



**DEPARTMENT OF CHILDREN AND FAMILIES**

**OFFICE OF INSPECTOR GENERAL**

**ANNUAL REPORT**

**FISCAL YEAR 2021-2022**

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## 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 OIG 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 (FY) 2021-2022:

- Received, reviewed, and processed 12,457 complaints or requests for assistance from citizens, clients, and Department managers and employees.
- Opened 62 cases and completed 103 cases that examined 223 allegations of violations of statute, rule, policy, or contract and tracked 88 corrective actions (192 recommendations) by management to ensure responses to recommendations for personnel action or policy clarification were appropriately addressed.
- Processed 5,777 Inspector General Reference Checks for current and former Department and provider employees.
- Conducted 33 Outreach Training sessions for 1,078 Department and/or provider employees on the role of the OIG, when and how to report suspected employee wrongdoing, protection afforded under the Whistle-blower’s Act,<sup>1</sup> and how to recognize violations of statute, rule, policy, or contract.
- Achieved re-accreditation status through the Commission for Florida Law Enforcement Accreditation, Inc. (CFA).
- Completed a total of 13,502 hearing activities, to include 11,979 fair hearing requests, 1,420 administrative disqualification hearing requests, and 103 nursing facility discharge or transfer hearing requests.
- Published six (6) audit reports, which contained 27 findings and recommendations for improvement of efficiency and effectiveness in Department programs and operations. Management agreed or concurred with 23 of the 27 reported findings.
- Performed liaison activities for three (3) external audit projects from two (2) external organizations. Issued corrective action status reports for one (1) of the two Auditor General (AG) Reports.
- Reviewed and processed 157 Department financial reporting packages of state financial assistance as well as 23 certifications of “no audit required.”

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<sup>1</sup> 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 FY 2021-2022.

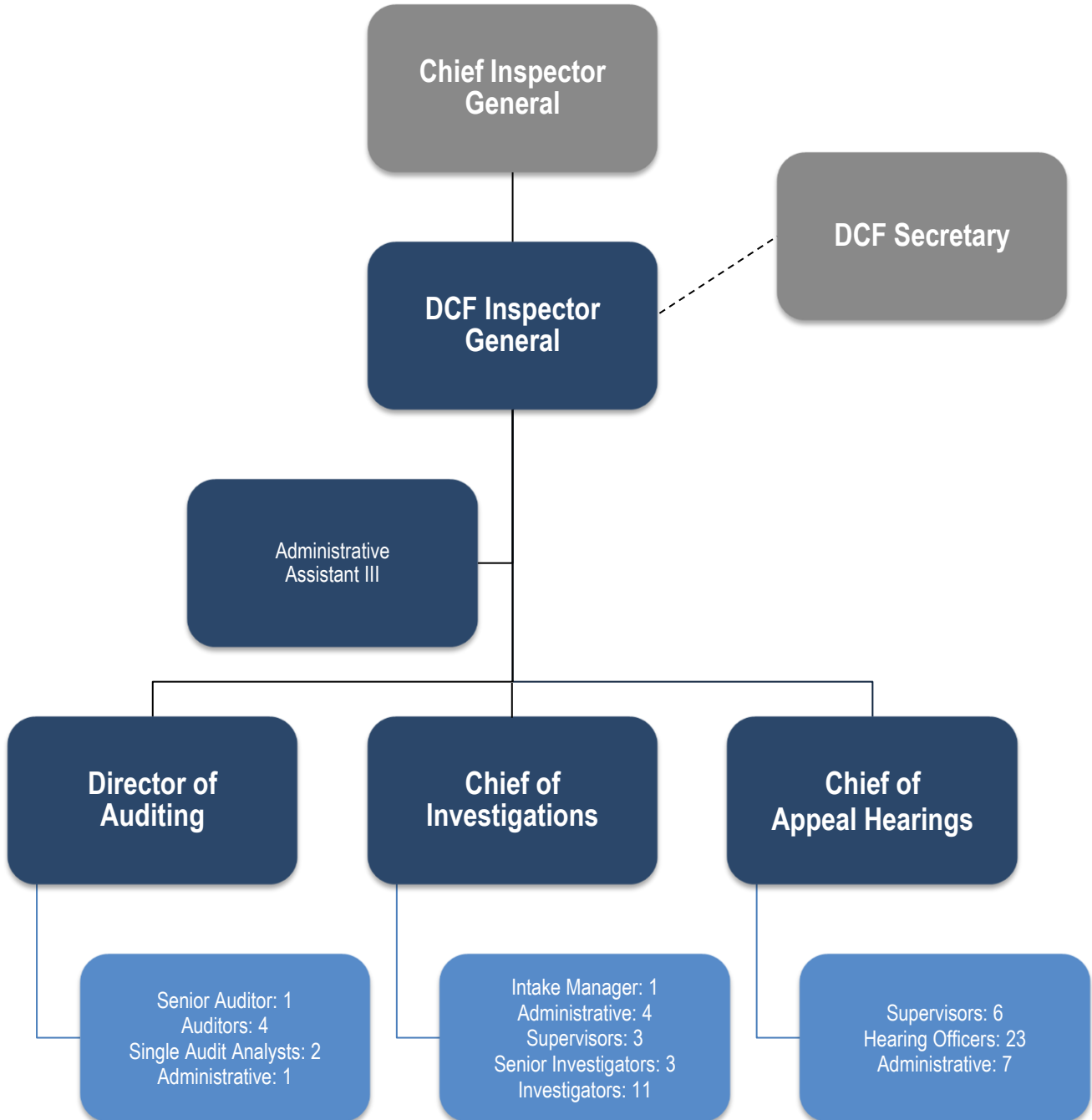
## Statutory Requirements

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 (CIG) and 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 CIG 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 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 their impact.
- Ensuring an appropriate balance between audit, investigative, and other accountability activities.
- Complying with the *General Principles and Standards for Offices of Inspector General* as published and revised by the Association of Inspectors General (AIG).

# ORGANIZATIONAL CHART

As of June 30, 2022, there were 71 positions assigned to the OIG, which were distributed in the following three sections: Appeal Hearings, Internal Audit, and Investigations. Appeal Hearings Section and Investigations Section staff are located at headquarters and in field offices throughout the state.<sup>2</sup>



<sup>2</sup> Offices: Investigations Section – Ft. Lauderdale, Miami, Orlando, Rockledge, Tallahassee, and Tampa.  
Appeal Hearings Section – Ft. Lauderdale, Ft. Myers, Jacksonville, Marianna, Miami, Orlando, Pensacola, Rockledge, Tallahassee, 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:

Abuse Hotline Counselor (1)	Certified Myers-Briggs Type Indicator Practitioner (1)
Accreditation Manager (2)	Certified Public Accountant (1)
AIG Board Member (1)	Certified Public Manager (3)
AIG Committee Chair (1)	CFA Assessor (1)
AIG Institute Instructor (1)	CFA Team Leader Assessor (1)
AIG Peer Review Team Leader (1)	CFA/Florida PAC <sup>3</sup> Instructor (1)
AIG Peer Review Team Member (1)	Child Welfare Protective Investigator (1)
Call Center Manager (1)	Department Certified Trainer (2)
Certified Accreditation Professional (1)	EEOC <sup>4</sup> Investigator (1)
Certified Hearing Official (1)	Florida Bar Member (5)
Certified Information Systems Auditor (1)	Florida Certified Contract Manager (7)
Certified Inspector General (3)	Florida Notary Public (26)
Certified Inspector General Auditor (6)	Six Sigma Certified (7)
Certified Inspector General Investigator (13)	TCIIA <sup>5</sup> President Elect (1)
Certified Internal Auditor (1)	
Certified Law Enforcement (3)	

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<sup>3</sup> Acronym for "Police Accreditation Coalition."

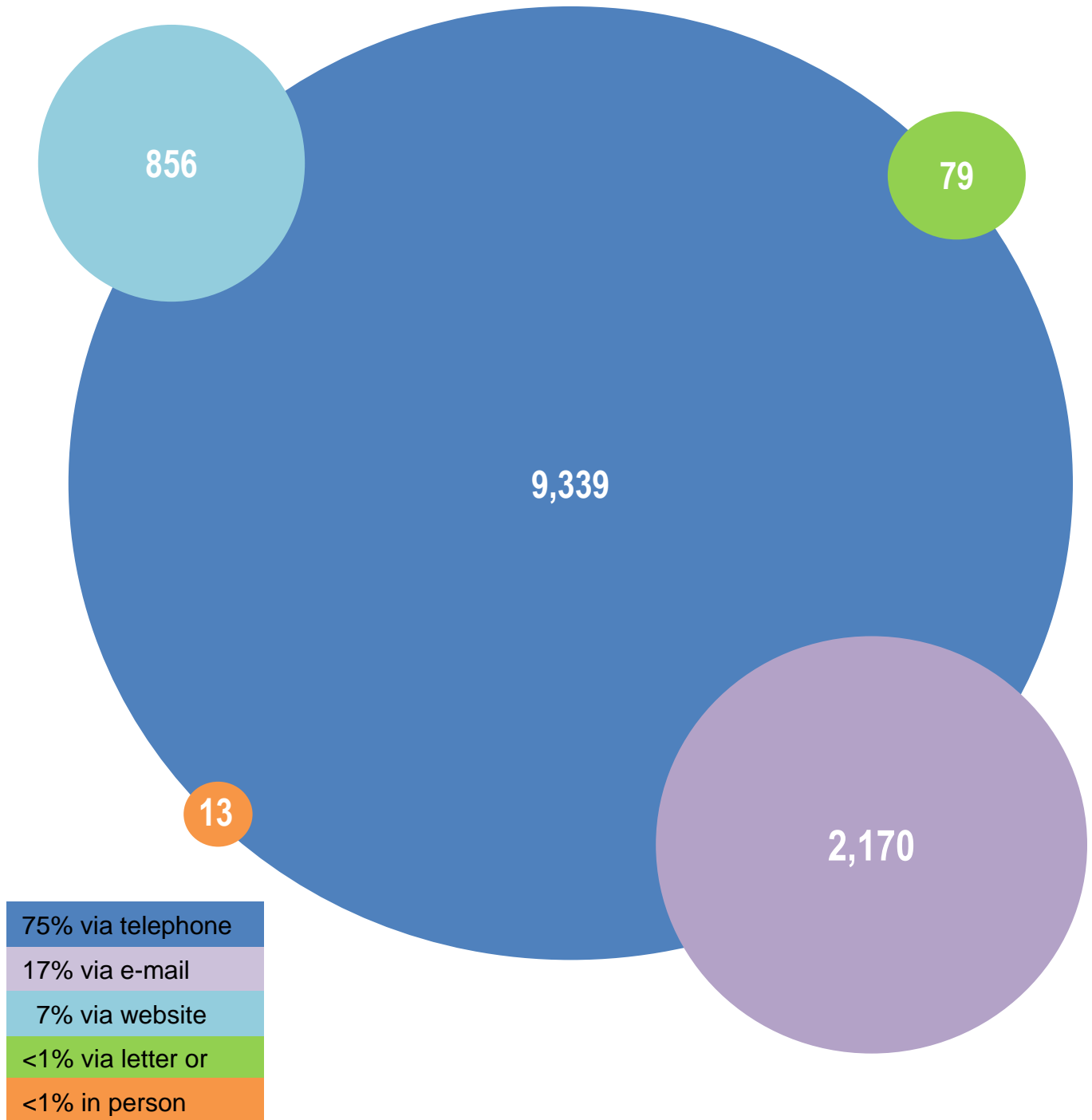
<sup>4</sup> Acronym for "Equal Employment Opportunity Commission."

<sup>5</sup> Acronym for "Tallahassee Chapter Institute of Internal Auditors."

# 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, e-mail, website, letter, or in person. The Intake Unit reviewed a total of **12,457** complaints or requests for assistance, received in the following manner:





## Investigations Unit

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

### Investigations and Management Reviews

- 62** Cases were opened for investigation or management review
- 103** Cases were completed
- 223** Allegations were investigated or reviewed

### Whistle-blower Investigations

There were no investigations completed in accordance with the Whistle-blower's Act.

### Sexual Harassment Investigations

There were **14** investigations completed in accordance with Children and Families Operating Procedure (CFOP) 60-10, Chapter 5, *Unlawful Harassment and Unlawful Sexual Harassment*.

### 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. Final reports, including recommendations, are sent to all appropriate parties and actions are tracked to completion. A total of **88** corrective actions, entailing **192** recommendations, were issued by the Investigations Unit.

### Personnel Actions Associated with Investigations and Management Reviews

Department personnel actions or measures taken by the Florida Certification Board (FCB) 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 occurred at the discretion of management, the employees, or the FCB:

#### Personnel Actions

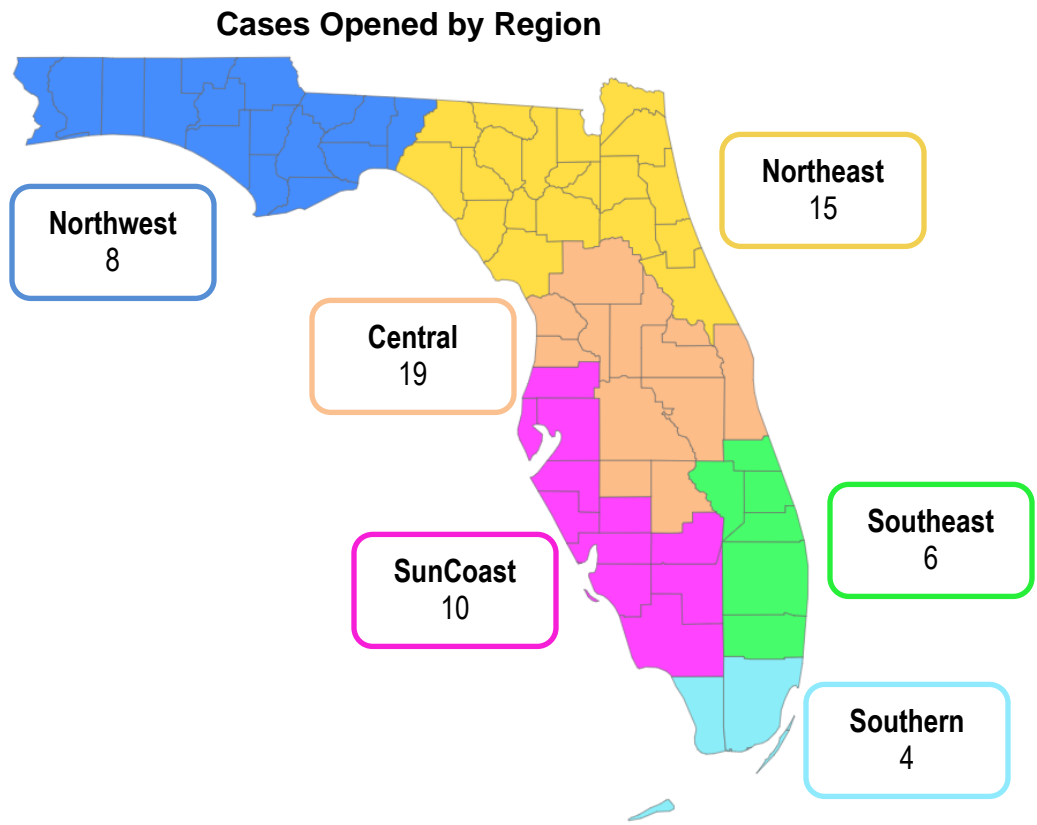
- 80** Terminations
- 67** Resignations
- 8** Written Reprimands
- 2** Written Counselings
- 1** Verbal Counseling

#### FCB Actions

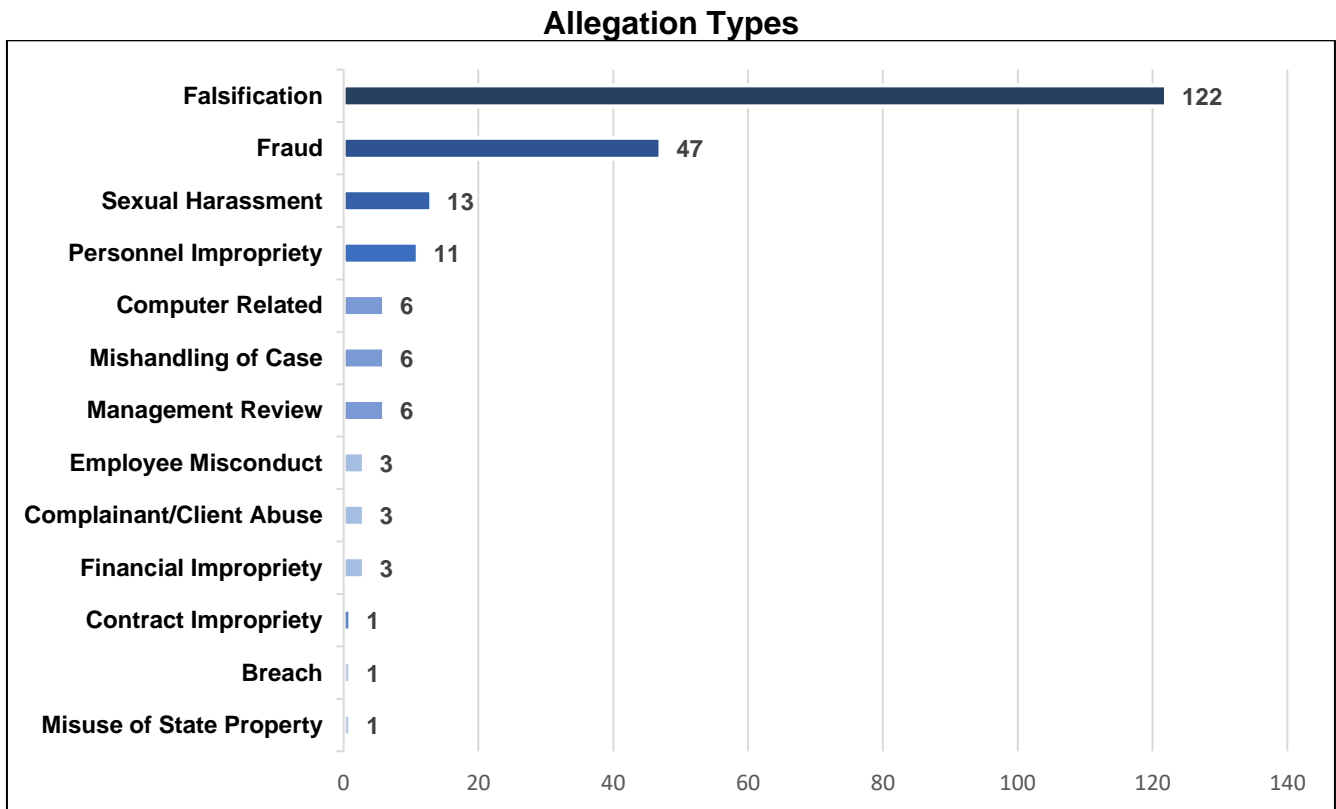
- 45** Revocations
- 5** Open Ethics Investigations
- 2** Voluntary Surrenders
- 1** Expiration



The following chart provides a comparative analysis of the **62** cases opened by Region:



The allegation types and corresponding **223** allegations investigated for closed cases are as follows:



## **Public Records Requests**

Responded to **69** 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 whether they were the subject of an OIG investigation that resulted in supported findings. The OIG processed **5,777** 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 and how to report suspected employee wrongdoing, protection afforded under the Whistle-blower's Act, and how to recognize violations of statute, rule, policy, or contract. The OIG completed **33** training sessions, involving **1,078** individuals, with Department employees and/or contracted and subcontracted providers.

## APPEAL HEARINGS SECTION

The Appeal Hearings Section conducts administrative fair hearings for applicants or recipients of public assistance programs and disqualification hearings for the Department when individuals are alleged to have committed intentional program violations in the Cash Assistance Program and/or the Supplemental Nutrition Assistance Program (SNAP). Hearings are also conducted for applicants and recipients of the Medicaid Waiver Program for the Agency for Persons with Disabilities (APD). In addition, the section conducts limited hearings for other state agencies as follows:

- Agency for Health Care Administration (AHCA), when there is a proposed discharge or transfer action from a nursing facility;
- Department of Revenue (DOR), when there is a dispute over distribution of child support payments to the custodial parent, a passport denial for the absent parent, or when DOR intercepts a federal payment to the absent parent to repay past due child support;
- Department of Health (DOH), when applicants or recipients of the Special Supplemental Food Program for Women, Infants, and Children (WIC) are adversely affected; and
- Department of Elder Affairs (DOEA), when an individual is denied placement or is removed from the Statewide Medicaid Managed Care (SMMC) Long-Term Care (LTC) program wait list.

The Appeal Hearings Section reports directly to the Inspector General. This ensures 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 authorities:

- § 409.285, F.S., *Opportunity for hearing and appeal*
- § 120.80, F.S., *Exceptions and special requirements*
- § 400.0255, F.S., *Resident transfer or discharge; requirements and procedures; hearings*
- § 393.125, F.S., *Hearing rights*
- Rule 65-2.042, et seq., Florida Administrative Code (F.A.C.), *Applicant/Recipient Fair Hearings*

The major controlling federal regulations are as follows:

- Public Law (P.L.), 104-193, *Temporary Assistance to Needy Families (TANF) Personal Responsibility and Work Reconciliation Act of 1996*
- 42 Code of Federal Regulations (CFR) § 431.200, *Medicaid Fair Hearings for Applicants and Recipients*
- 7 CFR § 273.15, *SNAP, Fair Hearings*
- 7 CFR § 273.16, *SNAP, Disqualification for Intentional Program Violation*

## Hearings Jurisdiction

The section conducts hearings for the following programs:

### Office of Economic Self-Sufficiency

- Cash Assistance Program or TANF
- SNAP
- Disaster SNAP (D-SNAP)
- Medicaid Eligibility for all programs, including Waivers and Institutional Care Program (ICP)
- Refugee Assistance Program (RAP)
- Optional State Supplementation (OSS)

### AHCA

- Nursing Facility Discharge or Transfer Hearings

### APD

- Developmental Disabilities Individual Budget (iBudget) Medicaid Waiver Program

### Others

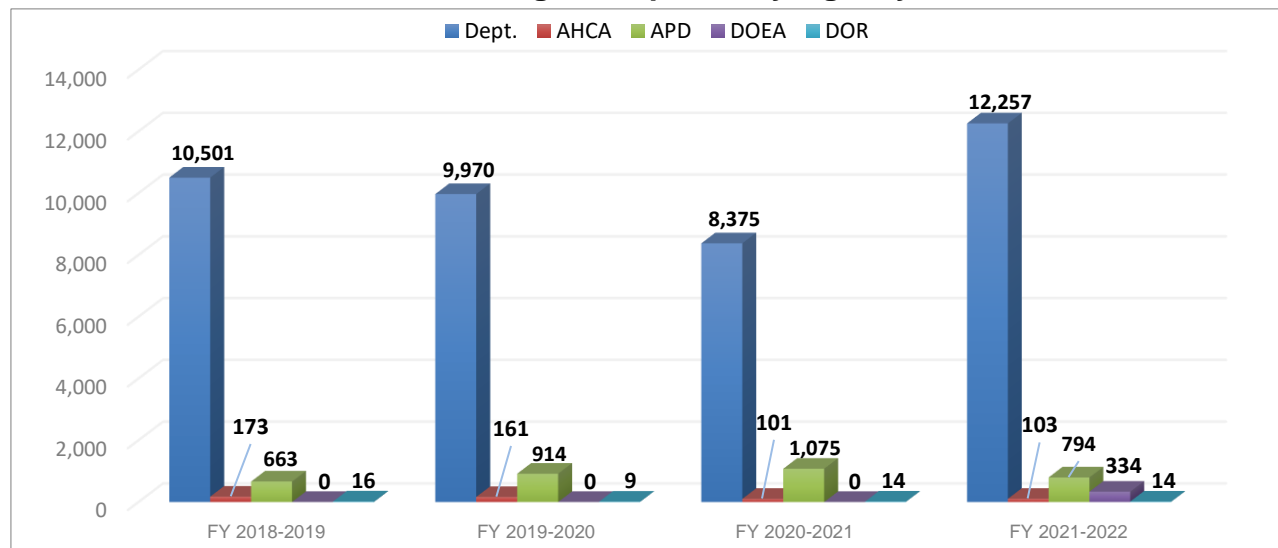
- DOH WIC program
- Eligibility or amount of assistance for Office of Child and Family Well-Being programs funded through the Social Security Act
- Limited Child Support Enforcement issues for DOR
- DOEA SMMC LTC program waitlist

## Completed Hearing Activities

There were a total of **13,502** hearing activities completed, as follows:

- 11,979** Fair hearing requests
- 1,420** Administrative disqualification hearings for Cash or SNAP benefits
- 103** Nursing facility discharge or transfer hearing requests

### Fair Hearings Completed by Agency<sup>6</sup>



<sup>6</sup> Department hearings include fair and administrative disqualification hearings. AHCA hearings include only nursing home discharge or transfer hearings. APD, DOEA, and DOR hearings include only fair hearings.

# INTERNAL AUDIT SECTION

## Internal Audit Unit

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

The unit published **six (6)** audits, consisting of **27** findings and recommendations for improvement. Department management concurred or agreed with all but **four (4)** findings.

The unit conducted liaison activities for **three (3)** external audit projects from the AG and OPPAGA. These projects consisted of a federal awards audit, an operational audit by the AG, and research and evaluations by OPPAGA. The unit also tracked and reported Department implementation of corrective action for **one (1)** external report, including the *Summary Schedule of Prior Audit Findings*.

## Single Audit Unit

The Single Audit Unit reviews single audit reporting packages and related documentation of state and federal funding and expenditures. The activity is mandated by 2 CFR § 200.501, *Federal Uniform Grant Guidance*, and § 215.97, F.S., *Florida Single Audit Act*.

Independent certified public accountants perform single audits of Department contractor and provider financial records statements and expenditures of 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. The unit also provides feedback to external auditors when clarification of an existing audit is required. For the fiscal year, the unit analyzed and reviewed **157** Department financial reporting packages of state financial assistance as well as **23** certifications of “no audit required.”

## **Florida Inspectors General Expertise System (FIGES)**

Functioning as an expertise reference tool, FIGES is a public, online database of Florida state and local government Offices of Inspector General and is accessible through the Internet at <https://eds.myflfamilies.com/FIGES/Default.aspx>. It contains, among other data, contact information, areas of expertise, and professional certifications for staff members of state and local government Offices of Inspector General. The Internal Audit Section served as the site administrator for FIGES, which maintained information for approximately **366** personnel from **44** Offices of Inspector General, as of the end of the fiscal year.

## **Integrated Internal Audit Management System (IIAMS)**

IIAMS is a Department-developed web application that manages and documents all aspects of the audit process including planning, fieldwork, reporting, and follow-up. It simplifies and centralizes working paper documentation in multiple formats and enables reviewing, storing, and sharing of work performed by Internal Audit Section staff. Furthermore, IIAMS provides an effective process for tracking audit hours and documenting required continuing professional education and other training. As of the end of the fiscal year, IIAMS included approximately **43** users from **12** state agencies, including the Department.

## **Carryover Consulting and Investigative Review Project**

### **Project #C-1819DCF-030: *Florida Coalition Against Domestic Violence, Inc. (FCADV) and Affiliate***

The Internal Audit Unit devoted a significant number of work hours to Project #C-1819DCF-030. The Department was statutorily mandated to contract with FCADV for the delivery and management of state domestic violence services and FCADV received most of its funding through public sources. Due to concerns raised in the news media regarding excessive compensation received by the FCADV chief executive officer, the OIG initiated this consulting project in August 2018 and requested documents and records from FCADV pertinent to executive compensation, board governance, and fiscal policies and procedures. Despite repeated requests, FCADV did not fully comply with OIG and Office of the General Counsel document requests made throughout 2018 and 2019, including a September 2019 OIG request directed to the FCADV Board of Directors.

In January 2020, the Speaker of the Florida House of Representatives directed the Chair of the House Public Integrity and Ethics (PIE) Committee to undertake an investigation of FCADV. On February 13, 2020, Governor Ron DeSantis requested that the CIG conduct a review regarding the financial practices of FCADV. With the assistance of the PIE Committee and under the direction of the CIG, the OIG has since received and reviewed hundreds of thousands of documents and records associated with FCADV and its independent auditor, as well as conducted interviews of over 100 witnesses, including current and former FCADV management, staff, and affiliated management of domestic violence shelters. FCADV was placed in receivership and, as of June 30, 2022, the OIG has completed Phase I of its fieldwork and submitted a preliminary report of its findings to the CIG.

## **Enterprise Projects Conducted at the Direction of the Chief Inspector General**

### **Project #A-2122DCF-079: *American Recovery Plan Act (ARPA) Funds***

During FY 2021-2022, the CIG created a two-part risk readiness survey and review for pandemic-related funds. The project aimed to assess the status of implementation of internal controls to help mitigate the risk of fraud, waste, and abuse in programs expending pandemic or pandemic-related funds. It focused on internal controls of agency Procurement/Acquisition, Budget, Legal, and Finance and Accounting functions. This review provided important feedback to operation and program managers, who ensure that internal controls are in place to deter fraud, waste, and abuse.

The Internal Audit Section completed the ARPA Funds Risk Readiness Review and submitted it to the CIG on January 13, 2022. Subsequently, for areas requiring follow-up, the Internal Audit Section completed its six-month follow-up to the ARPA Funds Risk Readiness Reviews and submitted it to the CIG on June 29, 2022.

The results of the ARPA risk readiness survey indicated that internal controls of agency activities and functions provide reasonable assurance that the information is reliable, accurate, and timely. Additionally, the information complies with applicable regulations, laws, rules, policies, procedures, and contracts.

### **Project #G-2122DCF-178: *State of Florida Office of The Governor Executive Order Number 20-44***

In accordance with Executive Order Number 20-44 (EO), dated February 20, 2020, all executive agencies were required to submit listings to the Executive Office of the Governor of all legislatively required sole-source, public-private agreements, and all entities receiving 50% or more of their budget from the state or a combination of state and federal funds. For each listed entity, each agency was required to obtain and review copies of the Internal Revenue Service (IRS) Form 990, *Return of Organization Exempt From Income Tax*, and other documentation showing total compensation to include salary, bonuses, cashed-in leave, cash equivalents, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payouts for all members of the listed contractors' executive leadership teams for the past year. If the compensation totals exceeded limits set forth in federal or state law and regulations, the agency was required to refer the matter to the CIG for investigation and appropriate action.

Section 4 of the EO requires that, for any entities that satisfy criteria of Section 1 of the EO, the agency head must attest that:

- The agency has amended all applicable contracts and grant agreements to comply with Section 4 of the EO; and
- The agency has modified its internal contract and grant administration procedures to require this information from current and future agreements with entities that meet the criteria in Section 1.

For FY 2021-2022, the Department Secretary provided the attestation required by Section 4 of the EO.



## Summary of Internal Audit Projects Issued

### **Project #A-1819DCF-043: *Contractor Related Parties***

The objectives of this audit included:

- Determining the roles and functions of contractor related parties;
- Determining how these organizations are structured and registered with the Department of State;
- Determining how contractor related parties are funded; and
- Identifying governance issues that these organizations create.

The scope of this audit included 10 of the 12 Department Community-Based Care (CBC) lead agencies and the two Behavioral Health Managing Entities (MEs) having related parties during all, or part, of the period July 1, 2016 through June 30, 2018.

The audit disclosed the following:

- A real or apparent conflict of interest arose when Partnership for Strong Families, Inc. (PSF) created Service Management Solutions for Children, Inc. (SMS), a separate but related entity, and entered a non-competitively procured agreement whereby SMS provides management and administrative services to PSF.
- A real or apparent conflict of interest arose when Big Bend Community Based Care, Inc. (BBCBC) created NWF Partnership for Better Communities, Inc. (NWF Partnership), a separate but related entity, and entered a non-competitively procured agreement, whereby NWF Partnership provides management and administrative services to BBCBC.
- During the fiscal year ended (FYE) June 30, 2018, Eckerd Youth Alternatives, Inc. (d/b/a Eckerd Connects)<sup>7</sup> forgave approximately \$2.5 million in debt owed by its subsidiary, Paxen, LLC. In the same fiscal year, Eckerd Connects received approximately \$7.5 million in “Back of the Bill” funding from the Department to offset financial operating deficits.
- For FYE June 30, 2018 and FYE June 30, 2017, Lutheran Services Florida, Inc. (LSF) incurred a total financial operating deficit of nearly \$5.4 million, partly due to discontinued operations of its two charter school related parties, LSF Charter Schools, LLC and Pivot Education, Inc.
- A real or apparent conflict of interest arose from PSF purchasing counseling services from related party Village Counseling Center of Gainesville, Inc.

Management generally concurred with our findings and recommendations and provided a statement describing their proposed corrective actions.

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<sup>7</sup> Department contracts with Eckerd Connects (Pasco and Pinellas) expired on December 31, 2021. The Department contract with Eckerd Connects (Hillsborough) expired on June 30, 2022.

**Project #A-1920DCF-090: *Direct Services Limitation Compliance by Community-Based Care (CBC) Lead Agencies***

The objectives of this audit were to determine whether CBCs are complying with the 35% direct services limitation; determine how CBCs define administrative overhead compared with industry standards; examine organizational structure, including the number of management layers between chief executive offices and case workers; and examine the level of direct care services that organizations provide. The scope of this audit included CBC lead agency child welfare activities during fiscal year (FY) 2018-2019 through the end of audit fieldwork.

The audit disclosed the following:

- Eight of the 17 lead agencies were not in compliance with the 35% direct services limitation established by § 409.988(1)(j), Florida Statutes, (F.S.); and
- The Department did not develop policies and procedures to approve or deny lead agency requests for exemption from the direct services limitation.

Management concurred with the two findings and recommendations and provided a statement describing their proposed corrective actions.

**Project #A-1920DCF-131: *Mental Health Treatment Facility (MHTF) Information Technology (IT) Systems and Hardware Video Recording Equipment***

The objectives of this audit were to assess the adequacy of video monitoring systems and review procedures in the MHTFs. To achieve these objectives, we reviewed the statutes, rules, and operating procedures related to IT systems and hardware video recording equipment employed by the three Department MHTFs. The scope of this audit consisted of video recording equipment usage and review of policies and procedures in effect during FY 2019-2020 and related activities through the end of audit fieldwork.

The audit disclosed the following:

- Florida State Hospital (FSH) and Northeast Florida State Hospital (NEFSH) did not have surveillance cameras specifically positioned to view outside common areas. North Florida Evaluation and Treatment Center (NFETC) lacked a surveillance camera in its controlled substance room, where narcotics are secured;
- MHTFs had limited outdoor lighting to safely illuminate campuses during darkness;
- The FSH education building had no barriers to prevent residents from accessing a heavily trafficked road in front of the FSH facility;
- The FSH main entrance guard booth lacked a suitable barrier and adequate communication and electronic surveillance equipment; and
- FSH and NEFSH Safety Center guards used unbound, unnumbered forms to document security events and maintenance issues.

Management concurred with the five findings and recommendations and provided a statement describing their proposed corrective actions.

## **Project #A-2122DCF-018: *Contract Compliance***

The objective of this audit was to satisfy the requirements of House Bill 1079, passed during the 2021 Legislative Session, which amended § 287.136, F.S. The legislation requires agency inspectors general to conduct periodic, risk-based compliance audits of all contracts executed by an agency for the preceding three years. The scope of this audit consisted of contracts procured and executed during a three fiscal year period (July 1, 2018 through June 30, 2021). Contract procurement types included emergency orders, grant disbursement agreements, leases, master agreements, revenue agreements, standard two-party agreements, and other multi-party agreements.

The audit disclosed the following:

- The Department did not ensure contract information entered into the Florida Accountability Contract Tracking System (FACTS) was accurate, complete, and entered within 30 days after contract execution, as required by statute.

Management concurred with the finding and recommendation and provided a statement describing their proposed corrective action.

## **Project #A-2122DCF-019: *Cybersecurity – Security Continuous Monitoring***

The objective of this confidential audit<sup>8</sup> was to evaluate agency controls and compliance with *Florida Cybersecurity Standards* in Rule 60GG-2.004(2), Florida Administrative Code (F.A.C.), *Security Continuous Monitoring*, regarding IT resource monitoring to identify cybersecurity events. The scope of this audit included agency cybersecurity continuous monitoring policies, procedures, activities, and processes in effect July 1, 2021 through the end of audit fieldwork. This includes the following eight *Detect (DE) Continuous Monitoring (CM)* controls:

- 1) Monitoring the network to detect potential cybersecurity events.
- 2) Monitoring the physical environment to detect potential cybersecurity events.
- 3) Monitoring personnel activity to detect potential cybersecurity events.
- 4) Detecting malicious code.
- 5) Detecting unauthorized mobile code.
- 6) Monitoring external service provider activity to detect potential cybersecurity events.
- 7) Monitoring for unauthorized personnel, connections, devices, and software, including unauthorized IT resource connections to the internal agency network.
- 8) Performing vulnerability scans.

Management concurred with the findings and recommendations and provided a statement describing their proposed corrective actions.

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<sup>8</sup> Pursuant to § 282.318(4)(g), F.S., this report is “confidential information and exempt from § 119.07(1), F.S., except that such information shall be available to the [Auditor General (AG)], the Cybercrime Office of the [Florida Department of Law Enforcement (FDLE)], the Division of State Technology within the [Department of Management Services (DMS)], and, for agencies under the jurisdiction of the Governor, the [Chief Inspector General (CIG)].”

## **Project #A-2122DCF-038: *Office of Inspector General Data Exchange Memorandum of Understanding (MOU)***

The objectives of this audit included:

- 1) Evaluating whether the Office of Inspector General (OIG) had adequate controls in place to protect personal data from unauthorized access, distribution, use, modification, or disclosure in compliance with the MOU requirements and applicable laws;
- 2) Certifying whether Quarterly Quality Control Review Reports (QQCRRs) were completed and maintained;
- 3) Certifying whether the OIG complied with National Technical Information Service (NTIS) Limited Access Death Master File (DMF) requirements and safety measures; and
- 4) Certifying that all deficiencies and/or issues found during the audit have been corrected and measures enacted to prevent recurrence.

The scope of this audit included the review of policies, procedures, and practices in effect during the period December 26, 2018 through the end of audit fieldwork.

The audit disclosed:

1. Three Driver and Vehicle Information Database (DAVID) user accounts were not immediately inactivated following the employees separating from the OIG.
2. The OIG did not comply with certain QQCRR practices.

Management concurred with the two findings and recommendations and provided a statement describing their fully implemented corrective actions.

## **Summary of Internal Audit Projects Initiated and Terminated**

The following audit projects were terminated during FY 2021-2022:

### **Project #A-1920DCF-104: *Public Benefits Integrity Referrals to the Division of Public Assistance Fraud (DPAF)***

The objective of this audit was to review referrals and case acceptance rates, identify causes of low case acceptance rates, and identify methods to improve the agreement between the Department and the Department of Financial Services (DFS). The director of the Office of Public Benefits Integrity (OPBI) indicated to OIG staff that they were comfortable with the language of the current agreement between the Department and DFS and it was not a concern. Additionally, the OPBI director indicated they were planning to take action to address their concerns regarding referrals to DPAF. Based on the discussion with the OPBI director, the Inspector General approved termination of this assurance project.

### **Project #A-2122DCF-047: *Department-Licensed Recovery Residences***

During a 2021 risk assessment interview, a concern was expressed of Department licensing and monitoring practices for recovery residences. During the preliminary survey phase of this project, a legal opinion from the Office of the General Counsel (OGC) determined that recovery residences are not statutorily required to be licensed or monitored by the Department. Based on this legal opinion, the Inspector General approved termination of this assurance project.

## External Audit Reports Issued

### Florida Auditor General

2022-031 *Selected Administrative Activities and Prior Audit Follow-up*

2022-189 *State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards Follow-up*

### Office of Program Policy Analysis and Government Accountability

22-05 *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2022*

## Follow-up to Prior External Audit Reports Issued

### Florida Auditor General

2022-031 *Selected Administrative Activities and Prior Audit Follow-up*

2022-189 *State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards Follow-up*

## Summary of Investigations and Corrective Actions Completed

**Headquarters** There were no cases closed in Headquarters during FY 2021-2022.

### **Circuit 1**

2018-0066

A Human Services Counselor (HSC) III falsified Adult Services Information System (ASIS) documentation of Home Care for Disabled Adults (HCDA) program home visits with Client 1 and Client 2. **Supported**. The HSC III falsified ASIS documentation of HCDA program home visits with Client 3 and Client 4. **Neither Supported Nor Refuted**. The HSC III falsified ASIS documentation of an October 27, 2017 home visit with Client 4 and related HCDA program documents. **Supported**.

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. It is noted that clients sign off on annual and semi-annual visits when the care plan is reviewed and it was determined that since this was an isolated incident, quarterly reviews were not being changed to require a client signature. The Florida Certification Board (FCB) identified that the employee's Provisional Child Welfare Protective Investigator certification had expired and, if the employee seeks certification in the future, they will be required to address the concerns in the investigation before approved or denied by the FCB to continue to apply for certification.

2019-0094

A Child Protective Investigator (CPI) falsified child protective investigation records in FSFN Investigations #2019-205101 and #2019-149009. **Supported**. The CPI falsified child protective investigation records in FSFN Investigation #2019-150876. **Not Supported**. The CPI falsified child protective investigation records in FSFN Investigation #2018-697501. **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 Protective Investigator certification. Based on additional information that another employee did not report a matter of suspected falsification to the OIG, managers received a copy of Children and Families Operating Procedure (CFOP) 180-4, discussed it with their supervisors, and the matter was further addressed during a monthly leadership meeting.

2020-0034

A Case Manager of a contracted provider falsified child protective supervision records in FSFN Case IDs #2213386, #2263744, and #101365604. **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 Child Welfare Case Manager certification.

2020-0039

Management of a subcontracted provider directed staff to perform excessive and unnecessary activities, such as double billing time for e-mails sent, for the purpose of generating inflated billing. **Investigation Terminated**. The subcontracted provider falsified case management records for the purpose of generating inflated billing. **Investigation Terminated**. The subcontracted



provider discourages staff from making reports to the Florida Abuse Hotline (Hotline) because it would result in children being removed from homes, causing services and billing to come to an end for families. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information received that the contracted provider conducted an investigation and determined that false billing for services in the amount of \$192,836.56 was due to employee error and the two responsible employees were terminated. The subcontracted provider was put on a Corrective Action Plan (CAP), through which all funds were reimbursed to the contracted provider.

## **Circuit 2**

2020-0027 A Child Protective Field Support Consultant misused her state-issued purchasing card. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information that the employee was terminated and owed no money to the agency.

2020-0029 A CPI falsified (forged) child protective investigation records in FSFN Investigation #2020-083550. **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 Provisional Child Welfare and Child Welfare Protective Investigator certifications.

2020-0058 A Senior Child Protective Investigator (SCPI) accessed FSFN Investigation #2020-103727 without a legitimate business reason. **Not Supported.** The SCPI breached confidentiality by releasing confidential information to an unauthorized individual. **Not Supported.**

**Corrective Action:** No action required.

## **Circuit 3**

2020-0014 A Mental Health Technician (MHT) of a subcontracted provider failed to complete client safety monitoring checks and falsified client monitoring sheets. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that the provider's policies did not support the reporting requirements of CFOP 180-4, the provider updated its Employee Code of Conduct policy to support OIG reporting requirements.

2020-0022 An SCPI falsified child protective investigation records in FSFN Investigation #2020-052022. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information that the employee was terminated, there were two or fewer instances of falsification, a risk assessment was completed and no additional concerns were noted, no



harm to a client resulted, and the FCB revoked the employee's Child Welfare Protective Investigator certification.

2020-0028 A Recovery Specialist of a subcontracted provider failed to complete client safety monitoring checks and falsified client monitoring sheets. **Supported.**

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

2021-0014 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN. **Investigation Terminated.**

**Corrective Action:** The investigation was terminated based on information that the employee was terminated, there were two or fewer instances of falsification, a risk assessment was completed and no additional concerns were noted, no harm to a client resulted, and the FCB revoked the employee's Provisional Child Welfare and Child Welfare Case Manager certifications.

#### **Circuit 4**

2019-0034 A CPI falsified child protective investigation records in FSFN Investigations #2019-024619 and #2019-077753. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2019-049585. **Supported.** A Revenue Maximization Specialist of a contracted provider failed to cooperate with an OIG investigation. **Supported.**

**Corrective Action:** The CPI resigned and the CPI's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the CPI's Child Welfare Protective Investigator certification.

2019-0060 A Dependency Case Manager Supervisor (DCMS) of a subcontracted provider shared her FSFN username and password with another employee. **Supported.** A Dependency Case Manager (DCM) Trainee used another employee's FSFN username and password to access FSFN Case ID #102080316. **Supported.**

**Corrective Action:** The employees' personnel files were updated to reflect the findings of the investigation. The FCB was notified and, after an ethics investigation, took no action on the DCMS's Child Welfare Case Manager certification and the DCM Trainee's Provisional Child Welfare Case Manager certification has been inactive since September 1, 2020.

2020-0033 An Economic Self-Sufficiency Specialist (ESS) I falsified Family and Medical Leave Act of 1993 (FMLA) and Family Supportive Work Program (FSWP) medical documentation. **Supported.**

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

2021-0010 A Family Services Counselor (FSC) of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101802392. **Supported.** The FSC falsified child protective supervision records in FSFN Case ID #3195526. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Based on the employee falsifying mileage and receiving reimbursement for travel to home visits that did not occur, a certified letter was sent to the employee's last known address requesting reimbursement of funds.

2021-0019 A CPI falsified child protective investigation records in FSFN Investigation #2021-045509. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Based on the employee being paid for mileage she was not entitled to, a certified letter was sent requesting repayment of the mileage that was reimbursed. The FCB was notified and revoked the employee's Child Welfare Protective Investigator certification.

2021-0027 A CPI falsified child protective investigation records in FSFN Investigation #2021-122356. **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 Protective Investigator certification.

2021-0029 An FSC of a subcontracted provider falsified child protective supervision records in FSFN. **Investigation Terminated.**

**Corrective Action:** The employee was terminated. The decision to terminate the investigation was based on information that there were two or fewer instances of falsification alleged, a risk assessment was completed and no additional concerns were noted, no harm to a client resulted, the employee was terminated, and the FCB was notified and revoked the employee's Child Welfare Case Manager certification.

## **Circuit 5**

2021-0034 An Adult Protective Investigator (API) falsified adult protective investigation records in FSFN Investigations #2021-092096, #2021-111002, and #2021-130729. **Supported.** The API falsified adult protective investigation records in FSFN Investigation #2021-098428. **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.

2021-0038 A CPI falsified child protective investigation records in FSFN Investigation #2021-122655. **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 Protective Investigator certification.

2021-0059 (SH) An SCPI sexually harassed co-workers. **Investigation Terminated.** A Program Administrator (PA) failed to take appropriate action regarding allegations of sexual harassment. **Investigation Terminated.** The SCPI exchanged inappropriate text messages with a minor. **Investigation Terminated.** The Program Administrator intentionally concealed inappropriate text messages between the SCPI and a minor. **Investigation Terminated.**

**Corrective Action:** The decision to terminate the investigation was based on information that the Program Administrator had appropriately reported and addressed the allegations with the SCPI and the complainant refused to cooperate with the investigation.

## **Circuit 6**

2020-0019 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100912058. **Supported.** The Case Manager falsified child protective supervision records in FSFN Case ID #3239121. **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 Provisional Child Welfare Case Manager certification.

2020-0038 (SH) A Case Manager of a subcontracted provider made inappropriate comments to and pursued a relationship with a minor child who was also a client. **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 Provisional Child Welfare Case Manager and Child Welfare Case Manager certifications.

2021-0048 (SH) A Distributed Computer Systems Analyst sexually harassed a Department employee by touching them and making inappropriate comments. **Not Supported.**

**Corrective Action:** The employee was issued a Written Counseling, relocated to a different office, and required to complete Interpersonal Communication training.

## **Circuit 7**

2019-0106 A CPI falsified child protective investigation records in FSFN Investigations #2019-307281, #2019-311556, #2019-326784, and #2019-367222. **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 Protective Investigator certification.

2020-0070 An ESS I falsified records in Automated Community Connection to Economic Self-Sufficiency (ACCESS) Management System (AMS) and/or FLORIDA concerning ACCESS Case #1644908701. **Not Supported.** The ESS I falsified

records in AMS and/or FLORIDA concerning ACCESS Cases #1007700793 and #1467508730. **Supported.**

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

2021-0024 A Chief Medical Director of a subcontracted provider falsified a patient's medical record. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that the employee held a Medical Doctor license, a copy of the report was provided to the Department of Health Division of Medical Quality Assurance for review and any appropriate action.

### **Circuit 8**

2019-0075 Two MHTs of a subcontracted provider failed to complete client safety monitoring checks and falsified client monitoring sheets. **Supported.** A Recovery Specialist failed to complete client safety monitoring checks and falsified client monitoring sheets. **Supported.**

**Corrective Action:** The employees were terminated and the employees' personnel files were updated to reflect the findings of the investigation. Management of the subcontracted provider was asked to review contractor policy pertaining to safety monitoring of client bathrooms, ensure their policies support OIG reporting requirements of CFOP 180-4, and ensure they preserve all records so as to not hinder OIG investigations.

2019-0077 Three MHTs of a subcontracted provider failed to complete required client safety monitoring checks and falsified client monitoring sheets. **Supported.** One of the MHT's slept while on duty. **Supported.**

**Corrective Action:** Two of the employees were terminated, the third employee was issued a Verbal Counseling, and the employees' personnel files were updated to reflect the findings of the investigation.

2019-0096 An ESS I falsified telephone interviews in AMS and FLORIDA concerning ACCESS Cases #1063647690, #1455339610, #1488961531, and #1592346715. **Supported.**

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

2020-0030 A Family Care Counselor (FCC) of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100622858, #101591166, and #102108289. **Supported.**

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

2021-0046 (SH) A Child Protective Investigator Supervisor (CPIS) sexually harassed Department employees by making inappropriate sexual comments. **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 Child Welfare Protective Investigator certification.

2021-0050 (SH) A CPIS sexually harassed a Department employee by inappropriately touching them. **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, after an ethics investigation, took no action on the employee's Child Welfare Case Manager and Child Welfare Protective Investigator certifications.

## **Circuit 9**

2020-0016 (SH) A CPIS sexually harassed a subordinate employee. **Neither Supported Nor Refuted.** The CPIS engaged in conduct unbecoming a public employee. **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 took no action on the employee's Child Welfare Case Manager certification or Child Welfare Protective Investigator certification. The Child Welfare Protective Investigator certification was inactive effective October 31, 2020. The employee voluntarily surrendered her Provisional Child Welfare certification.

2020-0035 A CPI falsified child protective investigation records in FSFN Investigation #2019-162303. **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, after an ethics investigation, took no action on the employee's Child Welfare Protective Investigator certification.

2020-0042 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101629940 and #102122832. **Supported.** The Case Manager falsified child protective supervision records in FSFN Case ID #102197237. **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 Provisional Child Welfare Case Manager certification.

2020-0047 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100558837. **Supported.** The DCM falsified child protective supervision records in FSFN Case IDs #100478354, #100549066, #100648312, #100993083, and #101348348. **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 Child Welfare Protective Investigator and Child Welfare Case Manager certifications.

2021-0043 A Caregiver Support Manager (CSM) of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #102378974, #100804271, and #100812086. **Supported.** The CSM falsified her timesheet resulting in her not being properly compensated for overtime hours. **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 Child Welfare Case Manager certification.

2021-0047 A Family Case Manager Supervisor of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100139600, #100319827, and #101667287. **Supported.**

**Corrective Action:** The employee was terminated. As of the date of this report, the corrective action response had not yet been received.

2021-0054 (SH) A Children's Legal Services (CLS) Managing Attorney sexually harassed a Department employee by making inappropriate sexual comments. **Neither Supported Nor Refuted.** A CLS Regional Director failed to timely report allegations of sexual harassment of a Department employee. **Supported.**

**Corrective Action:** The Managing Attorney resigned and the Regional Director's personnel file was updated to reflect the findings of the investigation. The CLS Regional Director was required to review CFOP 60-10, *Unlawful Harassment and Unlawful Sexual Harassment.*

2021-0058 A CSM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #102232305. **Not Supported.**

**Corrective Action:** The employee was terminated.

## **Circuit 10**

2021-0020 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101938369 and #102074774. **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 Child Welfare Case Manager certification.

2021-0039 A Family Support Worker (FSW) of a subcontracted provider falsified Home Visit Records in Healthy Families Polk Family Case ID #292616. **Supported.**

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

2021-0053 A Psychiatric Security Specialist and two Team Technicians of a subcontracted provider falsified patient observation records in ObservSMART. **Supported.**



**Corrective Action:** The employees were issued Written Reprimands and the employees' personnel files were updated to reflect the findings of the investigation.

## **Circuit 11**

- 2018-0028 An ESS I engaged in employee misconduct by misrepresenting financial information on a Disaster Supplemental Nutrition Assistance Program (D-SNAP) application. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.
- 2018-0035 A CPI falsified child protective investigation records in FSFN Investigation #2018-412414. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2018-468113. **Neither Supported Nor Refuted.** The CPI falsified child protective investigation records in FSFN Investigations #2018-434048 and #2018-434228. **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 Child Welfare Protective Investigator certification.
- 2018-0049 A CPI falsified child protective investigation records in FSFN Investigation #2018-407951. **Supported.** The CPI falsified child protective investigation records in FSFN Investigations #2018-413074, #2018-445609, #2018-457593, #2018-462284, and #2018-467318. **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 Child Welfare Protective Investigator certification.
- 2019-0018 An Adult Case Manager (ACM) of a contracted provider falsified (forged) a client's treatment plan electronic signature. **Supported.** The ACM falsified client case notes in the electronic health record Netsmart myAvatar. **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 Certified Behavioral Health Case Manager certification.
- 2019-0050 A CPI falsified child protective investigation records in FSFN Investigations #2019-061422 and #2019-068469. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2019-078024. **Neither Supported Nor Refuted.**
- 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 Protective Investigator and Provisional Child Welfare certifications.

2020-0020 A Government Operations Consultant (GOC) II misused her official Adult Protective Services (APS) position by receiving kickbacks from Assisted Living Facility (ALF) owners for placing vulnerable adults in their ALFs. **Not Supported.** The GOC II engaged in a conflict of interest and misuse of her official APS position by having vulnerable adults (VAs), including VA1, rent rooms in her private home and having her favored ALF owners visit the home to evaluate them for placements in their ALFs. **Not Supported.**

**Corrective Action:** No action required.

2020-0046 A CPI falsified child protective investigation records in FSN Investigation #2020-065651. **Investigation Terminated.**

**Corrective Action:** The decision to terminate the investigation was based on information that there were two or fewer instances of falsification alleged, a risk assessment was completed and no additional concerns were noted, no harm to a client resulted, the employee was terminated, and the FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator certification.

2020-0066 An ACM of a subcontracted provider falsified client visits for one client from February 2020 until May 2020. **Supported.**

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

2021-0007 Two Behavioral Health Technicians of a subcontracted provider falsified group session documents. **Investigation Terminated.**

**Corrective Action:** The decision to terminate the investigation was based on information that there were two or fewer instances of falsification alleged, a risk assessment was completed and no additional concerns were noted, no harm to a client resulted, and the employees were terminated.

2021-0035 A Therapist of a subcontracted provider falsified progress notes of client therapy sessions. **Supported.**

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

2021-0051 A Peer Specialist of a subcontracted provider falsified case progress notes of face-to-face visits with clients through an unidentified co-worker accessing the Citrus Electronic Health Records using the employee's IT credentials. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The provider's Chief Quality and Compliance Officer sent an electronic memorandum

to all employees reminding them of the policy prohibiting the sharing of IT credentials.

2021-0060

A Regional Program Supervisor used her official position for personal gain by promoting her or her husband's private business interests and allowing her husband to solicit Department employees during work hours on Department premises. ***Neither Supported Nor Refuted***. The Regional Program Supervisor accessed FSFN without a legitimate business reason. ***Not Supported***.

**Corrective Action:** The employee resigned. The Southern Regional Managing Director issued a memorandum to all Southern Region APS staff reminding them of the statutory, rule, and policy requirements of separating personal and work interests in the work environment.

## **Circuit 12**

2021-0041

A Case Coordinator of a subcontracted provider falsified client electronic health records in Credible. ***Supported***.

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

## **Circuit 13**

2020-0063

A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101649844 and #101924126. ***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 Provisional Child Welfare Case Manager certification. Based on information that the Case Manager failed to document overtime hours worked, the provider addressed the requirements of the Fair Labor Standards Act of 1938 (FLSA) with all staff during a monthly all-staff meeting.

2021-0001

A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100632935 and #101252378. ***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 Child Welfare Case Manager certification.

2021-0005

A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101985387. ***Supported***. The Case Manager falsified child protective supervision records in FSFN Case IDs #100547400, #100962944, #101291003, and #102199772. ***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 Child Welfare Case Manager and Provisional Child Welfare Case Manager certifications.

- 2021-0008 A Case Manager Supervisor and a Case Manager of a subcontracted provider failed to report suspected sexual abuse to the Hotline. **Supported.**
- Corrective Action:** The Case Manager resigned and the employees' personnel files were updated to reflect the findings of the investigation.
- 2021-0017 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100149091. **Supported.** The Case Manager mishandled FSFN Case ID #100149091 by violating a court order. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The CLS attorney assigned the case was informed so that the judge could be notified of the violation of the court order. The FCB was notified and, after an ethics investigation, took no action on the employee's Certified Behavioral Health Case Manager certification.
- 2021-0022 An HSC III falsified adult protective investigation records in ASIS. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. In response to the recommendation that the Department has a sufficient and timely client death notification process in place to prevent unnecessary payments for the HCDA program, the SunCoast Region responded that they cannot create a death notification process; it is up to the families of clients to notify the Department or the counselors to check on client status.
- 2021-0045 A Licensing Coordinator of a subcontracted provider falsified child protective supervision records in FSFN. **Investigation Terminated.**
- Corrective Action:** The decision to terminate the investigation was based on information that there were two or fewer instances of falsification alleged, a risk assessment was completed and no additional concerns were noted, no harm to a client resulted, the employee was terminated, and the FCB was notified and, after an ethics investigation, took no action on the employee's Child Welfare Licensing Counselor certification.

#### **Circuit 14**

- 2019-0095 An ESS I falsified telephone interviews in AMS and FLORIDA concerning ACCESS Case #688984764. **Supported.** The ESS I falsified telephone interviews in AMS and FLORIDA concerning ACCESS Cases #689245117, #689222343, and #689597638. **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.
- 2020-0009 An ESS I falsified records in FLORIDA and/or AMS concerning FLORIDA Cases #1007784661, #1017563390, #1055999088, #1319240232, #1360856447, and #1624212735. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.

## Circuit 15

2019-0005 A CPI falsified child protective investigation records in FSFN Investigations #2018-492482, #2018-578214, #2018-671990, and #2018-689440. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2018-694797. **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 Child Welfare Protective Investigator certification.

2020-0067 A DCM of a contracted provider falsified child protective supervision records in FSFN Case ID #101930328. **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 Child Welfare Case Manager certification.

## Circuit 16

There were no cases closed in Circuit 16 during FY 2021-2022.

## Circuit 17

2019-0047 An MHT of a contracted provider falsified a client Face Check Sheet (FCS). **Supported.** Three other MHTs falsified FCSs. **Supported.**

**Corrective Action:** The employees were terminated and the employees' personnel files were updated to reflect the findings of the investigation.

2019-0054 An MHT of a contracted provider falsified Face Check Lists. **Supported.**

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

2020-0005 An API falsified adult protective investigation records in FSFN Investigations #2019-221288 and #2019-275393. **Supported.** The API falsified adult protective investigation records in FSFN Investigations #2019-138250, #2019-188066, #2019-229731, and #2019-230064. **Supported.**

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

2020-0037 A Child Advocate of a contracted provider falsified child protective supervision records in FSFN Case ID #100840053. **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 Child Welfare Case Manager certification.

2020-0044 A Case Worker of a contracted provider falsified child protective supervision records in FSFN Case IDs #101716923 and #102183678. **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 Provisional Child Welfare Case Manager certification.

2021-0018 An FSW of a subcontracted provider falsified official client records. *Investigation Terminated.*

**Corrective Action:** The employee was terminated. The decision to terminate the investigation was based on information that the employee was deceased.

2022-0002 A Mental Health Counselor (MHC) of a subcontracted provider falsified client records. *Investigation Terminated.*

**Corrective Action:** The employee resigned. The decision to terminate the investigation was based on information that the employee was employed under a contract that was not within OIG jurisdiction.

2022-0004 An OPBI Investigation Specialist I accessed cases in DAVID and FLORIDA without a legitimate business reason and of personal interest. *Supported.*

**Corrective Action:** The employee resigned. As of the date of this report, the corrective action response had not yet been received.

### **Circuit 18**

2020-0071 (SH) A Program Coordinator of a subcontracted provider sexually harassed other employees and clients by making inappropriate sexual comments. *Supported.*

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Based on information that the employee held a Registered Clinical Social Worker Intern license, the Florida Department of Health Division of Medical Quality Assurance was notified.

2021-0064 A Director of Utilization Review and Billing of a licensee sexually harassed a client and provided Suboxone to a client without a prescription. *Investigation Terminated.*

**Corrective Action:** The decision to terminate the investigation was based on information that the licensee was not contracted or subcontracted through the Department; therefore, the OIG determined that the matter was best handled through the licensure process.

### **Circuit 19**

2019-0070 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101847601. *Not Supported.*

**Corrective Action:** The employee resigned.

2020-0031 A DCM of a contracted provider falsified child protective supervision records in FSFN Case ID #100683361. *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 Case Manager certification.

2020-0032 An API falsified adult protective investigation records in FSFN Investigation #2020-139920. **Supported.**

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

2020-0036 A Data Management Specialist of a contracted provider accessed FSFN Investigation #2020-060858, a case of personal interest, without a legitimate business reason, and released confidential information to unauthorized individuals. **Supported.**

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

2021-0021 A Case Manager of a contracted provider failed to make a mandatory report to the Hotline. **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 took no action against the employee's Child Welfare Case Manager certification. The contracted provider conducted refresher training to all staff regarding mandatory reporting to the Hotline.

2021-0057 (SH) A Program Administrator and a CPIS engaged in employee misconduct involving sexual activity with a subordinate employee. **Not Supported.** An Operations Manager and a Family Safety and Community Services Director failed to report an allegation of employee misconduct or sexual harassment. **Not Supported.**

**Corrective Action:** The CPIS resigned.

2021-0068 (SH) A CPIS sexually harassed a subordinate employee. **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 Provisional Child Welfare and Child Welfare Protective Investigator certifications.

## **Circuit 20**

2019-0088 An SCPI falsified child protective investigation records in FSFN Investigation #2019-164805. **Investigation Terminated.**

**Corrective Action:** The decision to terminate the investigation was based on information that there were two or fewer incidents of falsification, a risk assessment was completed and no additional concerns noted, there was no harm to any client, the employee was terminated, and the FCB revoked the employee's Child Welfare Protective Investigator certification.



- 2020-0074 A CPI falsified child protective investigation records in FSFN Investigation #2020-317162. **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 Provisional Child Welfare Protective Investigator and Child Welfare Protective Investigator certifications.
- 2021-0033 A Case Manager of a contracted provider falsified child protective supervision records in FSFN Case ID #100072649. **Investigation Terminated.**
- Corrective Action:** The decision to terminate the investigation was based on information that there were two or fewer instances of falsification alleged, a risk assessment was completed and no additional concerns were noted, no harm to a client resulted, the employee was terminated, and the FCB was notified and revoked the employee's Provisional Child Welfare Protective Investigator and Child Welfare Protective Investigator certifications.
- 2021-0070 An SCPI falsified child protective investigation records in FSFN Investigations #2021-224541, #2021-272521, and #2021-274168. **Supported.** The SCPI falsified mileage records. **Supported.** The SCPI falsified child protective investigation records in FSFN regarding Supervisory Consults. **Not 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 Child Welfare Protective Investigator certification. The employee voluntarily surrendered their Provisional Child Welfare certification. The region decided not to seek recoupment of mileage reimbursement from the employee.

## **Institutions**

- 2018-0020 An NFETC Institutional Security Specialist Shift Supervisor (ISSSS) falsified officer training records in the Florida Department of Law Enforcement Automated Training Management System (ATMS). **Not Supported.** The ISSSS failed to maintain training files to support NFETC Correctional Officer certifications. **Neither Supported Nor Refuted.**
- Corrective Action:** The employee resigned.
- 2021-0012 Six NFETC Social Services Counselors (SCCs) falsified Resident Contacts in the NFETC Module Database. **Neither Supported Nor Refuted.**
- Corrective Action:** Five employees were issued Written Reprimands and one employee resigned. Based on the recommendation that NFETC provide a secure office with video monitoring where SSCs can meet privately with residents, clinical staff were instructed to meet with residents in the residential building's common room or within the outdoor patio area adjacent to each building, which are equipped with continuously monitored video cameras. The NFETC Module Database has been updated to include an additional column for documenting "collateral contacts" as well as making "participation" and "attendance" required fields. Additionally, all the SSCs were provided training on



how to use the NFETC Module Database. To ensure managers are providing accurate, clear, and concise guidelines to staff, the Module Database Entry Protocol was approved and now provides clear definitions and guidelines for accurately making entries into the database. SSCs were provided with in-person training and orientation to the new protocol. To ensure written protocols are developed and disseminated to staff at the onset of a new program, the requesting department head will begin submitting any new or updated procedures or protocols to the Publications Management Committee, which meets on the first Wednesday of each month, for review, approval, and dissemination to all staff.

2021-0025 (SH) FSH security personnel exhibited inappropriate sexual behavior toward an employee. ***Investigation Terminated.***

**Corrective Action:** The decision to terminate the investigation was based on the lack of cooperation of the victim.

2021-0028 (SH) An NFETC Institutional Security Specialist (ISS) II sexually harassed a subordinate employee. ***Supported.***

**Corrective Action:** The employee was issued a written counseling and required to retake sexual harassment training.

2021-0036 (SH) An FSH ISS I sexually harassed another employee. ***Not Supported.*** Another FSH ISS I sexually harassed another employee. ***Not Supported.***

**Corrective Action:** Sexual Harassment and Supervisory and Management training was provided to FSH Security staff.

2021-0065 A Substance Abuse and Mental Health Chief Hospital Administrator misused his position by interfering in an adult protective investigation. ***Not Supported.***

A management review was included as part of the investigation in order to determine whether APS conducted adult protective investigations involving the Alleged Victim (AV) appropriately and in accordance with law, rule, and policy, and whether NEFSH staff impeded APS investigations involving the AV. The management review revealed the following:

- FSN Investigations #2020-341715 and #2021-142196 were not appropriately investigated by APS.
- There was no evidence to suggest NEFSH staff attempted to impede the APS investigations.

**Corrective Action:** The employee resigned. As of the date of this report, no corrective action response has been received.

2021-0071 (SH) An FSH Education and Training Specialist sexually harassed an employee. ***Investigation Terminated.***

**Corrective Action:** The investigation was terminated based on lack of cooperation by the alleged victim and no additional witnesses identified.

## Summary of Management Reviews and Corrective Actions Completed

2019-0069

A management review was initiated to address the following issues:

- What opportunities allowed an Interviewing Clerk (IC) to manipulate AMS for personal gain? The management review revealed the following:
  - Due to the employee's tenure and experience, the employee was allowed to work outside of her job description;
  - The employee was using manual applications, which did not require supervisor approval, and would complete the Client Registration Process (CRAD)<sup>9</sup> and assign/reassign to one of three ESS I staff for processing;
  - The employee's work was not being reviewed by management; and
  - There was not a singular report that would have identified the employee's alleged scheme.
- Whether the Southern Region exercised adequate oversight of employees working outside their position descriptions. The management review revealed the following:
  - The Southern Region did not exercise adequate oversight for employees working outside their position descriptions.
- Whether oversight and/or production reports are available to monitor employees working outside their position description and, if so, were the reports adequately utilized to monitor employees? The management review revealed the following:
  - There were oversight and/or production reports available to monitor employees working outside their position description; however, they were not adequately utilized to monitor employees.
- Whether there are adequate supervision and/or internal controls in storefronts to monitor the AMS and FLORIDA activities of employees. The management review revealed the following:
  - There were no adequate supervision and/or internal controls in storefronts to monitor the AMS and FLORIDA activities of employees.

**Corrective Action:** Three employees resigned and one employee was terminated. In November 2020, the Office of Economic Self-Sufficiency (OES) created a Program Integrity Unit within OPBI to focus on strengthening the integrity of the state benefits program by using data analytics and audits to identify and resolve vulnerabilities within the program. OES sought legislative authority to procure a new enterprise eligibility system solution to include robust security functions and reports to mitigate fraud, waste, and abuse. Additionally, the program solicited a vendor to implement a fraud detection solution to enable the systematic and efficient identification of cases with a high risk of potential

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<sup>9</sup> CRAD is when a customer applies for public assistance benefits, the case has to be assigned to a processor based on the information provided by a customer.

fraud. OES developed and coordinated a CRAD audit process for all regions to identify and detect potential anomalies. An OES Integrity Action Plan was created in October 2019 to align processes and tighten security protocols. OES developed and coordinated updates to the IC position descriptions to mitigate working outside of their position description. OES sent a communication to OES leadership outlining the expectation and responsibility in the oversight and supervision of staff. As part of the Integrity Action Plan, OES reviewed the roles of eligibility staff regarding the assignment and reassignment of cases. OES developed and coordinated with Human Resources and the OGC to add language to the Department handbook regarding personal cellular telephone usage. CFOP 55-9 was updated to align with the procedures and reporting requirements as described in CFOP 180-4. Leadership disseminated the updated procedure to all Regional OES employees, including the reporting requirements of CFOP 180-4.

2021-0031

A management review was initiated to determine what factors contributed to Circuit 11 OES employees falsifying customer interview records. The management review revealed the following:

- There was widespread falsification of customer authentication by Circuit 11 OES staff. The main reason offered by almost all employees was that, due to being overloaded with large caseloads and with threats from management of forgoing teleworking or other privileges if unable to maintain required performance, it was a means to ensure they attained at least the minimum performance standard for eligibility interviews. It was explained that the high caseloads were due, in part, to insufficient staff resulting from too many resignations. In addition, supervisors and management were unable to offer viable solutions when help was sought.
- No information was obtained to suggest that supervisors or managers encouraged or directed OES staff to falsify interview records.

**Corrective Action:** As of the date of this report, no corrective action response has been received.

**Disaster – Supplemental Nutrition Assistance Program (D-SNAP) Cases**

Between April 20, 2018 and November 19, 2018, the OIG received reports from the OPBI concerning 58 employees who allegedly misreported information on their D-SNAP applications following Hurricane Irma and received a total of \$59,795. Based on this information, the OIG conducted five investigations (2018-0051, 2018-0067, 2018-0087, 2018-0093, and 2018-0122) consisting of the following allegations and findings, by geographic area and employee title:

Allegation: The employee knowingly submitted false information on a D-SNAP Pre-Registration or paper application.

OIG REFERENCE	CIRCUIT	POSITION	REASON FOR LEAVING	FINDING
<b>NORTHEAST REGION</b>				
Employee 1	4	ESS I	Resigned	Neither Supported Nor Refuted
Employee 2	4	ESS II	Resigned	Neither Supported Nor Refuted

OIG REFERENCE	CIRCUIT	POSITION	REASON FOR LEAVING	FINDING
Employee 3	4	PA	Resigned	Neither Supported Nor Refuted
Employee 4	7	IC	Resigned	Not Supported
Employee 5	7	ESS I	Resigned	Neither Supported Nor Refuted
Employee 6	7	IC	Resigned	Neither Supported Nor Refuted
Employee 7	7	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 8	7	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 9	NEFSH	UTRSS II <sup>10</sup>	Still Employed	Neither Supported Nor Refuted
Employee 10	7	ESSS <sup>11</sup>	Resigned	Neither Supported Nor Refuted
Employee 11	4	CPIS	Resigned	Neither Supported Nor Refuted
Employee 12	4	CPIS	Resigned	Neither Supported Nor Refuted
Employee 13	4	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 14	4	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 15	4	ESS II	Dismissed	Neither Supported Nor Refuted
Employee 16	8	APIS <sup>12</sup>	Dismissed	Neither Supported Nor Refuted
Employee 17	7	CPI	Dismissed	Neither Supported Nor Refuted
<b>CENTRAL REGION</b>				
Employee 18	10	CPIS	Resigned	Neither Supported Nor Refuted
Employee 19	5	ESS I	Still Employed	Not Supported
Employee 20	18	ESS I	Resigned	Neither Supported Nor Refuted
Employee 21	10	ESS I	Still Employed	Neither Supported Nor Refuted
<b>SUNCOAST REGION</b>				
Employee 22	20	ESS I	Resigned	Not Supported
Employee 23	13	IC	Still Employed	Neither Supported Nor Refuted
Employee 24	13	ESS I	Resigned	Neither Supported Nor Refuted
Employee 25	6	IC	Resigned	Supported
Employee 26	6	IC	Dismissed	Supported
Employee 27	13	ESS II	Still Employed	Neither Supported Nor Refuted
Employee 28	12	ESS I	Resigned	Neither Supported Nor Refuted
Employee 29	12	OMC I <sup>13</sup>	Dismissed	Neither Supported Nor Refuted
Employee 30	12	ESS I	Still Employed	Not Supported
Employee 31	20	ESS I	Resigned	Not Supported
Employee 32	Contracted employee		Resigned	Not Supported
Employee 33	13	ESS I	Dismissed	Supported
Employee 34	13	ESS I	Still Employed	Neither Supported Nor Refuted
<b>SOUTHEAST REGION</b>				
Employee 35	15	CPI	Dismissed	Neither Supported Nor Refuted
Employee 36	15	ESS I	Resigned	Not Supported
Employee 37	17	IC	Resigned	Neither Supported Nor Refuted
Employee 38	19	ESS I	Resigned	Neither Supported Nor Refuted
Employee 39	15	HSC III	Resigned	Neither Supported Nor Refuted
Employee 40	15	ESS I	Dismissed	Neither Supported Nor Refuted

<sup>10</sup> Acronym for “Unit Treatment and Rehabilitation Senior Supervisor II.”

<sup>11</sup> Acronym for “Economic Self-Sufficiency Specialist Supervisor.”

<sup>12</sup> Acronym for “Adult Protective Investigator Supervisor.”

<sup>13</sup> Acronym for “Operations and Management Consultant I.”

OIG REFERENCE	CIRCUIT	POSITION	REASON FOR LEAVING	FINDING
Employee 41	15	FSW	Still Employed	Neither Supported Nor Refuted
Employee 42	15	ESS I	Resigned	Supported
Employee 43	17	ESS I	Dismissed	Supported
Employee 44	17	OMC I	Resigned	Neither Supported Nor Refuted
Employee 45	15	ESS I	Resigned	Not Supported
Employee 46	17	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 47	17	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 48	17	IC	Resigned	Neither Supported Nor Refuted
Employee 49	17	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 50	17	ESS I	Resigned	Neither Supported Nor Refuted
SOUTHERN REGION				
Employee 51	11	ESS I	Dismissed	Neither Supported Nor Refuted
Employee 52	11	ESS I	Resigned	Neither Supported Nor Refuted
Employee 53	11	ESS I	Dismissed	Supported
Employee 54	11	ESS I	Resigned	Neither Supported Nor Refuted
Employee 55	11	ESS I	Resigned	Neither Supported Nor Refuted
Employee 56	11	CPI	Resigned	Neither Supported Nor Refuted
Employee 57	11	OMC I	Retired	Neither Supported Nor Refuted
Employee 58	11	IC	Dismissed	Not Supported

Allegation: The employee failed to report and subsequently spent a known over issuance of D-SNAP benefits.

OIG REFERENCE	CIRCUIT	POSITION	REASON FOR LEAVING	FINDING
Employee 32	Contracted employee		Resigned	Neither Supported Nor Refuted

Allegation: The employee knowingly spent an over issuance of D-SNAP benefits.

OIG REFERENCE	CIRCUIT	POSITION	REASON FOR LEAVING	FINDING
Employee 39	15	HSC III	Resigned	Neither Supported Nor Refuted

**Corrective Action:** OES developed and coordinated a formalized training process for future D-SNAP events. Employees assisting with a D-SNAP event will be required to complete D-SNAP-related trainings that correspond to their assigned roles. The training will be provided in the People First Learning Management System (LMS) and required to be completed prior to assisting with a D-SNAP event. LMS tracks training completed by employees. OES developed an interview job aid for employees to use while conducting D-SNAP interviews. OES developed instructions to inform employees on how to apply for D-SNAP assistance to include the required information and the required OPBI Quality Management review process.



Florida Department of Children and Families  
Office of Inspector General  
2415 North Monroe Street  
Suite 400-I  
Tallahassee, Florida 32303

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