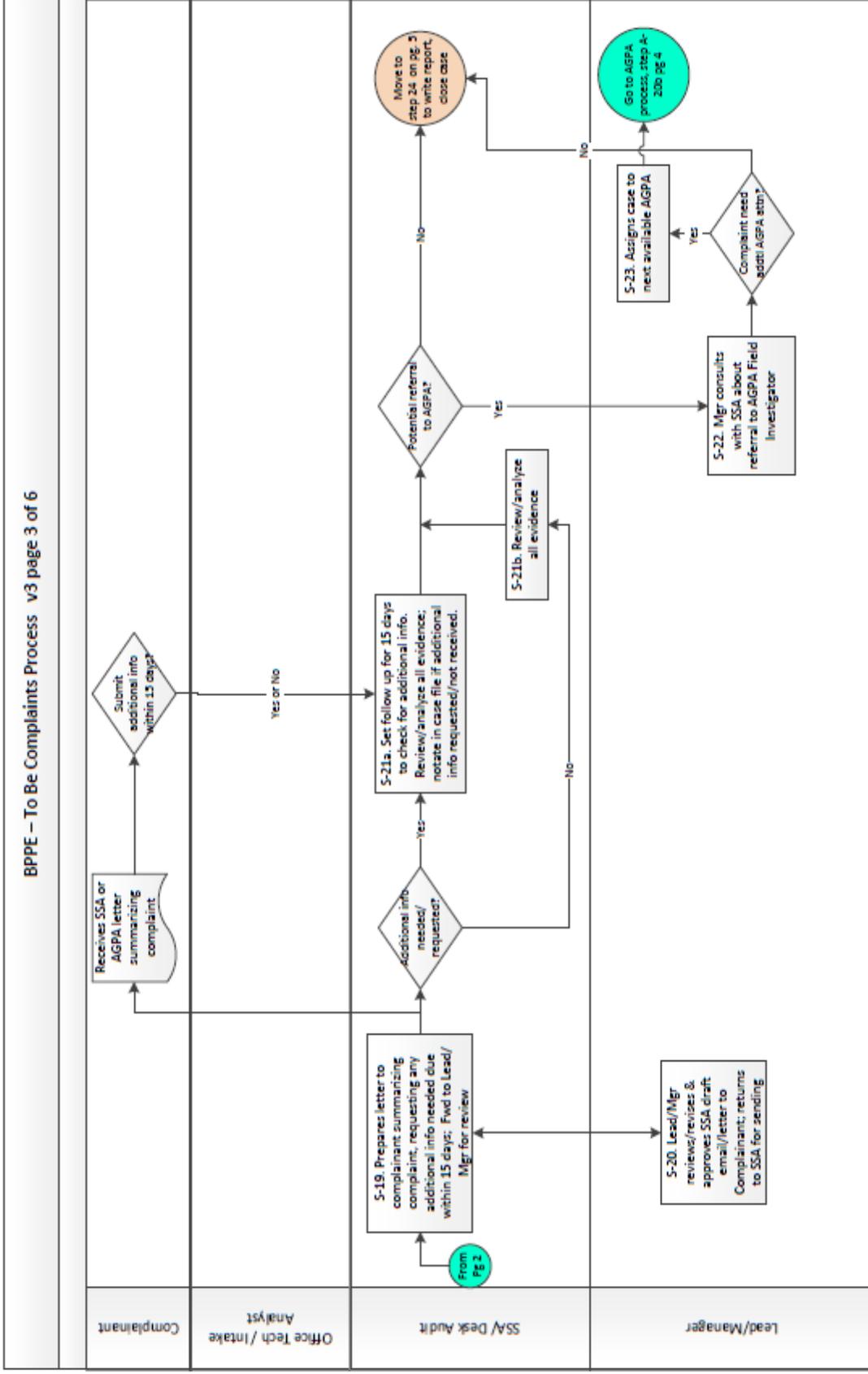
- Continued focus on the implementation, revising, and vetting of the prioritization scale. The recommended staffing is based on the reduction of complaints to 1/3rd of the backlogged and incoming complaints requiring full investigation. The prioritization scale is going to be a large part of this, seconded 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.

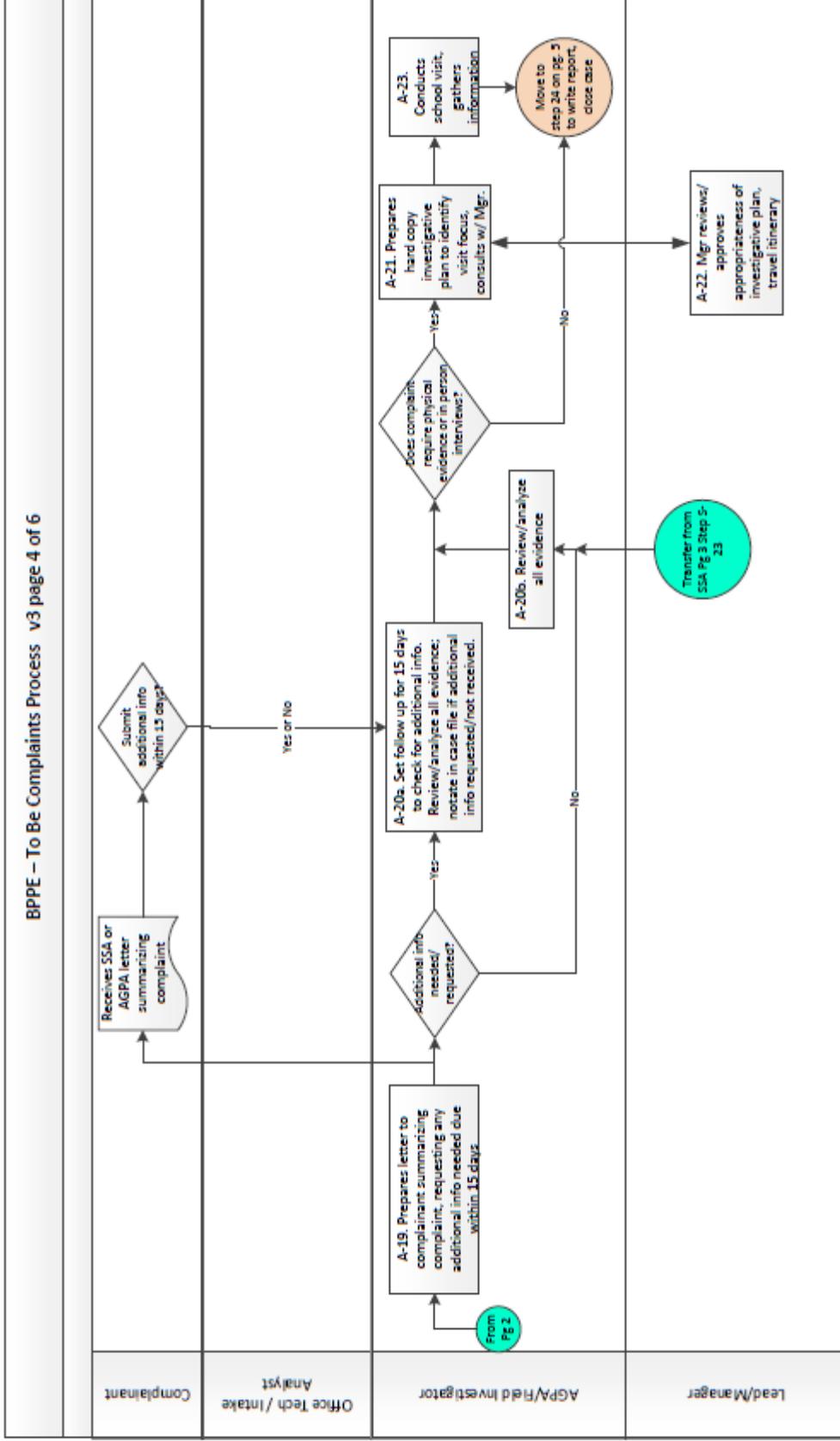
Complaints Investigation “To Be” Process Flow Chart

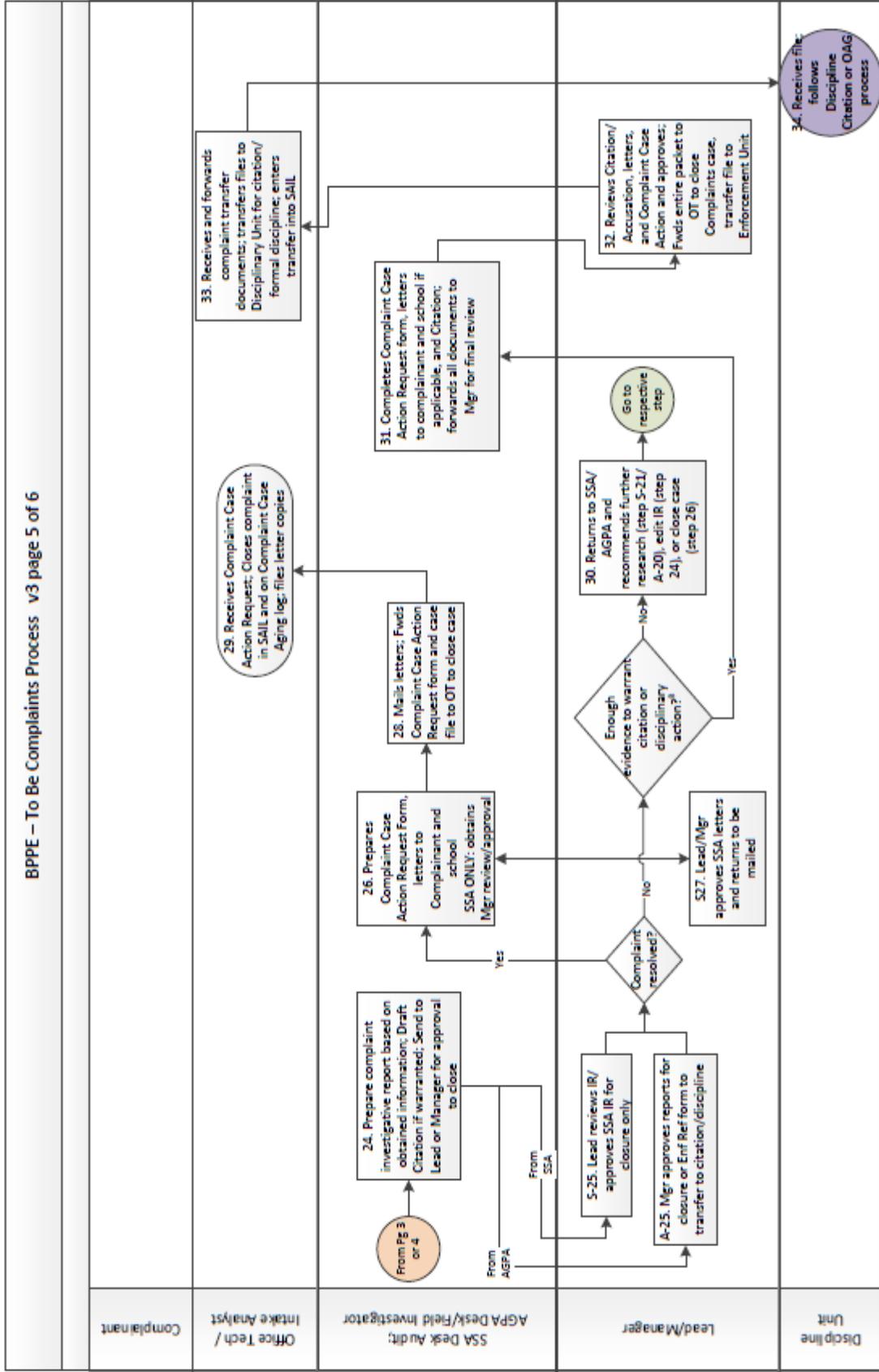


BPPE – To Be Complaints Process v3 page 2 of 6









BPPE – To Be Complaints Process v3 page 6 of 6	
<p>FOOTNOTES:</p> <p>(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 notes that info for the manager to assist in assignment.</p> <p>(2) DCA CRP can process more routine complaints, can act as a mediator; Any law violations must be returned to BPPE</p> <p>(3) Using a defined prioritization scale, Migr 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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	<p>OTHER NOTES:</p> <p>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.</p> <p>(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.</p> <p>(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.</p>

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/ <i>Limited Term</i>	0	1	1	0	2
Permanent Filled		1	1		
Limited Term Filled					
Permanent (<i>Vacant</i>)					
Limited Term (<i>Vacant</i>)					
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.

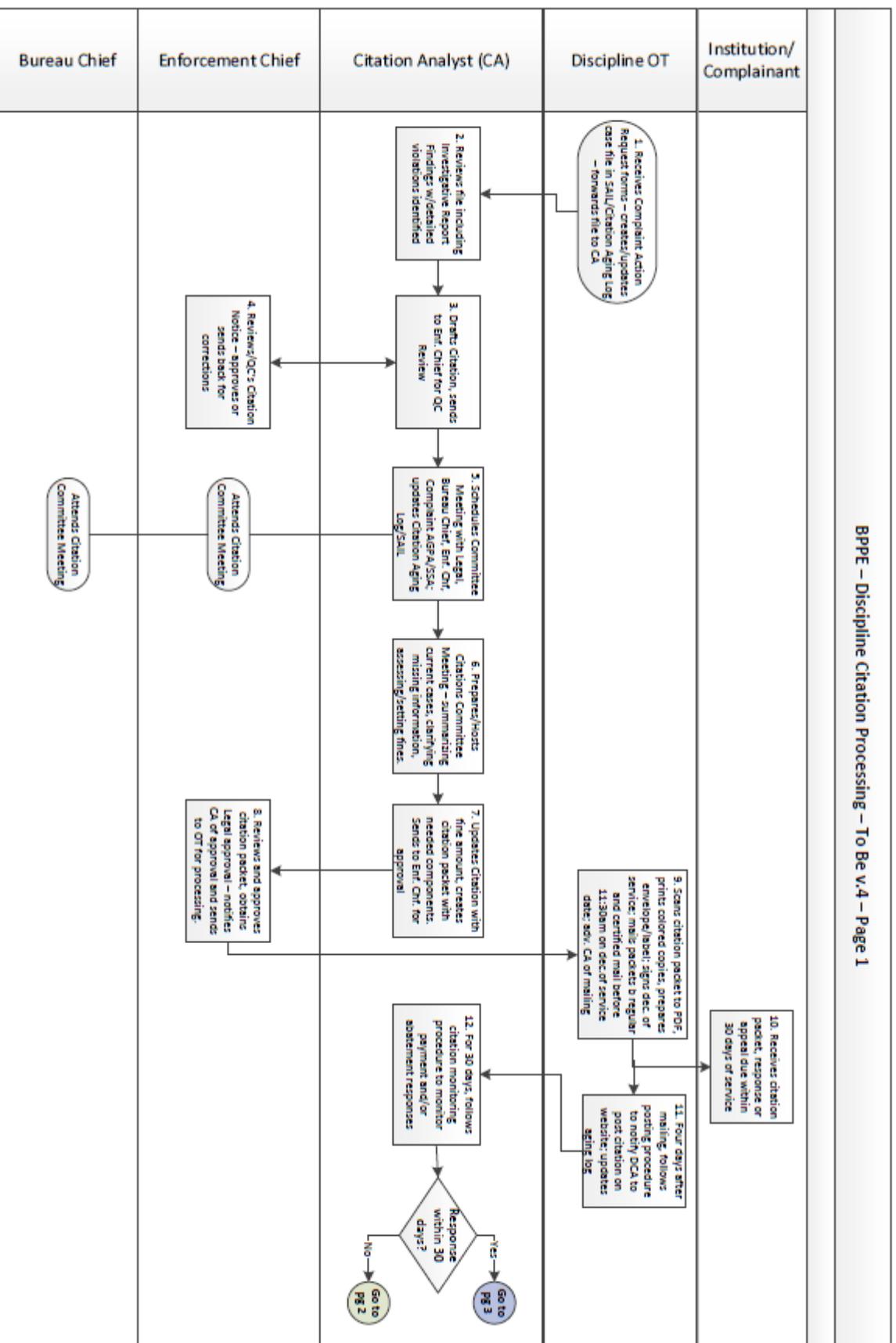
Additional Disciplinary Enforcement Process Recommendations

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.

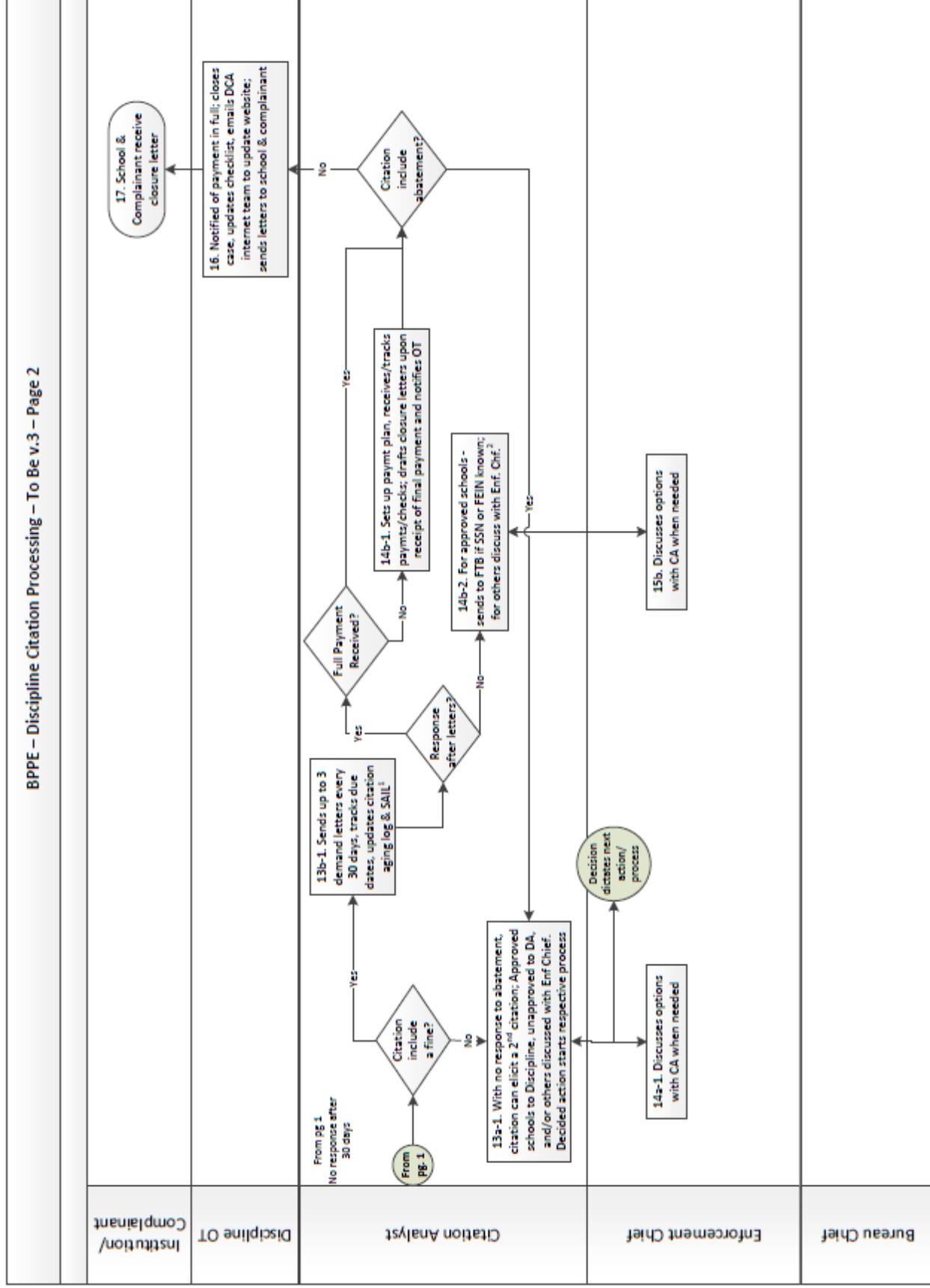
- Given the delays associated with multiple back and forth communications with the Attorney General Office, the Bureau could work on differentiating between complaint types. In order to expedite processing, the Bureau can petition to be allowed to have an in house or contracted attorney who can act on 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.

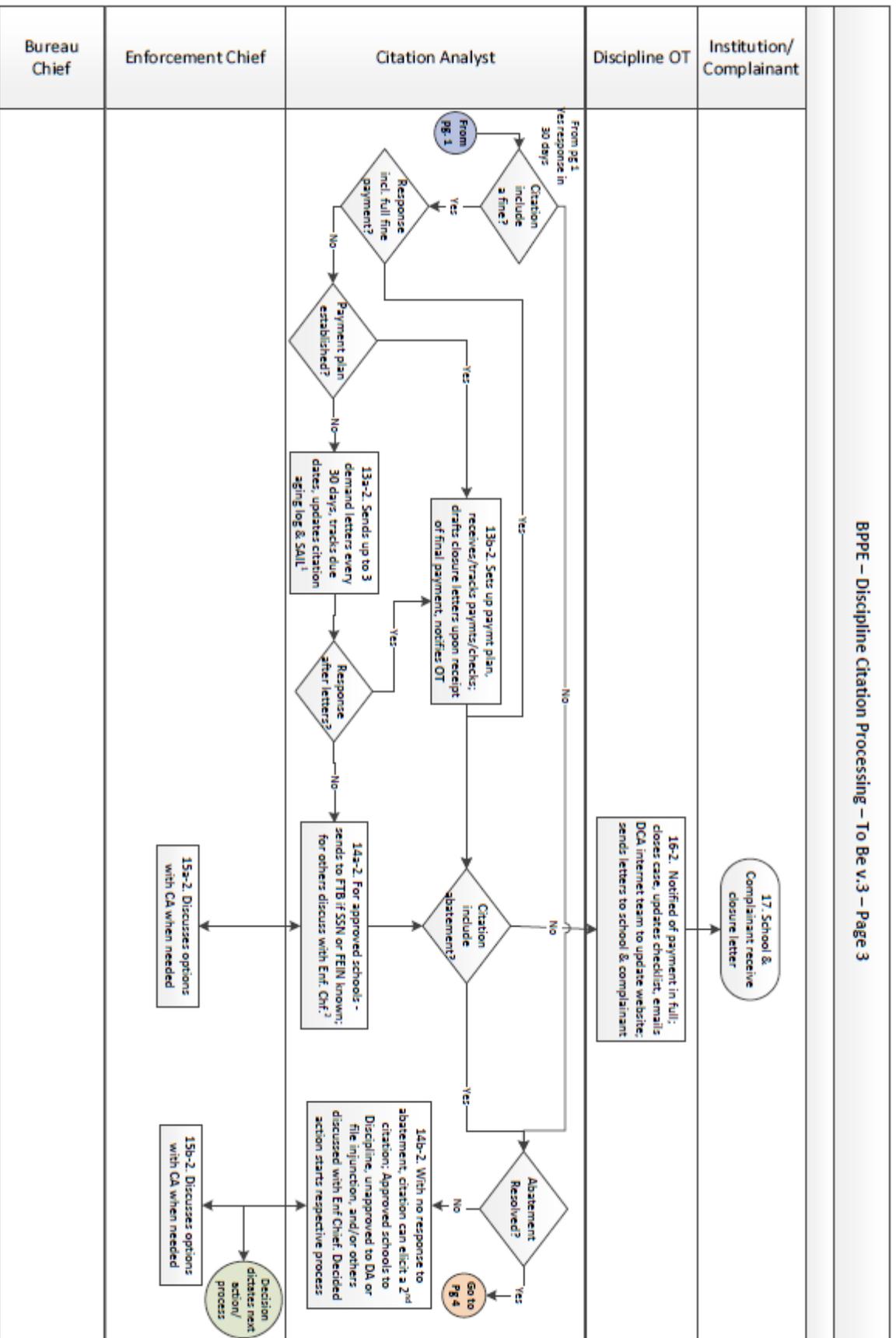
Discipline - Citations "To Be" Process Flow Chart

BPPE – Discipline Citation Processing – To Be v.4 – Page 1

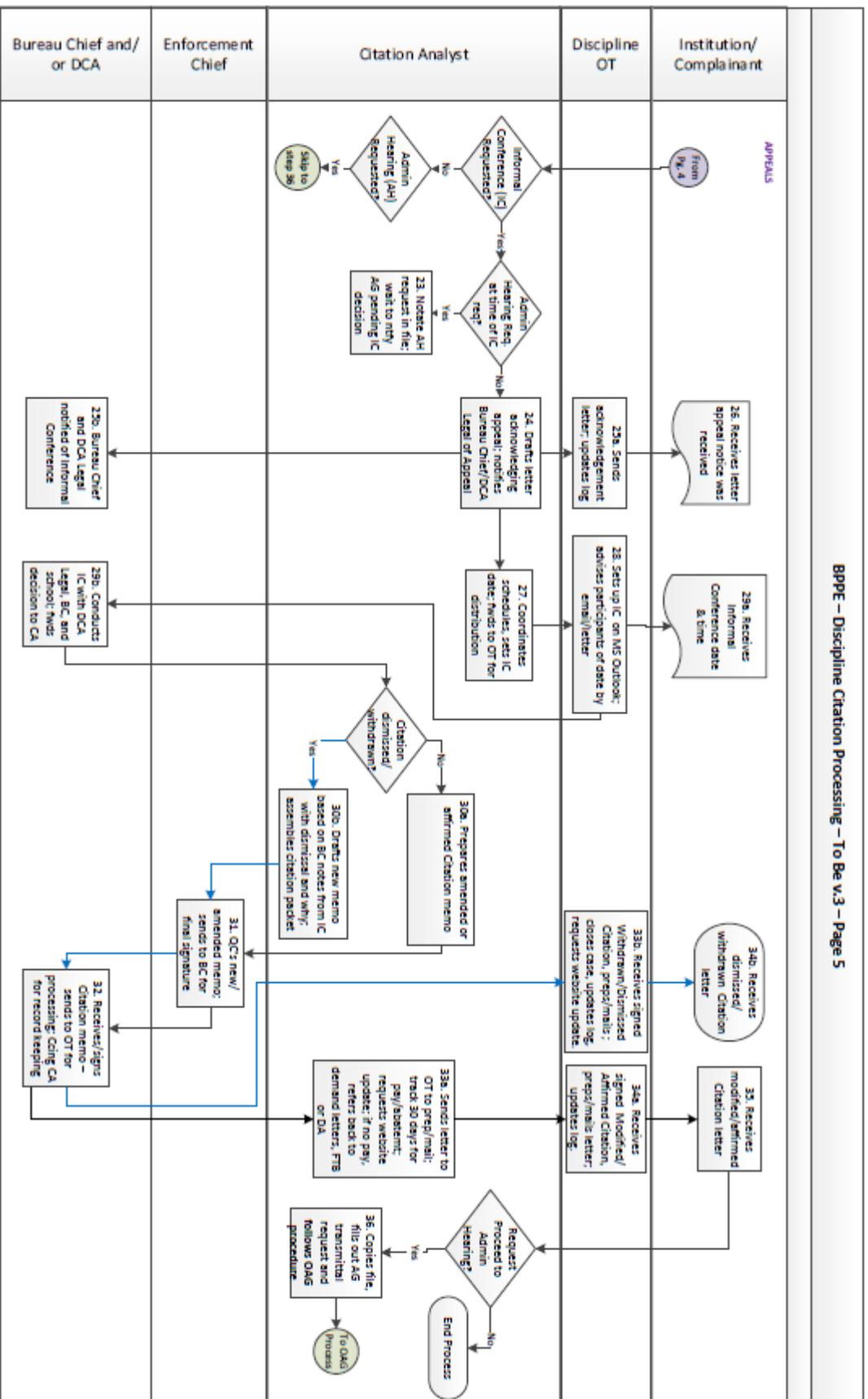


BPPE – Discipline Citation Processing – To Be v.3 – Page 2





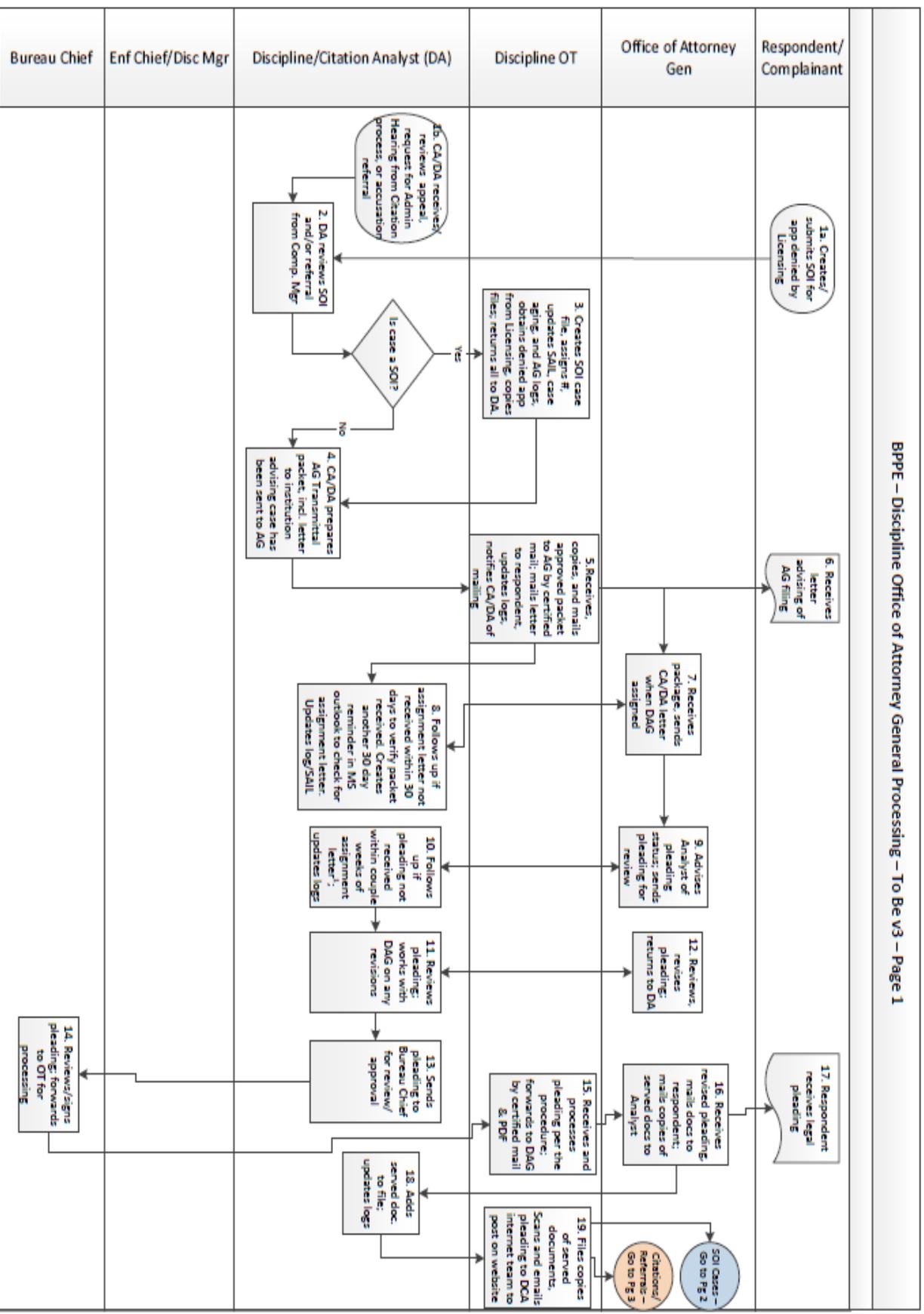
BPPE – Discipline Citation Processing – To Be v.3 – Page 5

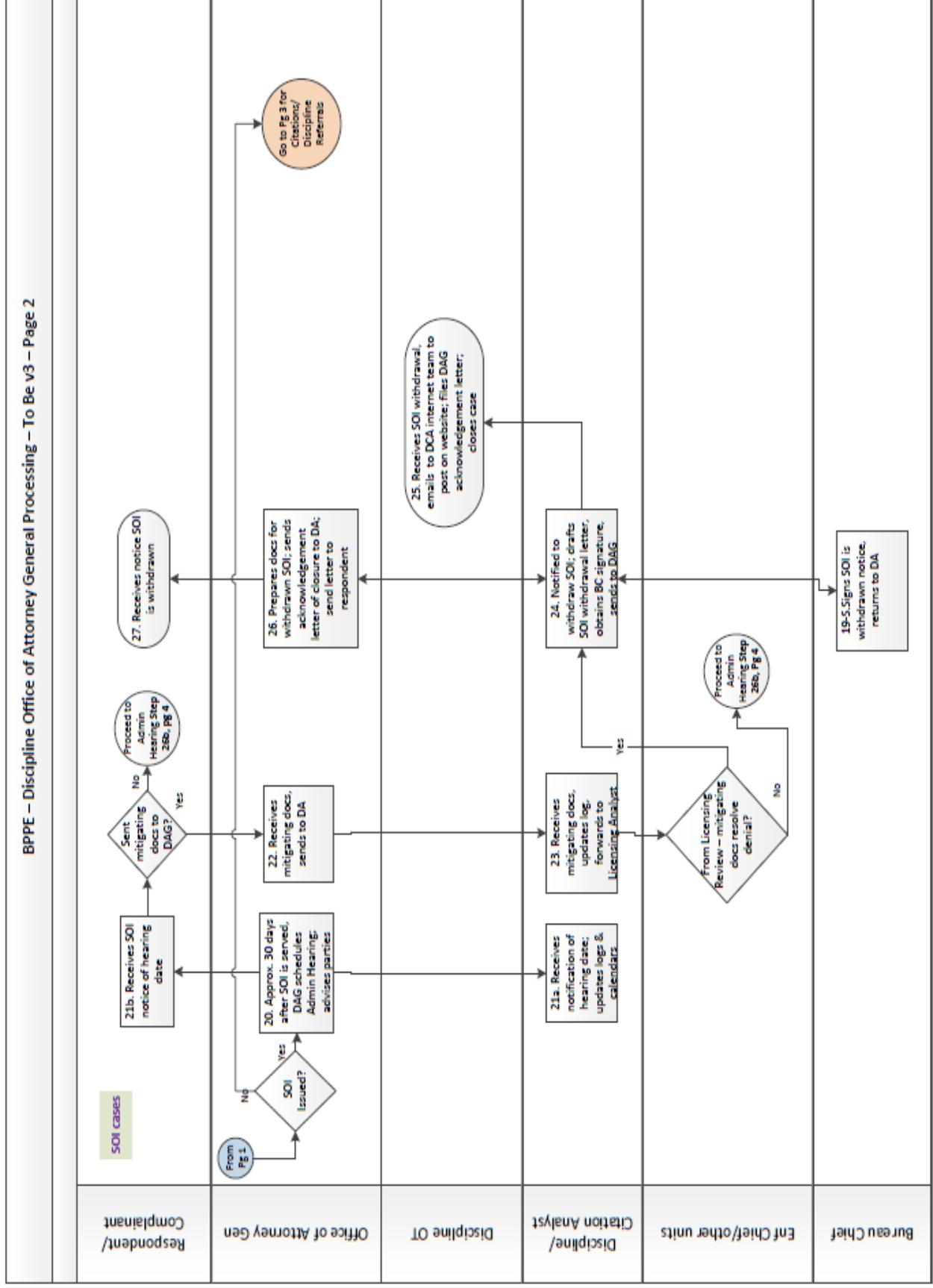


BPPE – Discipline Citation Processing – To Be v.3– Page 6	
<p>FOOTNOTES:</p> <p>(1) On the third letter, the institution is notified that the case will be turned over to FTB if no payment.</p> <p>(2) Once the case is turned over to FTB – the Bureau notates it in the FTB Tracking log and closes the file 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.</p> <p>(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</p>	<p>OTHER NOTES:</p> <p>The primary means of adopting LEAN process and improving efficiency and effectiveness is to move to real time processing and avoiding wait time.</p>

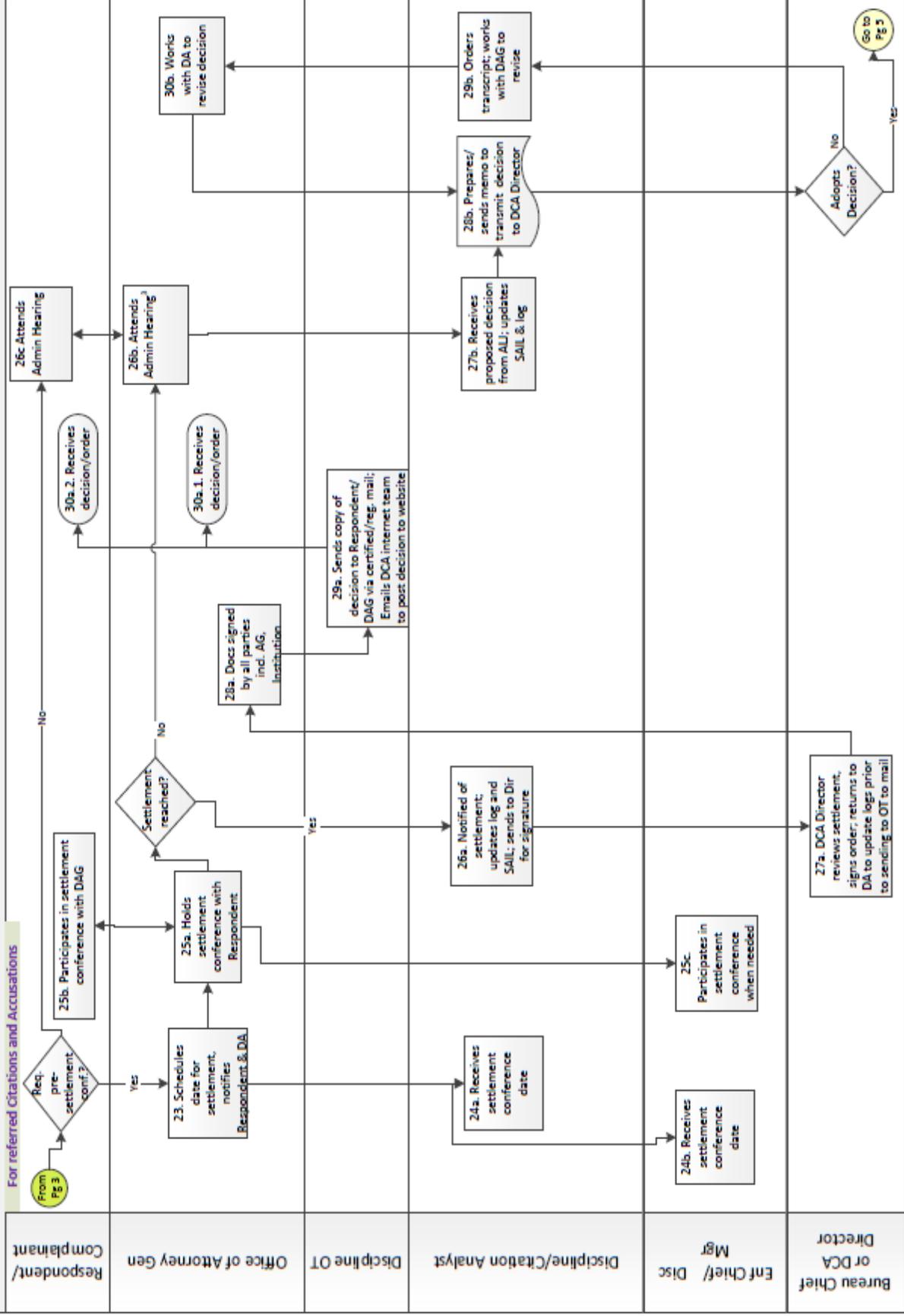
Discipline – Attorney General’s Office “To Be” Process Flow Chart

BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 1

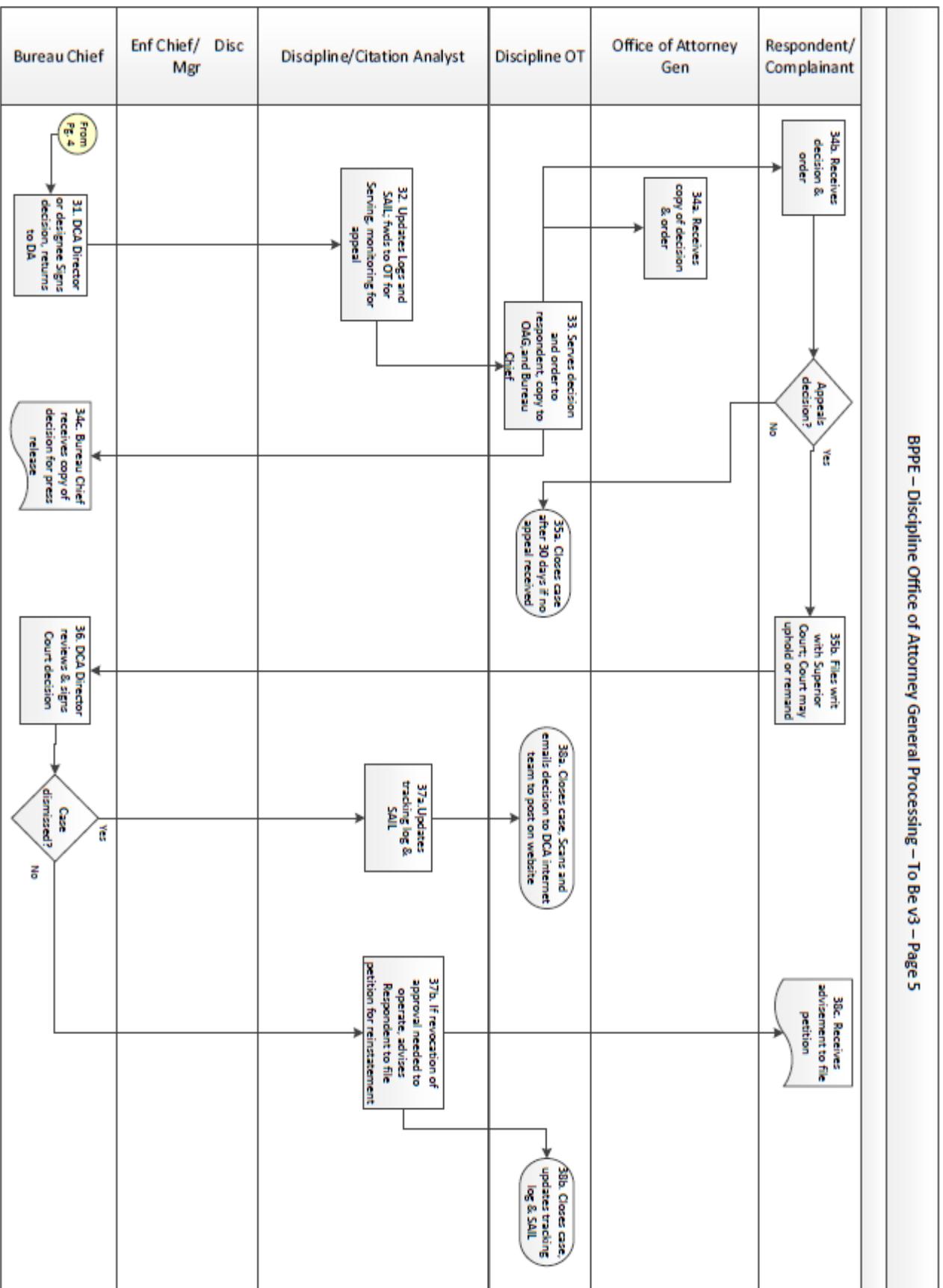




BPPE – Discipline Office of Attorney General Processing – To Be v3 – Page 4



BPEE – Discipline Office of Attorney General Processing – To Be v3 – Page 5



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/ <i>Limited Term</i>	2	1	3
Permanent Filled	2	0	
Limited Term Filled			
Permanent (<i>Vacant</i>)		1	
Limited Term (<i>Vacant</i>)			
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

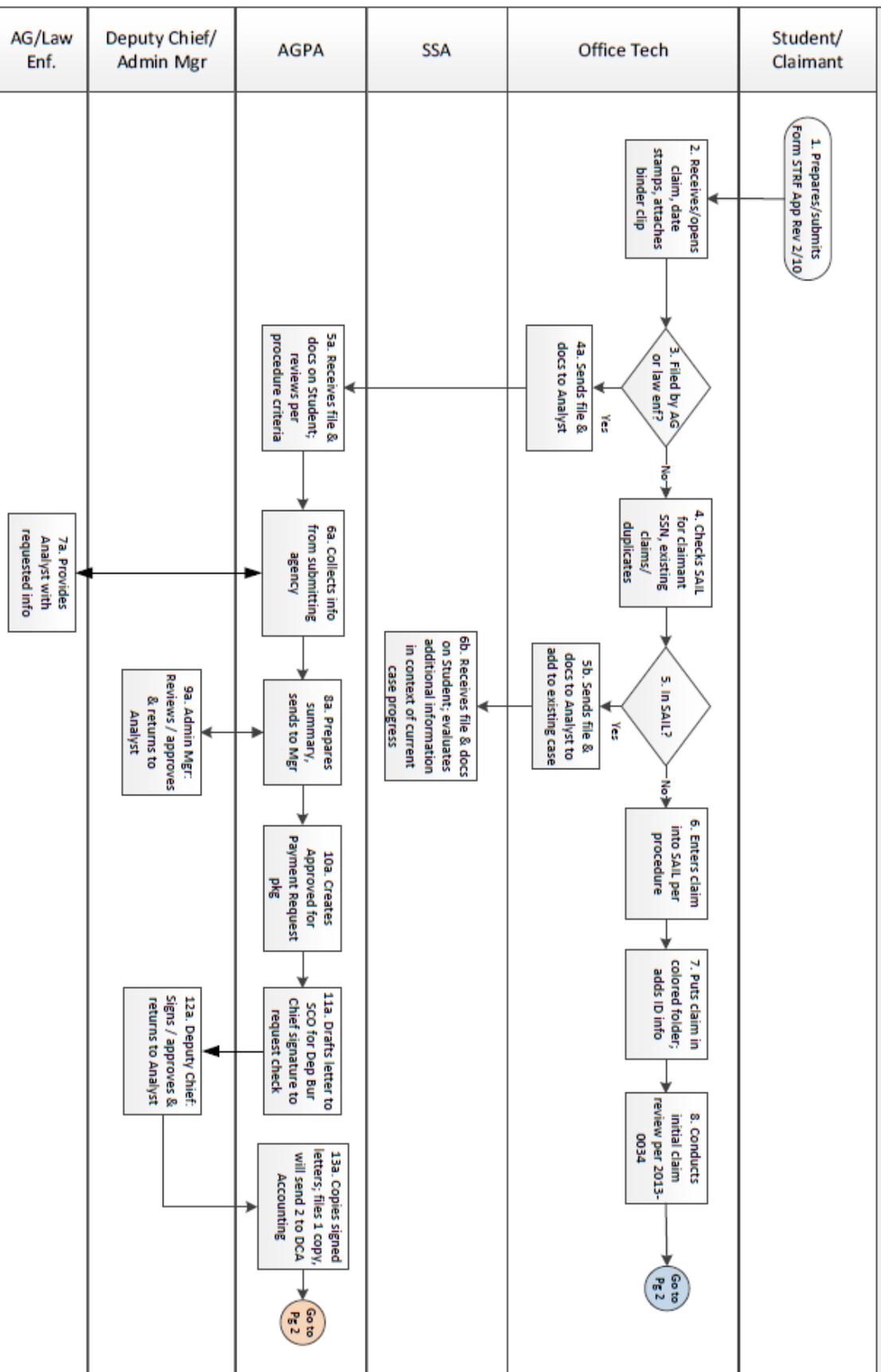
Even without a full analysis of the STRF process, a couple of suggestions for consideration are presented below.

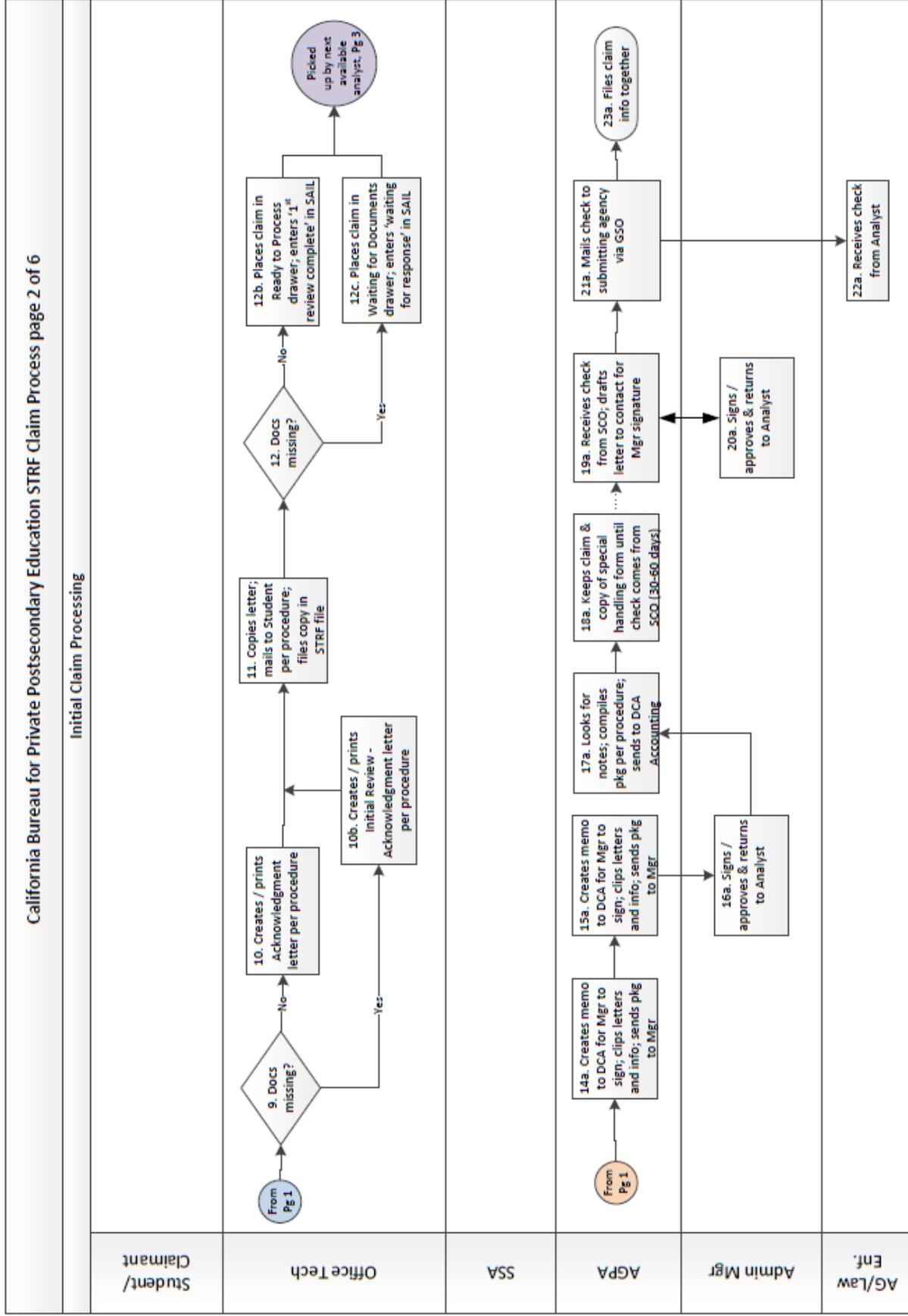
- Create and maintain a more comprehensive method of tracking the progress of claims for future workload assessments in order to identify where in the process the largest delays are occurring and may need re-examination. This will assist in ensuring continuous process flow rather than having a delay 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 1 of 6

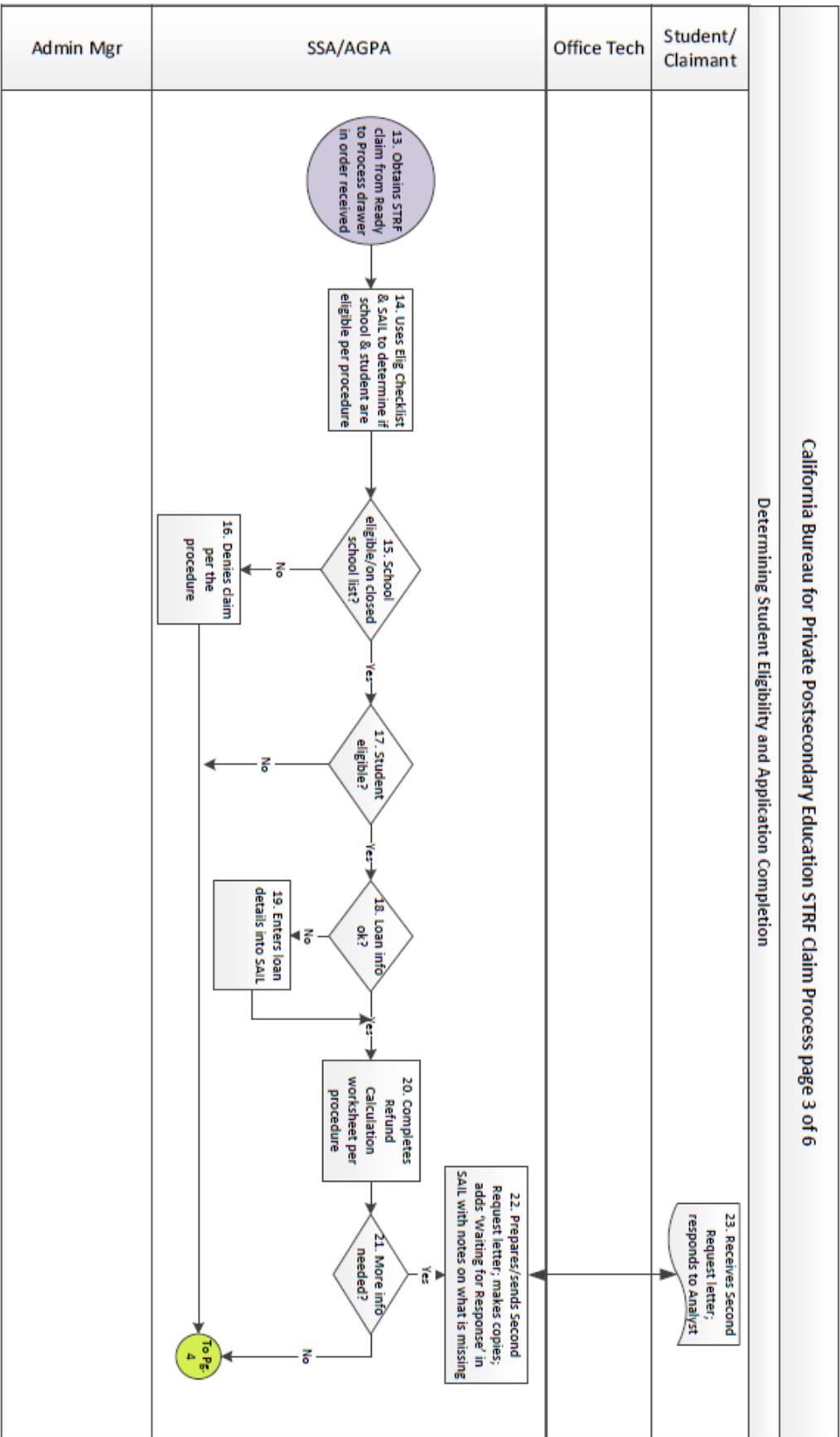
Initial Claim Processing

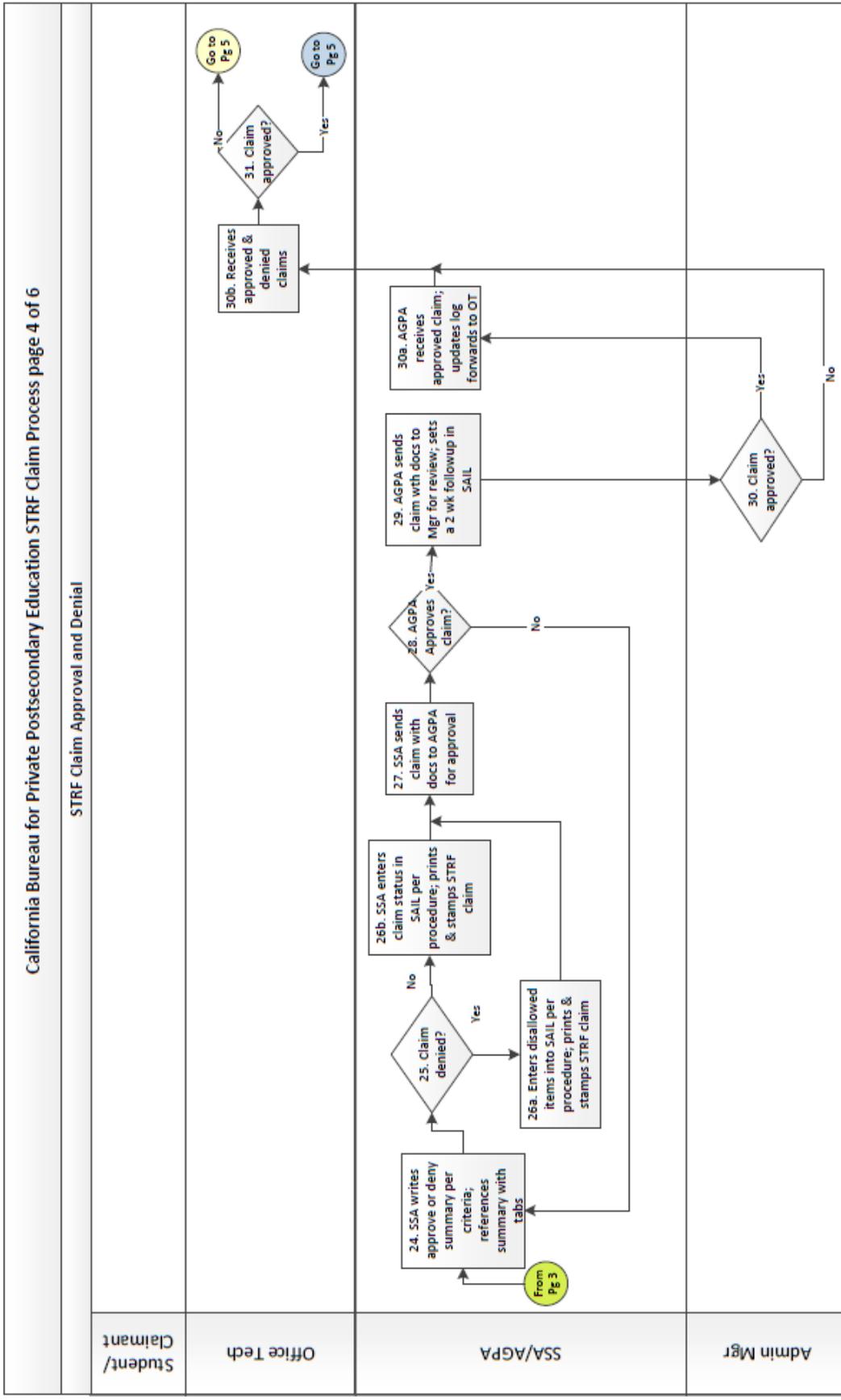




California Bureau for Private Postsecondary Education STRF Claim Process page 3 of 6

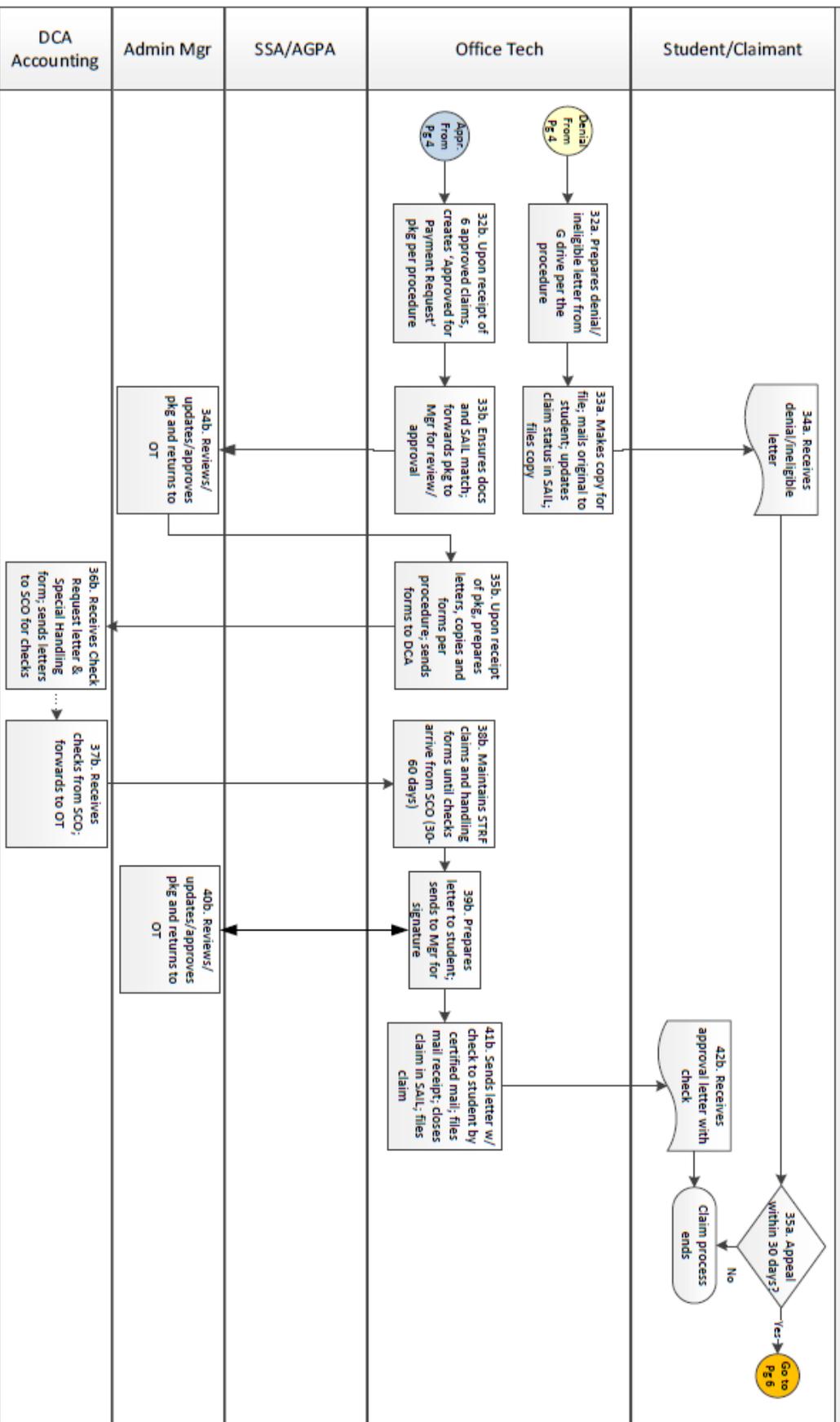
Determining Student Eligibility and Application Completion

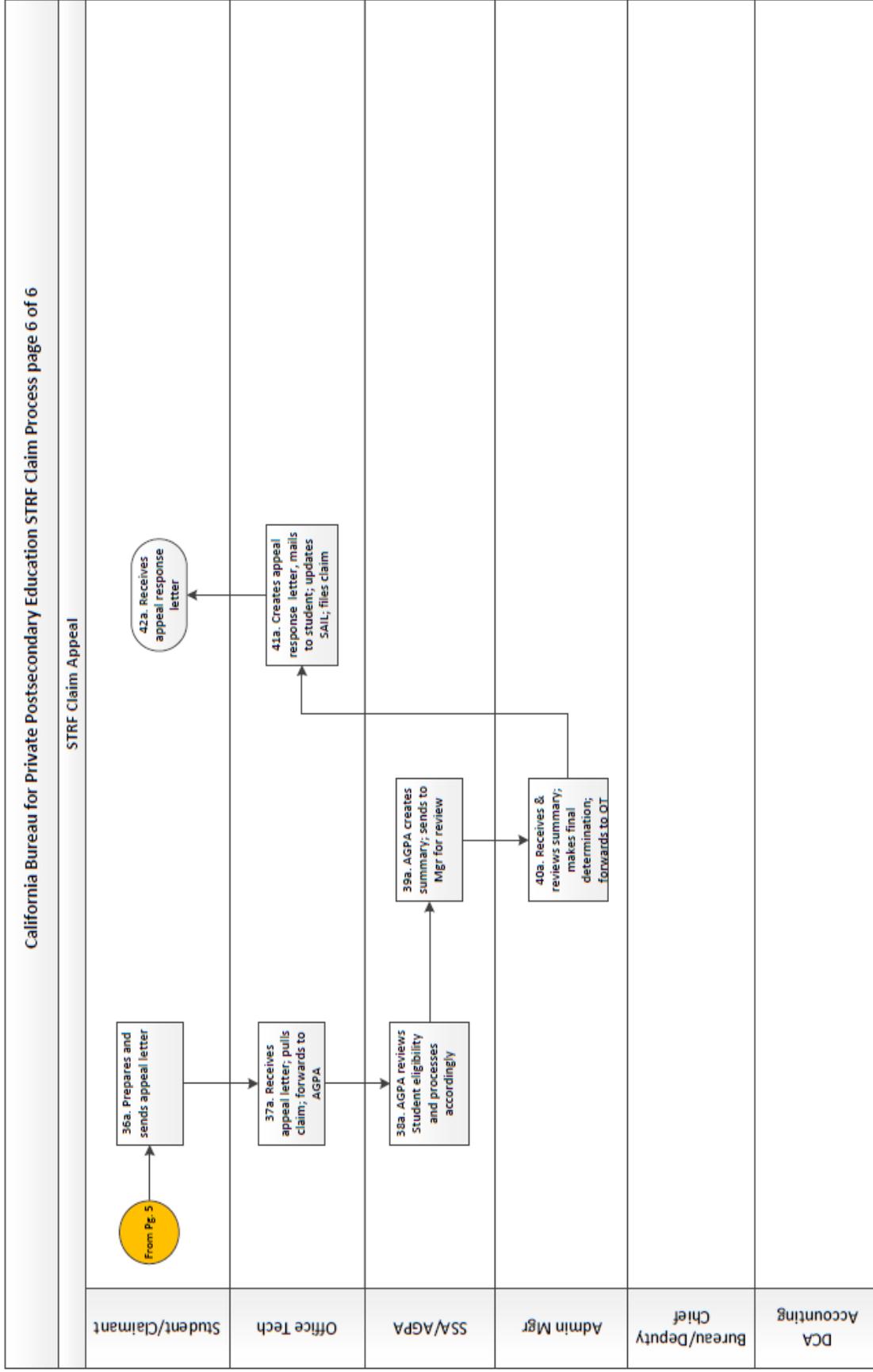




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STRF Claim Approval, Denial and Appeal





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September 15, 2014



Department of Consumer Affairs

Bureau for Private Postsecondary Education

Workload, Staffing and Business Process Review Draft Interim Report

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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

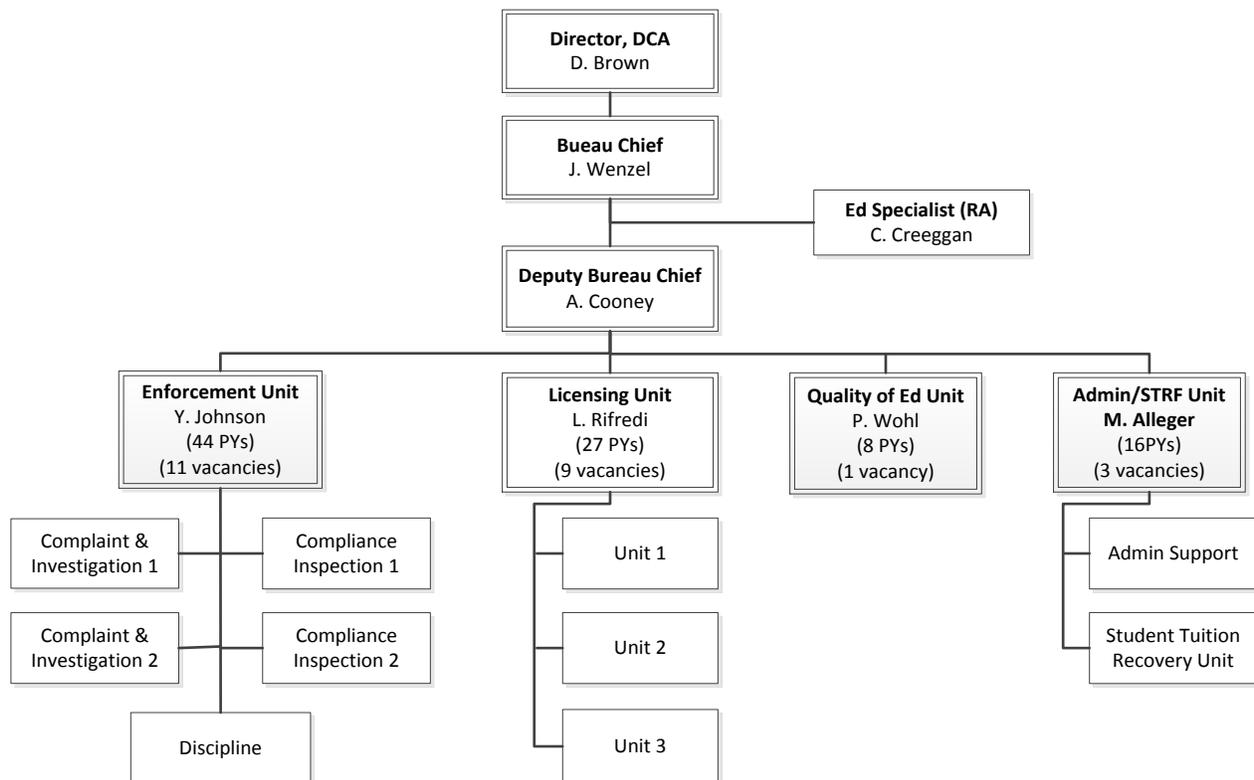
CPS HR wishes to thank everyone at BPPE for their invaluable and timely contributions.

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	Duties	# Auth Suprv Freq	% Time	Reports to: L. Rifredi	Duties	# Auth Suprv 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.	A/S	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 submitted 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

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Critical duties are bolded		L. Cheung - AGPA			H. Her - AGPA			Owen - AGPA			
Reports to: E. Smith	Duties	Auth Suprv Freq	0 % Time	Reports to: M. Reed	Duties	Auth Suprv Freq	0 % Time	Reports to: E. Smith	Duties	Auth Suprv Freq	0 % Time
	Review licensing applications, communication 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%				
	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%		<i>On Medical Leave</i>		
	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											
Critical duties are bolded		B. Cartwright - AGPA			R Roper - AGPA			S. Yee - AGPA			
Reports to: M. Reed	Duties	Auth Suprv Freq	0 % Time	Reports to: M. Reed	Duties	Auth Suprv Freq	0 % Time	Reports to: M. Reed	Duties	Auth Suprv Freq	0 % 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 llc 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 SALL 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. Alreco - 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, SALL database and licensing file to review additional information on institutions		W	10%	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	10%	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 SALL		D	5.0%	Update application status in SALL upon manager approval including approval date, addition of programs, ownership information		D	5.0%	Input data into SALL		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	10%												
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 applications that have been approved/denied		1hr/month		Filing/Purging of School's institutional files		2 hrs/week		Filing of documents into school file		1hr					
								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			M. Robinson - SSA			M. Hammitt - OT			K. Mann - OT		
Reports to: M. Reed	Duties	# Auth Freq	0 % Time	Reports to: M. Reed	Duties	# Auth Freq	0 % Time	Reports to: E. Smith	Duties	# Auth Freq	0 % 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	D	15.0%	Respond to consumer questions over phone regarding school licensure or application status	D	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	D	10.0%	File incoming correspondences and documentation received from institution	W	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	AS	3.0%	Respond to consumer's questions by email concerning licensure of an institution or application status	D	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	D	1.0%	Review non-substantive changes to ensure compliance with laws/regulations, obtain management approval, and enter information into SAIL	D	D	30.0%
	Up-date institution's school profiles in SAIL with correct information if outdated (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	D	15.0%	Update Central Records with additional documents received from institutions pending applications	AS	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	D	35.0%	Prepare labels for files needing proper labeling and then filing them in the file room	AS	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	D	5.0%	Update stats chart for Leeza with application status	M	M	5.0%
				Logs and distributes incoming mail to licensing staff - looking up assigned analyst for applications when unclear	D	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	None reported			
				Respond to email questions			1-2 weeks to get it				
				Clean and organize file room			1 hour/day				
				Updating SAIL with received/coached checks							

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 SALL, 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 SALL 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

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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 training¹.

Table 3 – Application Processing Time for 2014

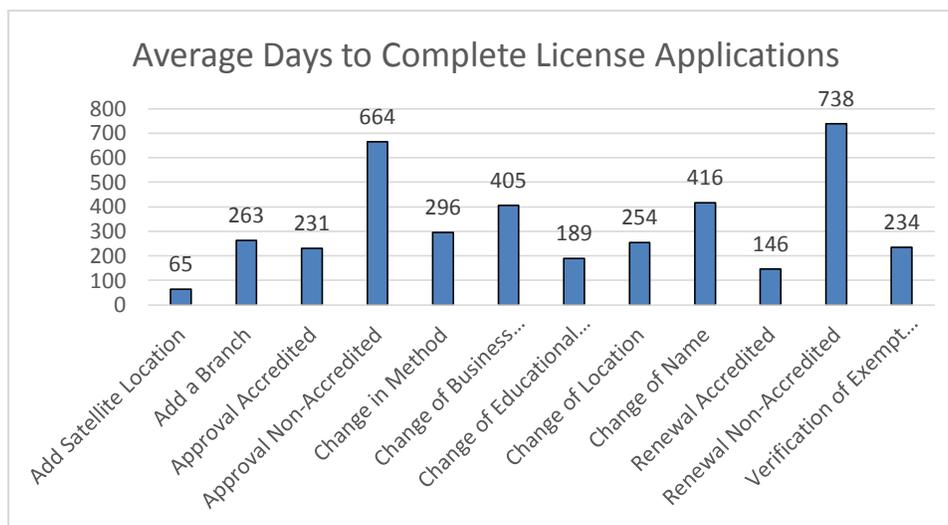
Completed Applications Jan-Jun 2014 – Average Process time Received to finished	Approved	Denied	Withdrawn	Verified Exempt	Abandoned	TOTAL
Add Satellite Location	65 days R: (1-413) N = 12	N/A	N/A	N/A	N/A	65 days R: (1-413) N = 12
Addition of a Separate Branch	219 days R: (71-245) N = 6	569 days R: (569-569) 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



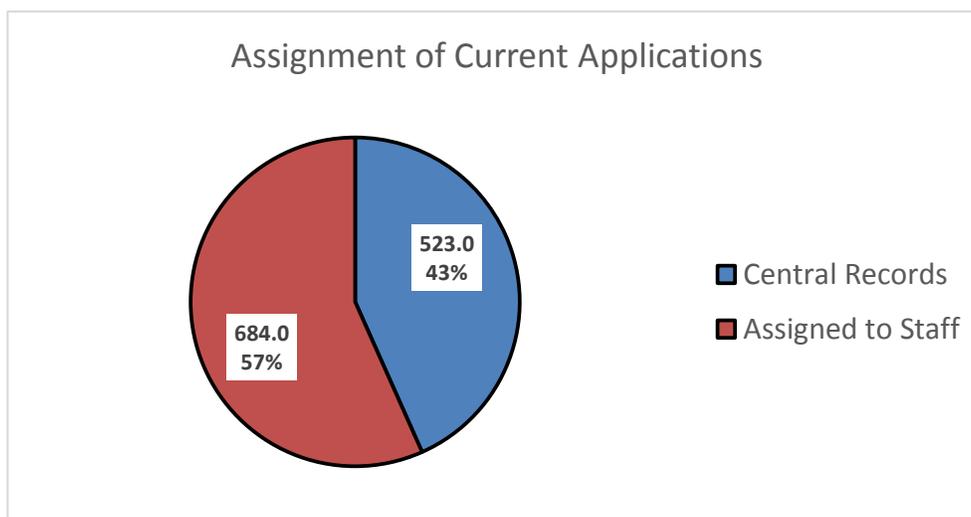
The average application processing times derived from this analysis will be used for future workload projection.

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

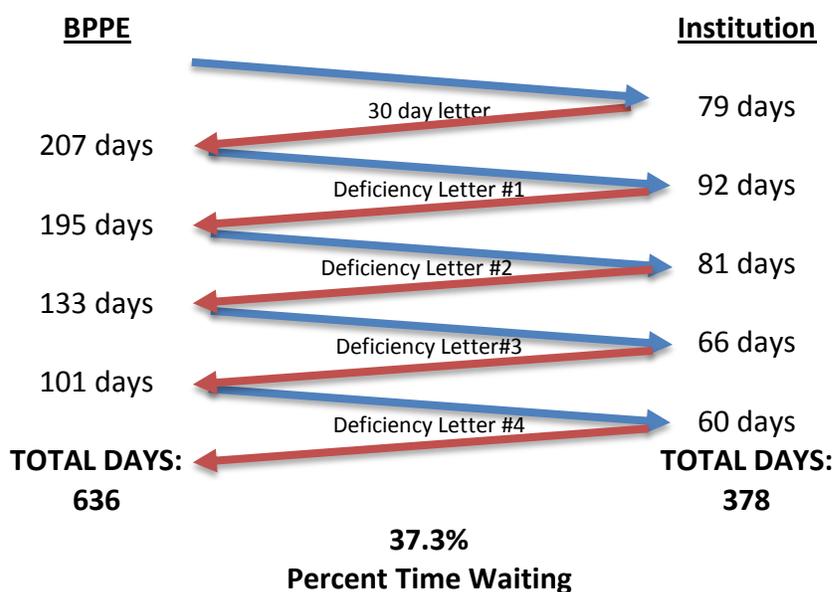
Average Processing by Segment in Days	From Received to Assigned	From Received to First Action	From 30 day response to 30 day response	From 30 day response to Def. Ltr.#1	From Def. Ltr #1 to Def. Ltr #1 Response	From Def Ltr 1 Response to Def. Ltr #2	From Def. Ltr #2 to Def. Ltr #2 Response	From Def Ltr 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

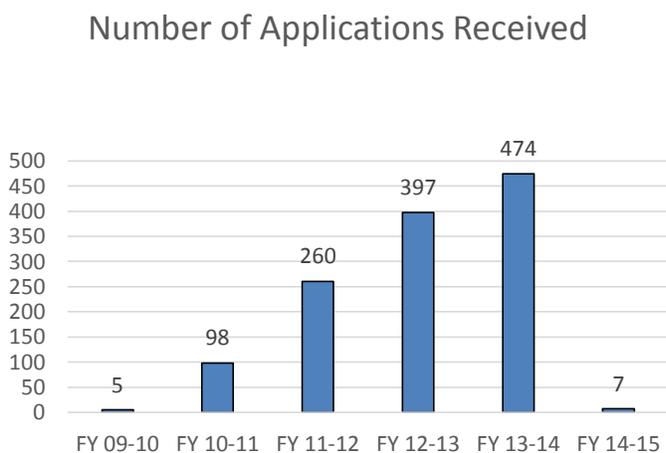


Table 6 – Application Receipt

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

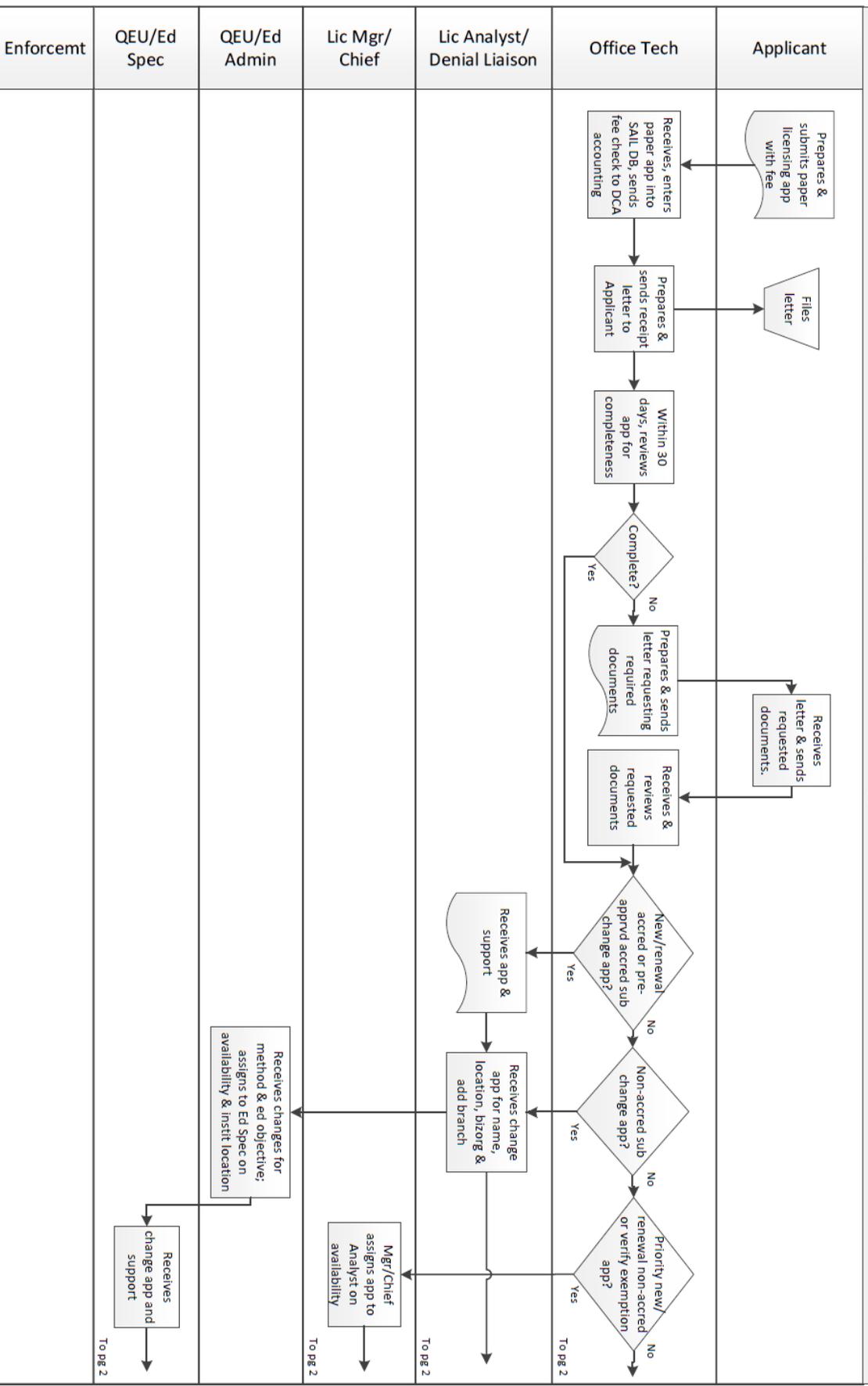
“As is” Licensing Process

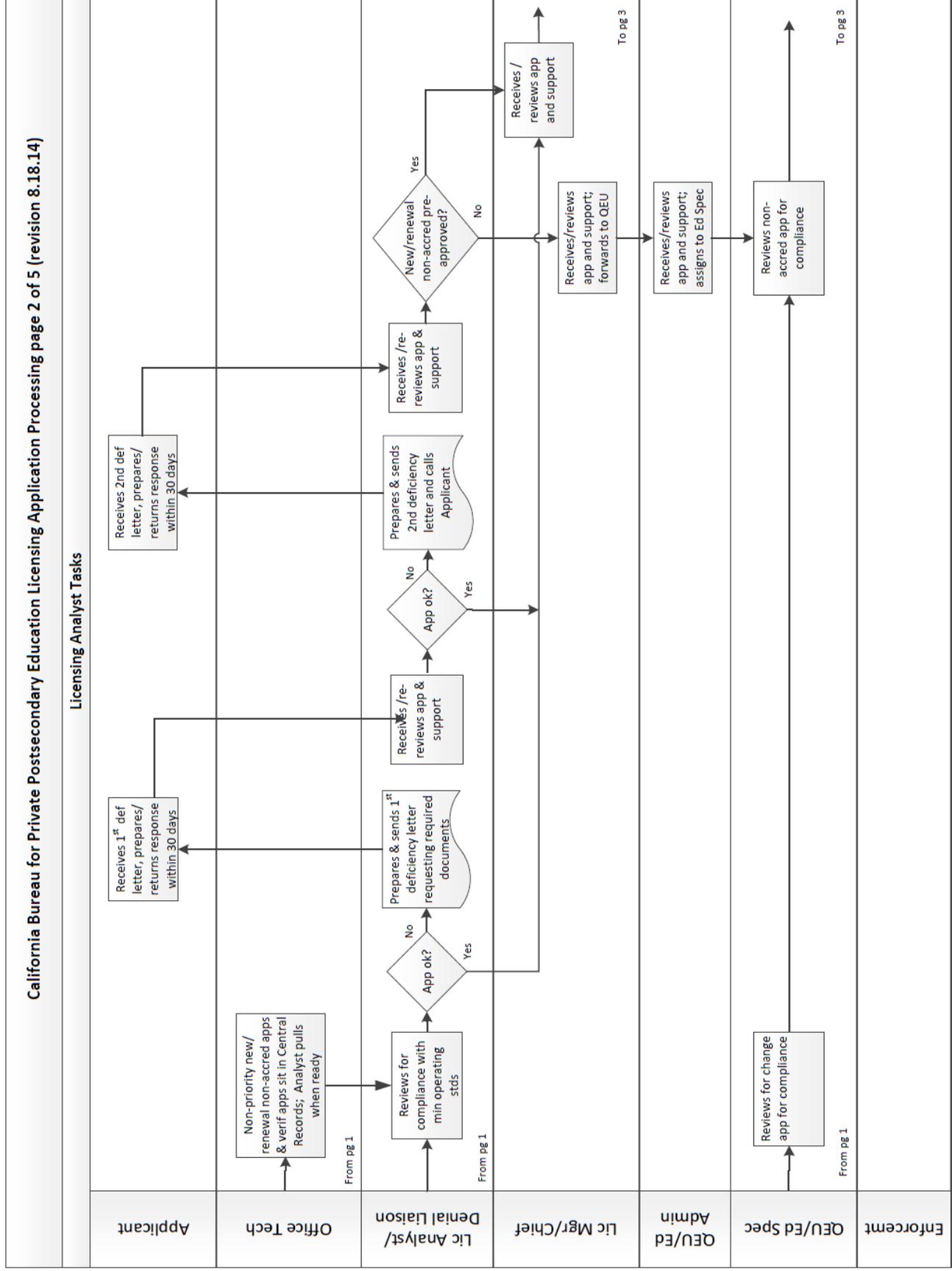
In addition to assessing the current and backlog workload and the current ability of staff to address the workload through the self-reporting PDQ, CPS HR assessed the current Licensing application “as is” process and placed it into a flow chart. The CPS HR Consultant reviewed existing procedure manuals 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.

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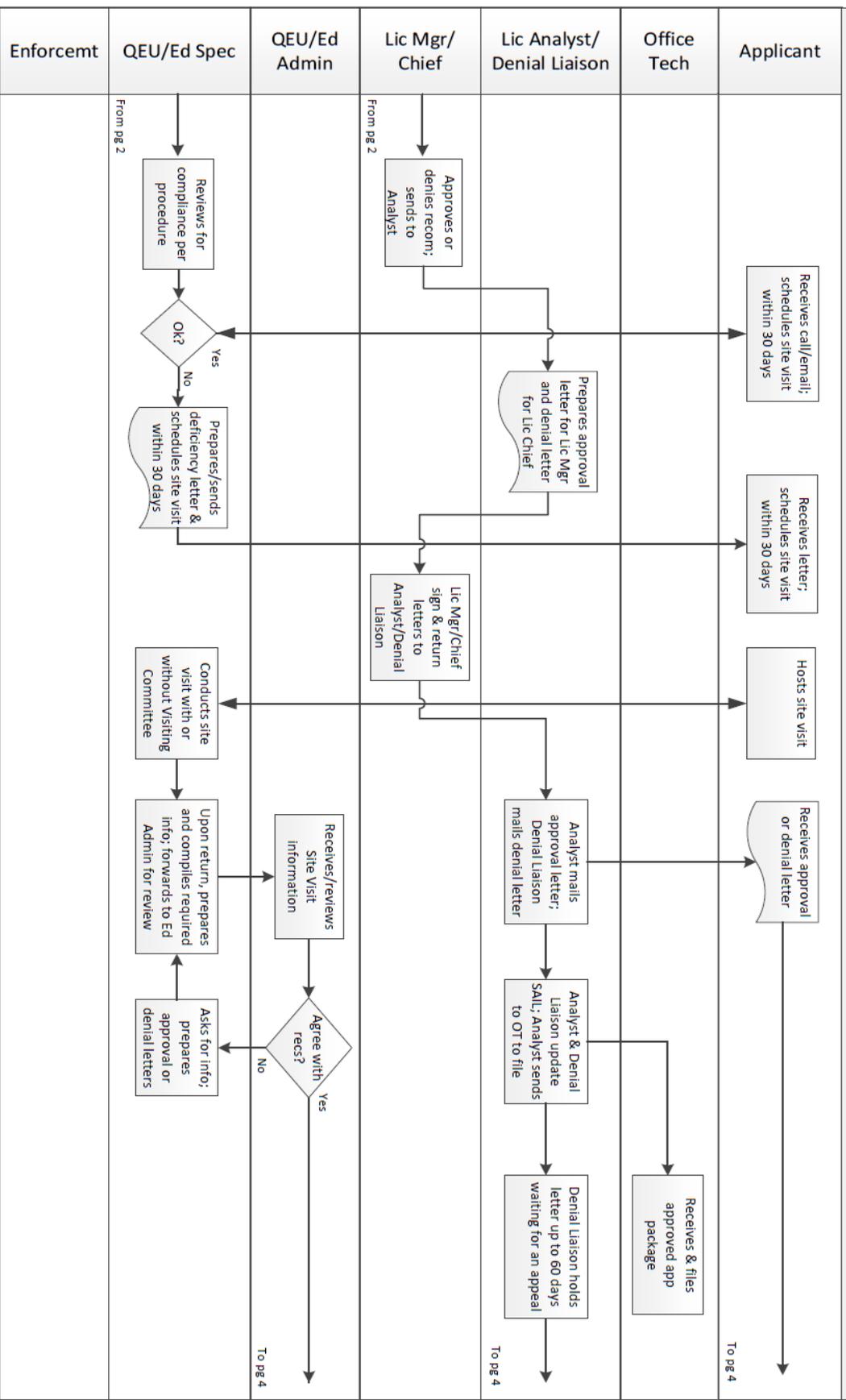
Receipt and Distribution of License Applications



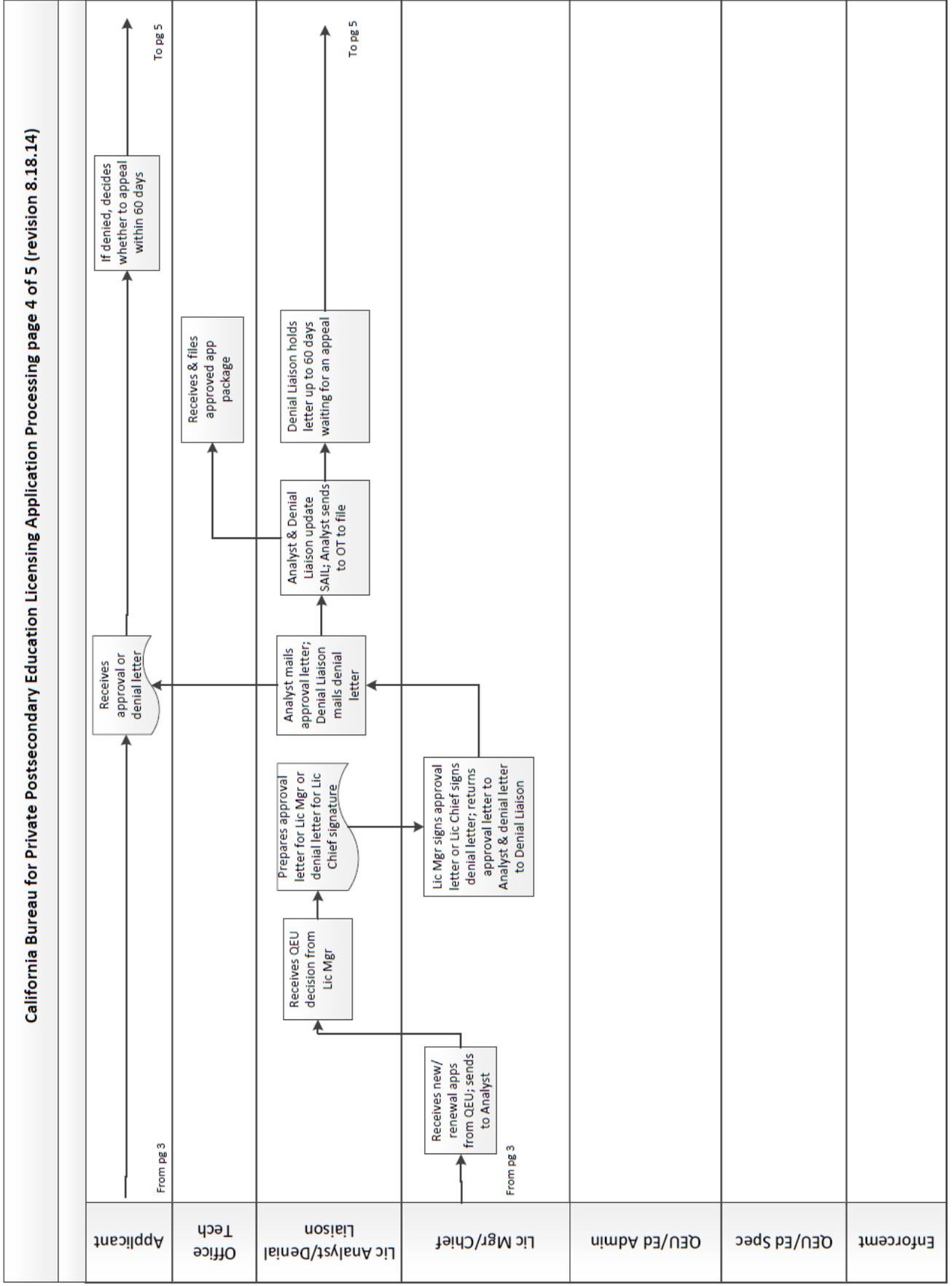


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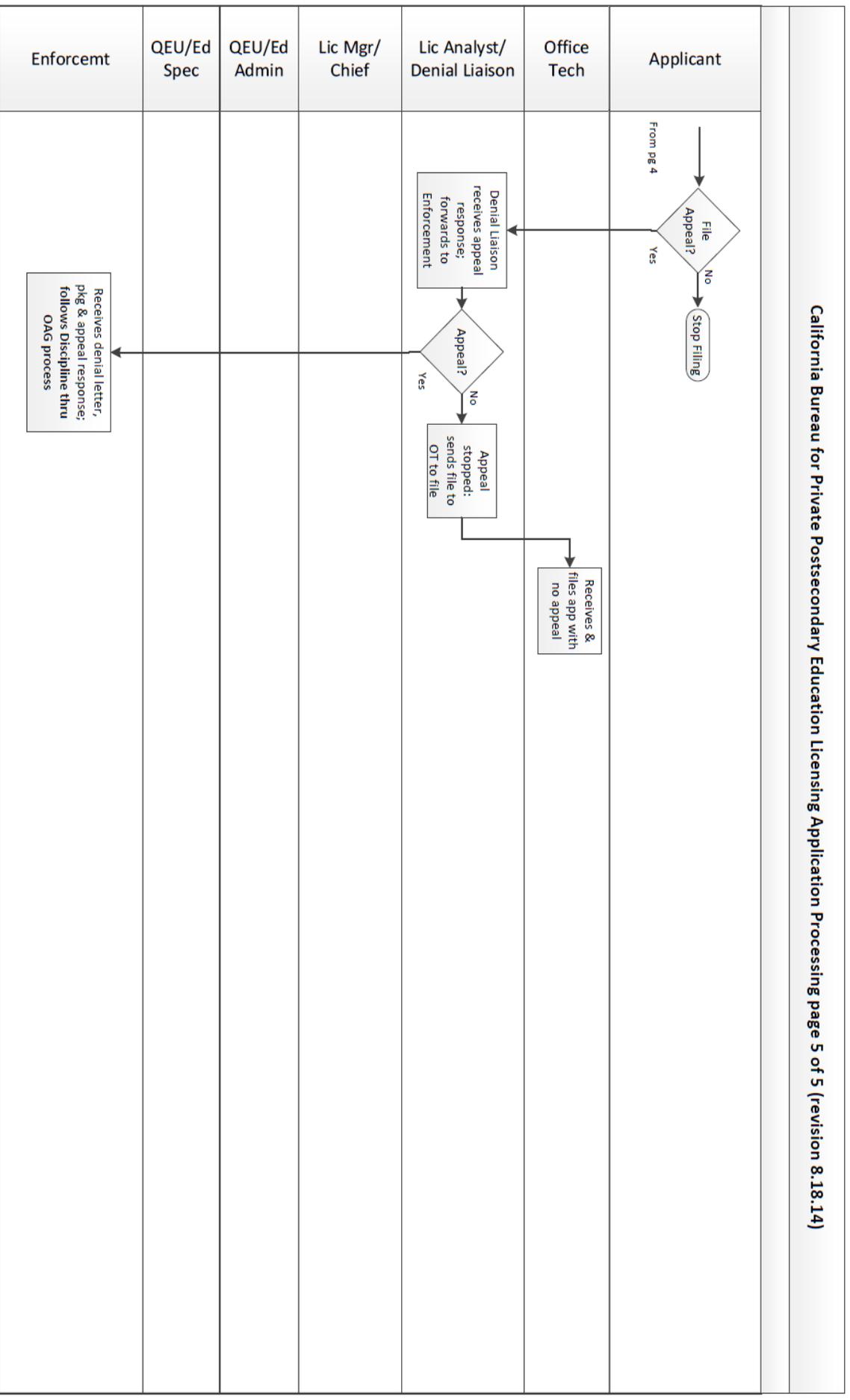
QEU Specialist and Licensing Analyst Tasks



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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		Y. Brenner – SSM I	
Reports to: Y. Johnson	Duties	Auth Supr	9 % Time	Reports to: Y. Johnson	Auth Supr
		Freq		Duties	Freq
	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
	Review Applications for Approval to Operate, that being handled by Investigative Analysts.	AS	2.0%	Public Contact	D
	Review and discuss cases with Investigative Analysts: Provide direction for future handling.	D	15.0%	State Travel	D
	Review investigative closing reports for proper format and contents.	D	25.0%	Personnel Supervision	D
	Review outgoing letters for professionalism in appearance and content.	D	2.5%	Staff meeting, Supervisor meetings	D
	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 %	
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.

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Critical duties are bolded		Patterson - AGPA		Duron - AGPA		Sacco - AGPA		
Reports to: V. Brenner	# Auth Suprv Freq	0 % Time	Auth Suprv Freq	0 % Time	Reports to: V. Brenner	Duties	# Auth Suprv Freq	
Duties	V	45.0%	D, V	40%	Duties		D	
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.	V	45.0%	D, V	40%	Reviewing case files and conducting the initial desk inspection	Develop case inspections for scheduled and unscheduled inspections by compiling, 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.	V	35.0%	D, V, AS	20%	Communication and correspondence with institutions regarding questions, deficiencies, and other inspection questions.	Communicate/cofiter 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 "MTCs" as needed	V	20.0%	D, V, AS	10%	Reviewing responses from institutions and conducting independent research on laws, website concerns, industry standards of type of institution	Travel through northern California to conduct onsite inspections of schools	M	25.0%
			V, AS	15%	Onsite compliance inspection: touring facility, auditing student files, auditing faculty files, review administrative files, institution books, student surveys, classes, discuss deficiencies	Prepare final inspection reports and evidence, making referrals to enforcement if needed.	M	10.0%
			V, AS	10%	Compiling collected data from onsite inspection, completing final reports including Enforcement Referral if necessary			
			V, AS	2%	Administrative: Submitting travel claims, internal communications regarding assigned institutions, complaints, applications, past due fees.			
			V, AS	2%	Communication with managers regarding current case load, questions on laws or complex situations.			
			M, AS	1%	Meetings			
Total Time %		100.0%		100.0%	Total Time %	Total Time %		100.0%
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 investigate history of school with the Bureau		2 hr/week
Final 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 2D: Compliance OTs
 Critical duties are bolded

Brooks - OT		Ckesh - OT	
Reports to: W. Breaner	Duties	Auth Suprv Freq	Auth Suprv Freq
		W	W, M
		0	0
		40.02	15.02
Prepare announcement letter	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	W, M
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.	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	W
Prepare compliance packet for certified mail including General information form, web ads, general, STRF, annual and final report, enrollment agreement, and catalog Minimum requirements	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.	W	D
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.	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	D
Respond to inquiries via telephone/email and provide interpretations of the Bureau CPPE Act of 2009 and the CCR to institutions Administrators and students	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.	D	AS
Consult with inspectors regarding correspondence, compliance materials, original/electronic files, and institution updates	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	W	AS
Assigned special research projects		AS	
Total Time 2		100.02	100.02
None reported		None reported	
Work Not Getting Done		Work Not Getting Done	

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.

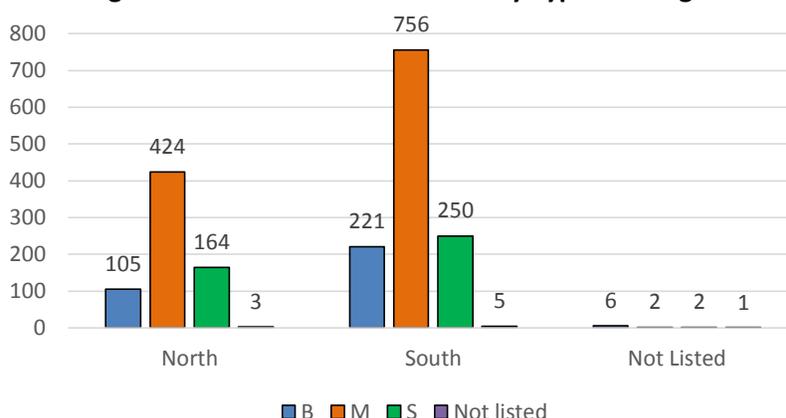
Table 7 – Compliance Inspection Process Steps

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

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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

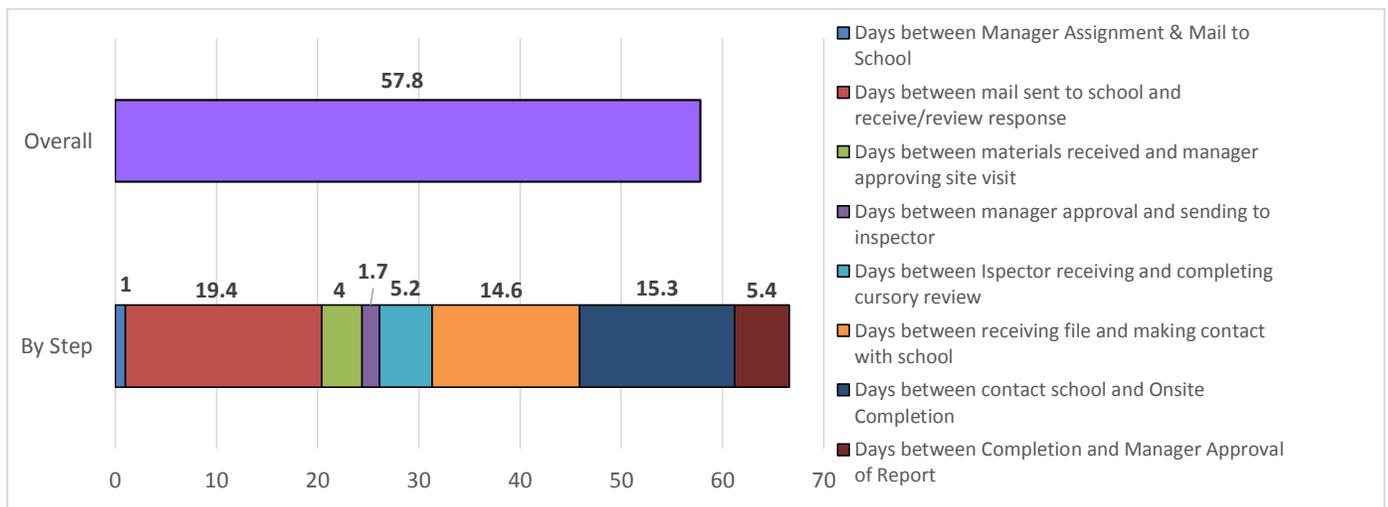
Using the combined file, the CPS HR consultant used the available dates to calculate processing times between steps and the overall elapsed time in days to complete the full cycle from assignment to manager approval of the compliance report. The processing times reported below were examined overall and 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



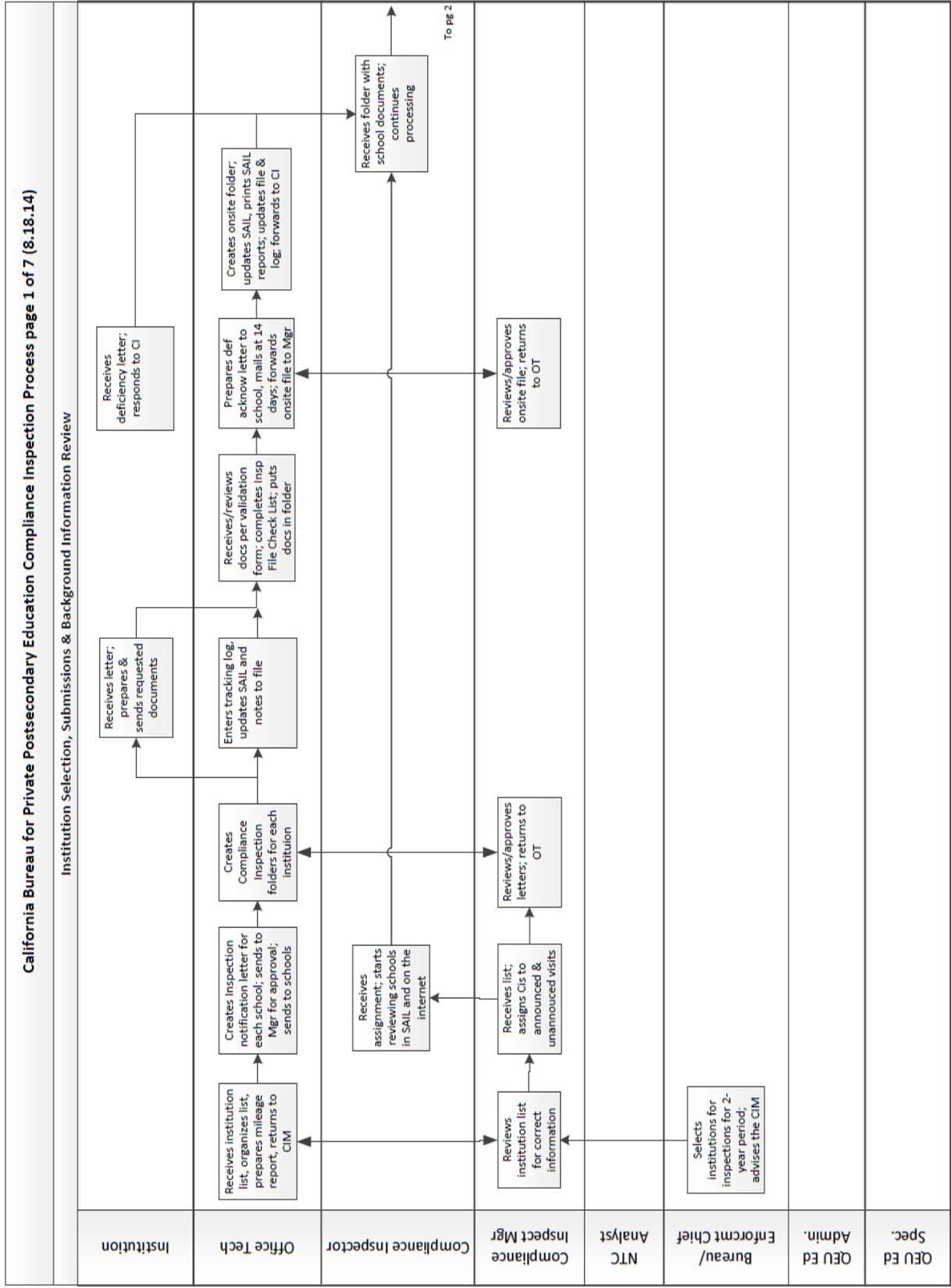
Overall, the compliance inspection process takes an average of 57.8 days. However, based on an average of each of the components³, the overall process takes an average of 66.6 days. For announced inspections, about 29% of the time was spent waiting for a response from the school. For unannounced inspections, 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.

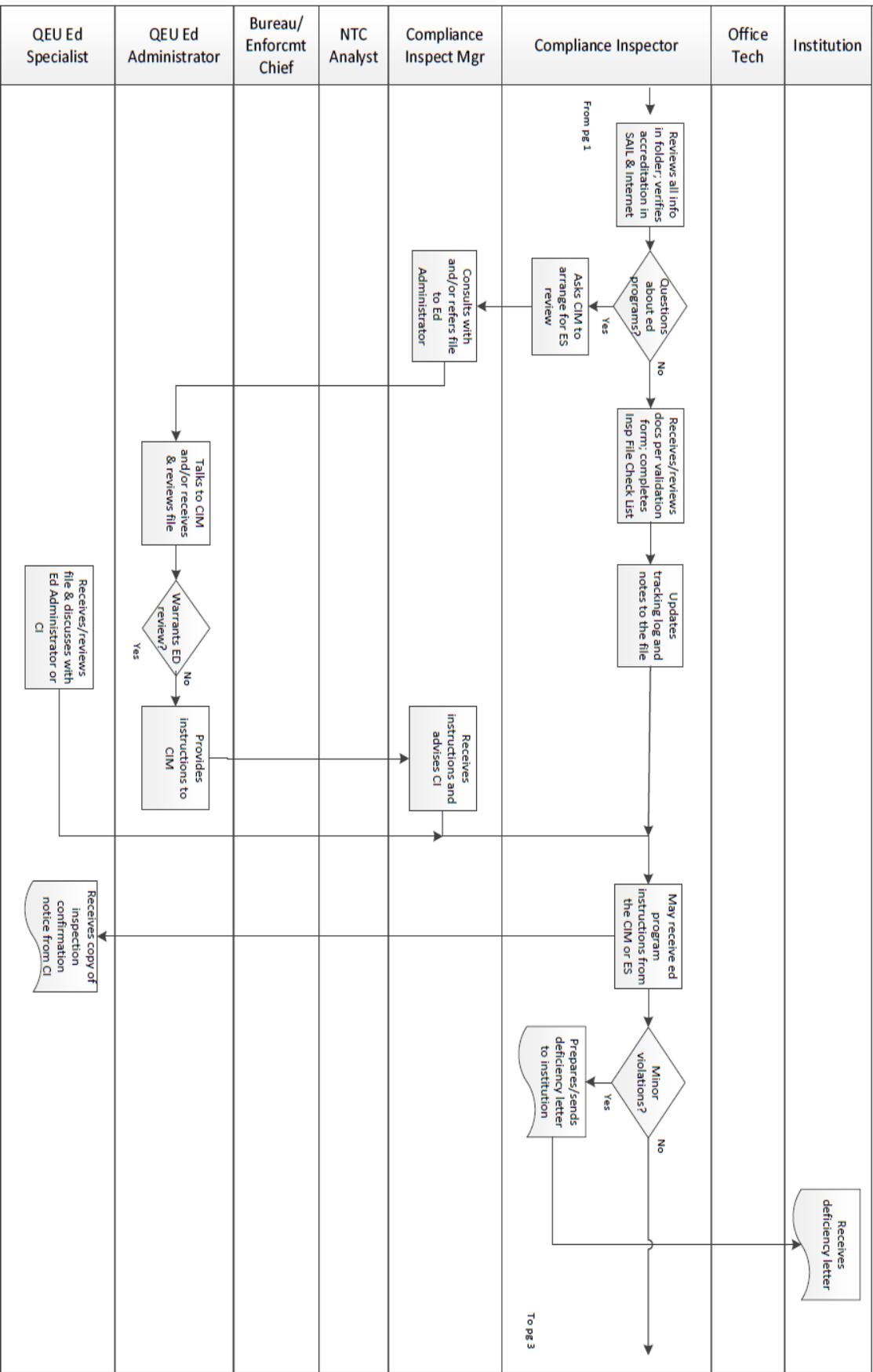
As the following seven-page flowchart illustrates, there are eight parties involved in this process including the Institution; Compliance Inspection Office Technician, Inspector, NTC Analyst and Manager; Bureau/Enforcement Chief; Quality of Education Administrator and Education Specialist. Like the licensing 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.



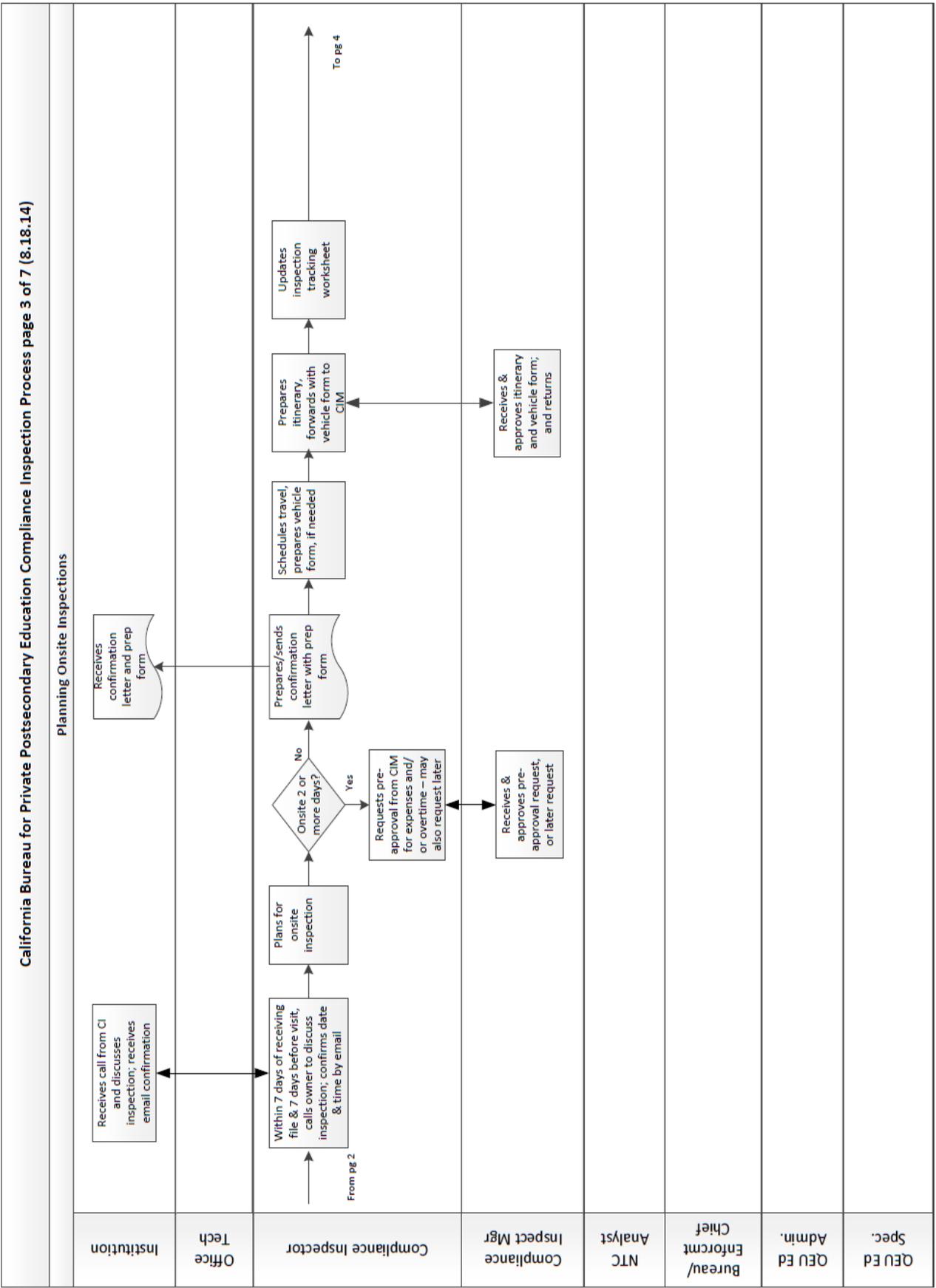
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Submissions & Background Information Review



To pg 3



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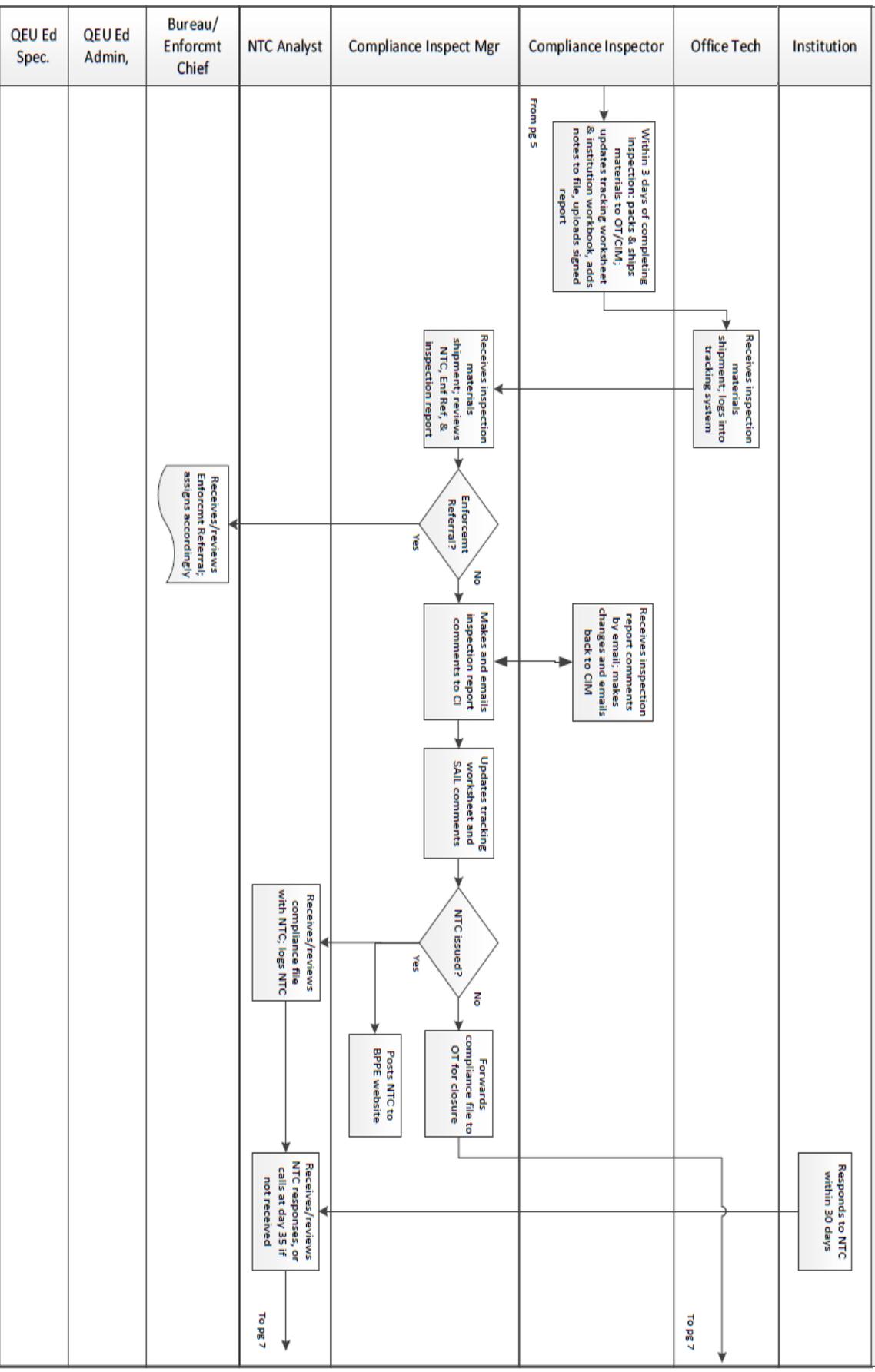
Conducting Onsite Inspections

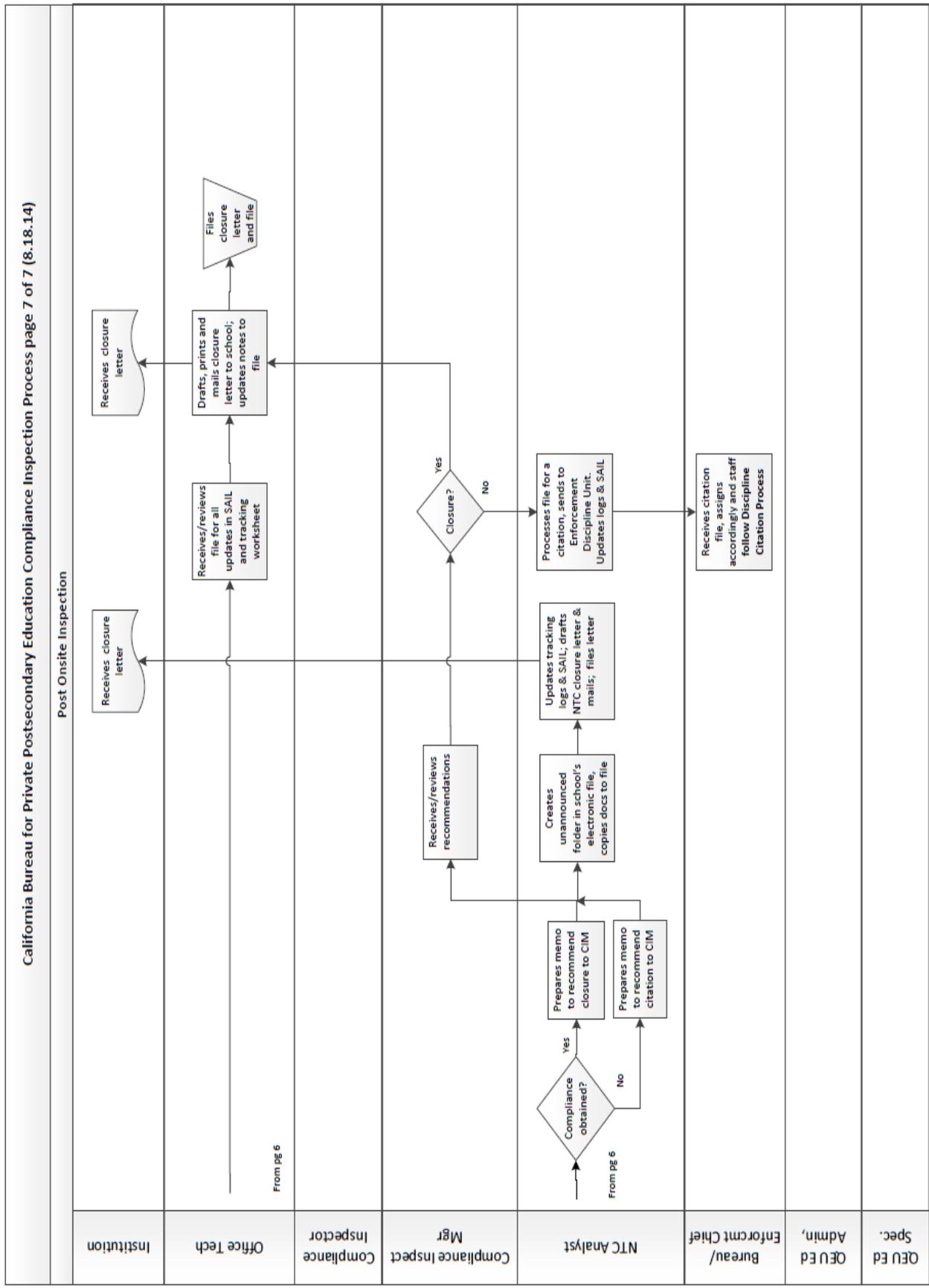
Institution	
Office Tech	
Compliance Inspector	<pre> graph TD Start([From pg 3]) --> Step1[Arrives for onsite inspection; hold briefing; review pre-arrival checklist] Step1 --> Step2[Requests documents showing compliance with violations] Step2 --> Step3[Requests student and faculty lists; randomly selects 20 files to review] Step3 --> Step4[Tours facility; posts Student Notices during or after tour; reviews files] Step4 --> Step5[Reviews all deficiency documents prepared by institution] Step5 --> Decision{Non-English instruction?} Decision -- No --> Step6[Surveys students; interviews owner/designee] Decision -- Yes --> Step7[Requests verification if approved for more than English] Step6 --> Step8[Reviews ads & brochures; student refunds and last 2 yrs of STRF payments] Step7 --> Step9[Reviews institution file and/or contacts accreditor; advises CI] Step8 --> Step10[Reviews student and faculty files; interviews all individuals] Step10 --> End([To pg 5]) </pre>
Compliance Inspect Mgr	
NTC Analyst	<p align="center">Reviews institution file and/or contacts accreditor; advises CI</p>
Bureau/Enforcmt Chief	
QEU Ed Admin.	
QEU Ed Spec.	

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Post Onsite Inspection





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 Investigation 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				Y. Brenner – SSM I			
Reports to: Y. Johnson	Duties	Auth Supr	9	Reports to: Y. Johnson	Duties	Auth Supr	8				
		Freq	% Time			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 3C: Complaint and Investigation SSAs and OT

Critical duties are bolded		L. Seely - SSA			L. Keat - SSA			J. Silva-Garcia - SSA			
Reports to: J. Brece	Duties	# Auth Suprv Freq	0 % Time	Reports to: J. Brece	Duties	# Auth Suprv Freq	0 % Time	Reports to: J. Brece	Duties	# Auth Suprv Freq	0 % Time
Review assigned complaints to determine allegations.	Contact school regarding student complaint/issue, request related documentation.	D	10.0%	Case review, analysis, and update SAIL database	Phone calls with Schools and Complainants	AS, D	5.0%	Review complaint/allegation file to determine action plan, set up electronic tracking file with notes/time records	Contact complainant/respondent, documenting notes, gather 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	Interview student and request supporting documentation	D	10.0%	Investigate and Research (internet, SAIL, previous complaints, other agencies, etc.)	Written Correspondence with Schools and Complainants	D	35.0%	Online research to identify business licenses, permits, ads, laws, accreditation, copying files/notes to complaint file	Research internal database, tracking record allegations, contact dates, printout reports, and time notes/time	D	5.0%
Review supplied documentation regarding complaint issues.	Confirm and cite school for any confirmed violations of the BPPE law if not compliant.	D	10.0%	Compile complaint file for closure or further action.	Assist with Mainline Phone Calls	AS	5.0%	Contact agencies related to complaints and document notes/time	Discuss management issues or related cases with colleagues, documenting notes/time	D	2.0%
Analyze documentation and recommend resolution based on evidence	Write investigative report, close case	D	10.0%	Update SAIL notes / closure	Draft reports	AS	2.0%	Physical document research of school files; copy relevant evidence, record notes and track time.	Complete or refer complaint investigation for further enforcement action; Draft/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	Addressing backlogged complaints			Timely investigate new complaints received	Investigate the backlog of aged complaints for closure			Timely closure (180 days) of complaint investigations due to high volume of cases per	Timely closure (180 days) for complaints due to backlogged cases assigned to analyst		
								8 hrs/wk per case	8 hrs/wk per case		
									Contact complainant/respondent within 10-15 days due to high volume cases/backlog assigned to		
Critical duties are bolded		A. Windsor - SSA			J. Espinoza - SSA			D. Erasas - OT			
Reports to: J. Brece	Duties	# Auth Suprv Freq	0 % Time	Reports to: J. Brece	Duties	# Auth Suprv Freq	0 % Time	Reports to: J. Brece	Duties	# Auth Suprv Freq	0 % Time
Review complaint	Contact complainant and institution - telephone, email, mail are the different contact attempts	D	12.0%	Review incoming cases/complaints to identify root of the problem & place it under correct Call complainant to verify complaint, call school to notify of investigation, gather related documentation from both sides; call other	Internet research to verify school is in compliance with Bureau codes/regulations, utilizing other agency websites to Type and send average of 3 letters to student, 3 letters to school for each complaint.	D	20.0%	Processing complaints; receive, date stamp, print quick view report	Input all information into SAIL	D	15.0%
Research-internet and Bureau database	Review evidence	AS	14.0%	Research internal records, confer with Licensing and Closed School units to obtain current investigation to go into the final report.	Ensure files/complaint is are managed in a timely and accurate manner, tracking necessary details.	D	5.0%	Create case folder, create labels for folder and letters		D	15.0%
Enforcement referrals	Review of licensing application	AS	12.0%	Document all phone calls, actions taken during investigation to go into the final report.	Mail: review, updated notes, input mail received and attached to correct complaint file	AS	5.0%	Create 10-day acknowledgement letter and labels for the letters, mail letters to complainant		D	10.0%
Write File notes	Write Reports	D	12.0%	Ensure files/complaint is are managed in a timely and accurate manner, tracking necessary details.		D	30.0%	Answer phone questions about accreditation, school status, complainant status, complaint procedures		D	15.0%
Upkeep of monthly activity attendance Excel spreadsheet		AS	14.0%			D	5.0%	Assign analysts		D	5.0%
		D	2.0%			W	5.0%	Miscellaneous		D	10.0%
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	File notes			Closing complaints in the time	Outstanding customer service			None reported			
				Responding to email and phone							

*Bureau for Private Postsecondary Education
Workload, Staffing and Business Process Review Draft Interim Report*

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 SALL, 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		G. Villanueva - AGPA		R. Camyar - SSA	
Reporter to: T. Johnson	Reporter to: T. Johnson	Week Supra	Week Supra	Week Supra	Week Supra
Duties	Duties	Freq	Freq	Freq	X 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.	Process appeal requests for administrative 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%	AS, W	5.0%
Process Accusations by reviewing referral file, requesting licensure, create AG transmittal referencing file information, and updating logs/SAIL, and mail out certified and regular documents.	Process Accusations by reviewing referral file, requesting licensure, create AG transmittal referencing file information, and updating logs/SAIL, and mail out certified and regular documents.	M, W, D, AS	5.0%	AS, W	25.0%
Process Statement of Issues by reviewing/editing correspondence from DAG's, providing information to management, creating memo, emailing DAG, request web posting and update logs/SAIL.	Process Statement of Issues by reviewing/editing correspondence from DAG's, providing information to management, creating memo, emailing DAG, request web posting and update logs/SAIL.	M, W, D, AS	25.0%	M	5.0%
Process Stipulated Settlements, Decisions, Proposed Decisions and Defaults from DAG's office including reviewing documents, obtaining management signatures, updating logs/SAIL, request web posting, and close out file, filling it appropriately.	Process Stipulated Settlements, Decisions, Proposed Decisions and Defaults from DAG's office including reviewing documents, obtaining management signatures, updating logs/SAIL, request web posting, and close out file, filling it appropriately.	M, W, AS	5.0%	M	5.0%
Provide monthly statistics of current logs/files, verifying and tabulating information	Provide monthly statistics of current logs/files, verifying and tabulating information	M	2.5%	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)	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%	D	10.0%
Assist colleague through training, documentation and procedure review, citing information, background information from investigative reports and past reports	Assist colleague through training, documentation and procedure review, citing information, background information from investigative reports and past reports	AS	2.5%	AS	5.0%
				AS	5.0%
Total Time: X		Total Time: X		Total Time: X	
Work Not Getting Done		Work Not Getting Done		Work Not Getting Done	
Update/create procedure manual	Update/create procedure manual	AS - 1hour/mo	Pre-existing Delinquent Citations have not been touched since I have started. Only 11 am in the process of demand letter 2.	2 hr to review, tracked for 90 days	
			Getting ten case files or following each case 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.

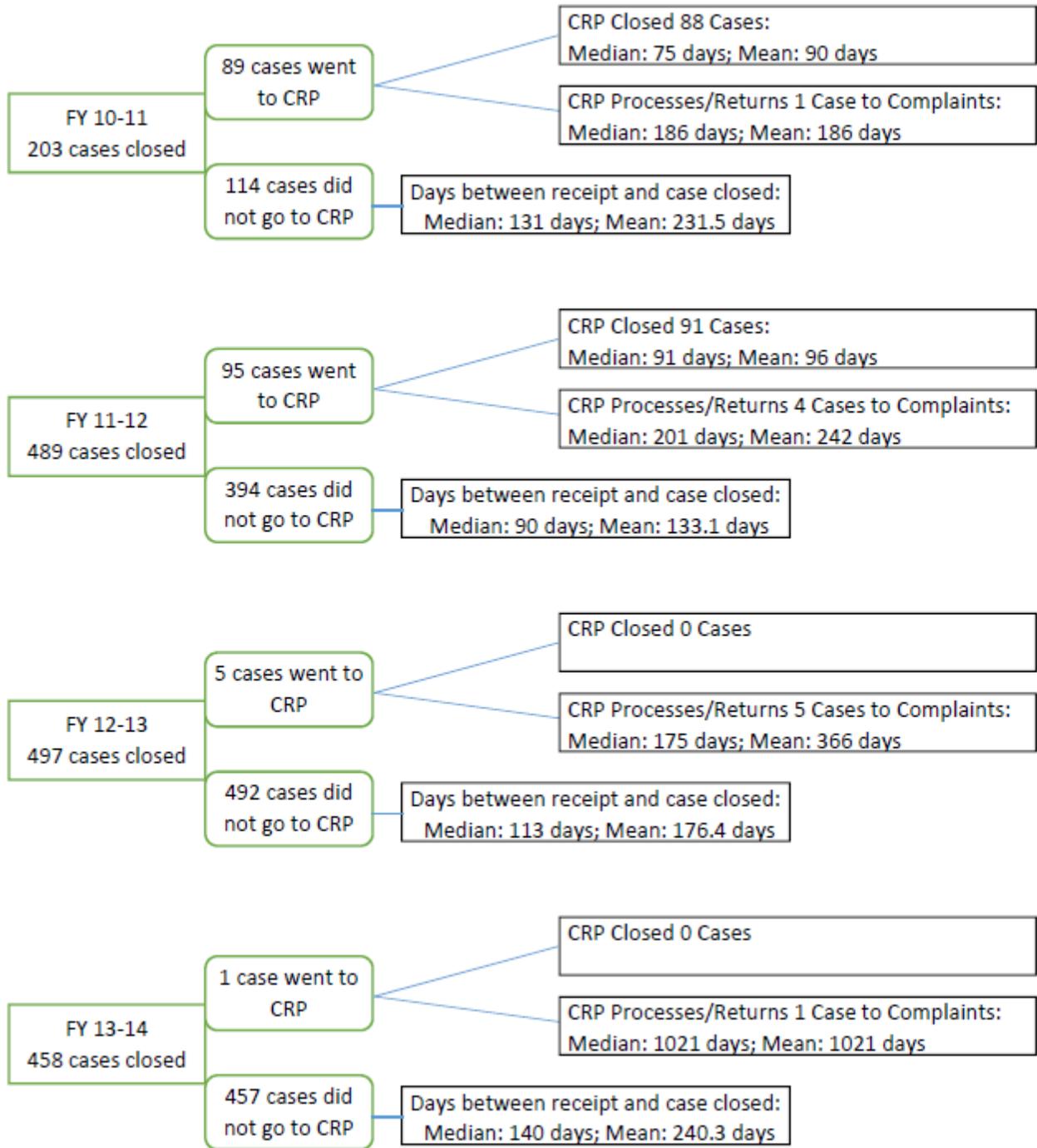
Complaints Process

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

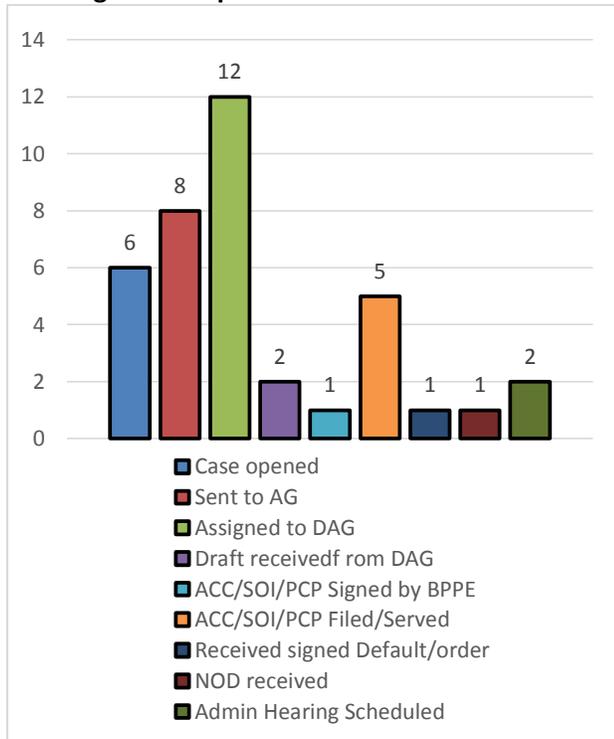


Figure 10 – Closed Cases Status

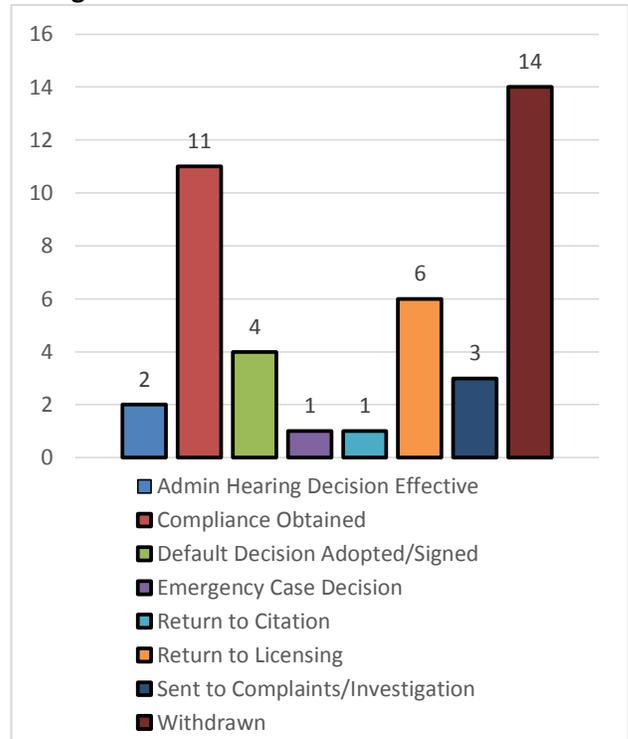


Figure 9 reveals that over half (18) of the open records are in some phase of transit to the Attorney General’s Office (21.1%) or being assigned to a DAG (31.6%). Of the types of cases sent to the Attorney General, 63.2% concerned Statement of Issues. Other commonly listed case types were related to 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
<i>Steps between Filing and Closure vary by case situation – see two options below</i>		
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	Option 2: Default	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 ACC/SOI Served to Default Requested	N/A	Med:41 Avg: 41 R: (41-41) N = 1
From NOD to Admin. Hearing	N/A	Med:156.5 Avg:156.5 R: (104-209) N = 2	From Default Request to Received	N/A	Med: 66 Avg: 66 R: (66-66) N = 1
From Hearing to Decision Effective Date	N/A	Med: 85 Avg: 227.4 R: (77-560) N = 5	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: 36 Avg: 37.3 R: (6-71) N = 4	From Decision Effective to Case Closure	N/A	Med: 1 Avg: 1 R: (1-1) N = 1
From Date received to Withdrawal	N/A	Med: 270 Avg: 270 R: (215-325) N = 2	From Date received to Withdrawal	N/A	N/A
From Case received to case closure	N/A	Med: 457 Avg:467.9 R: (236-749) N = 7	From Case received to case closure	N/A	N/A
From Case assigned to Case Closure	270 R: (215-325) N = 2	Med: 457 Avg: 463.7 R: (222-742) N = 7	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

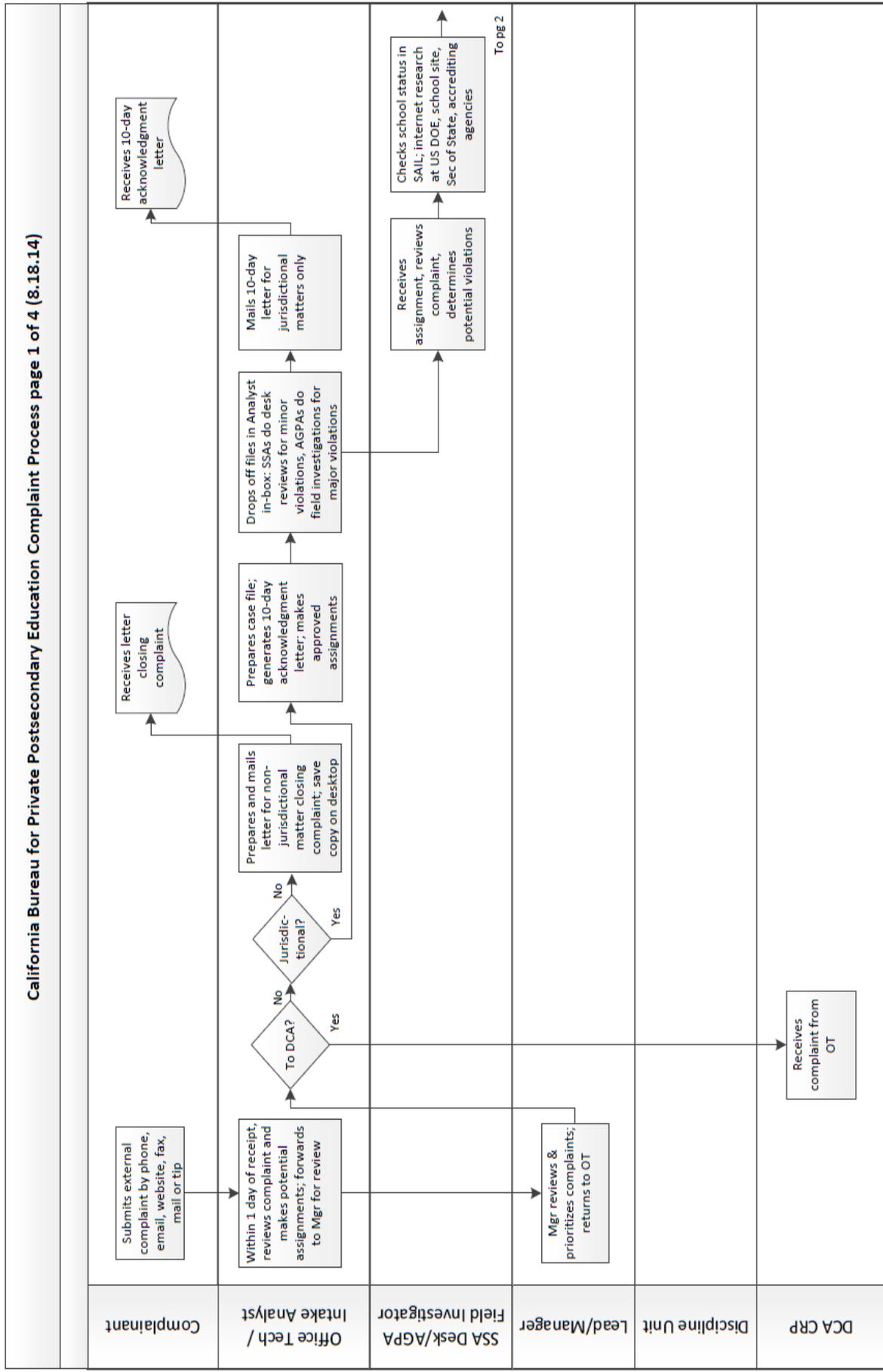
In addition to assessing the current staff reported work being completed or not completed through the self-reporting PDQ and reviewing the tracking logs, CPS assessed the current Complaint Investigation “as is” process and placed into a flow chart. The CPS Consultant reviewed existing procedure manuals 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.

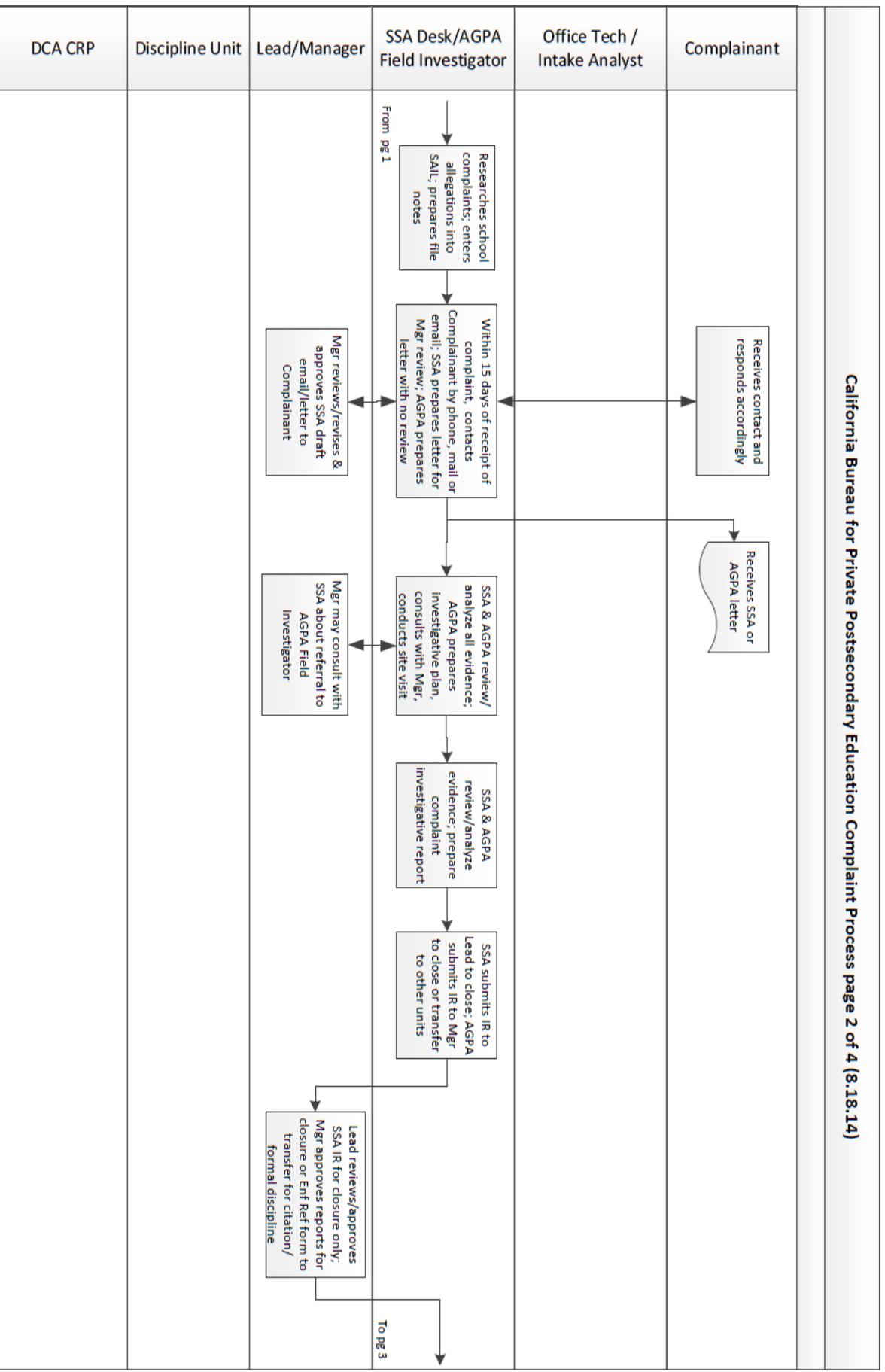
As previously presented, the median processing time to close a complaint is approximately 118 days. This analysis also indicates the Complaints Unit workload has increased substantially because of reduced involvement by the DCA CRP, and the addition of citation and Attorney General discipline processes 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.

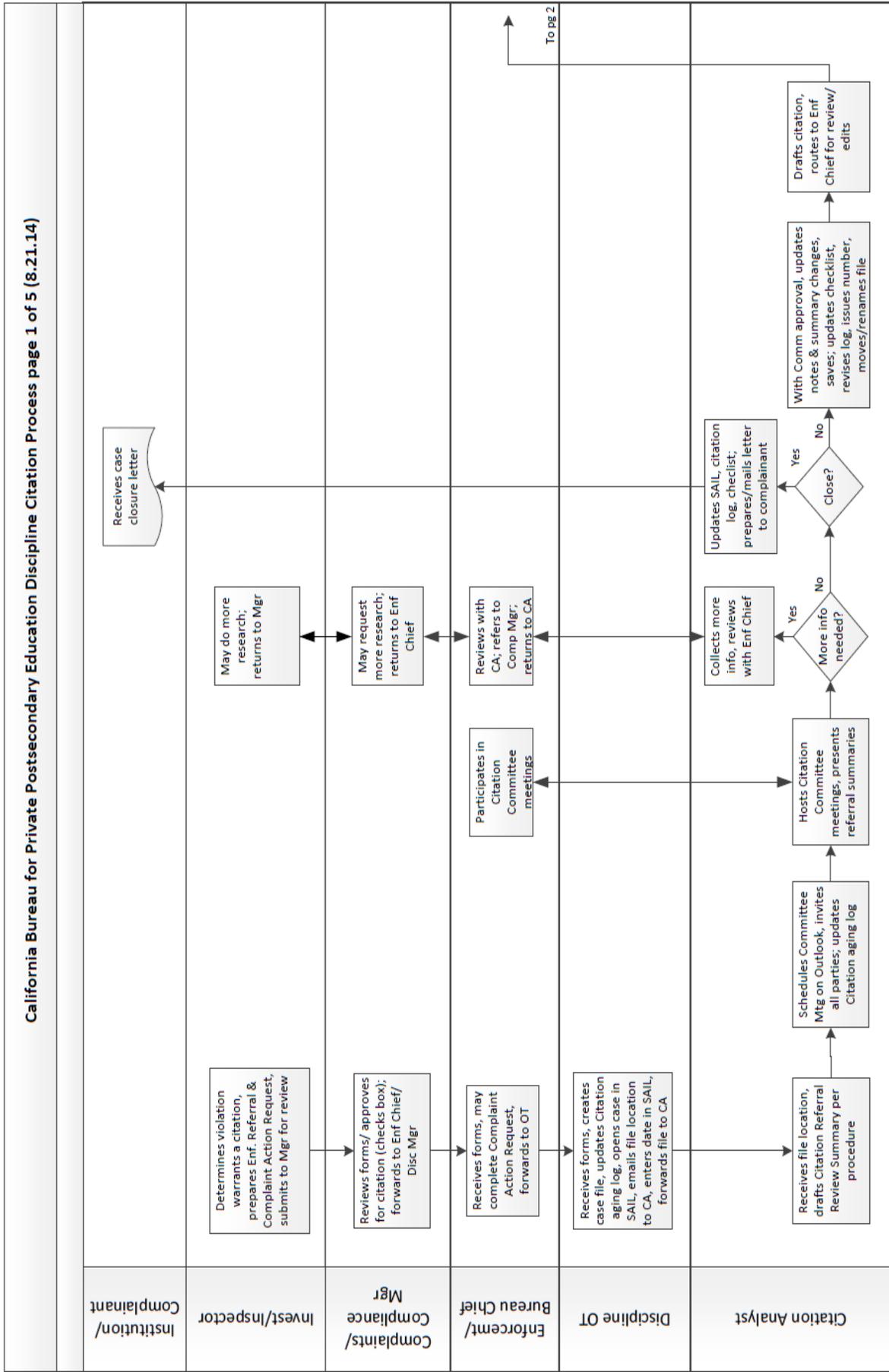


*Bureau for Private Postsecondary Education
Workload, Staffing and Business Process Review Draft Interim Report*

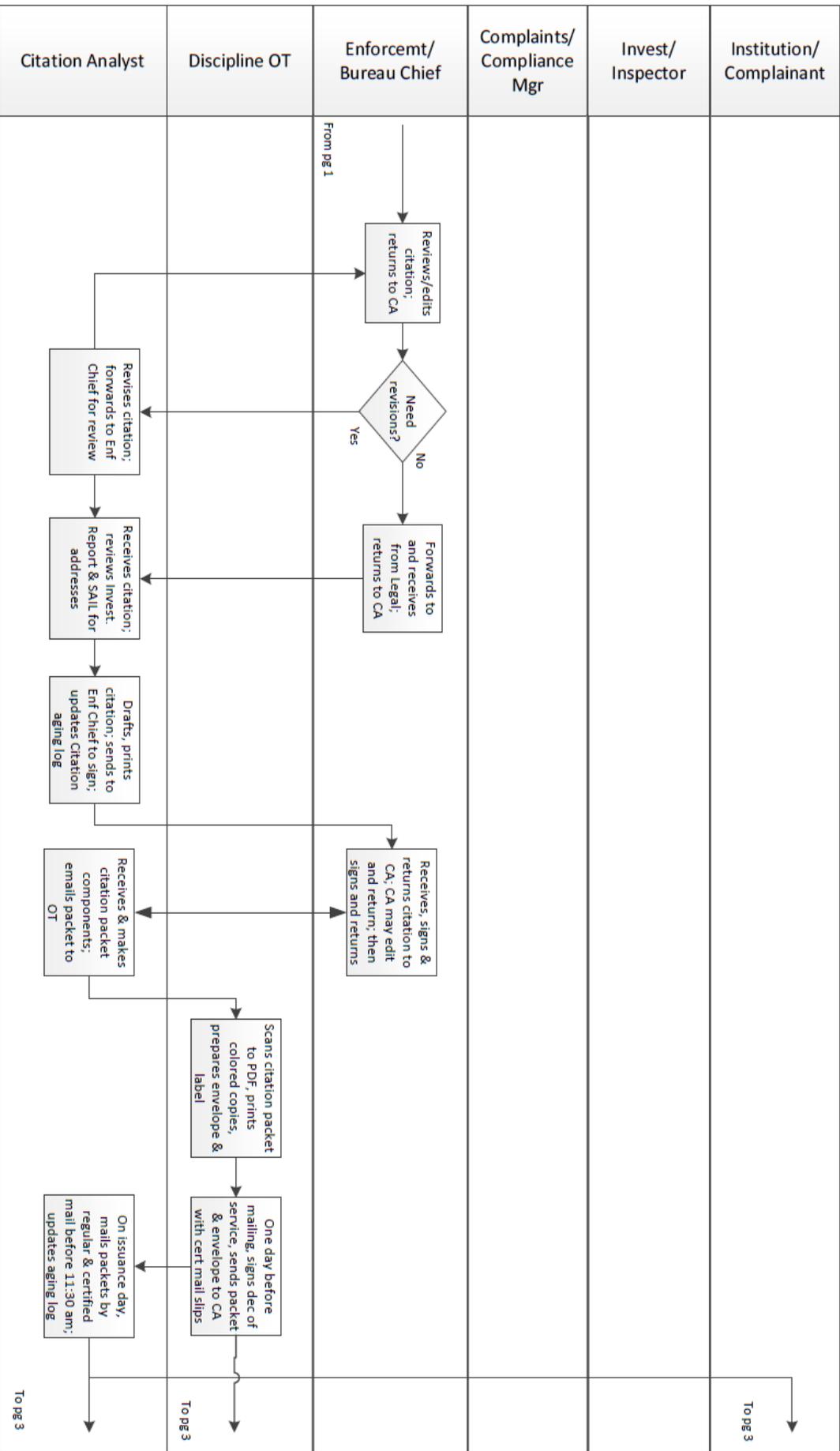
California Bureau for Private Postsecondary Education Complaint Process page 2 of 4 (8.18.14)



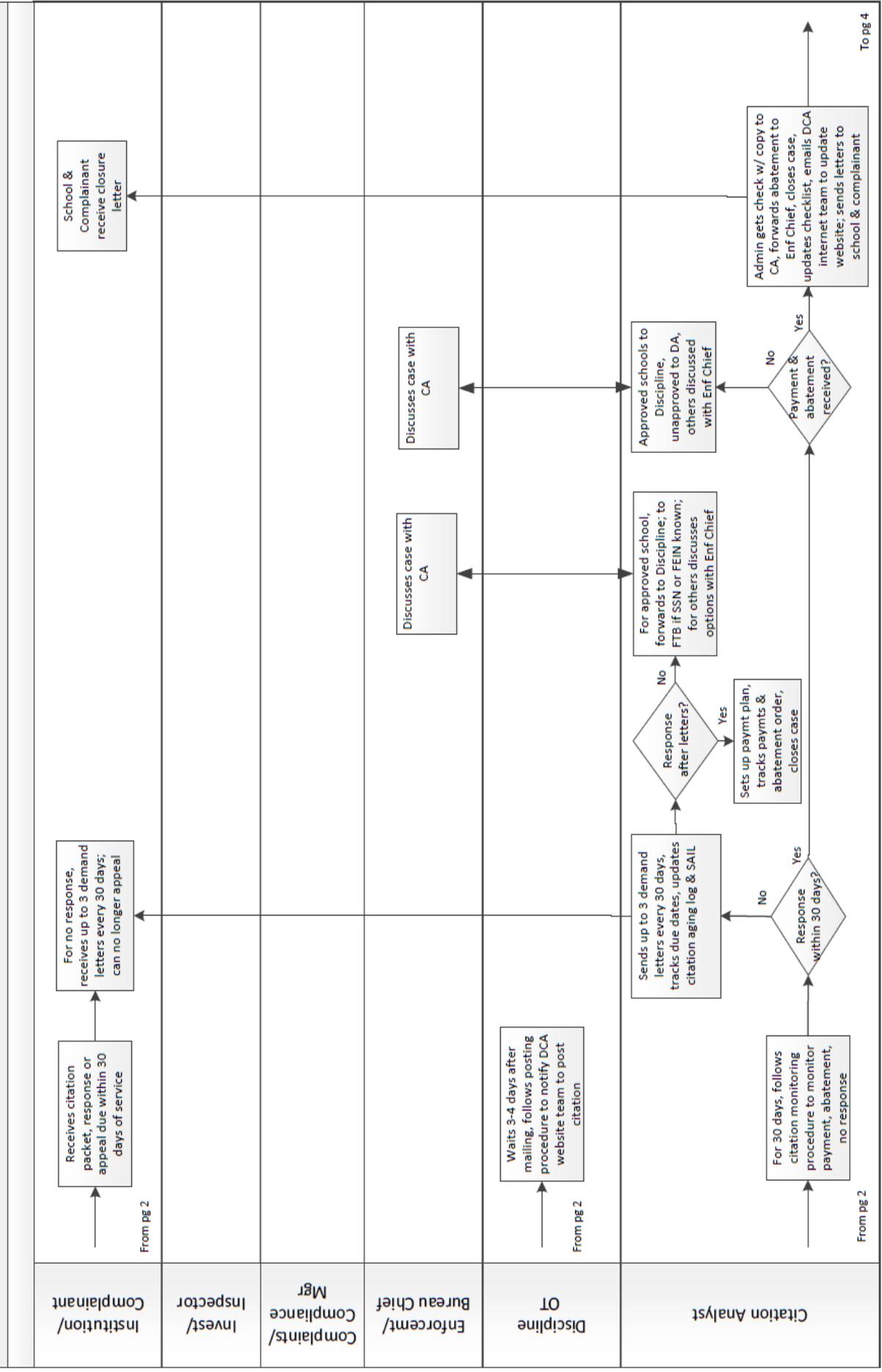
DISCIPLINE CITATION PROCESS



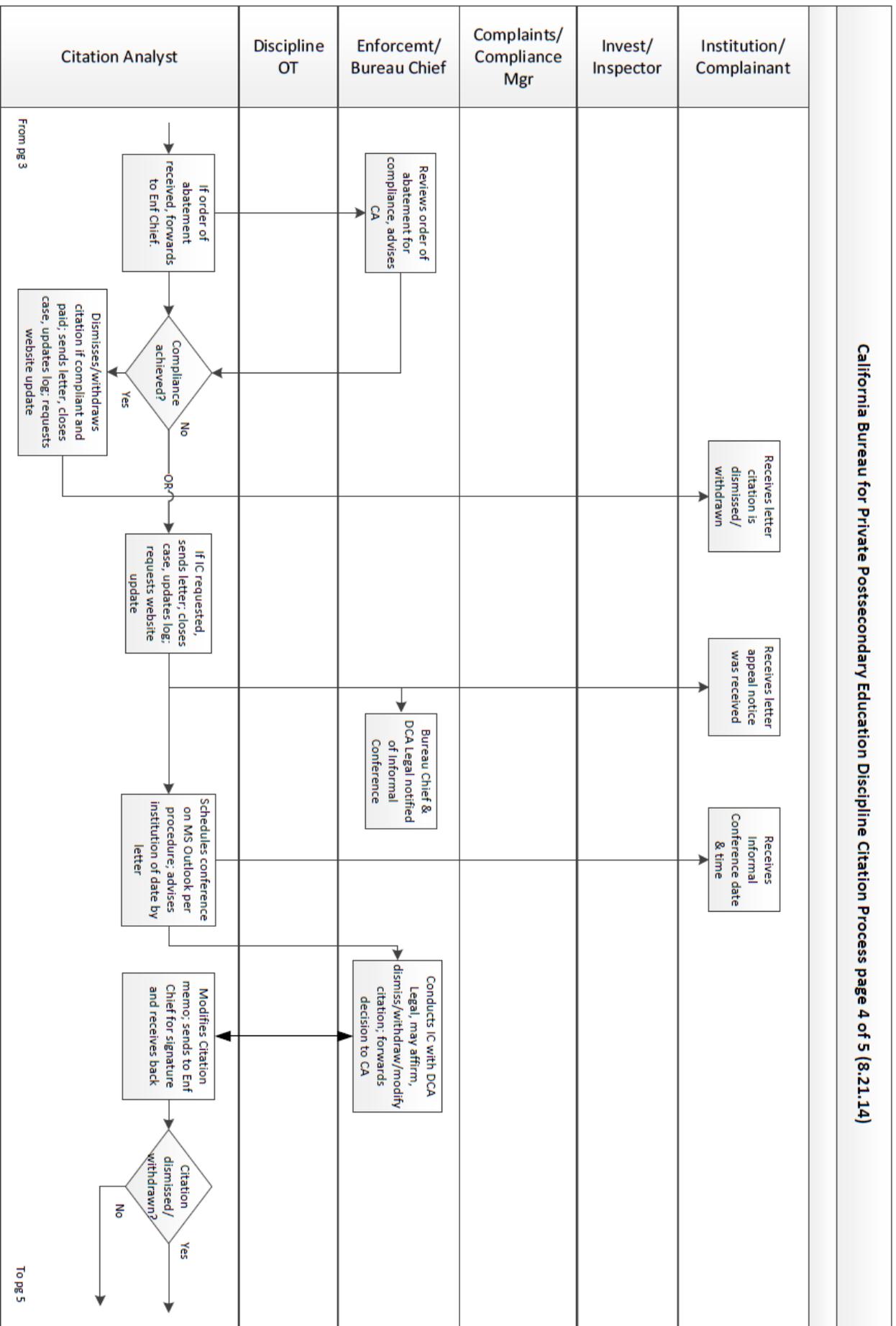
California Bureau for Private Postsecondary Education Discipline Citation Process page 2 of 5 (8.21.14)



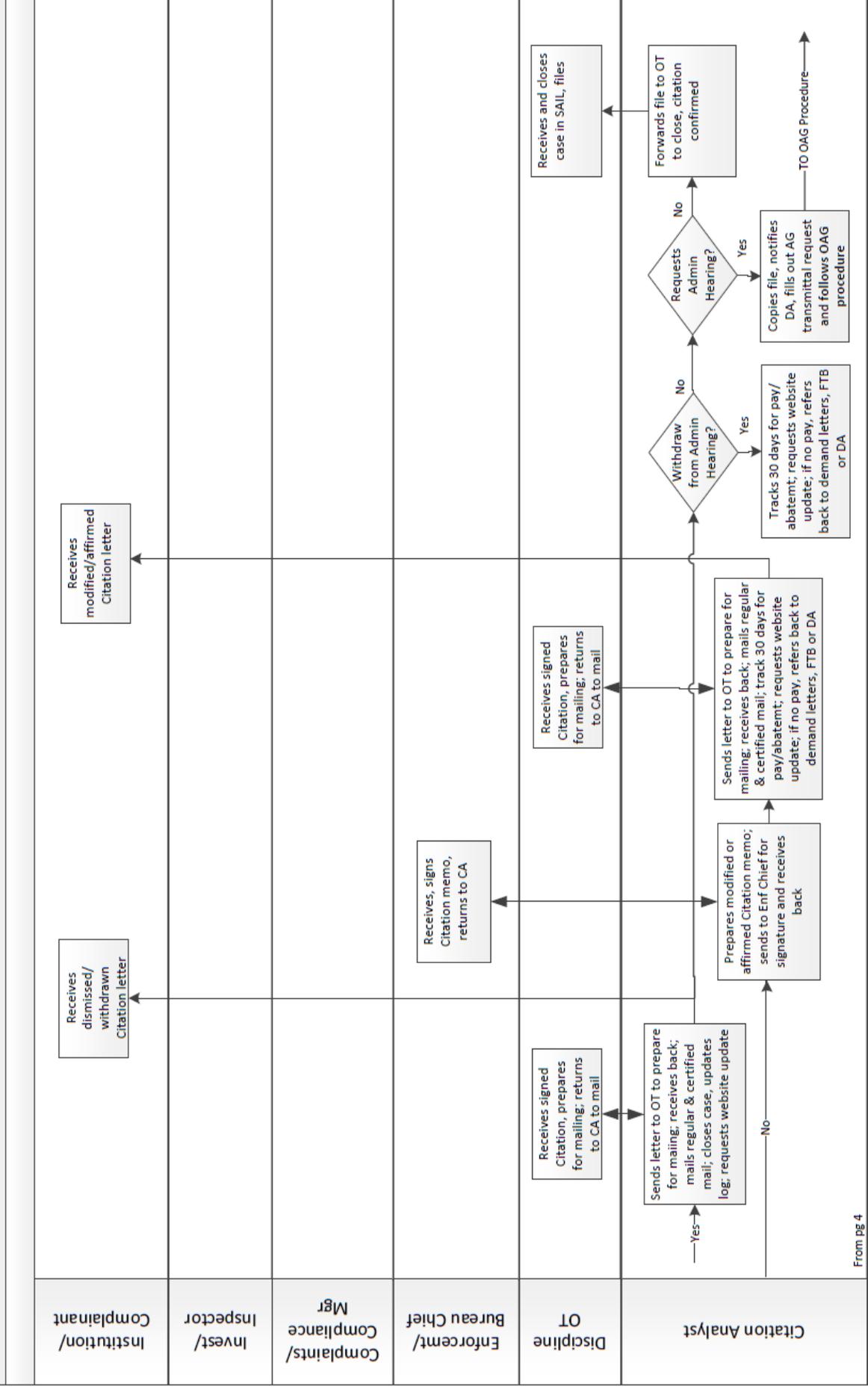
California Bureau for Private Postsecondary Education Discipline Citation Process page 3 of 5 (8.21.14)



California Bureau for Private Postsecondary Education Discipline Citation Process page 4 of 5 (8.21.14)



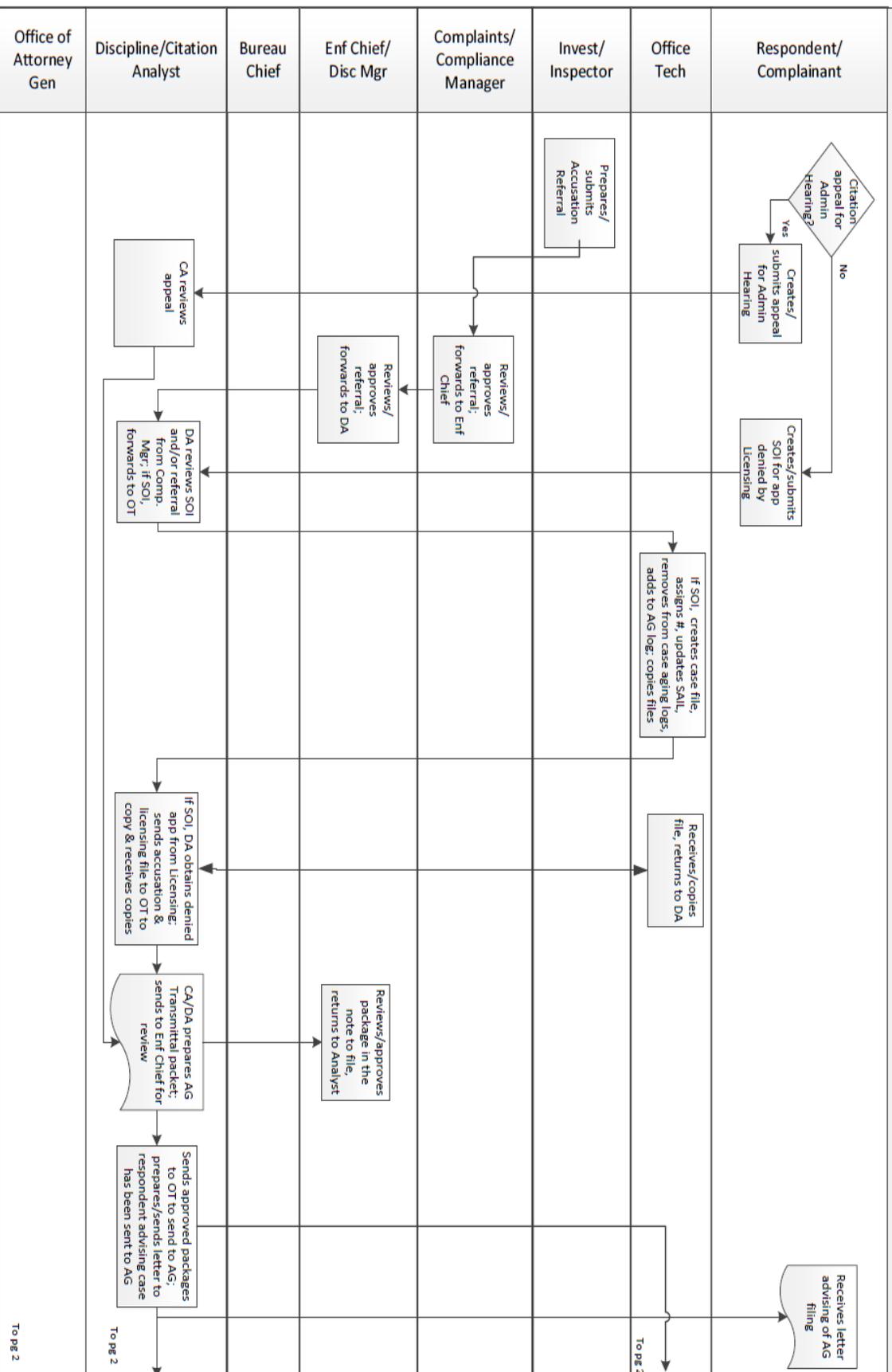
California Bureau for Private Postsecondary Education Discipline Citation Process page 5 of 5 (8.21.14)



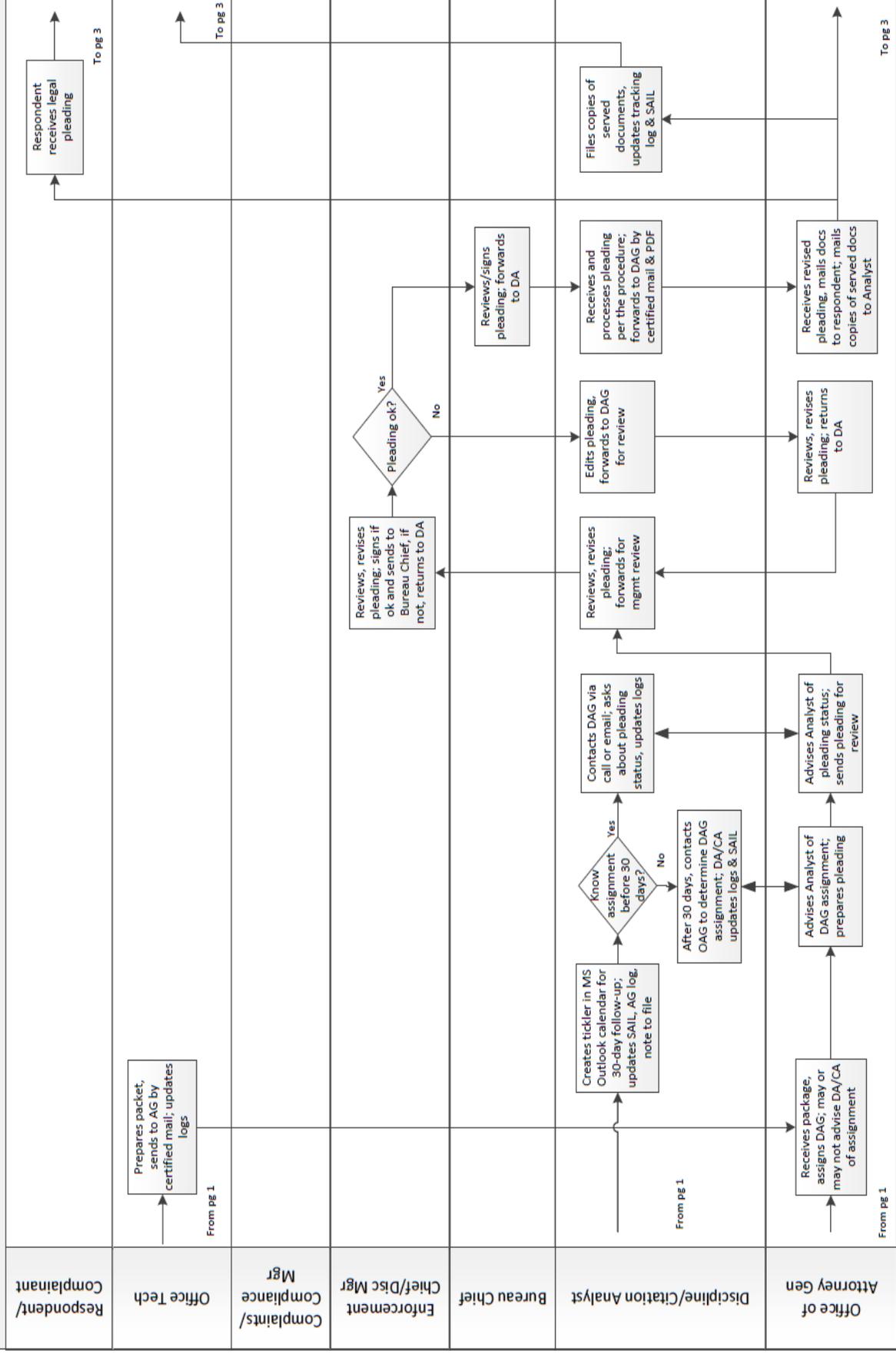
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DISCIPLINE THROUGH THE OAG PROCESS

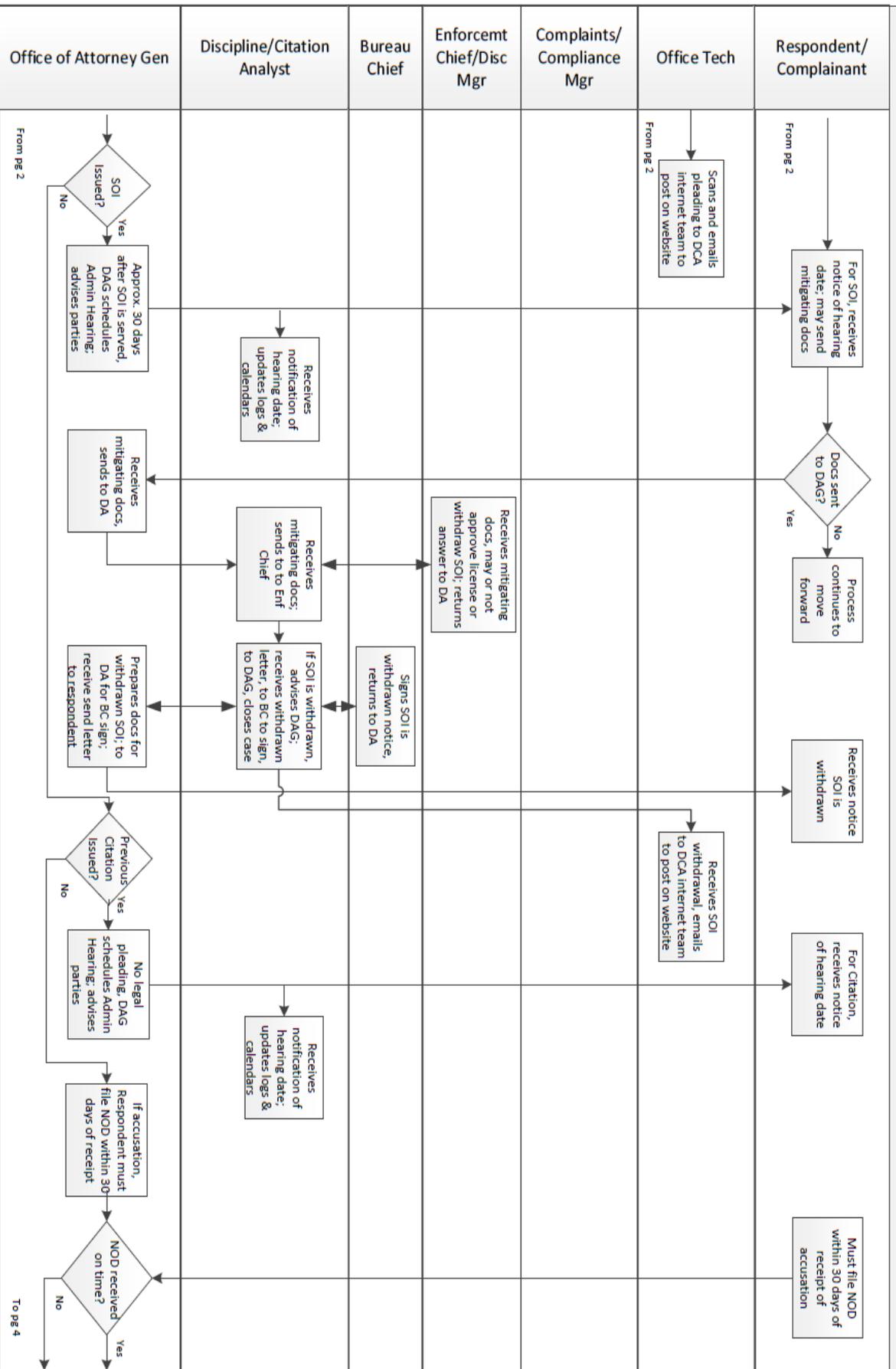
California Bureau for Private Postsecondary Education Discipline through the OAG Process page 1 of 6 (8.19.14)



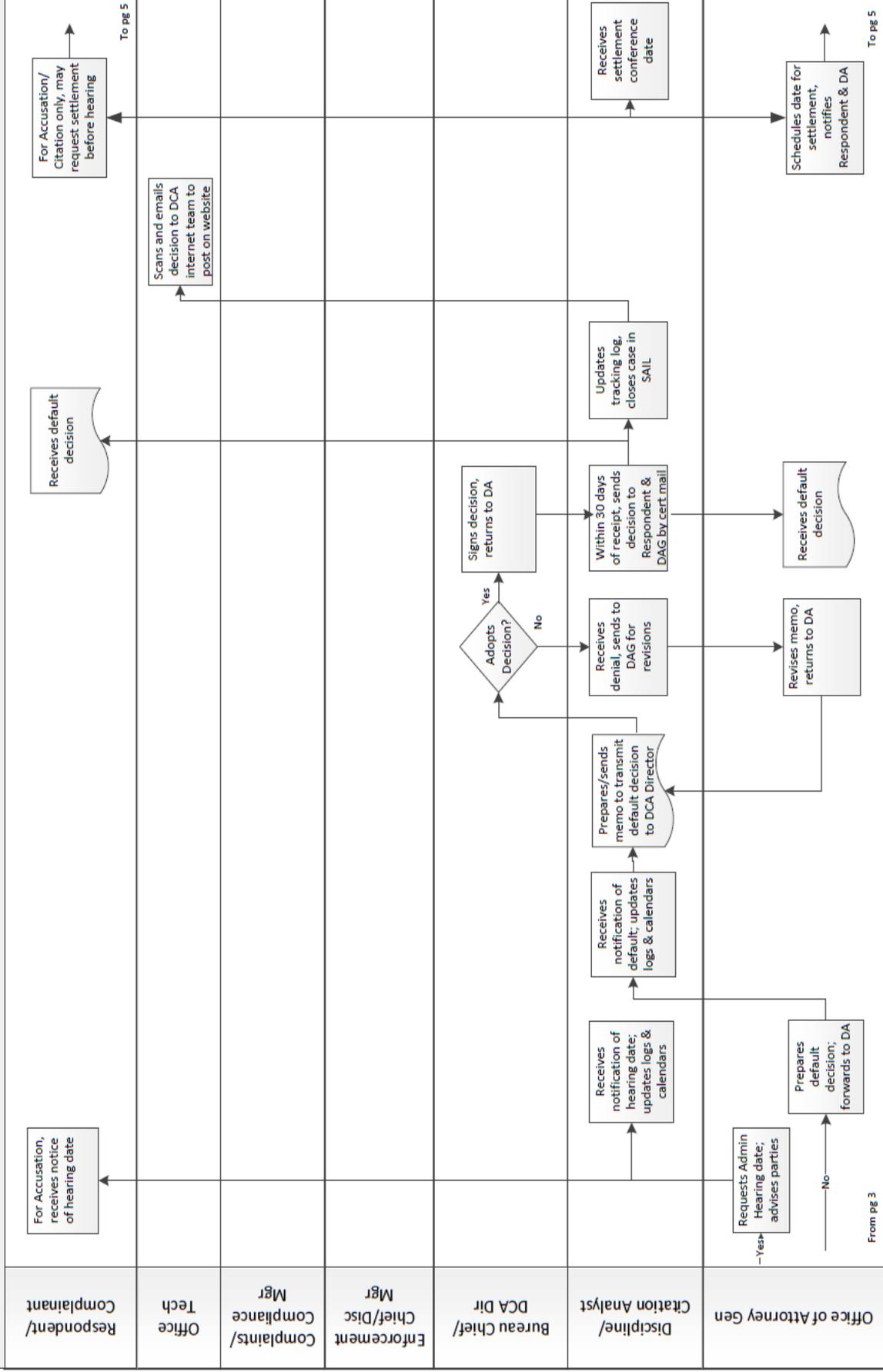
California Bureau for Private Postsecondary Education Discipline through the OAG Process page 2 of 6 (8.19.14)



California Bureau for Private Postsecondary Education Discipline through the OAG Process page 3 of 6 (8.19.14)



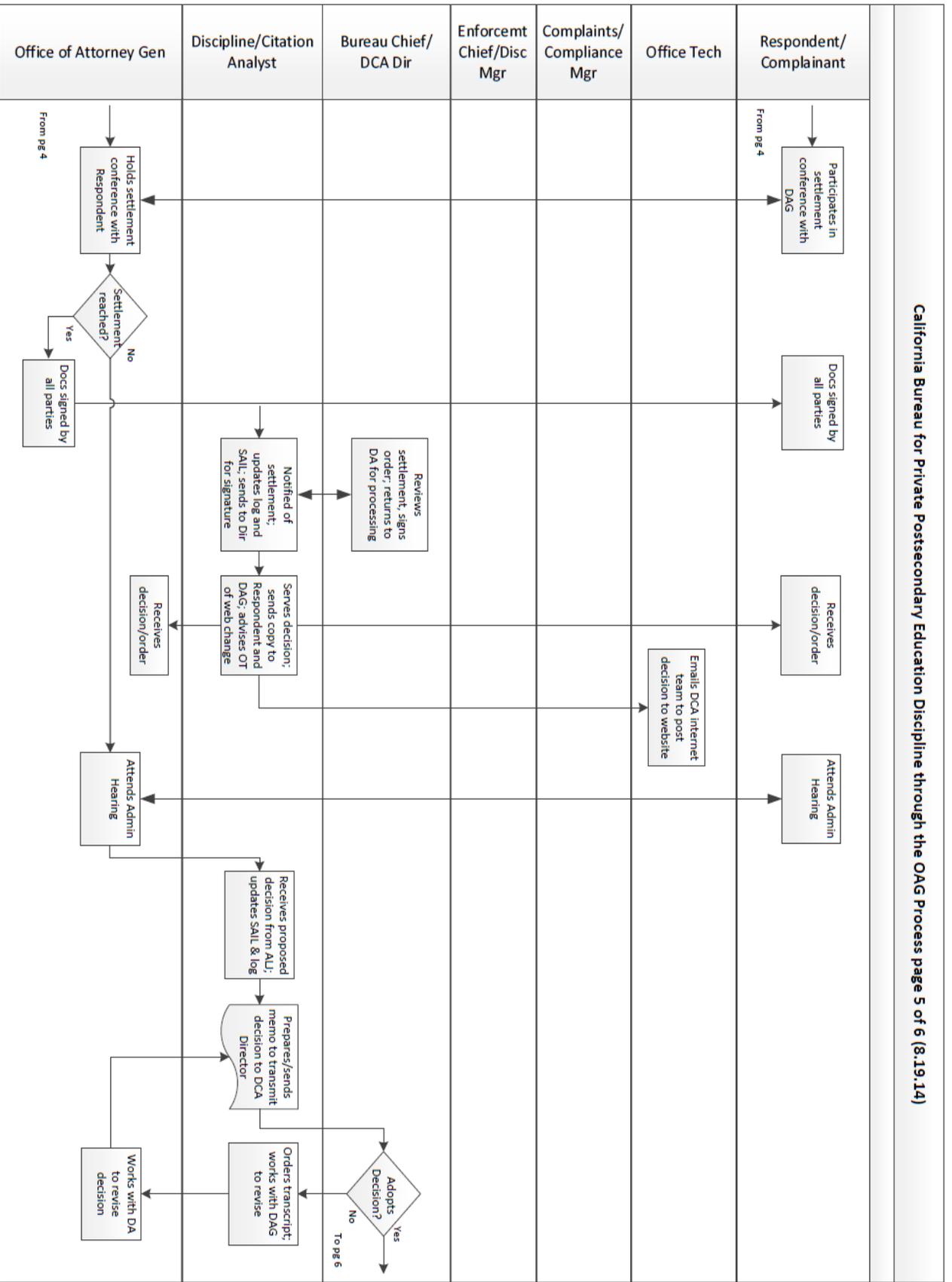
California Bureau for Private Postsecondary Education Discipline through the OAG Process page 4 of 6 (8.19.14)



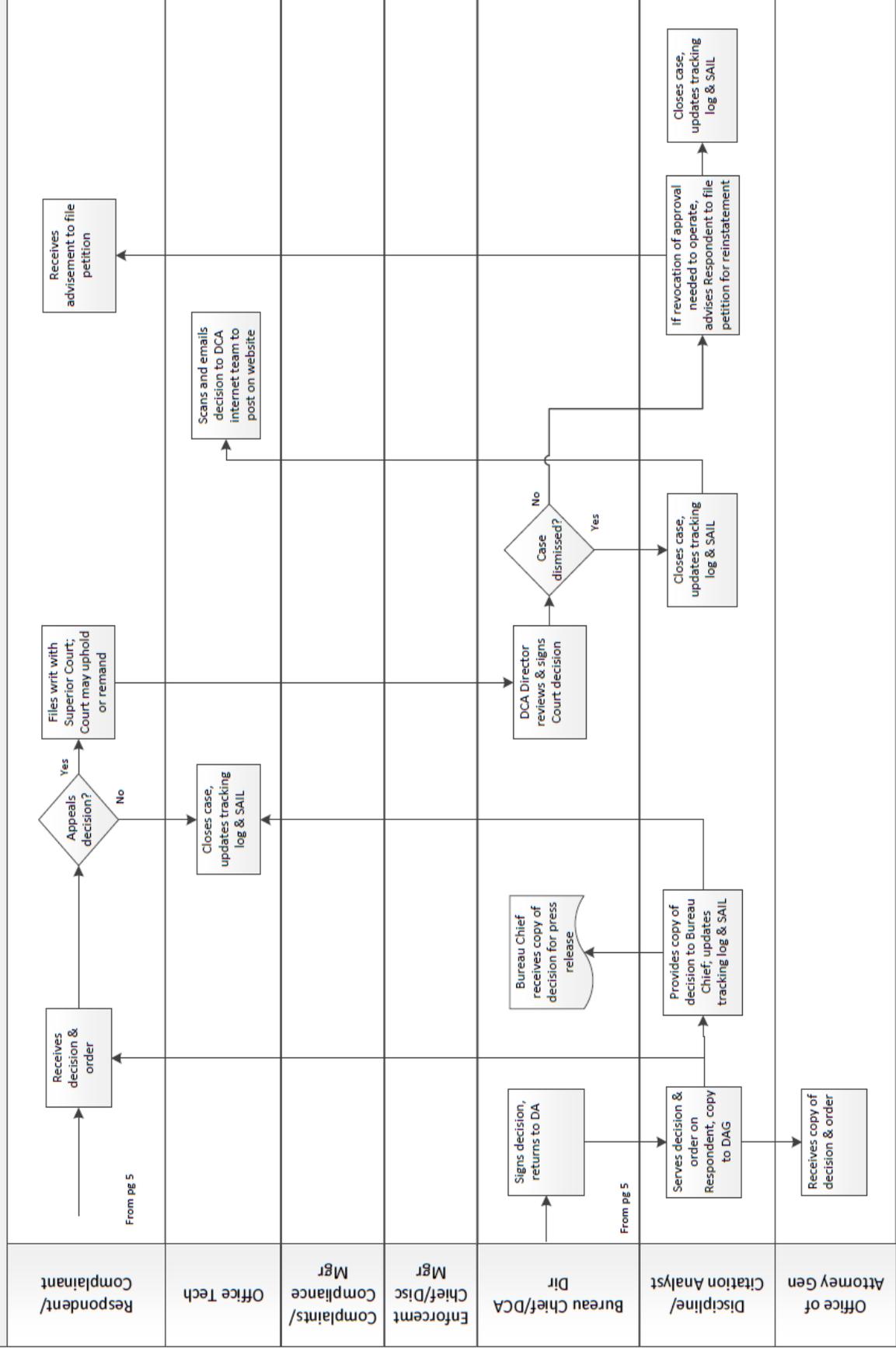
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California Bureau for Private Postsecondary Education Discipline through the OAG Process page 5 of 6 (8.19.14)



California Bureau for Private Postsecondary Education Discipline through the OAG Process page 6 of 6 (8.19.14)



February 13, 2015

Bureau for Private Post-Secondary Education

Estimated Workload and Staffing Recommendations for 'As-Is' Processes

Interim Report

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February 13, 2015

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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

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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 filled¹, 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 report², 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/ <i>Limited Term</i>	1	4	9	2	1	17
Permanent Filled	1	4	3	2	0	
Limited Term Filled	0	0	4	0	1	
Permanent (<i>Vacant</i>)	0	0	1	0	0	
Limited Term (<i>Vacant</i>)	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/ <i>Limited Term</i>	0	4/2	1	7*
Permanent Filled	0	3	1	
Limited Term Filled	0	1	0	
Permanent <i>(Vacant)</i>		1		
Limited Term <i>(Vacant)</i>		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/ <i>Limited Term</i>	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent (<i>Vacant</i>)		1	2		
Limited Term (<i>Vacant</i>)					
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/ <i>Limited Term</i>	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent (<i>Vacant</i>)		1	2		
Limited Term (<i>Vacant</i>)					
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/ <i>Limited Term</i>	1	4	3/10	1/1	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent (<i>Vacant</i>)		1		1	

Limited Term (<i>Vacant</i>)			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/ <i>Limited Term</i>	1	4	3/10	1/1	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent (<i>Vacant</i>)		1		1	
Limited Term (<i>Vacant</i>)			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/ <i>Limited Term</i>	0	1	1	0	2
Permanent Filled		1	1		
Limited Term Filled					
Permanent (<i>Vacant</i>)					
Limited Term (<i>Vacant</i>)					
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/ <i>Limited Term</i>	2	1	3
Permanent Filled	2	0	
Limited Term Filled			
Permanent (<i>Vacant</i>)		1	
Limited Term (<i>Vacant</i>)			
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 configuration³ 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 time⁴ 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 time⁵.

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 DCA⁶, 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 hours⁷ (AWH)** (the work hours minus leave) per class within each unit. Overall across all units, the average percent of leave taken by the core staff⁸ 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 2,081¹⁰ 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

¹⁰Total 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
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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 week¹³. 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 spent¹⁴. 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 times¹⁵. 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 used¹⁶. 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 than the 71.13 hours for Estimated Processing Time¹⁷. 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 applications¹⁹, 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 applications²⁰. 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-5²¹.

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. 6-30-16²²), 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.

step²³. 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 rate²⁴ 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/ <i>Limited Term</i>	1	4	9	2	1	17
Permanent Filled	1	4	3	2	0	
Limited Term Filled	0	0	4	0	1	
Permanent (<i>Vacant</i>)	0	0	1	0	0	
Limited Term (<i>Vacant</i>)	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
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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 used²⁷. 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 year²⁸. 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/ <i>Limited Term</i>	0	4/2	1	7*
Permanent Filled	0	3	1	
Limited Term Filled	0	1	0	
Permanent (<i>Vacant</i>)		1		
Limited Term (<i>Vacant</i>)		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 2014²⁹ 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 assumptions³².

- 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/ <i>Limited Term</i>	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent (<i>Vacant</i>)		1	2		
Limited Term (<i>Vacant</i>)					
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
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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/ <i>Limited Term</i>	2	2	10	2	16
Permanent Filled	2	1	8	2	
Limited Term Filled					
Permanent (<i>Vacant</i>)		1	2		
Limited Term (<i>Vacant</i>)					
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 2014³⁴. 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 complaints³⁶. 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 process³⁷. 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/ <i>Limited Term</i>	1	4	3/10	1/1	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent (<i>Vacant</i>)		1		1	
Limited Term (<i>Vacant</i>)			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 processing³⁸. 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				
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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/ <i>Limited Term</i>	1	4	3/10	1/1	20*
Permanent Filled	1	3	3	0	
Limited Term Filled			8	1	
Permanent (<i>Vacant</i>)		1		1	
Limited Term (<i>Vacant</i>)			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 2014³⁹, 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 referral⁴⁰ 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	<ul style="list-style-type: none"> • 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 = $(29.9 \text{ hrs.} * 40 \text{ backlog}) + (29.9 * 56 \text{ anticipated new referrals over 2 years}) + (29.9 * 12 \text{ in process} * 50\%) = 3,049.8 \text{ hours or } 1,524.9 \text{ hours per year.}$
- TOTAL OAH PWH = $(17.2 \text{ hrs.} * 23 \text{ backlog}) + (17.2 * 44 \text{ anticipated new referrals over 2 years}) + (17.2 * 15 \text{ in process} * 50\%) = 1,281.4 \text{ hours or } 640.7 \text{ hours per year.}$

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 years⁴¹. 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: <i>Perm/Limited Term</i>	0	1	1	0	2
Permanent Filled		1	1		
Limited Term Filled					
Permanent <i>(Vacant)</i>					
Limited Term <i>(Vacant)</i>					
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 staff⁴³ 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 claim⁴⁵

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 hours⁴⁶

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/ <i>Limited Term</i>	2	1	3
Permanent Filled	2	0	
Limited Term Filled			
Permanent (<i>Vacant</i>)		1	
Limited Term (<i>Vacant</i>)			
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 hours⁴⁷

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

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YEAR-END ORGANIZATIONAL CHARTS

DEPARTMENT OF CONSUMER AFFAIRS
ORGANIZATION CHART
BUREAU FOR PRIVATE POSTSECONDARY
EDUCATION

June 2012

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644-140-5393-802 AGPA
644-140-5393-803 AGPA
644-140-5393-804 AGPA
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644-140-5393-803 AGPA
644-140-5393-804 AGPA
644-140-5393-805 AGPA
644-140-5157-003 SSA
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644-140-5157-004 SSA
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644-150-5157-002 SSA
644-150-5157-004 SSA
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644-150-1139-001 OT Typ.

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644-110-5393-802 AGPA
644-110-5157-004 SSA
644-110-5157-007 SSA
644-110-1139-001 OT Typ.
644-110-1139-002 OT Typ.

ADMIN/SUPPORT
Jennifer Juarez
Jessica Lu
Houa Her
Michael Ojeda
Valerie McZeek
Angela Brady
VACANT
644-100-5393-800 AGPA
644-100-5157-003 SSA
644-100-5157-001 SSA
644-100-5157-002 SSA
644-100-1139-002 OT Typ.
644-100-1139-004 OT Typ.
644-100-1139-001 OT Typ.

DISCIPLINE
Jennifer Fulton
Janet Quayle
Susan Herfle
644-160-5393-802 AGPA
644-160-5157-001 SSA
644-160-1139-001 OT Typ.

BPPE BLANKET FUND
Carol Gochanour
VACANT
VACANT
Thai Nguyen Ngo
John Gordillo
644-100-1139-907 - OT Typ. (RA)
644-100-5157-907 SSA (PI)
644-100-1139-907 OT (Typing) (PI)
644-100-4870-907 SA
644-100-4870-907 SA

Human Resources

Date

Denise Brown, Director

Bureau Chief

Date

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 Specialist
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

DEPARTMENT OF CONSUMER AFFAIRS
ORGANIZATION CHART
BUREAU FOR PRIVATE POSTSECONDARY
EDUCATION

June 2013

DIRECTOR, DCA
Denise Brown

BUREAU CHIEF
Laura Metune
644-100-9934-002

Current
ORG CHART

Stephanie Lee
644-100-1139-003 OT Typ.

DEPUTY BUREAU CHIEF
Joanne Wenzel
644-100-7500-001 CEA

EDUCATION SPECIALIST UNIT

Alicia Colby
644-130-2743-006 Ed Sr. Specialist
Reginald Mitchell Jr.
644-130-2742-001 Ed Specialist
Lalru (Drew) Saeetune
644-130-2742-003 Ed Specialist
VACANT
644-130-2742-002 Ed Specialist
Seyed Dibaji
644-130-2742-004 Ed Specialist

Patricia Wohl
644-130-2744-907
Education Administrator

LICENSING

Leeza Rirredi
644-110-4800-001 SSM I

ADMIN/SUPPORT & STRE

Michele Allegor
644-100-4800-001 SSM I

N. California COMPLIANCE INSPECTIONS
Fayne Boyd
644-140-4800-001 - SSM I

S. California COMPLIANCE INSPECTIONS
Sandra (Sandeel) Sheely
644-140-4800-002 SSM I

COMPLAINTS & INVESTIGATIONS/ DISCIPLINE
Yvette Johnson
644-150-4800-001 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 Chean
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 Bronshyeyn
644-140-5393-804 AGPA
Melanie Otsuji
644-140-5157-003 SSA
Jeannete 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 Sealey
644-150-5157-001 SSA
Lori Kent
644-150-5157-002 SSA
Houa Her
644-150-5157-004 SSA
Ashley Windsor (Connie)
644-150-5157-003 SSA
Deedra 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.
Delliah Esquivel
644-110-1139-907 OT Typ.
Marianm Bjorkmann
644-110-5393-804 AGPA
Lounan 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

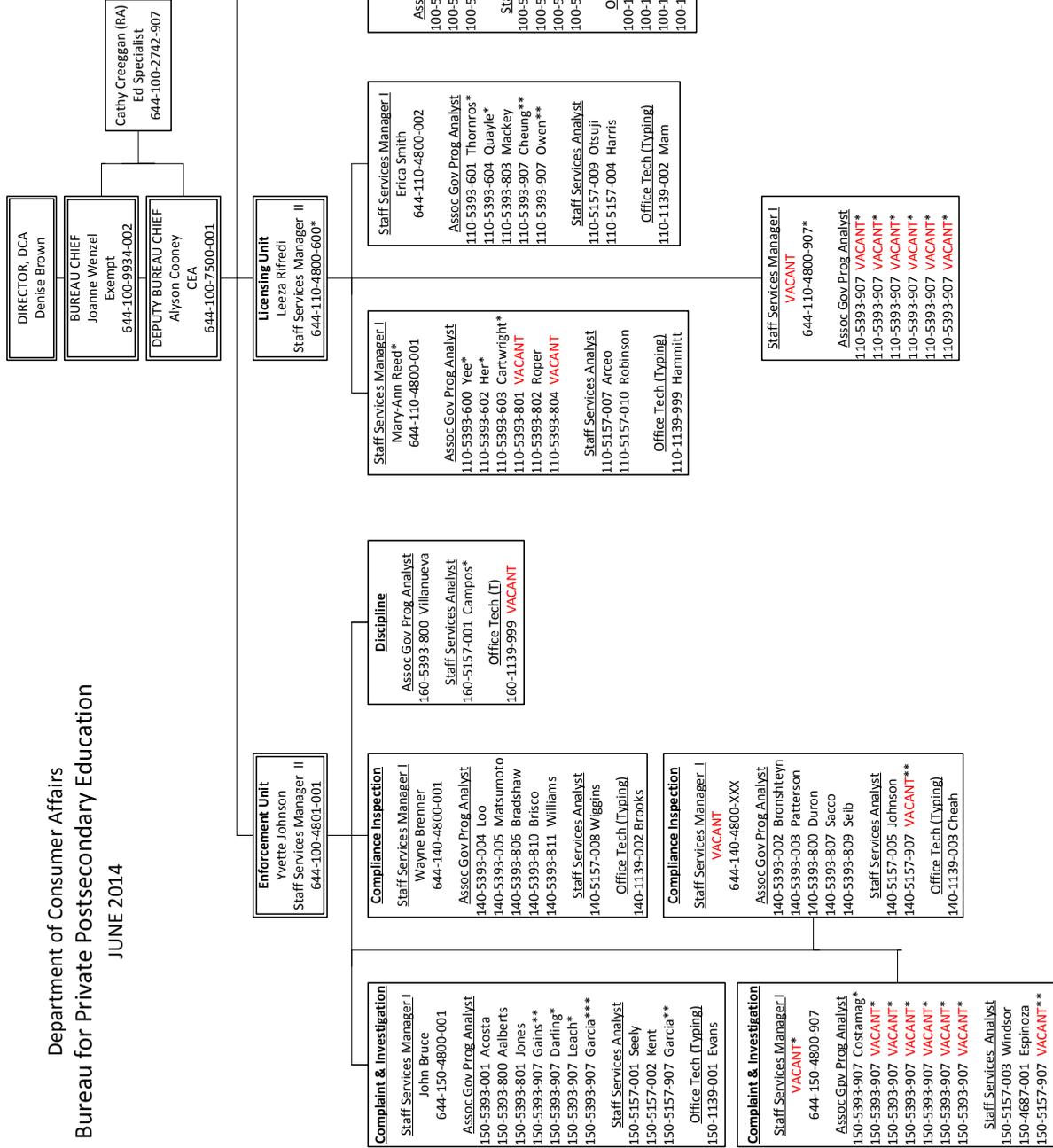
Date

FY 2012-13: 57 PY / Positions
 1.0 Bureau Chief
 1.0 Deputy Bureau Chief
 1.0 Staff Services Manager I
 5.0 Staff Services Manager I
 1.0 Education Senior Specialist
 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 Analyst
 3.0 Staff Services Analyst
 1.0 Education Administrator

CURRENT

Department of Consumer Affairs
Bureau for Private Postsecondary Education
JUNE 2014

FY 2013/14
Authorized Positions66
14/15 BCP Positions11
907 Blanket Positions18
999 Blanket Positions3



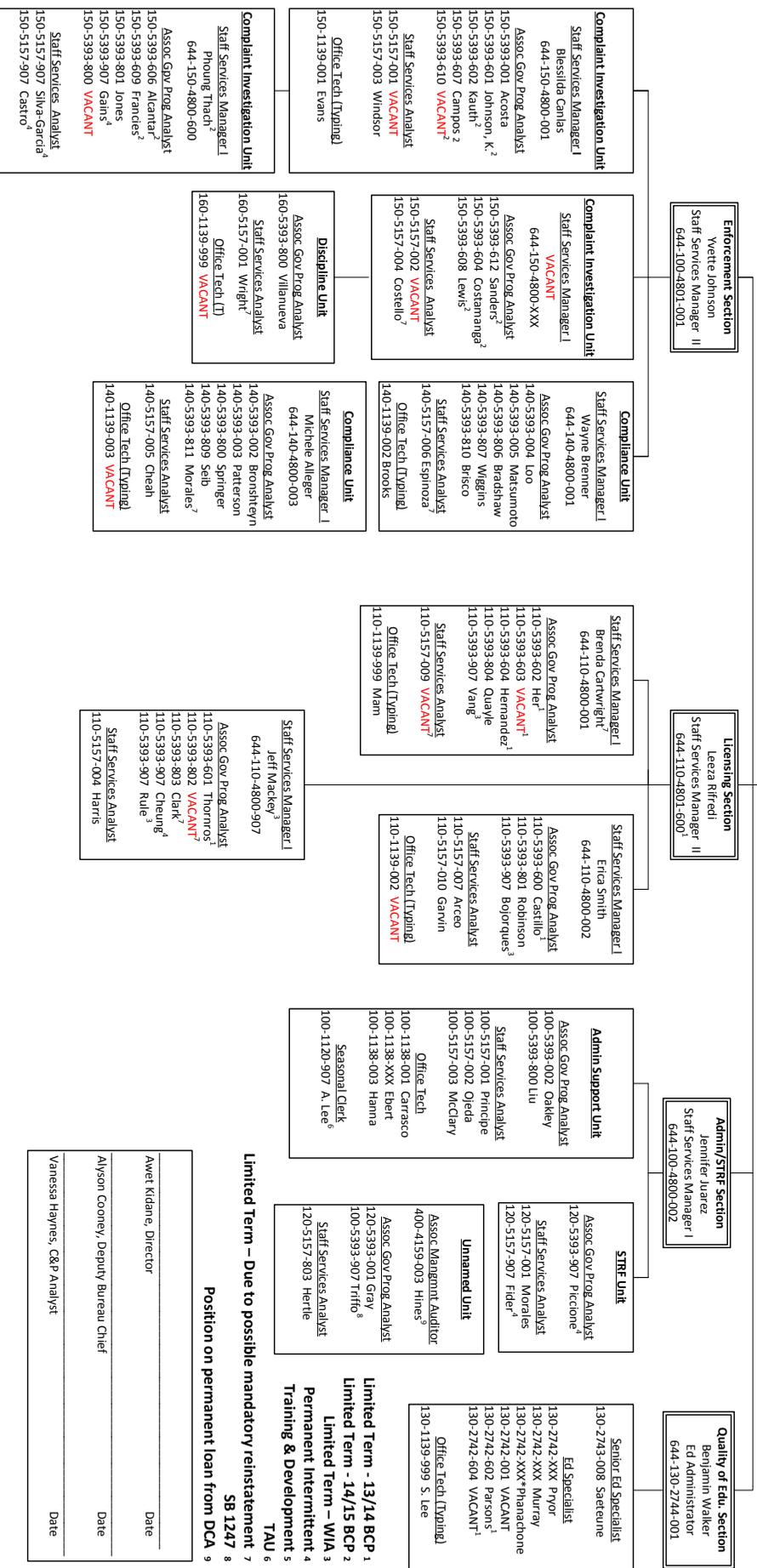
*Limited Term
**Permanent Intermittent
***Training & Development

Department of Consumer Affairs
Bureau for Private Postsecondary Education

JUNE 2015

CURRENT

EY 2014/15
Authorized Positions: 77
907 Blanket Positions: 16
999 Blanket Positions: 3
Loaned Positions: 1



Limited Term – Due to possible mandatory reinstatement 7
SR 1247 8
Position on permanent loan from DCA 9
TAU 6

Awet Kidane, Director	Date
Alyson Cooney, Deputy Bureau Chief	Date
Vanessa Haynes, C&P Analyst	Date

PERFORMANCE MEASURES



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	August	September	October	November	December	January	February	March	April	May	June	Q4 Total	Convictions	Complaints
Q1 Total	62	41	67	Q2 Total	170	N/A	170	Q3 Total	N/A	Q4 Total	Convictions	N/A	Complaints	N/A	
Convictions				Convictions				Convictions							
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	July	October	January	April	
August	N/A	November	February	May	August	December	March	May	
September	608	December	March	June	September	Q2 Avg	Q3 Avg	June	
Q1 Avg	608	Record Counts							
July	N/A	October	January	April	July	October	January	April	
August	N/A	November	February	May	August	December	March	May	
September	1	December	March	June	September	Record Counts	Record Counts	Record Counts	

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	July	October	January	April	
August		November	February	May	August	December	March	May	
September		December	March	June	September	Q2 Avg	Q3 Avg	June	
Q1 Avg		Record Counts							
July		October	January	April	July	October	January	April	
August		November	February	May	August	December	March	May	
September		December	March	June	September	Record Counts	Record Counts	Record Counts	

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	October	January	January	April		
August	November	November	February	February	May		
September	December	December	March	March	June		
Q1 Avg	Q2 Avg	Q2 Avg	Q3 Avg	Q3 Avg	Q4 Avg		
Record Counts		Record Counts		Record Counts		Record Counts	
July	October	October	January	January	April		
August	November	November	February	February	May		
September	December	December	March	March	June		



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

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	May	
August	N/A	November	N/A	February	May	June	
September	608	December	N/A	March	June	Q4 Avg	
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	May	
August	N/A	November	N/A	February	May	June	
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.

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

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.

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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	
Record Counts		Record Counts		Record Counts		Record Counts	
July		October		January		April	
August		November		February		May	
September		December		March		June	

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	
Record Counts		Record Counts		Record Counts		Record Counts	
July		October		January		April	
August		November		February		May	
September		December		March		June	

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	July	October	January	April	
August		November	February	May	August	December	March	May	
September		December	March	June	September	Q2 Avg	Q3 Avg	June	
Q1 Avg	357	Record Counts							
July	1	October	January	April	July	October	January	April	
August		November	February	May	August	December	March	May	
September		December	March	June	September			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	July	October	January	April	
August		November	February	May	August	December	March	May	
September		December	March	June	September	Q2 Avg	Q3 Avg	June	
Q1 Avg		Record Counts							
July		October	January	April	July	October	January	April	
August		November	February	May	August	December	March	May	
September		December	March	June	September			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	
Record Counts		Record Counts		Record Counts		Record Counts	
July		October		January		April	
August		November		February		May	
September		December		March		June	



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	41	January	April
August	73	February	May
September	41	March	June
Q1 Total	155	Q3 Total	Q4 Total
Convictions		Convictions	Convictions
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		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.

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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 Database

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.

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	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.

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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.

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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	



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	August	September	October	November	December	January	February	March	April	May	June
Q1 Total	39	70	62	46	73	44	86	50	84	75	83	60
Q2 Total	171	163	220	220	218	218	220	220	220	218	218	218
Convictions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Complaints	171	163	220	163	220	220	220	220	220	218	218	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 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	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.

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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.

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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	



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