

Filing for Paid Family Leave

A heuristic evaluation and redesign proposal for the California Employment Development Department's Paid Family Leave claim journey — the path a new parent walks from “I just had a baby” to a first benefit payment.

Prepared by

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Scope

Public, unauthenticated EDD web content governing the PFL bonding, care, and military assist claim process. Audited 12 September 2026 against the live site.

Methods

Nielsen–Molich heuristic evaluation · WCAG 2.1 AA conformance review · automated DOM and contrast analysis · readability scoring (Flesch, Flesch–Kincaid, Gunning Fog, SMOG, Coleman–Liau) · journey mapping against the 41-day statutory filing deadline.

Why this journey

In May 2026 the EDD rebuilt the unemployment certification experience, assessing 45 screens and more than 1,740 lines of content to remove language that confused customers. That work is the standard this department has already set for itself.

The Paid Family Leave claim journey has not had the same treatment. It is a harder problem: the claimant is a new parent or a caregiver, often sleep-deprived, frequently on a phone, and the process depends on documents that two other people — a care recipient and a physician — must sign and return inside a 41-day window that the claimant cannot extend.

This audit applies the same lens to that journey. Every finding below was verified against the live site rather than inferred, and the evidence for each is reproducible.

2 Instructions on one page that directly contradict each other	3 Different definitions of the same 41-day legal deadline	18 Of 18 process panels collapsed and hidden on page load	10–11 Consensus reading grade, against a 6–8 target for benefits content
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What I found

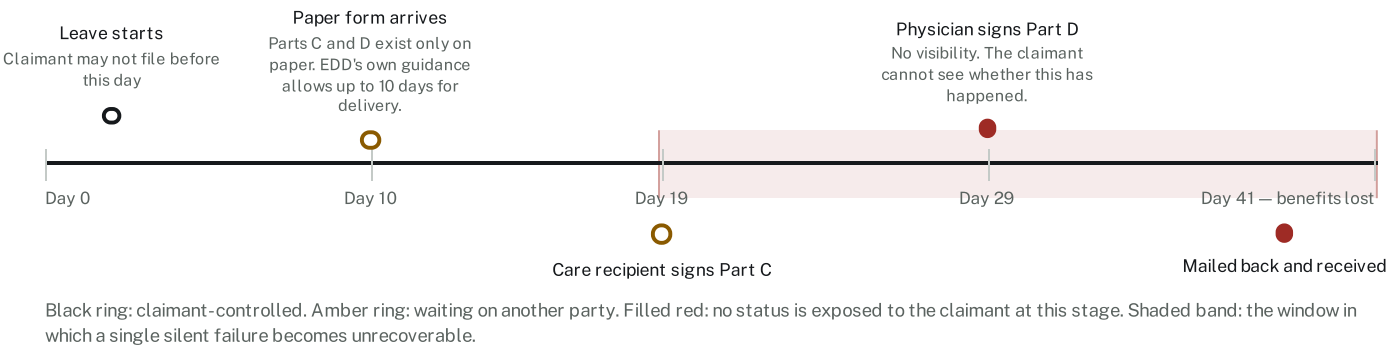
Thirteen findings, two of them severe enough to cost a claimant benefits they are legally entitled to. Neither severe finding is a design-taste question. One page tells care claimants to upload two forms and then tells them, further down the same page, that those forms cannot be uploaded and must be mailed. A second tells a Paid Family Leave claimant where to go to stop their benefits and then links them to the Disability Insurance instructions instead.

Both are cheap to fix. Both are the kind of defect that survives for years because no one owns the journey end to end — which is, I think, the actual job being advertised.

This is an independent analysis prepared from publicly available information as a work sample. It is not affiliated with, commissioned by, or endorsed by the Employment Development Department, and it reflects only what is visible without a claimant account.

The 41-day clock

California law gives a claimant 41 days from the start of family leave to file. The clock runs continuously. Nothing in the current journey pauses it, and almost nothing in the middle of the journey is under the claimant's control. Mapping the care-claim path against that deadline shows where the risk actually sits — not at the application screen, which is competent, but in the gaps between it and three other parties.



Where it breaks

The application itself is not the problem. A claimant who reaches SDI Online and completes sections one through five has done the part the department designed well. Every failure mode is in the handoffs.

- The online path requires a paper artifact. To file a care claim “online,” the claimant must order a printed form through the mail and route it through two other people.
- Two of the three parties are outside the system entirely — no account, no reminder, no deadline they can see.
- No state is reported back. Between submission and a determination up to 14 days later, the claimant cannot tell “we are processing this” from “your physician never sent Part D.”
- The only recovery mechanism is a phone call — the most expensive channel the department operates.

What this costs

A claimant who misses the window does not lose a form submission. They lose wage replacement during the weeks they are least able to absorb it, and the denial arrives with a 30-day appeal attached, converting a content defect into appeals workload.

This is the familiar economics of benefits systems: defects that look minor on a page are expensive downstream, because each one terminates in a call, an eligibility interview, or an appeal. Page 6 proposes how to size that before committing to a redesign, rather than asserting a number I have no basis for.

Three parties, one deadline, and only one of them can see it

	The claimant	The care recipient	The physician
Must act before day 41	Yes	Yes	Yes
Is shown the deadline	Must calculate it	No	No
Receives a reminder	No	No	No
Can see the claim's status	No	No	Can search for it
Bears the loss if it slips	Entirely	Nothing	Nothing

The asymmetry is the design problem. The only participant with anything at stake has the least information and no way to intervene. Findings 04 and 06 both follow from the last row.

Findings

Severity reflects consequence to the claimant, not effort to fix. All page evidence was verified against edd.ca.gov on 12 September 2026 and is reproducible from the public page.

01 One page gives care claimants two opposite instructions for submitting their medical certification

CRITICAL

Step 2 tells the claimant to “Upload Parts C and D to your SDI Online claim or mail the completed forms.” Step 3 of the same page states those parts “can’t be uploaded currently” and must be mailed. A claimant following the first instruction believes the claim is complete and learns otherwise only when it stalls — by which point the 41-day window may have closed.

Verified: both strings present in the rendered DOM of /en/disability/pfl_claim_process/, one occurrence each.

FIX Render channel rules from one content object and show only the path for the claimant’s claim type. Until the uploader supports these parts the control should not be reachable — an instruction not to use a visible control is a design failure, not a content one.

Nielsen 2 (match with the real world) · Nielsen 5 (error prevention) · Nielsen 4 (consistency)

02 A link labelled for Paid Family Leave sends the claimant to Disability Insurance instructions

CRITICAL

The final step links to “Paid Family Leave — Stop or Continue Your Benefits.” The destination is the Disability Insurance page. A correct PFL page exists and is live at the parallel address, so this is a wiring error, not missing content — and a claimant ending a bonding claim receives rules for a different programme.

Verified: the link resolves to /en/disability/Discontinue_Continue_or_Extend_Your_DI_Benefits/. Both the DI and PFL pages return HTTP 200 with distinct titles.

FIX Correct the reference, then add automated link-integrity and label-destination checking to the content release pipeline so the class of defect cannot recur silently. A twenty-minute fix and a one-sprint prevention.

WCAG 2.1 §2.4.4 Link Purpose (In Context), Level A · Nielsen 2

03 The same statutory deadline is defined three different ways

SERIOUS

On one page the deadline is “41 days after your family leave starts” and, for mothers transitioning from a pregnancy-related disability claim, “41 days from the date you wish to begin your bonding claim.” The published fact sheet renders it a third way. These are not equivalent, and the claimant is the one who must compute the date.

Verified: both phrasings present on the claim process page; a third appears in DE 8714CF.

FIX Write one canonical sentence and reuse it everywhere. Then stop making the claimant do date arithmetic: once a start date is entered, show the actual deadline as a date in the application, the confirmation, and every reminder.

Nielsen 4 (consistency and standards) · Nielsen 6 (recognition over recall)

04 The recommended online path is not online

SERIOUS

Filing a care claim “online” requires ordering a printed DE 2501F through the mail, collecting two wet signatures, and mailing it back — inside 41 days, with EDD’s own guidance allowing up to ten days for the form to arrive. The department already operates an electronic certification route for physicians, so the capability exists. It is simply not offered at the moment the claimant needs it.

FIX Let the claimant trigger a secure request to the care recipient and the physician from inside the application, with the deadline stated and a reminder before it lapses. Keep the paper route for those who need it; stop making it the default.

Nielsen 7 (flexibility and efficiency of use) · Nielsen 1 (visibility of system status)

05 Accepted upload formats exclude the format most phones produce

SERIOUS

Claimants are told to “scan and save the documents as PDFs, JPGs, TIFs, or TIFFs.” The required proof of relationship is usually a birth certificate, which a new parent photographs on a phone. Current iPhones capture HEIC by default. The list includes TIFF, effectively absent from consumer devices, and omits the one most claimants will produce. “Scan” presumes a scanner, and the claimants least likely to own one are the ones this programme exists to reach.

FIX Accept HEIC, HEIF, and PNG and convert server-side. Replace “scan and save” with “take a photo or upload a file.” On rejection, name the formats that work and offer to convert.

Nielsen 9 (help users recover from errors) · verify against the authenticated uploader before implementation

06 SERIOUS	Nothing reports the state of the claim back to the claimant The claimant waits up to 14 days with no view of whether documents arrived, whether the physician returned Part D, or what is outstanding. Visibility of status is the first heuristic because its absence generates the contact everything downstream absorbs. FIX A claim status view with a state per required item — received, waiting on your physician, action needed from you — and a notification on any change. Wireframed on page 5. Nielsen 1 (visibility of system status)
07 MODERATE	Every step of the process is hidden on page load All eighteen expandable panels render collapsed. A claimant arriving to find out how to apply sees five headings and no content, cannot scan the process, and in most browsers cannot reach the text with find-in-page. Progressive disclosure is the wrong pattern for a first-time, high-stakes process. Verified: 18 of 18 elements carrying aria-expanded are set to false in the delivered markup. FIX Expand by default, or replace with a persistent step rail showing all five steps and the claimant's position among them. Nielsen 6 (recognition rather than recall)
08 MODERATE	Heading structure skips a level, breaking the outline for screen reader users The document moves from the page title straight to third-level headings at “1. Review Your Eligibility.” The five process steps have no parent heading, so navigating by heading level yields a structure that does not match the visible one. Verified: one heading-level skip, h1 to h3, across 20 headings. WCAG 2.1 §1.3.1 Info and Relationships, Level A
09 MODERATE	The embedded chat frame has no accessible name The page's single iframe carries no title attribute, so assistive technology announces an unlabelled frame inside the help region. Verified: 1 iframe, 0 with a title attribute. WCAG 2.1 §4.1.2 Name, Role, Value, Level A
10 MODERATE	Form codes and part letters are used as the primary names for things Seven document codes appear on this page alone, and the form divides into lettered parts that are sequential for no one: bonding needs A and B, care needs A, C and D, military assist needs A and E. Every claimant receives the same eleven-page document and assembles their own subset. Two EDD pages disagree about which page Part E is on. FIX Lead with purpose, keep the code in parentheses, and generate a claim-type-specific packet instead of issuing one form for three programmes. Nielsen 2 (speak the users' language)
11 MODERATE	Reading level sits above the target for public benefits content Measured across 1,122 words: Flesch Reading Ease 61.3, Flesch–Kincaid 8.3, Gunning Fog 10.9, SMOG 11.4, Coleman–Liau 9.6, consensus grade 10–11. Twenty-one percent of sentences run past twenty words. The prose is not badly written — sentences average 14.6 words. The grade is driven by undefined vocabulary: “base period” appears four times on a page that never defines it. FIX Define base period inline at first use. The gain here is vocabulary, not sentence surgery.
12 MODERATE	Same-sex non-birth parents are instructed to select “Other” The relationship field has no value describing this family, so guidance on a separate page asks the claimant to work around it — content doing repair work for a data model, and only for claimants who read that page first. FIX Add the values. Where a schema change must wait, put the guidance inline at the field where the claimant meets it, never on a page they may never open.
13 LOW	A duplicated item in the proof-of-relationship list The foster care agency letter appears twice, once appended to an unrelated bullet. Trivial alone, but a signal that this list is maintained by hand without review.

What already works

An audit that finds only faults is not useful. These should be protected in any redesign.

- “If you are unsure if you are eligible, apply.” One sentence that removes self-screening, a leading cause of under-take-up. The best line on the page.
- **Citizenship and immigration status do not affect eligibility** — stated plainly, early, unhedged.
- **Foster and adoptive parents are first-class claimants**, not an appended exception.

Accessibility baseline

Automated checks found the underlying hygiene sound, so the failures above are worth fixing rather than symptoms of a page needing replacement.

Check	Result
EDD green on white	6.57:1 — passes AA (4.5:1)
Links with an accessible name	228 of 228
Heading level skips	1 — finding 08
Frames with a title	0 of 1 — finding 09

Proposed design

Two screens address eight of the thirteen findings, and neither requires replacing SDI Online. The first moves the deadline, the documents, and the dependency on other people to the front; the second gives all three parties a shared view of where the claim stands.

SCREEN 1 — BEFORE YOU START

myEDD · Paid Family Leave

Step 1 of 6

Who are you taking time off for?

We'll build a checklist for your situation so you only see what applies to you.

☒ **A new child joining my family**
Birth, adoption, or foster placement

☐ **A seriously ill family member**
Needs a signature from them and their doctor

☐ **A family member deploying overseas**

When did your leave start?

08 / 15 / 2026

Your deadline to file is Friday, 25 September 2026 — 13 days from today.

You'll need one of these

A photo from your phone is fine.

Birth certificate
Hospital copy works too

Adoption or foster placement agreement

Start my application

About 15 minutes

Addresses findings 03, 05, 07, 10, 12. The deadline is computed and shown as a date. Claim type is chosen in the claimant's own words before any form code appears, documents are named up front rather than discovered at upload, and relationship options are explicit.

SCREEN 2 — CLAIM STATUS

myEDD · Claim PFL-2026-004821

Filed 16 Aug

We're waiting on one thing

Your claim is complete except for your doctor's certification. We'll pay you within 14 days of receiving it.

DONE

Your application
Received 16 August

DONE

Statement from your care recipient
Signed by M. Reyes on 19 August

WAITING

Certification from Dr. Nguyen
Requested 16 August. Not returned yet — due 25 September.

Send a reminder

Use a different doctor

NEXT

Our decision
Starts once everything above is done

We'll text and email you the moment anything changes. You don't need to call.

Addresses findings 01, 04, 06. Every dependency is visible and attributed, so a silent failure becomes visible while the claimant can still act — and the recovery path is not a phone call. Requesting the certification electronically also dissolves finding 01: there is no paper to mis-route.

Three rules I would hold a redesign to

Drawn from the findings rather than imported from a style guide.

Compute it, don't ask for it. Never make the claimant work out something the system already knows. Dates, deadlines, and required documents are all derivable from the claim type and the start date.

Show the dependency to whoever bears it. The claimant loses the benefit when a third party is late, so the claimant sees that party's status and has a way to act on it.

Fix the flow, not the sentence. Several findings here have been patched with warning copy where the underlying process should have changed. A warning that a visible control will break your claim is not a fix.

How I would validate this

A heuristic evaluation is a cheap way to find candidate problems. It is not evidence that they are the most important ones, and it cannot tell you what a redesign is worth. Before building anything on page 5, I would want three things.

1 — Size it from data the department already holds

Rate of PFL claims flagged incomplete on first submission by claim type. Median days from leave start to first payment. Contact volume by reason code, isolating status enquiries. Upload rejection rate by file extension. Mobile share of PFL sessions and where they drop. This establishes whether findings 01 to 06 are rare or routine, and sets the baseline.

2 — Moderated usability testing

Six to eight participants per claim type, recruited to include mobile-only users, Spanish speakers, and recent filers. Task: file a care claim end to end. I would watch specifically whether anyone notices the contradictory upload instruction, and how they compute the 41-day date unaided.

3 — Assistive technology testing

Tooling caught findings 08 and 09. It will not catch whether the accordion is usable with a screen reader, whether status changes are announced, or whether the flow survives at 200% zoom. That needs manual testing with NVDA, JAWS, and VoiceOver, with participants who use them daily.

Method and limitations

What an analysis cannot support matters as much as what it found.

- **Public content only.** No claimant account, no authorised access. The SDI Online application screens, the uploader, and the notices are outside this review. Where a finding depends on system behaviour rather than published instruction — finding 05 especially — I have said so rather than asserting it.
- **No users were observed.** Every severity rating is a judgement about likely consequence, not a measured rate. Heuristic evaluation over-weights what is visible and under-weights what is merely common.
- **Readability formulas are blunt.** They score syllables and sentence length, not comprehension. I report five because they disagree, and the disagreement is itself informative.
- **Constraints I cannot see.** Several findings likely reflect statute, a legacy system boundary, or a records rule rather than an unconsidered choice — the wet signature on Part D may be one. I propose remedies without claiming to know which are permissible.
- **A point in time.** Findings reflect the site as of 12 September 2026 and may already be resolved.

Why I did this

I am applying for the User Experience Designer position at the EDD. Rather than describe how I would approach the work, it seemed more useful to do a piece of it against your actual product and let that stand in.

My background is not a conventional design one. I have spent a decade as a California correctional officer, most recently running the daily appointment and scheduling process for the mental health programme at Mule Creek State Prison — a workflow whose users cannot opt out, where an error means someone misses care, and where the people it serves had no hand in designing it. I hold a bachelor's degree in information technology and finish a master's in IT management this December. I build and ship software.

What I take from that is the habit of reading a process from the position of the person it happens to. This document is that habit applied to a system I do not work on.

Sources: edd.ca.gov PFL claim process, PFL filing guidance, and DE 8714CF, retrieved 12 September 2026. Heuristics per Nielsen & Molich. Conformance criteria per WCAG 2.1 Level AA. Analysis scripts available on request.