



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

August 30, 2018

Mike Carroll, Secretary
Department of Children and Families
1317 Winewood Boulevard, Building 1, Room 202
Tallahassee, Florida 32399-0700

Dear Secretary Carroll:

In accordance with § 20.055, Florida Statutes, it is my pleasure to present the Office of Inspector General Annual Report for Fiscal Year 2017-2018. The report details the accomplishments and efforts of staff within the Appeal Hearings, Internal Audit, and Investigations Sections during the fiscal year.

We are committed to promoting accountability and integrity in a professional and timely manner. We look forward to continuing to work with the agency to accomplish our mission of *Enhancing Public Trust in Government*.

Respectfully,

Keith R. Parks
Inspector General

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Department of Children and Families

Office of Inspector General



Annual Report Fiscal Year 2017-2018

August 30, 2018

Keith R. Parks
Inspector General

Rick Scott
Governor

Mike Carroll
Secretary

Table of Contents

| | |
|---|-----------|
| Executive Summary..... | 3 |
| Introduction..... | 4 |
| Statutory Requirements | 4 |
| Organizational Chart | 5 |
| Professional Certifications and Licenses..... | 6 |
| Investigations Section..... | 7 |
| Intake Unit | 7 |
| Investigations Unit | 8 |
| Investigations and Management Reviews | 8 |
| Whistle-blower Investigations | 8 |
| Recommended Corrective Actions | 8 |
| Personnel Actions Associated with Investigations and Management Reviews | 8 |
| Cases Opened by Circuit..... | 9 |
| Allegation Types | 9 |
| Public Records Requests | 10 |
| Inspector General Reference Checks / Database Checks for Prior Investigations | 10 |
| Inspector General Outreach Program..... | 10 |
| Appeal Hearings Section | 11 |
| Hearings Authority | 11 |
| Hearings Jurisdiction | 11 |
| Completed Hearings Activities | 12 |
| Fair Hearings Completed by Agency | 12 |
| Internal Audit Section..... | 13 |
| Internal Audit Unit | 13 |
| Single Audit Unit | 13 |
| Florida Inspectors General Expertise System (FIGES)..... | 14 |
| Integrated Internal Audit Management System (IIAMS)..... | 14 |
| Appendix | 15 |
| Summary of Issued Internal Audits | 15 |
| Summary of Internal Audit Projects Initiated and Terminated..... | 18 |
| Significant Audit Recommendations Not Fully Implemented | 19 |
| External Audit Reports Issued | 21 |
| Follow-up to Prior External Audit Reports..... | 21 |
| Summary of Investigations and Corrective Actions Completed | 22 |
| Summary of Management Reviews and Corrective Actions Completed..... | 40 |

Executive Summary

In accordance with § 20.055, Florida Statutes (F.S.), the Office of Inspector General (OIG) is “established in each state agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government.” Additionally, by September 30, the Inspector General is required to complete an annual report summarizing activities of the office during the prior fiscal year. Consistent with these duties, the following accomplishments, highlights, and activities demonstrate significant efforts of the Department of Children and Families (Department) OIG staff during Fiscal Year 2017-2018:

- Received, reviewed, and processed 5,086 complaints or requests for assistance from Department managers, employees, clients, or citizens;
- Opened 126 cases, and completed 92 investigations, that examined allegations of violations of statute, rule, policy, contract, or systemic issues, and tracked 80 corrective actions (172 recommendations) by management to ensure responses to recommendations for personnel action or policy clarification were appropriately addressed;
- Processed 4,495 Inspector General Reference Checks for current and former Department and provider employees;
- Conducted 53 Outreach Training sessions for 1,240 Department and/or provider employees on the role of the OIG, when to report suspected employee wrongdoing, the Whistle-blower’s Act,¹ and how to recognize violations of statute, rule, policy, or contract;
- Maintained accreditation status through the Commission for Florida Law Enforcement Accreditation, Inc. (CFA), and the accreditation manager was presented with the CFA Accreditation Manager of the Year award;
- Completed 9,140 fair hearing requests, 987 administrative disqualification hearing requests, and 126 nursing facility discharge or transfer hearing requests;
- Published eight (8) assurance reports, which contained 23 findings and recommendations for improvement of efficiency and effectiveness in Department programs and operations. Management agreed or concurred with 22 of 23 (95.7%) of reported findings;
- Internal Audit performed liaison activities for 13 external audit projects, including research and evaluations by external auditors;
- Reviewed and processed 129 Department financial reporting packages of state financial assistance as well as 33 certifications of “no audit required.” There were four single audit follow-up actions to ensure auditor-identified corrective actions were implemented; and
- Following Hurricane Irma in September 2017, the Department initiated the Disaster Supplemental Nutrition Assistance Program (DSNAP) to provide food assistance to low-income households with food loss or damage caused by the natural disaster. A total of 17 OIG staff volunteered 2,476.75 hours to assist with DSNAP application reviews.

¹ The Whistle-blower’s Act, § 112.3187-112.31895, F.S., is intended to protect current employees, former employees, or applicants for employment with state agencies or independent contractors from retaliatory action. The whistle-blower’s identity is protected from release pursuant to § 112.3189, F.S.

Introduction

The OIG worked diligently to meet its statutory mandates and fulfill its mission of “Enhancing Public Trust in Government.” This annual report summarizes the activities and accomplishments of the OIG for Fiscal Year 2017-2018.

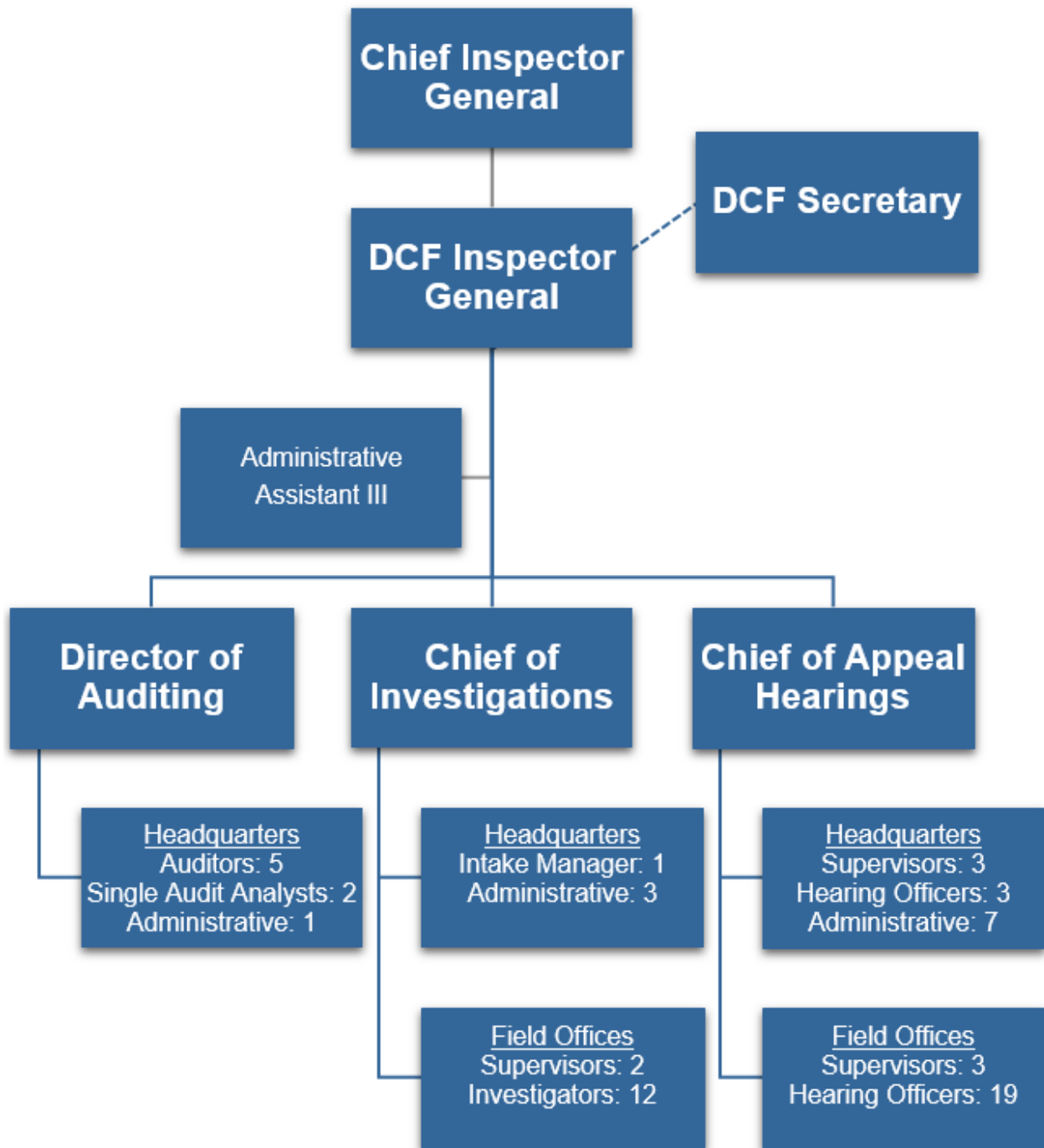
Statutory Requirements

The OIG is established in each state agency to provide a central point of coordination and responsibility for promoting and ensuring accountability, integrity, and efficiency in government. In accordance with § 20.055, F.S., the Inspector General is appointed by and reports to the Chief Inspector General, but is under the general supervision of the agency head. As outlined in statute, the duties of the Inspector General include:

- Advising in the development of performance measures, standards, and procedures for the evaluation of state agency programs;
- Assessing the reliability and validity of information provided on performance measures and standards, and making recommendations as needed;
- Reviewing actions taken by the agency to improve operational and program performance and making recommendations for improvement;
- Providing direction for, supervising, and coordinating audits, investigations, and management reviews relating to the programs and operations of the agency;
- Conducting, supervising, and coordinating activities that promote economy and efficiency and prevent or detect fraud, waste, and abuse;
- Informing the Chief Inspector General of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the agency, recommending corrective actions concerning fraud, abuses, and deficiencies, and reporting on the progress made in implementing corrective action;
- Ensuring effective coordination and cooperation between the Auditor General (AG), Office of Program Policy Analysis and Government Accountability (OPPAGA), federal auditors, and other governmental entities;
- Reviewing rules relating to programs and operations, and making recommendations regarding impact;
- Ensuring an appropriate balance between audit, investigative, and other accountability activities; and
- Complying with the *General Principles and Standards for Offices of Inspector General* as published and revised by the Association of Inspectors General.

Organizational Chart

As of June 30, 2018, there were 66 positions assigned to the OIG, which were distributed in the following three sections: Appeal Hearings, Internal Audit, and Investigations. Appeal Hearings and Investigations staff are located at headquarters and in field offices throughout the state.²



² Field Offices: Investigations – Ft. Lauderdale, Miami, Orlando, and Tampa
Appeal Hearings – Ft. Lauderdale, Jacksonville, Marianna, Miami, Orlando, Pensacola, Tampa, and West Palm Beach

Professional Certifications and Licenses

In addition to the educational degrees and experience required for their respective positions, OIG staff members hold the following professional certifications and licenses:

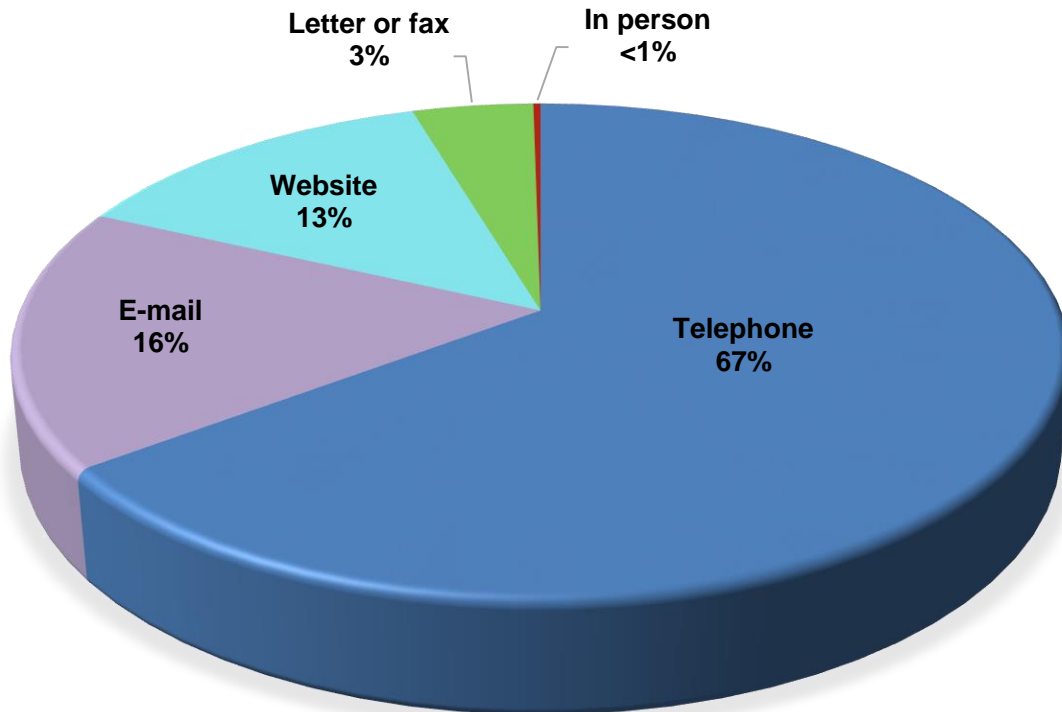
| | |
|--|----|
| Accreditation Manager..... | 3 |
| Call Center Manager | 1 |
| Certified Contract Manager..... | 2 |
| Certified Fraud Examiner..... | 2 |
| Certified Hearing Official..... | 1 |
| Certified Inspector General Auditor | 9 |
| Certified Inspector General Investigator | 12 |
| Certified Inspector General..... | 2 |
| Certified Internal Auditor | 2 |
| Certified Internal Controls Auditor..... | 1 |
| Certified Law Enforcement | 1 |
| Certified Public Accountant..... | 1 |
| Certified Public Manager | 3 |
| Florida Abuse Hotline Counselor | 1 |
| Florida Bar | 8 |
| Peer Review Team Leader | 1 |
| Team Leader Assessor | 1 |

Investigations Section

Intake Unit

The Intake Unit handles incoming calls and reviews all complaints or requests for assistance received by the Investigations Section via telephone, letter, fax, e-mail, website, or in person. The Intake Unit reviewed a total of **5,086** complaints or requests for assistance, received in the following manner:

3,411 via telephone
816 via e-mail
651 via website
176 via letter or fax
32 in person



Investigations Unit

The Investigations Unit initiates investigations or management reviews when violations of statute, rule, policy, and/or contract provisions are alleged, including those filed under the Whistle-blower's Act. While investigations are administrative in nature, potential criminal violations are often discovered during the investigative process. When a determination is made that the subject of an investigation has committed a potential criminal violation, the investigation is coordinated with the Florida Department of Law Enforcement, local law enforcement agency, or the appropriate State Attorney's Office for criminal prosecution.

Investigations and Management Reviews

126 cases were opened for investigation or management review

92 investigations were completed

143 allegations were investigated or reviewed

Whistle-blower Investigations

There were **two (2)** investigations completed in accordance with the Whistle-blower's Act.

Recommended Corrective Actions

Based on the investigation or management review, the Investigations Unit may make recommendations in the form of corrective actions. The recommendations are for the purpose of process improvement and are made to Department or provider management. The final reports, including recommendations, are sent to all appropriate parties and actions are tracked to completion. A total of **80** corrective actions, entailing **172** recommendations, were issued by the Investigations Unit.

Personnel Actions Associated with Investigations and Management Reviews

Personnel actions may occur as a result of allegations reported to the OIG, or investigations or management reviews completed by the OIG. The following actions were reported to the OIG and took place at the discretion of management or the employees themselves:

37 Terminations

35 Resignations

4 Suspensions

3 Written Counselings

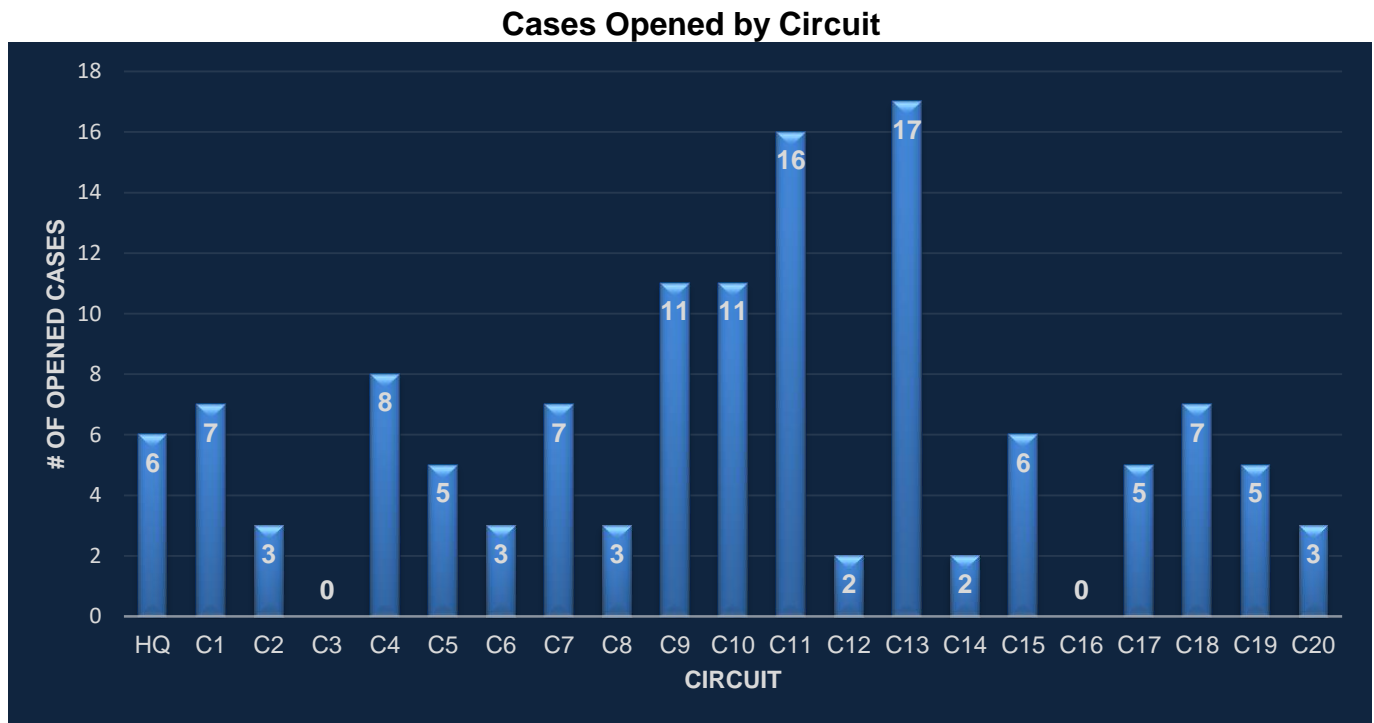
2 Written Reprimands

2 Verbal Counselings

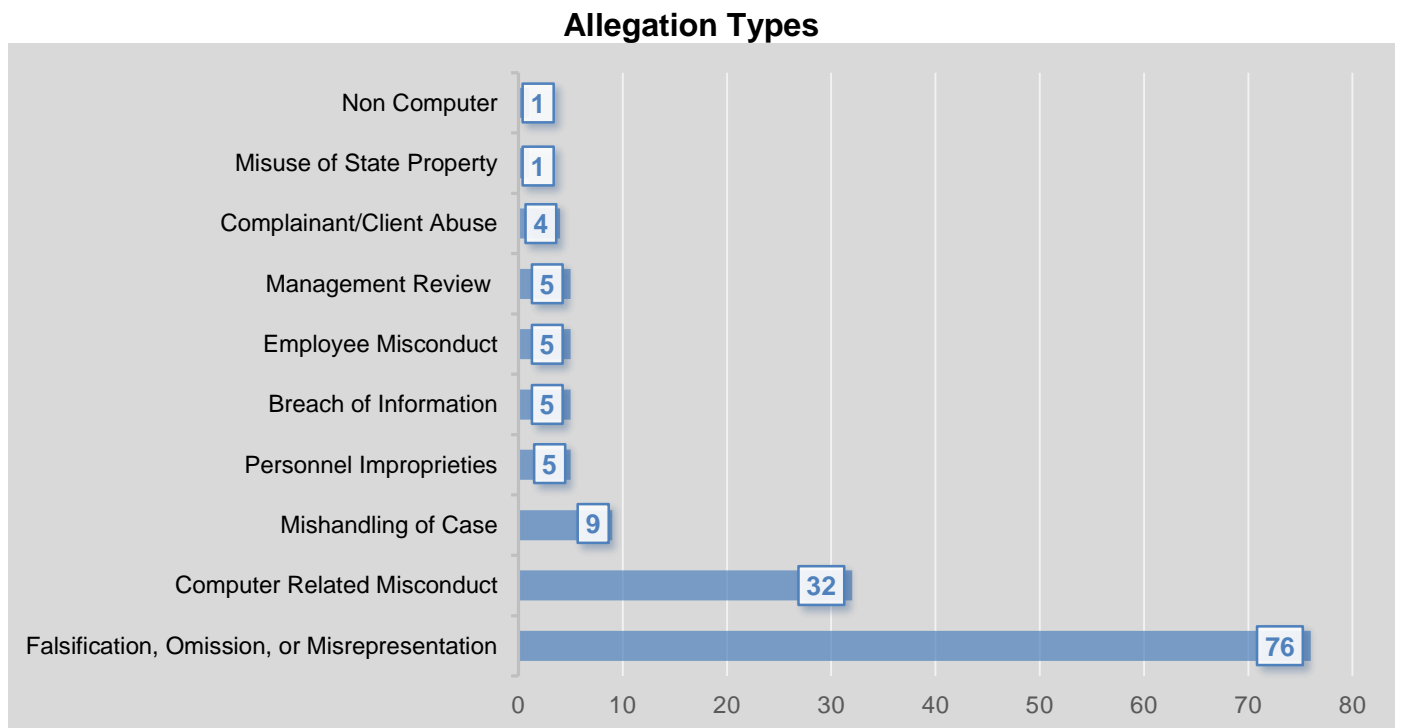
1 Demotion

1 Retirement

The following chart provides a comparative analysis of the **126** cases opened by Circuit:



The allegation types and corresponding **143** allegations investigated for closed cases are as follows:



Public Records Requests

The Intake Unit responded to **28** public records requests under Chapter 119, F.S.

Inspector General Reference Checks / Database Checks for Prior Investigations

Current and former Department and provider employees being considered for rehire, transfer, promotion, or demotion are screened to determine if they were the subject of an OIG investigation. The OIG processed **4,495** such reference checks.

Inspector General Outreach Program

The Investigations Unit offers an outreach program to educate management and staff of the Department and providers on the role of the OIG. The training sessions cover when to report suspected employee wrongdoing, protection afforded under the Whistle-blower's Act, and how to recognize violations of statute, rule, policy, or contract. A total of **53** training sessions, involving **1,240** individuals, were completed with Department employees and/or contracted and subcontracted providers.

Appeal Hearings Section

The Appeal Hearings Section conducts administrative hearings for applicants or recipients of public assistance programs, and individuals being transferred or discharged from nursing facilities. The section also conducts disqualification hearings for the Department when individuals are alleged to have committed intentional program violations in the Cash or Food Assistance Programs.

The Appeal Hearings Section reports directly to the Inspector General. This assures independence and complies with federal regulations requiring a hearing officer to be a headquarters-level employee. Hearings are funded with 50% federal funds and 50% state general revenue.

Hearings Authority

The section operates pursuant to the following statutory authorities:

- § 409.285, F.S., Opportunity for hearing and appeal
- § 120.80, F.S., Exceptions and special requirements; agencies
- § 400.0255, F.S., Resident transfer or discharge; requirements and procedures; hearings
- § 393.125, F.S., Hearing rights

The administrative rules for the Department's fair hearing procedures appear in Rule 65-2.042, et seq., Florida Administrative Code (F.A.C.), Applicant/Recipient Fair Hearings.⁴

The major controlling federal regulations are as follows:

- Temporary Assistance to Needy Families Personal Responsibility and Work Reconciliation Act of 1996
- Medicaid - 42 C.F.R. § 431.200, et. seq., Fair Hearings for Applicants and Beneficiaries
- Food Assistance - 7 C.F.R. § 273.15, Fair hearings
- 7 C.F.R. § 273.16, Disqualification for intentional Program violation

Hearings Jurisdiction

The section conducts hearings for the following programs:

Office of Economic Self-Sufficiency (OES)

- Cash, Temporary Assistance to Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Disaster Supplemental Nutrition Assistance Program (DSNAP)
- Medicaid Eligibility
- Refugee Assistance Program
- Institutional Care Program
- Optional State Supplementation

⁴ As of April 2, 2018, these rules were amended to improve the guidance of the fair hearing process and promote uniform actions by the Department in processing appeals and determining final agency action.

Medicaid Benefits

- Agency for Persons with Disabilities (APD)
- Nursing Facility Discharge or Transfer Hearings
- Preadmission Screening and Resident Review Hearings

Others

- Department of Health Special Supplemental Food Program for Women, Infants, and Children (WIC)
- Eligibility or amount of assistance for Office of Child Welfare programs funded through the Social Security Act
- Child Support Enforcement issues for the Department of Revenue (DOR)

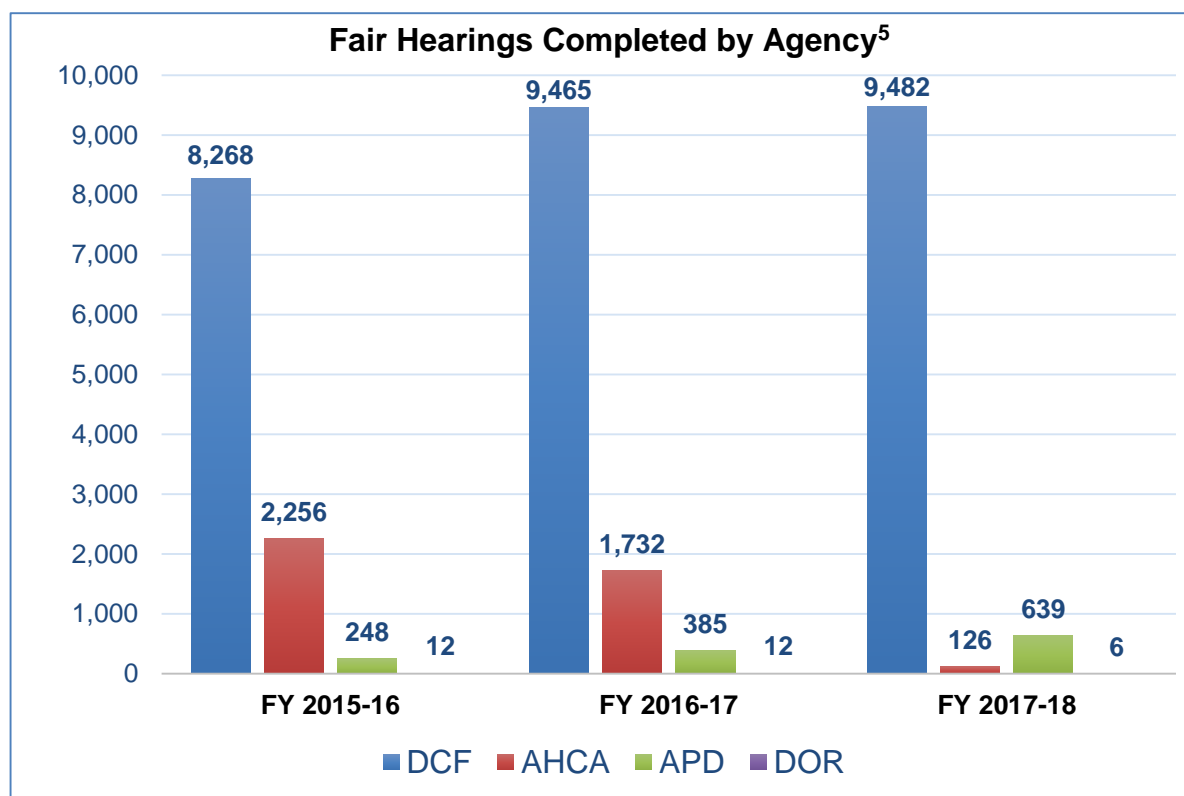
Completed Hearings Activities

During Fiscal Year 2017-2018:

9,140 fair hearing requests were completed

987 administrative disqualification hearings for Cash or SNAP benefits were conducted and completed

126 nursing facility discharge or transfer hearings were completed



⁵ Department of Children and Families (DCF) hearings include fair and administrative disqualification hearings. AHCA hearings include fair and nursing home discharge or transfer hearings. APD and DOR hearings include only fair hearings.

Internal Audit Section

Internal Audit Unit

Internal Audit conducts audits and consulting projects related to programs, operations, and contracts to promote economic and efficient use of Department resources, and ensure compliance with policies, procedures, laws, regulations, and contractual requirements. The scope of internal auditing includes evaluating the adequacy and effectiveness of internal controls, assessing the Department's governance process, and evaluating risk exposures, including the potential for fraud. Acting as a liaison between external auditors and the Department, Internal Audit monitors implementation of Department responses to reports issued by the AG, OPPAGA, and other external governmental organizations.

Internal Audit published **eight (8)** audits, which included **23** findings and recommendations for improvement. Department management concurred or agreed with **22 of 23 (95.7%)** findings and recommendations.

Internal Audit conducted liaison activities for **13** external audit projects from various external auditors. These projects consisted of research and evaluations by OPPAGA, operational and federal awards audits by the AG, and audit resolutions by the U.S. Department of Health and Human Services (DHHS). Internal Audit also tracked and reported Department implementation of corrective action for **four (4)** external reports.

Single Audit Unit

Within Internal Audit, Single Audit reviews single audit reporting packages and related documentation of state and federal funding. The activity is mandated by 2 C.F.R. § 200.500 Federal Uniform Grant Guidance and § 215.97, F.S., Florida Single Audit Act.

Public accounting firms perform single audits of Department contractor and provider financial statements and state and federal financial assistance. Single audits are required by contract and considered a critical accountability component for state and federally funded initiatives. Single audit analysts conduct desk reviews and examine single audit reporting packages.

At the completion of each desk review, single audit analysts prepare an Audit Review Status Report for the Department contract manager and contract administrator. If a report contains findings, Contracted Client Services is included in the notification. Many desk reviews require no follow-up action. Desk review issues that require further attention from contract managers range from review of report findings communicated for informational purposes to significant issues requiring corrective action by the recipient. Single Audit also provides feedback to external auditors where clarification of an existing audit is required. Single Audit analyzed and reviewed **129** recipient audit reporting packages, an **8.5%** decrease from the **141** packages reviewed in the prior fiscal year, as well as **33** certifications of "no audit required." There were four single audit follow-up actions to ensure auditor-identified corrective actions were implemented. Single Audit also reviewed **38** other audits from organizations that had no active contracts with the Department. These audit reporting packages contained only financial statements and the submitting organizations were asked to remove the Department from their mailing lists until an active contract is initiated.

Florida Inspectors General Expertise System (FIGES)

Internal Audit Section staff created and serve as the site administrator for the Florida Inspectors General Expertise System (FIGES). FIGES is a public internet database of Florida state and local government Offices of Inspector General. It contains contact information, areas of expertise, and professional certifications for staff of state and local government Offices of Inspector General.

Integrated Internal Audit Management System (IIAMS)

The Integrated Internal Audit Management System (IIAMS) is the standard for documenting assurance activities performed by Internal Audit Section staff. IIAMS is a Department-developed network application that enables documenting, reviewing, storing, and sharing work performed by Internal Audit Section staff. Using IIAMS, auditors can incorporate documents prepared in Microsoft Word, Excel, and other applications for inclusion in permanent working papers. In addition, IIAMS provides an effective process for tracking audit hours and documenting continuing professional education and other training. In addition to the Department, there are **nine (9)** other state agencies that use IIAMS.

Appendix

Summary of Issued Internal Audits

PROJECT #A-1617DCF-020: *Compliance with Federal Subrecipient Monitoring Requirements*

The objective of this audit was to determine whether the Department, Community-Based Care lead agencies (CBCs), and behavioral health Managing Entities (MEs) established policies and procedures to ensure compliance with subrecipient monitoring requirements for pass-through entities under the federal “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” (Uniform Guidance). The audit scope included policies and procedures established to ensure compliance with selected criteria contained in 2 C.F.R. § 200.331, *Requirements for pass-through entities*. The audit covered the period July 2016 through June 2017.

The audit disclosed the following:

- In some instances, the policies and procedures of the Department, CBCs, and MEs did not include the necessary Uniform Guidance requirements or included superseded references;
- Kids Central, Inc. contracted emergency shelters and group homes may more appropriately be classified as subrecipients; and
- Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) can enhance their monitoring efforts by including subrecipients that provide family support services.

The Assistant Secretary for Administration and the Assistant Secretary for Operations concurred with the recommendations and agreed to take corrective action, as necessary.

PROJECT #A-1617DCF-024: *Analysis of Community Action Treatment Teams*

The objective of this audit was to analyze Community Action Treatment Team (CAT Team) efficiency in achieving performance measures and to determine whether providers and contract managers were following appropriate program and Department guidance. The scope of this audit included CAT Teams for FYs 2014-2015, 2015-2016, and 2016-2017.

The audit disclosed the following:

- Contract managers did not consistently apply financial consequences in cases where CAT Team providers failed to meet performance measures;
- Provider information reporting on the Persons Served and Performance Measure Report was not consistent;
- Information reported by contractual providers to the Substance Abuse and Mental Health (SAMH) program office was not always consistent with information reported to contract managers; and

- The Persons Served and Performance Measure Report for FY 2016-2017 was not updated to include a change in outcome measures for providers.

The Assistant Secretary for SAMH responded that the program would provide training for contract managers, refine the reporting process, and information reported to contract managers would be addressed for discrepancies. The SAMH program office concurred with three of the four reported findings.

PROJECT #A-1617DCF-031: *Welfare Trust Funds at Northeast Florida State Hospital (NEFSH)*

The objectives of this audit were to determine whether:

- Controls were adequate over cash receipts;
- All proceeds were used for the benefit, education, and general welfare of clients at NEFSH; and
- Welfare Trust Fund (WTF) transactions were made in compliance with state law and Department policy and procedure.

The scope of this audit included a review of statutes, procedures, supporting documentation, internal controls, expenditures, and bank account balances compared to accounting procedures guidelines for FY 2015-2016.

The audit disclosed the following:

- NEFSH needs to improve internal controls over vending machine revenue and cash register closeout procedures;
- More WTFs could be available by ensuring NEFSH staff use a *Consumer Certificate of Exemption* to avoid unnecessarily paying Florida sales taxes and eliminate purchasing inventory for resale at retail prices;
- Investment of excess WTFs would increase interest earnings; and
- The value of the Sand Dollar Boutique FY 2015-2016 ending inventory reported to Headquarters Financial Management was misstated.

The Hospital Administrator concurred with the 13 reported findings and recommendations. In response to the audit, NEFSH developed an action plan and had completed six of its planned 12 corrective actions by the time NEFSH submitted its audit response.

PROJECT #A-1718DCF-029: *Transmission of Confidential Information*

The objective of this audit was to determine whether the Department has adequate controls to prevent and detect the inappropriate transmission of confidential information from the Department network. The scope of this audit included processes and practices related to the transmission of confidential data for FY 2016-2017, through the end of fieldwork.

Pursuant to § 282.318(4)(g), F.S., this report is confidential and exempt from § 119.07(1), F.S.

PROJECT #A-1718DCF-031: *Office of Child Welfare Performance Measures*

The objective of this audit was to assess the reliability and validity of a selection of Office of Child Welfare (OCW) performance measures and make recommendations for improvement, if necessary. The scope of this audit included the approved OCW Long Range Program Plan (LRPP) Performance Measures from FY 2017-2018.

The audit disclosed the following:

- LRPP Performance Measures for OCW do not adequately reflect the current mission and goals of the program; and
- OCW does not have written procedures for calculating LRPP Performance Measures.

The OCW concurred with both findings and responded that OCW will continue to communicate with executive leadership on the need for LRPP Performance Measure changes and will provide the needed analysis for Legislative review and consideration.

PROJECT #A-1718DCF-045: *Post Audit Sampling of Payments*

The objective of this audit was to determine whether Department non-contractual service payment transactions complied with statutes, rules, policies, and established operating procedures. This audit resulted in no findings.

PROJECT #A-1718DCF-047: *Adult Protective Services Performance Measures*

The objective of this audit was to assess the reliability and validity of a selection of Adult Protective Services (APS) performance measures and make recommendations for improvement, if necessary. The scope of this audit was the approved APS LRPP Performance Measures from FY 2017-2018.

The audit disclosed the following:

- LRPP Performance Measure M0124⁶ is not reflective of the current operations of APS; and
- APS does not have written procedures for calculating LRPP Performance Measures.

The response by the Assistant Secretary for Operations stated the program office will evaluate the efficacy of requesting a change to LRPP Performance Measure M0124 during the Legislative Budget Request (LBR) process. The Assistant Secretary for Operations also stated that at the time of the audit they were not able to locate the algorithms which describe how each measure is determined; however, this information is maintained online on the Performance and Planning intranet page. Operations concurred with both reported findings.

⁷ "Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year)." LRPP Exhibit III, *Assessment of Performance for Approved Performance Measures*, Department of Children and Families Long Range Program Plan FYs 2017-2018 through 2021-2022, September 30, 2016.

PROJECT #A-1718DCF-048: *Audit of Our Kids of Miami-Dade/Monroe, Inc. – Client Trust Funds*

The objectives of this audit were to determine whether Our Kids had taken appropriate safeguards to protect client trust funds (CTFs), ensure reliability of financial records, and meet its fiduciary responsibilities.

The scope of this audit included expenditure documentation, fiduciary responsibilities to clients as representative payee for Social Security funds paid on behalf of clients served under contract with the Department, and planning and budgeting of CTFs for FYs 2015-2016 and 2016-2017.

The audit disclosed the following:

- Our Kids did not allocate bank service charges (bank fees) to CTF accounts but paid these fees by reimbursing the CTF bank account with funds received from the Department;
- Our Kids did not invest excess CTFs; and
- Our Kids could not provide documentation that room and board rates deducted from CTFs were agreed upon or approved by the Department.

Our Kids management concurred with the findings and recommendations. Our Kids responded that they would seek Department advice and agreement for handling bank services charges with its private funds and would further investigate investing excess CTFs with the Florida Treasury. In addition, Our Kids responded that they would liaise with the Department and agree to a procedure for complying with legislative mandates regarding room and board rates.

Summary of Internal Audit Projects Initiated and Terminated

PROJECT #A-1718DCF-112: *Information Technology Services Database and Technology*

The preliminary objective of this engagement was to evaluate database security and administration controls. During the planning phase of this audit, we determined that the Department had no direct role in the security and administration of Department database servers as the Agency for State Technology (AST) performed a variety of database services for the Department. In addition, prior AG audits of AST Information Technology operations evaluated certain database-related controls applicable to the Department, thus overlapping objectives of the planned audit.

Significant Audit Recommendations Not Fully Implemented

Pursuant to § 20.055(8)(c)4., F.S., the OIG is required to identify significant recommendations described in prior audit reports for which corrective action has not been completed.

PROJECT #A-1516DCF-118: *Incident Reporting Analysis System (IRAS)*

Finding:

IRAS access controls did not effectively remove IRAS users who were no longer employed by the Department or its licensed or contracted service providers.

Recommendation:

We recommended that the IRAS administrator be guided by Rule 74-2.003(1)(a)8, F.A.C., and ensure IT access is removed when no longer required. For example, reasons for access removal include employee separation, changes in assigned duties that no longer require IRAS access, and discovery of unauthorized usage. In addition, we recommended the chief information officer update Children and Families Operating Procedure (CFOP) 50-2 to address current system access requirements of Rule 74-2, F.A.C.

Finding:

IRAS missing child notifications may need additional review.

Recommendation:

We recommended that OCW, in conjunction with SAMH, develop policies and procedures to address protocols and post-IRAS incident activity documentation for IRAS incidents involving children without case management files in Florida Safe Families Network (FSFN).

Status as of August 28, 2018:

The new IRAS Administrator will work with SAMH to identify outpatient providers and determine the best course of action to remind those users of the missing child definition per CFOP 215-6. In addition, the IRAS Administrator will review the three instances where it was reported that children ran away and work with the respective regions to reinforce the requirement to notify law enforcement when a child is entered into IRAS as a missing child – even if to update that the child returned a few hours later. Whereas these seem to be limited instances of both entering children who did not meet the definition of missing child and not contacting law enforcement when a child is determined to be missing, the prudent course of action would be to work with those individual users/agencies to clarify the appropriate steps.

PROJECT #A-1617DCF-020: *Child Care License and Registration Fee Collections*

Finding:

The Department did not periodically reconcile license and registration fees that should have been collected per the Child Care Administration Regulation and Enforcement System (CARES), to the amount of fees actually collected, deposited in the bank, and recorded in the Cash Receipts System and the Florida Accounting and Information Resource (FLAIR) system.

Recommendation:

We recommended that the Director of the Office of Child Care Regulation, with the assistance of the Director of the Office of Revenue Management, take the following actions:

- Implement enhancements to the design and structure of CARES that would enable it to communicate with and reconcile to the Department Cash Receipts System.
Enhancements may include the following:
 - The ability to store license and registration data by fiscal year of issuance; and
 - Adding a field for check number, check date, or other data to show that the child care provider had paid the fee, and act as a link to similar information entered into the Cash Receipts System.
- Develop and implement a license and registration fee reconciliation process that, at a minimum, identifies and resolves the following:
 - Fees collected, deposited in the bank, and recorded in the Cash Receipts System and FLAIR, but not linked to an issued license or registration in CARES;
 - Fees due in CARES that do not match fees collected, deposited in the bank, and recorded in the Cash Receipts System and FLAIR; and
 - Licenses issued in CARES that do not link to fees collected, deposited in the bank, and recorded in the Cash Receipts System and FLAIR.

Status as of August 27, 2018:

The Office of Child Care Regulation and the Office of Revenue Management continue to utilize a manual reconciliation process. Both offices are working with the Department of Revenue (DOR) to plan and identify needs for transitioning the collection process to DOR. Planning for this process change is in its early stages and an anticipated completion date has not been determined. In addition, the Child Care Program has submitted an LBR for authorization to use funding to complete the online application build for the CARES system which will align with the DOR collection process and incorporate an electronic reconciliation process.

External Audit Reports Issued

Auditor General

- 2018-189 State of Florida - Compliance and Internal Controls Over Financial Reporting and Federal Awards
- 2018-013 Department of Children and Families - Substance Abuse and Mental Health Information System (SAMHIS) - Information Technology Operational Audit

Office of Program Policy Analysis and Government Accountability

- 18-05 Service Model Slowly Adapting for Community CSE Victims; Limited Progress in Less Restrictive Placements for Dependent CSE Victims

Department of Financial Services

Audit of Selected Department Contracts and Grants Active January 1, 2015 through August 30, 2016 and Related Management Activities

Follow-up to Prior External Audit Reports

Auditor General

- 2017-180 Compliance and Internal Controls Over Financial Reporting and Federal Awards
- 2017-205 Oversight and Administration of State Mental Health Treatment Facilities – Operational Audit Follow-Up
- 2018-013 Substance Abuse and Mental Health Information System Audit Follow-Up

Office of Program Policy Analysis and Government Accountability

- 17-09 DCF and Its Lead Agencies Have Not Resolved Issues Related to Serving Commercially Sexually-Exploited Children

Summary of Investigations and Corrective Actions Completed

Headquarters

2014-0119 WB An Assistant Secretary improperly influenced Department staff to award work to a specific vendor and/or directed Department staff to circumvent procurement requirements by utilizing Purchase Orders to award work to that vendor. **Not Supported.** A Senior Management Analyst (SMA) II created a hostile work environment, sexually harassed a subordinate employee, and retaliated against that employee. **Not Supported.** An Office of Contracted Client Services (OCCS) Director failed to report sexual harassment of an employee. **Neither Supported Nor Refuted.** The Assistant Secretary circumvented Department hiring procedures by placing candidates into positions for which they were not qualified, as a favor to either his friends or individuals known to his friends. **Not Supported.**

Corrective Action: The SMA II resigned.

2016-0066 An OCCS Contract Oversight Unit (COU) Government Operations Consultant (GOC) III instructed a Department employee to falsify contract monitoring documentation. **Not Supported.**

Corrective Action: The Director of OCCS determined that when all factors are considered, no changes in COU procedures were necessary.

2017-0062 A Circuit 5 Child Protective Investigator (CPI) disclosed confidential information to unauthorized individuals on a social media website. **Not Supported.** An OIG Appeal Hearings Section Administrative Assistant (AA) II failed to report a violation of confidentiality. **Not Supported.**

Corrective Action: The CPI was reminded that, when engaging in exchanges on social media, he should be mindful of mentioning confidential information.

2017-0091 An OIG Internal Audit Section AA II falsified Inspector General Reference Checks (IG Reference Checks) in the Investigations and Complaint Management System (ICMS). **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The OIG implemented both a requirement that the response to each IG Reference Check be uploaded to ICMS and a weekly audit be performed to verify that IG Reference Checks received were properly completed and documented.

2018-0002 An Office of Public Benefits Integrity (OPBI) Revenue Specialist II accessed the Department of Highway Safety and Motor Vehicles (DHSMV) Driver and Vehicle Information Database (DAVID) without a legitimate business reason. **Supported.**

Corrective Action: The employee was issued a three-day unpaid suspension and the employee's personnel file was updated to reflect the findings of the investigation. OPBI completed all notifications required of the Memorandum of Understanding (MOU) between DHSMV and the Department.

Circuit 1

2014-0103 A Family Services Counselor (FSC) of a contracted provider falsified documentation in FSFN Case IDs #101047294 and #100998641. **Supported.** The FSC falsified documentation in FSFN Case ID #101074206. **Not Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The Florida Certification Board (FCB) was notified and, because the employee's Child Welfare Case Manager (CWM) certification expired on October 31, 2015, will review the information provided if the employee seeks to reactivate the certification in the future.

2015-0128 An FSC of a contracted provider falsified child protective supervision records in FSFN Case IDs #100815732 and #101009488. **Neither Supported Nor Refuted.** The FSC falsified home study documentation in FSFN Case ID #100891684. **Not Supported.**

Corrective Action: The employee was terminated.

2016-0079 An FSC of a contracted provider falsified child protective supervision records in FSFN Case IDs #100844949, #100402673, and #101028417. **Neither Supported Nor Refuted.**

Corrective Action: The employee was terminated. The contracted provider implemented a quality assurance process involving extensive documentation review and utilizing a documentation tool with requirements from the Department's Child Welfare Manual, Children and Families Operating Procedure (CFOP), and accreditation standards. The results and data from the tools were compiled and identified areas of practice or topics that need additional support, and in two units that demonstrated a commitment to adopt the new process, they have seen significant improvements over the course of the three review periods for Quality Contacts. The goal is to replicate that commitment throughout the service units.

2016-0092 A CPI falsified child protective investigation records in FSFN Investigations #2016-245533 and #2016-246090. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's Child Welfare Provisional (CWP) and Child Welfare Protective Investigator (CWPI) certifications.

2017-0030 A CPI created a conflict of interest in FSFN Investigation #2016-256883 by conducting a child protective investigation involving individuals personally known to her. **Supported.** The CPI engaged in employee misconduct by having an inappropriate relationship with an adult participant in FSFN Investigation #2016-256883. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

Circuit 2

2014-0136 An Economic Self-Sufficiency Specialist (ESS) I falsified information contained in the ACCESS Management System (AMS) and Florida On-line Recipient Integrated Data Access (FLORIDA) Case Log Running Comments (CLRC) concerning FLORIDA Cases #1106969600, #1282658506, #1128296055, #1144713790, and #1347504958. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The Northwest Region implemented interview policy training and provided staff assistants within each circuit lists of customer cases that had received interviews the previous week to randomly call and survey. After months of calls, the findings did not warrant continuation of the calls; however, Economic Self-Sufficiency Supervisors were encouraged to continue to conduct random calls and monitor processor voicemails left on telephones longer than 24 hours.

Circuit 3

There were no cases closed in Circuit 3 during FY 2017-2018.

Circuit 4

2014-0123 An ESS I falsified AMS administrative records concerning customer interviews in FLORIDA Cases #1398221821, #1137443863, #1209904578, #1298156289, #1291900632, #1023978334, #1359551221, and #1353277291. **Investigation Terminated.**

Corrective Action: The decision to terminate the investigation was based on information received that process changes were implemented, the employee was issued a Written Counseling and subsequently resigned, and other employees involved in any possible wrongdoing were no longer with the Department.

2014-0124 An ESS I falsified AMS administrative records concerning customer interviews in FLORIDA Cases #1267583461, #1083158929, #1330728254, #1121309810, #1145245587, #1311406891, #1143209389, #1376626888, and #1425106706. **Investigation Terminated.**

Corrective Action: The decision to terminate the investigation was based on information received that process changes were implemented, the employee resigned, and other employees involved in any possible wrongdoing were no longer with the Department.

2016-0090 An Adult Protective Investigator (API) falsified adult protective investigation records in FSFN Investigation #2016-250780. **Supported.**

Corrective Action: The employee was terminated, but passed away before completion of the investigation.

2017-0009 An Interviewing Clerk accessed DAVID without a legitimate business reason. **Supported.** The Interviewing Clerk accessed additional DAVID records without a legitimate business reason. **Supported.**

Corrective Action: The employee retired and the employee's personnel file was updated to reflect the findings of the investigation. All Northeast Region employees were provided a copy of CFOP 180-4 and reminded of the requirement to report incidents to the OIG. The employee's DAVID usage was reviewed and approximately 22,000 records were identified that would have to be audited to complete the recommendation to determine if they were for a legitimate business reason. After consultation with the OIG, it was decided that the time, effort, and resources it would take to complete the recommendation would outweigh the value added, and the OIG agreed that the Northeast Region should not proceed with this recommendation. The Office of Economic Self-Sufficiency (OES) notified DHSMV of the DAVID system misuse and actions taken, and notified the compromised individuals. The Office of Information Technology Services (OITS) and Human Resources added DAVID to employee separation forms. OCW, Florida Abuse Hotline, and Adult Protective Services staff are now required to take additional DAVID training through the HRTS portal. OES has included additional DAVID training in their "Integrity in the Workplace Training 2018." Plans to include DAVID as an upcoming security topic on the OITS website were scheduled but have been placed on hold due to staffing issues. Quarterly Quality Control Reviews (QQCRs) are conducted for all program areas that use the DAVID system and auditors are required to provide a DAVID QQCR report summary form to the Department DAVID liaison at the completion of each QQCR. A DAVID QQCR manual has been created to assist program staff conducting QQCRs. The formalization of a DAVID public records request process in the form of providing notices to the Region is in the process of final standardization and full implementation is expected in September 2018, including documentation of such in CFOP 50-1. CFOP related to DAVID was renumbered to remove it from OCW and expand applicability Department-wide, and several updates were made to include requiring OITS tickets when requesting DAVID access. OITS is exploring options to utilize technology to support automated DAVID data checks.

- 2017-0013 An ESS I accessed and/or took action on FLORIDA Cases #1037171594, #1007866080, and #1193103797, cases of personal interest. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.
- 2017-0021 An ESS I accessed FLORIDA and AMS records concerning FLORIDA Case #1286261104, a case of personal interest, without a legitimate business reason. **Supported.** The ESS I accessed DAVID records concerning herself without a legitimate business reason. **Supported.** The ESS I released confidential case information to an unauthorized individual. **Neither Supported Nor Refuted.** The ESS I accessed FLORIDA and AMS records concerning FLORIDA Cases #1240577869 and #1413437893, cases of personal interest, without a legitimate business reason. **Not Supported.**
- Corrective Action:** The employee was issued a three-day unpaid suspension and the employee's personnel file was updated to reflect the findings of the investigation. Notification was sent to DHSMV as required. Implementation of an audit function of the Automated Community Connection to Economic Self-Sufficiency (ACCESS) Document Imaging System (DIS) is not currently planned due to the following reasons: 1) The high volume of records accessed for read-only viewing; 2) The fact that access is performed by approved, trained users with security credentials that allow stored documents to be viewed; 3) A request for document read-only auditing and/or increased levels of secured access to documents within the DIS has not been prioritized by OES; and 4) The complexity and costs of creating and maintaining such an audit log are not insignificant.
- 2017-0025 A CPI accessed FSFN Investigation #2016-242975 without a legitimate business reason. **Not Supported.**
- Corrective Action:** No action required.
- 2017-0043 An ESS I falsified Bill Tracking receive dates in FLORIDA records. **Supported.** The ESS I provided false information to his superiors in order to have a Quality Management Services review error citation removed from his record. **Supported.**
- Corrective Action:** The employee was issued a Verbal Counseling and the employee's personnel file was updated to reflect the findings of the investigation. The errors identified were reviewed and corrected and there have been no more occurrences. Although OES management feels the errors were intentional, the employee claims they were unintentional mistakes. Additional corrective action regarding the customer cases is not required as no customers were denied or delayed any benefits and all bills had been tracked.
- 2018-0018 A Therapist of a subcontracted provider falsified patient signatures on treatment plans. **Investigation Terminated.**

Corrective Action: The decision to terminate the investigation was based on information received that the program within which the employee worked and the services provided were not within the scope of any contract with the Department, managing entity, or lead agency; therefore, the OIG did not have jurisdiction to investigate.

Circuit 5

2016-0044 A CM of a subcontracted provider falsified child protective supervision records in FSN Case IDs #101296812 and #101125833. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.

2016-0063 A Family Support Worker (FSW) of a subcontracted provider falsified client case records. **Supported.** The FSW falsified client case records. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The subcontracted provider developed a supervision and records management plan to help identify any discrepancies and possibly prevent incidents of falsification of records.

2016-0065 An FSW of a subcontracted provider falsified client case records. **Neither Supported Nor Refuted.**

Corrective Action: The employee was terminated. The Program Director of the subcontracted provider provided all FSWs with smartphones and, effective January 2, 2018, required FSWs to use them to access their Outlook calendars to record home visit appointments, which will be accessible to supervisors to increase schedule accountability. All supervisors were provided coaching and skill development in using open-ended questions to probe for potential fraudulent activities when completing quality assurance calls with clients. All staff were instructed to keep client records secured to protect against unauthorized access. The policies were reviewed with all supervisors on January 8, 2018 and the supervisors reviewed with their staff at their subsequent team meetings.

2017-0006 A Revenue Maximization Specialist of a contracted provider accessed FSN Investigations #2016-339831 and #2016-203880, cases of personal interest, without a legitimate business reason. **Supported.** An FSW of a subcontracted provider accessed FSN Investigation #2016-203880, a case of personal interest, without a legitimate business reason. **Supported.** The Revenue Maximization Specialist failed to secure his computer. **Supported.** The FSW failed to secure her computer. **Supported.**

Corrective Action: The employees were terminated and the employees' personnel files were updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM-Specialist certification.

2017-0077 A Children's Legal Services Paralegal Specialist accessed FSFN Investigation #2017-298878, a case of personal interest, without a legitimate business reason. **Supported.**

Corrective Action: The employee was issued a Written Reprimand and the employee's personnel file was updated to reflect the findings of the investigation.

2018-0010 A CPI falsified child protective investigation records in FSFN Investigation #2017-255719. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

Circuit 6

2016-0037 A Role Recovery Specialist of a subcontracted provider falsified the Wellness and Accountability Checks Form pertaining to an April 21, 2016 wellness and accountability check. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2016-0099 An API falsified adult protective investigation records in FSFN Investigations #2016-293207 and #2016-297258. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2017-0003 A CM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100475974. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.

2017-0032 A Placement Coordinator of a contracted provider engaged in employee misconduct by sending inappropriate, sexually explicit text messages to a foster parent. **Supported.** The Placement Coordinator engaged in employee misconduct by making unwanted sexual advances toward a foster parent. **Neither Supported Nor Refuted.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.

Circuit 7

2016-0026 A CPI falsified child protective investigation records pertaining to FSFN Investigations #2015-335564 and #2016-008690. **Neither Supported Nor Refuted.**

Corrective Action: The employee was terminated.

2016-0028 A Senior CPI falsified child protective investigation records in FSFN Investigation #2016-034121. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

2016-0043 A CM of a contracted provider falsified child protective supervision records in FSFN Case IDs #100339962, #132780, #100933996, #6504278, #101340387, and #100918588. **Supported.** The CM failed to properly document a client contact in FSFN Case ID #6504278. **Supported.** The CM falsified child protective supervision records in FSFN Case ID #100321761. **Neither Supported Nor Refuted.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP and CWCM certifications.

2017-0011 A CM of a contracted provider accessed multiple FSFN cases of personal interest without a legitimate business reason. **Supported.** The CM failed to secure her laptop. **Supported.** The CM misused Department-funded resources (a laptop computer) for personal reasons. **Supported.** The CM falsified child protective supervision records in FSFN Case ID #100566666. **Supported.** The CM failed to make face-to-face contact with a child in FSFN Case ID #100566666 as required. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.

2017-0022 A CPI accessed FSFN Investigation #2017-082511, a case of personal interest, without a legitimate business reason. **Supported.**

Corrective Action: The employee was issued a two-day unpaid suspension and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

- 2017-0028 A Case Manager Supervisor (CMS) and a CM of a contracted provider failed to make a mandatory child abuse report, related to a Department client, to the Florida Abuse Hotline. **Supported.** The CM provided false information to a Department employee responsible for investigating a child abuse allegation. **Supported.**
- Corrective Action:** The CMS received a Verbal Counseling, the CM received a three-day unpaid suspension, and the employees' personnel files were updated to reflect the findings of the investigation. The FCB was notified but as of the date of this report, took no action regarding the CM's CWCM certification.
- 2017-0029 A Licensing Counselor of a subcontracted provider falsified foster care licensing records in FSFN Provider Note ID #100241987 (Provider #100134237). **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.
- 2017-0081 A Data Specialist of a contracted provider accessed FSFN Case ID #101199339 without a legitimate business reason. **Not Supported.** The Data Specialist revealed confidential case information to an unauthorized individual. **Not Supported.**
- Corrective Action:** No action required.
- 2017-0094 A Senior CPI accessed FSFN Intake #2017-373035-01, a case of personal interest, without a legitimate business reason. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and opened an ethics investigation into the employee's CWPI certification.

Circuit 8

- 2015-0076 A CPI falsified child protective investigation records in FSFN Investigation #2015-120548. **Supported.** The CPI falsified child protective investigation records in FSFN Investigations #2013-258601 and #2013-340917. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification. Based on the Additional Information that another county within the Northeast Region re-hired the employee without conducting a background check, Northeast Region hiring managers were reminded of proper hiring procedures.

- 2016-0038 A Senior CPI accessed FSFN records without a legitimate business reason. **Supported.** The Senior CPI engaged in conduct unbecoming a public employee by harassing and threatening a Department client. **Neither Supported Nor Refuted.** The Senior CPI had knowledge of suspected child abuse and did not immediately report it to the Florida Abuse Hotline. **Neither Supported Nor Refuted.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI and Child Welfare Licensing Counselor (CWLC) certifications.
- 2016-0084 A Senior CPI falsified child protective investigation records in FSFN Investigations #2016-168640 and #2016-195174. **Supported.** The Senior CPI accessed DAVID records without a legitimate business reason. **Supported.** The Senior CPI filed false abuse reports. **Neither Supported Nor Refuted.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification. Notification was sent to DHSMV as required.
- Circuit 9
- 2015-0121 A CPI falsified child protective investigation records in FSFN Investigations #2015-248896, #2015-250583, #2015-250985, and #2015-305010. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.
- 2015-0129 A CPI falsified child protective investigation records in FSFN Investigation #2015-251019. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP certification.
- 2016-0085 A Family Services Planning Team Targeted CM of a subcontracted provider falsified client records by altering signature dates on client applications for mental health services. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.
- 2017-0026 A CPI falsified child protective investigation records in FSFN Investigation #2016-265582. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

2017-0035 A CPI falsified child protective investigation records in FSFN Investigation #2017-041338. ***Neither Supported Nor Refuted.*** The CPI failed to make a mandatory report of child abuse to the Florida Abuse Hotline. ***Neither Supported Nor Refuted.***

Corrective Action: The employee resigned.

Circuit 10

2016-0096 An ESS I falsified client case information in FLORIDA Case #1479709905. ***Supported.***

Corrective Action: The employee was issued a Written Counseling and the employee's personnel file was updated to reflect the findings of the investigation. On March 21, 2017, an e-mail reminder was sent to all Circuit 10 OES staff addressing falsification and the improper accessing of systems/records.

2017-0010 A CPI falsified child protective investigation records in FSFN Investigation #2017-036675. ***Supported.***

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

2017-0034 A CPI accessed FSFN Investigation #2017-114206, a case of personal interest, without a legitimate business reason. ***Supported.***

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

2017-0042 A Family Assessment Worker of a subcontracted provider falsified a Client Family Assessment. ***Supported.***

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2017-0061 A CPI falsified child protective investigation records in FSFN Investigation #2017-211466. ***Supported.***

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP and CWPI certifications.

Circuit 11

- 2015-0039 A Mental Health Hospital Specialist of a subcontracted provider made inappropriate sexual advances toward a patient. ***Neither Supported Nor Refuted.*** The Mental Health Hospital Specialist made inappropriate sexual advances toward another patient. ***Neither Supported Nor Refuted.*** A Nurse Manager of the subcontracted provider had knowledge of suspected adult sexual exploitation and did not immediately report it to the Florida Abuse Hotline as required. ***Neither Supported Nor Refuted.***
- Corrective Action:** The employees were terminated. The subcontracted provider now includes annual mandatory training and new hire orientation around “Sexual Misconduct and Reporting Requirements.” It was determined that the provider already had policies in place to address sexual misconduct or exploitation of patients and required immediate notification by staff to appropriate agencies.
- 2015-0088 A CPI falsified child protective investigation records in FSFN Investigation #2014-173947-01. ***Supported.***
- Corrective Action:** The employee resigned and the employee’s personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee’s CWPI certification.
- 2015-0114 A CPI falsified child protective investigation records in FSFN Investigation #2015-277974. ***Supported.***
- Corrective Action:** The employee resigned and the employee’s personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee’s CWP and CWPI certifications.
- 2015-0117 A CPI falsified child protective investigation records in FSFN Investigations #2015-241924 and #2015-231946. ***Supported.*** The CPI falsified child protective investigation records in FSFN Investigation #2015-246822. ***Supported.***
- Corrective Action:** The employee resigned and the employee’s personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee’s CWPI certification.
- 2015-0133 A CPI falsified child protective investigation records in FSFN Case ID #2587361. ***Supported.***
- Corrective Action:** The employee was terminated and the employee’s personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee’s CWPI certification. Based on the Additional Information that the employee was hired prior to the receipt of all background employment information, Southern Region managers were

reminded via e-mail to exercise due diligence prior to submitting hiring packages to Human Resources Shared Services (HRSS) and extending an offer letter to a potential new hire.

- 2016-0041 A Full Case Manager of a subcontracted provider failed to make a mandatory report of suspected child abuse to the Florida Abuse Hotline. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified; however, no action is reflected on the employee's CWPI certification.
- 2017-0068 An ESS I accessed FLORIDA Case #1213753473, a case of personal interest, without a legitimate business reason. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.
- 2017-0086 An ESS I accessed FLORIDA Case #1236872380 without a legitimate business reason. **Supported.** The ESS I disclosed confidential client information to an unauthorized individual. **Supported.**
- Corrective Action:** The employee passed away while employed and prior to completion of the investigation. No action required.
- 2018-0007 A CPI accessed FSFN Investigation #2017-321812-01 and FSFN Intake #2018-390007-01 without a legitimate business reason. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

Circuit 12

- 2017-0012 A CM of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101206388, #100679576, and #2390967. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.
- 2017-0038 An FSW breached confidential client information pertaining to FSFN Investigations #2017-016511 and #2017-091666. **Not Supported.** The FSW misrepresented herself as a Child Protective Investigator Supervisor (CPIS). **Not Supported.**
- Corrective Action:** No action required.

2017-0095 A Senior CPI accessed FSFN Investigation #2017-295185, a case of personal interest, without a legitimate business reason. **Not Supported.**

Corrective Action: No action required.

Circuit 13

2016-0005 A CM of a subcontracted provider mishandled child protective supervision services regarding FSFN Case IDs #100330060 and #100905877. **Supported.** The CM falsified information on court hearing preparation worksheets pertaining to child protective supervision services in FSFN Case IDs #100330060 and #100430575. **Not Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and the employee's CWP certification expired on February 10, 2016 and remains inactive.

2016-0051 A CM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #3096667. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and opened an ethics investigation on the employee's CWP certification.

2017-0001 A CM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101229752. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and opened an ethics investigation on the employee's CWCM certification.

2017-0016 An ESS I falsified records in AMS and/or FLORIDA concerning ACCESS Cases #1145982182, #1438021925, and #1334042772. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. OES consistently takes the following steps to reduce and minimize occurrences of falsification: 1) All employees complete annual online training and complete an e-acknowledgement, which include reminders on ethics; 2) All employees receive integrity reminders and expectations related to integrity during pre-service training and new employee orientation; 3) OES requires quarterly staff meetings in all administrative units and OES frontline supervisors conduct monthly unit meetings, either face-to-face or telephonically, during which integrity reminders are reviewed; 4) Random quality assurance checks are conducted for improper usage of approved workarounds; 5) Case issues are reviewed and discussed with employees and refresher training is provided

based on error trends; and 6) OES Program Administrators send standardized e-mail messages to all staff regarding integrity and taking credit for work not completed, including interviews and application processing.

- 2017-0017 A CM of a subcontracted provider mishandled FSFN Case ID #100336625 by allowing two children to reside in an unapproved placement. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP certification.
- 2017-0023 An ESS I falsified records in AMS and/or FLORIDA concerning ACCESS Case/Application #1510201939. **Supported.**
- Corrective Action:** The employee received a Written Counseling and the employee's personnel file was updated to reflect the findings of the investigation. OES continued targeted customer authentication monitoring for an additional 90 days following the OIG report.
- 2017-0036 A CM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100791503. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.
- 2017-0053 An ESS II accessed FLORIDA Case #1330542193, a case of personal interest, without a legitimate business reason. **Supported.**
- Corrective Action:** The employee was demoted and the employee's personnel file was updated to reflect the findings of the investigation.
- 2017-0090 A Clerk Typist Specialist engaged in employee misconduct by misusing her Department-issued laptop computer to browse non-work related internet websites during working hours. **Supported.**
- Corrective Action:** The employee was issued a Written Reprimand and the employee's personnel file was updated to reflect the findings of the investigation.
- 2018-0005 An ESS I falsified records in AMS and/or FLORIDA concerning ACCESS Case #1200784405. **Not Supported.**
- Corrective Action:** No action required.

Circuit 14

2015-0063 A Senior CPI falsified child protective investigation records in FSFN Investigations #2014-330007, #2015-076465, #2015-102451, #2015-085134, and #2015-104543. **Supported.** The Senior CPI falsified child protective investigation records in FSFN Investigations #2015-005644 and #2015-077040. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.

Circuit 15

There were no cases closed in Circuit 15 during FY 2017-2018.

Circuit 16

There were no cases closed in Circuit 16 during FY 2017-2018.

Circuit 17

2016-0018 A Director of Licensing and Foster Home Management of a subcontracted provider documented false statements in application packets of prospective foster parents. **Supported.** A Director of Program Development and Administration of a subcontracted provider inappropriately notarized Affidavits of Good Moral Character in an application packet of prospective foster parents. **Supported.** A Vice President/Chief Operating Officer of a subcontracted provider failed to witness signatures on a document and was negligent in her supervisory reviews and approvals by failing to identify errors in the documentation of the application packets of prospective foster parents. **Supported.** Another Director of Licensing and Foster Home Management of a subcontracted provider created false training certificates for the application packet of prospective foster parents. **Neither Supported Nor Refuted.**

Corrective Action: One of the Directors of Licensing and Foster Home Management was terminated and the Director of Program Development and Administration and the other Director of Licensing and Foster Home Management resigned. The FCB was notified and revoked one of the Directors of Licensing and Foster Home Management's CWCM and CWLC certifications. The Notary Section of the Executive Office of the Governor was notified, initiated an investigation on the notary of the Director of Program Development and Administration, and placed the employee's notary on hold due to lack of cooperation with the investigation. The contracted provider ended the contractual partnership with the subcontracted provider and transferred all licensed foster families to other licensed child placing agencies. The subcontracted provider voluntarily closed operations in the Southeast Region in lieu of revocation of their provisional license.

| | |
|-------------------|--|
| 2017-0027 | <p>An ESS II accessed DAVID without a legitimate business reason. Supported.</p> <p>Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.</p> |
| <u>Circuit 18</u> | <i>There were no cases closed in Circuit 18 during FY 2017-2018.</i> |
| <u>Circuit 19</u> | |
| 2016-0076 | <p>A Dependency Case Manager (DCM) of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101317760. Supported.</p> <p>Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.</p> |
| 2017-0056 | <p>An Executive Director of a subcontracted provider attempted to conceal employee misconduct. Supported.</p> <p>Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.</p> |
| <u>Circuit 20</u> | |
| 2014-0072 | <p>A Child Welfare Case Manager of a subcontracted provider falsified FSFN Case ID #100705938 (Case Note IDs #140087571 and #140087669). Supported. The Child Welfare Case Manager falsified additional case notes in FSFN Case IDs #76574, #42217, and #100566599. Supported.</p> <p>Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP and CWCM certifications.</p> |
| 2015-0067 | <p>A Child Welfare Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100796259 (Case Note ID #145976149). Supported.</p> <p>Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and opened an ethics investigation on the employee's CWCM certification.</p> |
| 2015-0080 | <p>A Child Dependency Case Manager (CDCM) of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100770798. Supported. The CDCM falsified child protective supervision records in FSFN Case ID #101063606. Supported.</p> |

Corrective Action: The employee resigned. At the time of the OIG report, the open OIG investigation was noted in the employee's personnel file. The FCB was notified and revoked the employee's CWP and CWCM certifications.

2015-0085 A CM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101061774. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.

2015-0105 A CPIS misused her Department-issued cellular telephone and subsequently falsified her SunCoast Region Mobile Inventory invoices. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The employee reimbursed the Department for some personal calls; however, no action was taken to calculate additional amounts due as it was determined it was not feasible to do so. It was not clear when the employee gained access to international calling and the employee would only have seen the 10¢ per minute charge, not all of the upcharges and fees associated with an international call; therefore, the employee would only have been repaying the amount reflected on the monthly employee statement. All current cellular telephone invoices are manually checked for international calls and procedures are in place to ensure that when an employee with international calling capability separates from employment, that capability is removed from that account. Every employee receives training upon initial employment regarding the appropriate use of their cellular telephone and how to correctly certify the invoice. The appropriate use of state-issued equipment is also part of the annual training that all Department employees must complete. When an employee certifies their cellular telephone invoice, they are also reminded of the corresponding policies and attest that they are following the policies. With the advanced capabilities of the state-issued cellular telephones, laptops, and other electronic devices issued to staff, there is less need to utilize such resources as the 411 directory assistance. Ongoing reminders are presented to staff at unit meetings and all-staff meetings and alternate resources are shared as they are discovered.

The Assistant Secretary for Operations requested that each region review their current procedures for monthly review of employee cellular telephone usage and ensure procedures are in compliance with CFOP 70-6, and Regional Managing Directors should ensure that all supervisors and managers are fully informed of the requirements and expectations to report unauthorized usage.

2016-0024 A CPI falsified child protective investigation records in FSFN Investigations #2015-342644, #2015-342468, and #2015-342201. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP certification.

2016-0042 A CPI falsified child protective investigation records in FSFN Investigations #2016-101801, #2016-123200, and #2016-122316. **Supported.**

Corrective Action: The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWP, CWPI, and CWCM certifications.

2017-0002 An FSW of a subcontracted provider released confidential case information to an unauthorized individual. **Supported.** The FSW shared her provider-issued cellular telephone password with an unauthorized individual. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2017-0037 A Family Support Specialist of a subcontracted provider falsified child protective supervision records regarding FSFN Provider ID #100123412. **Supported.**

Corrective Action: The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

2017-0039 A Chief Operating Officer of a contracted provider viewed pornography on his work-issued iPad and iPhone. **Not Supported.**

Corrective Action: No action required.

Summary of Management Reviews and Corrective Actions Completed

2014-0050 WB A management review was initiated to determine the following three issues:

- Issue 1: Whether Northeast Florida State Hospital (NEFSH) environmental conditions, as identified by the WB, posed a danger to the health of NEFSH employees and residents.
- Issue 2: Whether NEFSH management ignored Quality of Life (QOL) audit reports that detailed environmental conditions in residential buildings, as indicated by the WB.
- Issue 3: Whether NEFSH management failed to address specific NEFSH environmental conditions in non-residential buildings.

The management review revealed that:

- Issue 1:
 - Though the WB opined living areas were “disgusting” and employee buildings were “nasty,” and one witness testified that environmental conditions were “not good,” all other testimony indicated that the environmental conditions at NEFSH did not pose a threat to the health and safety of employees or residents.
 - Surveys and inspections conducted revealed some deficiencies, but all were deemed sufficiently and timely corrected.
- Issue 2:
 - All witnesses agreed that management was aware of QOL scores, and management admitted to being aware of declining QOL scores, but could attribute it to five specific factors: outsourcing of housekeeping services; legislatively mandated reduction in positions; systemic cuts to NEFSH operational budget; low to no Fixed Capital Outlay (FCO) funding for many fiscal year cycles; and aging infrastructure. Three witnesses opined that a new auditor in June 2013 may have been a factor in declining QOL scores, and a fourth witness acknowledged that there were debates about whether that auditor was “too picky.”
 - The WB raised five primary environmental concerns regarding the residential buildings: sewage back-ups; flooding due to drainage issues; “black stuff” and/or mold; poor air quality and the smell of urine; and insect and rodent problems.
 - The OIG reviewed QOL raw data and Service Request System (SRS) work orders, which revealed infrequent work orders for issues of sewage in comparison to the total number of plumbing work orders; no documentation of drainage problems; consistent documentation of “mildew” and/or “mold” in the client bathrooms; infrequent work orders for mold in bathrooms, on air vents, or for offensive odors; consistent documentation of offensive odors (most often urine) in all buildings (except 57W and 58E); no documentation of consistent rodent or insect problems; and only 22 total work orders for cockroaches.
 - Witness testimony reflected that the nature of the resident population and the age of the pipes contributed to back-ups when odd items were flushed down the toilets; the 2014 purchase of a backhoe resolved issues with clearing of drainage ditches; there were deficiencies with the performance of the contracted housekeeping provider that led to the termination of the contract; the odor of the residential units could depend on several factors, including the time of day and the behavior of the residents; asbestos glue in the floor tiles hampered the ability of maintenance to replace the tiles and grout when urine soaked into the grout; the contracted pest control company appropriately addressed any insect or rodent complaints; and other than a 2015 rat infestation in Buildings 12 and 13, there was no rodent problem.
- Issue 3:
 - Testimony reflected that Building 33 leaks and ceiling issues following the installation of air conditioning systems could not be addressed

without replacement of the roof; however, FCO requests submitted for roof replacements for the prior five years had not been funded.

- Testimony reflected that, on a couple of occasions during major or unusual water events (e.g., Hurricane Sandy), water intruded into Building 33; however, it did not prevent employees from performing their job duties.
- Though documentation and testimony reflected that air vents in Building 33 were dusty or dirty, there was no documentation of mold.
- Testimony and documentation reflected that Building 33 was treated 10 times in three years for cockroaches and three times in three years for squirrels or mice, and maintenance and the pest control service adequately handled any issues.
- Testimony and documentation reflected that Building 38 had roof leaks and was not used for a period of time until a new roof was installed in FY 2013-2014; however, expert testimony reflected that the structural integrity of the building was never compromised.

During the management review, the OIG identified and addressed two additional issues:

- Additional Issue 1: Whether a contracted provider failed to provide sufficient staff and supplies to perform housekeeping responsibilities as required by their contract.
 - Documentation reflected that the overall targeted housekeeping hours were not met by the provider 64% of the time.
 - Most witnesses opined that insufficient housekeeping hours or supplies were provided to complete the required housekeeping tasks; however, there was conflicting testimony regarding the specific requirements of the contract.
 - The contract with the housekeeping provider was ultimately terminated by the Department for non-compliance.
- Additional Issue 2: Whether a Government Operations Consultant II failed to properly monitor a contract.
 - The employee's contract monitoring actions included an "informal" 30-day CAP; working with the provider regarding the QOL tool; a six-month CAP; an Addendum CAP; and imposition of financial consequences.
 - Expert testimony reflected that areas of the contract were left open to interpretation, specifically in the areas of staffing, supplies, and contract monitoring.

Corrective Action: The Office of Contracted Client Services (OCCS) began developing a desk reference manual and annual Department training to provide additional guidance to contract managers. OCCS and Office of General Services (OGS) are incorporating the OIG recommendations listed as appropriate during their annual reviews and update of policies and procedures within their offices:

- Remind all program areas that OGS Design and Construction staff are available for consultation as to assessment of Department-owned building and Department-operated facility repair needs.

- When an entity (Headquarters, Program Office, OCCS, etc.) procures a contract on behalf of another entity receiving the services and/or commodities procured, they work to ensure the contract terms effectively address the needs and expectations of the receiving entity.
- Ensure contract managers understand and review provider compliance with all contract criteria before approving provider invoices.
- Ensure contract managers document contract modifications through properly-executed contract amendments.
- Revise the Department Procurement and Contracting Playbook, adopted by reference in CFOP 75-32, to include the contract review plan and monitoring in the absence of a Contract Oversight Unit on-site review.

2017-0005

A management review was initiated to determine whether a subcontracted provider left teenage children under the provider's care unattended and/or unsupervised when the children were not in school or a foster care placement. The management review revealed that though most witnesses, including management, testified that policy has consistently been that children under the provider's care are not to be left unattended or unsupervised at any time, some testimony indicated that, prior to December 1, 2016 and the initiation of FSFN Investigation #2016-336146, there was no clearly defined policy addressing leaving teenage children unsupervised in public locations and some children were left unsupervised with supervisory approval; however, those responsible for that approval and for the incident giving rise to FSFN Investigation #2016-336146 were no longer employed by the provider and declined to be interviewed by the OIG.

Corrective Action: The CEO of the subcontracted provider sent an e-mail to all staff to reinforce that children should be supervised at all times by appropriate staff. All of the cases of the employees involved in the incident(s) leading to the management review were reviewed and the employees were terminated.

2018-0014

A management review was initiated to determine the following two issues:

- Issue 1: The process for reporting youth sleeping in locations other than approved placements in Circuit 13 and whether the information was accurately reported to the Department as required after November 14, 2017.
- Issue 2: Whether FSFN placement information accurately represented placements of children under the supervision of a contracted provider.

The management review revealed that the contracted and subcontracted provider differed in how they defined inappropriate placements, resulting in incidents of children sleeping in vehicles or other unapproved locations not being reported to the Department via the Incident Reporting and Analysis System (IRAS). There was no evidence to suggest that the subcontracted provider failed to report all children not in school to the contracted provider; however, it appeared as though the subcontracted provider may not have continuously reported all children not in school. The capability does not currently exist for real-time placement information updates in FSFN; there is no

standardized method in the FSN placement tab to document placement refusals or children sleeping in unapproved locations; and FSN placement data is not reliable or up-to-date in all cases.

Corrective Action: As a result of the OIG management review and simultaneous Department Peer Review, a Peer Review Corrective Action Plan was created with the contracted provider to implement a roadmap and actionable plan. The provider now requires each CMO to train staff regarding timely FSN updates. The provider also requested that each CMO submit a plan to assist case managers with administrative tasks with funding needed by June 30, 2018, and consider the “Case Aim” model. The provider established alternate workweek schedules for its data management team to assure timely FSN updates and utilizes a placement change log through its placement team. The provider implemented the Care Match system and developed procedures for case managers to timely enter placement changes in the Community Based Resource Information System (CoBRIS) to ensure timely FSN updates. The provider revised its incident reporting policy to clearly define inappropriate placements and direct case managers to document all refusals, including those resolved, and any activities of de-escalation or while waiting for placement in FSN. Any time a child does not go to a properly approved placement is documented on an incident report and entered into IRAS.