



April 25, 2017

MEMORANDUM FOR Chief, Office of Athletics and Youth Development, National Guard Bureau, 111 South George Mason Drive, AH2, Arlington, VA 22204-1373

SUBJECT: Corrective Action Plan, South Carolina Youth Challenge Academy, SC

1. During the period 6-8 December 2016, South Carolina Youth Challenge Academy (SCYCA) received a Challenge Operational and Resource Management (CORE) Inspection. A Report of Inspection was received on 8 December 2016. A thorough review has been conducted and addressed with key staff members within the Program. Attached you will find a detailed Corrective Action Plan (CAP) developed by the management staff at South Carolina Youth Challenge Academy. The CAP addresses each Finding from both the Operations and Resource Management compliance and performance components of the Report of Inspection.

2. POC for this report is the undersigned at (803) 331-6675 or email at foglej@tag.scmd.state.sc.us

Jackie R. Fogle
Program Director
South Carolina Youth Challenge Academy

Corrective Action Plan

Operational Compliance

1. **a. FINDING:** South Carolina Youth Challenge Academy (SCYCA) staff does not meet the in-house training standards. (Organization, Item # 20)

b. ROOT CAUSE: Supervisor Course is given annually by the Office of the Adjutant General State Human Resources Director.

c. CORRECTIVE ACTIONS: All current SCYCA staff supervisors have been trained or have been scheduled for training on 4 April 2017. A request has been made to have the Office of the Adjutant General State Human Resources Director conduct the supervisor staff training during the January and the July program cycles.

d. TIMELINE: Corrective action implemented as of April 2017.

2. **a. FINDING:** South Carolina Youth Challenge Academy's (SCYCA) Corrective Action Plan (CAP) dated 20 January 2015 did not resolve all issues of noncompliance. (Administrative Requirements, Item # 24d)

b. ROOT CAUSE: Staff lacked the commitment and dedication to thoroughly complete the task as outlined in the Recruiting, Placement, and Mentoring (RPM) Operations Manual. The mentors are not meeting their Mentor Agreement obligations, which have been identified as a systemic issue of noncompliance Program-wide.

c. CORRECTIVE ACTIONS: We will continue to implement and refine the CAP submitted on 20 January 2015. The RPM Coordinator and two case managers have been replaced with personnel who have displayed a greater sense of commitment and dedication in following the guidance outlined in the RPM manual. We will continue to explore new processes to assist the mentors in honoring their commitments to contact their Cadets, monitor their activities in the Post-Residential Phase, report those contacts, and validate initial and new Cadet placement activities. In the event the mentors do not meet their obligations, the RPM staff is responsible for fulfilling the requirements. All contacts and placements completed by the RPM staff and other staff members will be thoroughly documented with dates, times, persons contacted, etc. and maintained in each graduate's file. The RPM staff members will become thoroughly familiar with their responsibilities as described in the RPM Operations Manual. Emphasis will be particularly placed on the requirement for case managers to verify cadet placement activities when the mentors fail to do so. We are also working with the National Guard to get Mentors from the units in the areas where the cadets live. We will also be asking the mentors for help in finding jobs for the cadets. However, the fact that Case Managers misunderstood how a Cadet placement was properly verified demonstrates the lack of an NG-J1-AY Post-Residential training course is hampering the Department's efforts in resolving this issue.

d. TIMELINE: A new RPM Coordinator was hired and began on work in November 2016. She attended the Winter Program Directors Conference in February 2017 in order to gain knowledge of “best practices” from other programs on improving mentor training and participation. She has thoroughly reviewed the RPM manual and has trained the new case managers. Going forward we should and will see improvements in all areas of the RPM Department.

3. a. SIGNIFICANT FINDING: South Carolina Youth Challenge Academy (SCYCA) did not meet all requirements of the biennial Director’s Self-Assessment (DSA). (Administrative Requirements, Item #'s 25c and 25d)

b. ROOT CAUSE: Out-dated guidelines/policies were used from the NGYCP Cooperative Agreement dated January 2012.

c. CORRECTIVE ACTIONS: Researched and found most current NGYCP Cooperative Agreement with the proper updated guidelines/policies. We will seek guidance when issues aren’t directly addressed in NGYCP Cooperative Agreement/ Operations manuals.

d. TIMELINE: Corrective action implemented as of March 2017.

4. a. SIGNIFICANT FINDING: South Carolina Youth Challenge Academy (SCYCA) did not properly submit a Serious Incident Report (SIR) for an alleged Hands-Off Leadership violation. (Administrative Requirements, Item #'s 38a-38c)

b. ROOT CAUSE: Misinterpretation of reporting procedures after investigation and actions taken regarding serious incidents

c. CORRECTIVE ACTIONS: Ensure all requirements are met and procedures are followed regarding any and all serious incidents.

d. TIMELINE: Corrective action implemented as of March 2017.

5. a. SIGNIFICANT FINDING: South Carolina Youth Challenge Academy (SCYCA) does not meet all the requirements of the mentor screening program. (Post-Residential Phase, Item #82c)

b. ROOT CAUSE: Staff that lacked the commitment and dedication to thoroughly complete the tasks as outlined in the RPM manual.

c. CORRECTIVE ACTIONS: A new RPM Coordinator/Supervisor has been hired since the date of inspection. It has been made very clear that it is imperative that RPM Coordinator/Supervisor and Mentor Coordinator thoroughly review the mentor’s completed packet to ensure they are properly screened before they are matched with the Cadet.

d. TIMELINE: Corrective action implemented as of February 2017.

6. a. SIGNIFICANT FINDING: (Systemic) South Carolina Youth Challenge Academy (SCYCA) does not meet all Post-Residential requirements. (Post-Residential Phase, Item #'s 78b-c, 86b-86c, and 89c)

b. ROOT CAUSE: Lack of commitment by previous staff and their lack of understanding of Post-residential requirements in addition to the systemic problems of finding and retaining motivated mentors.

c. CORRECTIVE ACTIONS: A new RPM Coordinator was hired and began on work in November 2016. In-house workshops with the RPM staff were conducted to review all Post-Residential requirements. We've reached out to the NG-J1-AY Program office for guidance on issues that were unclear. We have also reached to other YCA programs seeking ideas and "Best Practices" to improve our numbers in all areas in both the Residential and Post-Residential Phases.

d. TIMELINE: Corrective action implemented as of February 2017.

Resource Management Compliance

1. a. FINDING: (Systemic) South Carolina Youth Challenge Academy (SCYCA) failed to submit Quarterly Budget Reports in accordance with regulatory guidance. (Program Level, Item #8)

b. ROOT CAUSE: Quarterly reports were late due to family health issues in the Budget Officer's family that caused significant absence as well as the transition of GOR which resulted in a period of about 6 months with no permanent GOR in place.

c. CORRECTIVE ACTION: The Budget Officer has coordinated with the State Grants Accountant on Quarterly Report timelines to ensure the Quarterly Reports are submitted in a timely manner. A new GOR is in place who is aware of the Quarterly Report timeline and due dates and will submit in a timely manner. All email traffic will be kept with copies of the signed Quarterly Reports.

d. TIMELINE: Corrective action implemented as of February 2017.

2. a. FINDING: South Carolina Youth Challenge Academy (SCYCA) Director has not implemented management and internal controls to protect Federal and State interests. (Program Level, Item #38)

b. ROOT CAUSE: The current risk assessments and management control checklists are signed by the Federal Program Manager and submitted to USPFO. The template for the checklist had no place for the State Director signature.

c. CORRECTIVE ACTION: SCYCA Director is working with the Federal Program Manager to update the management control checklist to include both the Program Director and Federal Program Manager signature prior to submitting to USPFO.

d. TIMELINE: Corrective action implemented as of February 2017.

3. a. FINDING: The Corrective Action Plan (CAP) did not resolve all findings of noncompliance. (Program Level, Item #46d)

b. ROOT CAUSE: The CAP was not monitored and reviewed on a regular basis to determine whether all findings were resolved.

c. CORRECTIVE ACTION: SCYCA Director is adding a line on the management control checklist to ensure results of audits and inspections are reviewed at least quarterly. The SCYCA Budget Officer is also creating a sign-in sheet to include topics discussed during budget and audit meetings with SCYCA staff in order to keep a record of progress made in resolving outstanding findings.

d. TIMELINE: Corrective action implemented as of February 2017.

4. a. FINDING: The Grants Officer Representative (GOR) did not process all cooperative agreement modifications into the Defense Assistance Awards Data System Report (DAADS) within the required timeframe. (Federal/State Oversight, Item #81)

b. ROOT CAUSE: A new GOR was appointed in November 2016. Prior to this, we had interim GORs after the previous GOR retired. During this period, the interim GORs did not have DAADS access and could not submit modifications.

c. CORRECTIVE ACTION: The new GOR has access to DAADS and is currently ensuring all previously submitted MODs are up to date in DAADS, and any new MODs submitted are entered in DAADS within 15 days of award/modification date.

d. TIMELINE: Corrective action implemented as of February 2017.