



Follow-up Review of  
Audit of  
Child Care Licensing and Enforcement

Office of the County Auditor

Follow-up Review Report

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**Report No. 21-04**  
**January 14, 2021**



**OFFICE OF THE COUNTY AUDITOR**

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January 14, 2021

Honorable Mayor and Board of County Commissioners

We have conducted a follow-up review of our Audit of Child Care Licensing and Enforcement (Report No. 19-10). The objective of our review was to determine the implementation status of our previous recommendations.

We conclude that of the 18 recommendations in the report, we determined that 17 recommendations were implemented, and one recommendation was partially implemented. We commend management for implementing our recommendations. The status of each of our recommendations is presented in this follow-up report.

We conducted this review in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our review objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our review objectives.

We appreciate the cooperation and assistance provided by the staff of the Child Care Licensing and Enforcement Section throughout our review process.

Respectfully submitted,

A handwritten signature in blue ink that reads "Bob Melton".

Bob Melton  
County Auditor

cc: Bertha Henry, County Administrator  
Andrew Meyers, County Attorney  
Monica Cepero, Deputy County Administrator  
Phillip McChesney, Acting Director Environmental and Consumer Protection

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# IMPLEMENTATION STATUS SUMMARY

## Implementation Status of Previous Recommendations From Follow-up Review of Child Care Licensing and Enforcement

REC. NO.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
1.	Implement procedures to proactively identify unlicensed or unregistered childcare facilities or homes;	✓			
2.	Ensure appropriate procedures are in place to log, conduct and document investigations of complaints against childcare facilities within 72 hours, as required by Department of Children and Families (DCF) contract;	✓			
3A.	Ensure Notices of Violation (NOVs) are issued for all Class I violations in accordance with Broward County (BC) Ordinance:	✓			
3B.	Ensure tracking logs for issued NOVs are accurate, complete, and sufficient to adequately support and inform business processes.	✓			
4A.	Continue to implement policies and procedures to provide adequate supervision and monitoring of field staff, including:	✓			
	Ensuring all staff work assigned hours, and maintain up-to-date calendars.				
	Periodic monitoring of staff locations via Global Positioning System (GPS) tracking capabilities.				
	Personnel actions, as appropriate, to address any staff improprieties regarding inappropriate reporting of work hours.				
	Ensuring that all site visit times entered on monitoring reports by field staff are accurate and reflective of actual time spent at the provider location.				
4A.	Prohibiting unsafe practices such as use of cell phones while driving on County business.				
4B.	Ensure staff take lunch breaks as appropriate and that staff do not work overtime hours without advance approval and compensation.	✓			

REC. NO.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
5A.	Effectively impose fines for non-compliance, in a progressive manner, up to the maximum allowed by ordinance.	✓			
5B.	Ensure Administrative Complaints are issued in a timely manner following the issuance of NOVs and site visits.	✓			
5C.	Enhance collection practices to ensure:	✓			
	Fines imposed are collected completely and timely, and late fees are established for past due fines.				
	Revocation of licenses due to non-payment of fines is pursued, when appropriate.				
	Fines imposed are not “waived” without appropriate authority.				
	Due dates for fine payments are included on Administrative Complaints.				
6.	Develop or update Standard Operating Procedures (SOPs), to address all major areas of operation within CCLE.	✓			
7A.	Realign Quality Assurance (QA) staff responsibilities to allow a focus on QA activities rather than serving as a supplement to regular staff.	✓			
7B.	Implement a comprehensive QA program to improve the quality and consistency of file documentation, and all licensure, renewal, and inspection related activities, including ensuring all investigative reports are properly posted in the DCF Childcare Administration, Regulation & Enforcement System (CARES).	✓			
8.	Analyze staffing levels against workload requirements and make appropriate adjustments in order to comply with DCF’s workload standards.	✓			
9.	Ensure staff are hired in accordance with the minimum job descriptions, including authorizations to drive vehicles, as appropriate.	✓			
10.	Evaluate Child Care Licensing and Enforcement (CCLE)’s fee schedule to reduce the operating deficit and increase consistency in application of fee assessment practices across similar services.		✓		
11A.	Explore implementation of automated workflows and tracking systems for increased efficiency.	✓			
11B.	Explore means to reduce reliance on paper-based systems while creating consistency in documentation practices.	✓			
11C.	Evaluate current equipment used by staff for adequacy and explore the use of updated technology to facilitate inspection processes.	✓			

# INTRODUCTION

## **Scope and Methodology**

The Office of the County Auditor conducts audits of Broward County's entities, programs, activities, and contractors to provide the Board of County Commissioners, Broward County's residents, County management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted a follow-up review of our audit of Child Care Licensing and Enforcement (Report No. 19-10). The objective of our review was to determine the implementation status of previous recommendations for improvement.

We conducted this review in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our review objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our review objectives.

Our follow-up review included such tests of records and other auditing procedures, as we considered necessary in the circumstances. The follow-up testing was performed for the period January 1, 2020 through September 30, 2020. However, transactions, processes, and situations reviewed were not limited by the audit period.

## **Overall Conclusion**

We conclude that of the 18 recommendations in the report, we determined that 17 recommendations were implemented, and one recommendation was partially implemented. We commend management for implementing our recommendations. The status of each of our recommendations is presented in this follow-up report.

# OPPORTUNITIES FOR IMPROVEMENT

This section reports actions taken by management on the Opportunities for Improvement in our previous review. The issues and recommendations herein are those of the original review, followed by the current status of the recommendations.

*Note: Throughout this report, the terms childcare ‘centers’, ‘facilities’, ‘providers’ or ‘arrangements,’ may refer collectively to stand-alone childcare centers, childcare centers located within private or public schools or community centers, or private homes. The term ‘licensed’ is used to collectively refer to either licensed or ‘registered’ facilities or homes. If a distinction in terminology is necessary to explain an aspect of CCLE operations, it is specified within the narrative.*

## **1. Proactive Enforcement Activities Regarding Unlicensed Facilities Should be Enhanced.**

CACLE’s program to ensure only licensed child care facilities are operating was limited and could be enhanced to include a more proactive approach. CACLE’s identification of unlicensed child care focused on the investigation of complaints received from the public and responses to circumstances observed by, or reported to, staff in the field. Although Management believed they conduct some proactive activities, they had not fully implemented proactive measures to identify, license, and take appropriate action on unlicensed or unregistered child care facilities or homes, where necessary. We considered this to be an additional important element of a comprehensive approach to enforcement of licensure.

**We recommended** management implement procedures to proactively identify unlicensed or unregistered childcare facilities or homes.

**Implementation Status: Implemented**

## **2. Complaints Should be Accurately Tracked and Investigated Adequately and Timely.**

During our review of complaints against child care facilities, we noted the following:

- A. Complaint logs were not consistently completed with all required information to facilitate adequate tracking and investigation. We reviewed a sample of 30 complaints, and noted

that information in the complaint logs was not accurate and/or complete. We noted 12 of 30 (40%) logged complaints contained errors/omissions. Specifically:

- i. Eight of 29 (28%) complaints did not list the date the complaint was received. Florida Statutes and BC Ordinance require all complaints to be investigated within 72 hours of receipt.
  - ii. One complaint identified during our audit procedures was not included in the log, indicating that the log is incomplete.
  - iii. One entry on the log was not the result of a complaint investigation, but a regular inspection which resulted in the issuance of an NOV, and was inadvertently entered in the log as a complaint.
  - iv. One entry listed the incorrect name for the facility.
  - v. One entry did not include the type/nature of the complaint.
- B. Of the 30 complaints sampled, 26 reports were completed. We reviewed these reports, and found:
- i. One report (4%) could not be located.
  - ii. Of the remaining 25 complaint inspection reports, one (4%) was not signed by the CCLE staff person.
  - iii. Two of 14 complaint investigation reports (14%) completed after October 1, 2017, were not uploaded by CCLE staff to the DCF CARES website as of November 30, 2018.
- C. CCLE did not complete investigation reports, maintain adequate documentation, or perform adequate follow-up procedures for complaints regarding unlicensed facilities. Of the 30 complaints reviewed, three were for unlicensed facilities, and in each of these instances, no formal inspection report was completed.
- i. DCF Cares system only included provider profiles for licensed facilities; as a result, no report template was available within DCF Cares system for investigations of facilities that did not have a license, and CCLE had not developed an alternative report template.
  - ii. We noted inadequate follow-up in all three of the unlicensed activity complaints reviewed. One complaint had no follow-up activity after the initial citation was issued; the second did not have any follow-up activity after a second citation was issued; and,



the third entity was provided a questionnaire to determine if a license was required; however, CCLE was unable to produce a copy of the returned questionnaire or demonstrate if any other follow-up activity was performed.

**We recommended** management ensure appropriate procedures are in place to log, conduct and document investigations of complaints against child care facilities within 72 hours, as required by DCF contract.

**Implementation Status: Implemented.** CCLE has implemented a new system, QAlert, to log and track complaints; however, we noted several data entry errors and omissions that hinder management's ability to properly track complaint progress and ensure complaints are investigated within 72 hours. Once notified, management updated standard operating procedures and provided training to staff to reinforce procedures.

### **3. Notices of Violation and Administrative Complaints Should be Issued and Logged Consistently and Timely.**

We determined that CCLE did not consistently issue Notices of Violation (NOV) to non-compliant child care providers as required, and did not adequately track the NOV or Administrative Complaints that were issued. Specifically, we noted;

- A. CCLE did not consistently issue NOV for all Class I violations as required by Broward County Ordinance (7-11.11,c), which requires a NOV to be issued for all Class I violations. We reviewed a sample of 31 inspection reports with violations. From these, we identified three reports with Class I violations that were identified by the CCS, and later approved by the supervisors; however, no NOV were issued to the provider. Each of the observed Class I violations were for non-compliance with background screening requirements. Specifically, one facility was found to be non-compliant with screening requirements as the owner was pending approved eligibility at the time of the inspection. The other two instances were for one facility, on two separate visits. In one case, the site visit included the Class I violation for one staff not properly screened through the DCF 'clearinghouse'. This inspection report also included four Class II violations and one Class III violation. In the next inspection, another Class I violation was cited for non-compliance with background screening requirements to have a child abuse history check available in the files for two employees. This inspection report also included six Class II violations and seven Class III violations.
- B. Logs used by CCLE to track issued NOV were incomplete and inaccurate. We identified five of 15 (33%) NOV from our file reviews that were issued to providers but were not

included in the log. Additionally, we noted instances where specific log entries were incomplete or inaccurate, such as;

- i. Blank Fields – No information entered for identifying the violation class type, whether a fine was imposed, the date a fine was paid, and the amount paid.
- ii. Inconsistent Information – For example, indications that a fine was issued, but the fine amount is listed in the log as \$0.
- iii. Failure to Track Key Information - The log did not track the dates administrative complaints are issued, or the number of days since a fine was imposed.

**We recommended** management:

- A. Ensure NOVs are issued for all Class I violations in accordance with BC Ordinance.
- B. Ensure tracking logs for issued NOVs are accurate, complete, and sufficient to adequately support and inform business processes.

**Implementation Status:**

**A. Implemented.**

**B. Implemented.**

#### **4. Investigator Oversight Procedures Should be Enhanced.**

Procedures to provide oversight of child care investigators in the field need improvement. Specifically, we noted the following:

- A. CCLE Supervisors did not adequately monitor field staff to ensure compliance with established work schedules. We reviewed Kronos mobile application time and location data for a sample of seven staff over a two week period against scheduled work locations and completed investigation reports. In total, we considered 88 data points and noted the following concerns:
  - i. Twenty-seven (31%) clock-in/out entries were completed from locations inconsistent with staff schedules, with eight (9%) that occurred from staff members' home locations.
  - ii. Sixteen (18%) clock-in/out entries appeared to have been made from roadway locations while in transit, indicating use of cell phones while driving.

iii. Ten (11%) inspection reports posted to DCF CARES website, had beginning or ending times of the site visit that were inconsistent with the actual location of the staff members.

B. Field staff did not consistently take lunch breaks. When asked, CCLE Managers confirmed that some staff chose not to break for lunch. According to Managers, staff made their own choices regarding when to take lunch breaks; however, such practices were not encouraged, and staff were not allowed to shorten ('flex') their assigned work day schedule if they chose to skip lunch.

**We recommended** management act to ensure all staff work assigned hours as appropriate, including, but not limited to:

- A. Continuing to implement policies and procedures to provide adequate supervision and monitoring of field staff, including;
  - i. Ensuring all staff work assigned hours, and maintain up-to-date calendars.
  - ii. Periodic monitoring of staff locations via GPS tracking capabilities.
  - ii. Personnel actions, as appropriate, to address any staff improprieties regarding inappropriate reporting of work hours.
  - iv. Ensuring that all site visit times entered on monitoring reports by field staff are accurate and reflective of actual time spent at the provider location.
  - v. Prohibiting unsafe practices such as use of cell phones while driving on County business.
- B. Ensuring staff take lunch breaks as appropriate, and that staff do not work overtime hours without advance approval and compensation.

**Implementation Status:**

A. **Implemented.**

B. **Implemented.**

## 5. Fines Should be Progressive and Promptly Collected.

During our review we noted that CCLE did not consistently issue fines in a timely or progressive manner, and did not take adequate measures to ensure unpaid fines are collected. We noted the following:

- A. CCLE did not issue progressive fines up to the maximum allowable amount for Class I violations, nor were allowable 'per day' fines imposed. For Class I violations, the Ordinance allows CCLE to issue fines up to a maximum amount of \$500 per day, for each violation; therefore, if a facility was in violation of a Class I safety standard for five days, CCLE has the authority to issue a fine in the amount of \$2,500. Based on our analysis of available information, in the majority of instances, CCLE issues one-time \$100 fines for Class I violations. The option of applying the fines for each day the violation occurred is not typically exercised according to staff.

Additionally, it is noted that of 106 NOV's issued for Class II and Class III violations, only 17, or 16% were subsequently issued fines.

- B. Fines were not issued timely following the issuance of a NOV. We noted ten Administrative Complaints which were issued 46 to 194 days, or an average of 114 days, after the date of the site visit. CCLE did not take adequate action to collect unpaid fines. We observed the following concerns:

- i. Of the 248 violations for which Administrative Complaints were issued, we found 65 (26%) of the fines imposed were not collected, totaling \$9,300. Of these, 46 were for Class I violations, with fines totaling \$7,100. Minimal collection activities for unpaid fines were conducted. In addition, past due notices, which state licenses may be revoked for non-payment were not consistently sent to providers and were not tracked. Further, CCLE did not employ the use of other collection practices such as late fees, liens or other penalties.
- ii. CCLE chose not to collect, and effectively 'waived' 14 fines imposed against one facility, of which four were for Class I violations. According to the County Attorney, CCLE was not authorized to waive fines for Class I violations. The total amount of fines imposed against this facility was \$1,550, of which \$850 was for Class I violations. Three Class 1 violations were related to background screenings, and one was for misrepresentation of information. The Class II and III violations where fines were issued were related to non-compliance with requirements regarding fire drills, outdoor equipment, attendance records and staff training. The facility's license was not renewed, and the center was closed.

- iii. Administrative Complaints did not clearly identify the due date of the fine.

In totality, these findings indicated that CCLE did not have an effective system to ensure the consistent issuance of NOVs, timely issuance Administrative Complaints and fines, or the payment of fines imposed.

**We recommended** management:

- A. Effectively impose fines for non-compliance, in a progressive manner, up to the maximum allowed by ordinance.
- B. Ensure Administrative Complaints are issued in a timely manner following the issuance of NOVs and site visits.
- C. Enhance collection practices to ensure:
  - i. Fines imposed are collected completely and timely, and late fees are established for past due fines.
  - ii. Revocation of licenses due to non-payment of fines is pursued, when appropriate.
  - iii. Fines imposed are not 'waived' without appropriate authority.
  - iv. Due dates for fine payment are included on Administrative Complaints.

**Implementation Status:**

- A. **Implemented.**
- B. **Implemented.**
- C. **Implemented.**

## **6. Standard Operating Procedures Should be Updated for all Major Functions.**

Standard Operating Procedures (SOPs) for some major functions were either incomplete or outdated. Specifically:

- A. SOPs for monitoring facilities and homes were dated 2007 and 1993 and did not adequately reflect current procedures and technology used.
- B. SOPs for investigations of complaints against unlicensed facilities had not been updated since 2007 and did not contain adequate guidance to document and retain investigations

of unlicensed facilities. As a result, we noted inconsistent documentation of unlicensed facility investigations and the lack of master files which could assist CCLE in ensuring the completion of follow-up activities, such as documentation of efforts to promote licensing; site visits to ensure unlicensed facilities or homes do not resume operations; or, identification of repeated operator/location offenses.

**We recommended** management develop or update SOPs, to address all major areas of operation within CCLE.

**Implementation Status: Implemented**

**7. A Formal Quality Assurance Program Should be Implemented.**

CCLE had not implemented a comprehensive quality assurance program. This was evidenced throughout our fieldwork, as we observed discrepancies in the consistent application of processes as well as omissions in the completeness of tracking logs, documentation in provider master files, or inspection reports. Such concerns affect several areas of operations including master file records, new license inspections, license renewal processes, routine inspections, and complaint investigations. We noted the following:

- A. CCLE had two Quality Assurance Specialist (QAS) staff persons. However, their assigned job responsibilities primarily include licensing of new facilities, investigations of complaints, as well as carrying a small caseload of childcare centers for regular monitoring activities. Accordingly, they were unable to focus their time on quality assurance activities.
- B. New license applications and licensing inspection reports were not consistently reviewed and approved, according to CCLE stated procedures.
  - i. Two of 28 (7%) pre-licensing inspection reports sampled were not signed by CCLE staff,
  - ii. One of 28 (4%) pre-licensing inspection reports was not posted on the DCF website,
  - iii. One of 15 (7%) licensing applications was not signed by the CCLE Supervisor.
- C. Discrepancies were noted regarding the completeness of file documentation during the license renewal process and inspection process. Of 30 facility files reviewed, we noted the following:
  - i. Three of 30 (10%) applications for renewal were not signed/approved by a supervisor.

- ii. Two of five (40%) files for registered facilities did not have documentation of the qualifying reason for their status as a 'registered' facility.
  - iii. One of five (20%) registered facilities had conflicting information between the file information, DCF CARES Website and CCLE's reports regarding the name and address of the facility.
  - iv. Facility capacity was not consistently reviewed as part of renewal process. For example, one facility with a capacity of 242 children did not have its capacity or floorplan re-evaluated since 2000.
  - v. One (3%) facility added transportation services to its current license after the renewal process was complete; however, the new license including transportation services, was issued effective for the original renewal date, not the actual date the service was added.
  - vi. Two facilities (7%) were not properly inspected for all licensed activity; specifically reviews of transportation services and night/weekend services were not considered, even though such services were included in the license.
  - iv. In totality, 95 renewal and routine inspection reports were reviewed; of these, three (3%) were not signed by CCLE staff, and nine (9%) were not posted online on DCF Cares website.
- D. CCLE maintained a master file for each licensed provider. Overall, we found that some master files were lacking organization and/or valuable information. For example:
- i. CCLE did not maintain copies of important communications in the master files. Specifically, the files do not contain copies of any correspondences with the centers, such as reminder notices, requests for additional or updated information, facility closure letters and/or cancellation of licenses, copies of any emails that may be exchanged, or an activity log to record any important communications, or documentation of oversight decisions. It was noted that during our fieldwork, CCLE responded to our concerns by creating file closure letters.
  - ii. Master files were maintained in CCLE file room; however, CCS staff also maintained separate 'desk files'. It appeared information contained in one source was not always available in both.

- iii. During our initial review of provider files, several were either missing one or more reports or contained copies of reports that were misfiled. As these discrepancies were identified and shared with CCLE staff, missing documents were found and/or refiled.

**We recommended** management:

- A. Consider a realignment of Quality Assurance Specialist staff responsibilities to allow a focus on quality assurance activities rather than serving as a supplement to regular staff.
- B. Implement a comprehensive Quality Assurance program to improve the quality and consistency of file documentation, and all licensure, renewal and inspection related activities, including ensuring all investigative reports are properly posted in the DCF CARES system.

**Implementation Status:**

- A. **Implemented.**
- B. **Implemented.**

## **8. Staff Caseloads Should Comply with DCF Workload Standards**

CCLE staff caseload exceeded DCF recommended workload standards. In a memorandum issued on January 14, 2016, DCF noted the utilization of workload standards for its regional offices to be 100:1 for licensed family child care homes, and 50:1 for child care facilities. We applied these ratios proportionately to CCS caseloads, which are generally a mix of facilities and homes. We noted the following:

- A. Nine of 13 (69%) CCS positions exceeded the DCF caseload standards of 50 child care facilities.
- B. Thirteen of 13 (100%) CCS positions exceeded DCF caseload standards in combined total (facilities and homes).
- C. All CCS staff exceeded recommended caseload levels by an average of 13% (excluding small caseloads maintained by two Quality Assurance Specialists).

**We recommended** management analyze staffing levels against workload requirements and make appropriate adjustments in order to comply with DCF's workload standards.

**Implementation Status: Implemented**



## 9. New Hires Should Meet Minimum Job Requirements

During our review of six sampled employee files, we identified one employee who was hired as a CSS, even though the pre-employment screening document in the employee file clearly indicated that the employee's authority to drive was denied due to a suspended license. In spite of this denial, the employee was hired on November 17, 2017, and was allowed to drive on County business. Risk Management discovered the discrepancy when the employee submitted a request for mileage reimbursement in April 2018. Following notification, the employee corrected the issue and was given authorization to drive on April 18, 2018.

**We recommended** management ensure staff are hired in accordance with the minimum job descriptions, including authorizations to drive vehicles, as appropriate.

**Implementation Status: Implemented**

## 10. Fees Charged Should Address Operating Deficits and be Consistent Across Service Types and Staff Resource Utilization.

- A. As shown in the Background Section of this report, CCLE operated at a net deficit for each of the past three fiscal years, with average, annual revenue loss of \$1.08 million. Many governmental services strive to operate at a revenue neutral position, collecting sufficient fees for services to cover operating expenses, ensuring that users of the services, in this case, child care entities seeking licensure, sufficiently contribute to the service so that it is not a burden on the local taxpayer (General Fund). It is noted that DCF currently provides funding for 25% of CCLE's costs. Attempts to request a higher level of funding support from the State via legislative actions have not been successful.
- B. Fees charged to providers were not consistent across services delivered and the staff effort involved in providing the services. We noted the following:
  - i. Changes in licensee name, capacity, or adding nighttime care, all required a 'change' fee; however, changes in licenses such as adding transportation services did not require a fee. This was an inconsistent practice, as all changes to licenses require a site visit inspection and application processing.
  - ii. Reinspection fees were previously required for failed food services inspections only but had been eliminated in the fee schedule approved by the Board on January 29, 2019. A single license fee was established to cover combined childcare and food license inspections, and no fees had been established for re-inspection for failed

inspections. However, all failed inspections require a follow-up site visit to ensure facilities have become compliant.

**We recommended** management evaluate CCLE's fee schedule to reduce the operating deficit and increase consistency in application of fee assessment practices across similar services.

**Implementation Status: Partially Implemented.** While no changes have been made to fee schedules, CCLE has evaluated fees and started the process of amending the Administrative Code to incorporate fee changes. Management has indicated that under the current COVID circumstances and due to the nature of the childcare industry, it is not likely to recommend raising fees to the level needed for the section to be revenue neutral. **We encourage** management to continue evaluating CCLE's fee schedule to reduce the operating deficit and increase consistency in application of fee assessment practices across similar services.

## **11. Technology Should be Used to Increase Operational Efficiencies**

Over the course of our review, we noted several opportunities where enhanced use of technology and automation practices could lead to increased consistency and efficiencies in CCLE Operations. We noted the following:

- A. CCLE relied on several manual or spreadsheet based systems for tracking facilities, licensing status, performance measures and inspection activities reducing efficiency and increasing the risk of errors and omissions.
- B. Child care provider records were paper based.
- C. Several computers used by staff in the field were outdated and cumbersome to use.

**We recommended** management:

- A. Explore implementation of automated workflows and tracking systems for increased efficiency.
- B. Explore means to reduce reliance on paper based systems while creating consistency in documentation practices.
- C. Evaluate current equipment used by staff for adequacy and explore the use of updated technology to facilitate inspection processes.

**Implementation Status:**

- A. **Implemented.**

**B. Implemented.**

**C. Implemented.**