



Department of Education Office of Inspector General

ANNUAL REPORT

Fiscal Year 2024-2025



FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INSPECTOR GENERAL

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INTRODUCTION

MISSION STATEMENT

The mission of the Office of Inspector General (OIG) is to assist the Commissioner of Education in achieving the department's mission of increasing the proficiency of all students within one seamless, efficient system by allowing them the opportunity to expand their knowledge and skills through learning opportunities and research valued by students, parents, and communities. The OIG accomplishes this by providing independent audits and reviews of programs and activities, conducting investigations of alleged violations, and offering consulting services to assist management in their efforts to maximize effectiveness and efficiency.

OIG RESPONSIBILITIES

Section 20.055, Florida Statutes, establishes the Office of Inspector General (OIG) within each state agency to provide a central point for coordination of, and responsibility for, activities that promote accountability, integrity, and efficiency in government. Additionally, in accordance with section 1001.20, Florida Statutes, the OIG will conduct or coordinate investigations into substantiated allegations that a district school board or college board of trustees is unwilling or unable to address relating to waste, fraud, or financial mismanagement, as determined by the Commissioner of Education.

This annual report is presented to the commissioner and chief inspector general to comply with statutory requirements and to provide departmental staff and interested parties with information on the OIG's progress in accomplishing its mission. The OIG's responsibilities include:

- Conducting audits, investigations, and management reviews relating to the programs and operations of the department;
- Reviewing and evaluating internal controls necessary to ensure the fiscal accountability of the department;
- Keeping the commissioner and chief inspector general informed concerning fraud, abuse, and deficiencies relating to programs and operations administered or financed by the department, recommending corrective action, and reporting on the progress made in implementing corrective action;
- Advising in the development of performance measures, standards, and policies and procedures for department programs;
- Coordinating, and monitoring the implementation of, the department's response to recommendations made by the Auditor General or the Office of Program Policy Analysis and Government Accountability (OPPAGA); and
- Ensuring that an appropriate balance is maintained between audit, investigative, and other accountability activities.

ORGANIZATION AND STAFF

Effective July 1, 2014, Chapter 2014-144, Laws of Florida, changed the reporting structure for inspectors general in agencies under the jurisdiction of the Governor. The DOE inspector general remains under the general supervision of the Commissioner of Education but reports directly to the Governor's Chief Inspector General. The OIG consists of 16 professional and administrative positions that perform internal audit and investigative functions, as shown below.

Office of Inspector General Organizational Chart



OIG STAFF QUALIFICATIONS AND CERTIFICATIONS

The OIG staff is highly qualified and brings various backgrounds and levels of expertise to the department. The collective experience spans a variety of disciplines, including auditing, accounting, investigations, and information systems.

OIG staff members continually seek to enhance their abilities and contributions to the office and the department. Many staff members have obtained certifications that demonstrate their knowledge, motivation, and commitment to the profession. Professional certifications held by OIG staff members include:

- Certified Inspector General (CIG)
- Certified Internal Auditor (CIA)
- Certified Information Systems Auditor (CISA)
- Certified in the Governance of Enterprise IT (CGEIT)
- Certified Inspector General Investigator (CIGI)
- Certified Fraud Examiner (CFE)
- Notary Public
- Commission for Florida Law Enforcement Accreditation Assessor



AFFILIATIONS

OIG staff members participate in a number of professional organizations to maintain proficiency in their areas of expertise and certification. These associations allow them to establish and advance professional networks and participate in professional development activities. OIG staff members are affiliated with the following professional organizations:

- Institute of Internal Auditors (IIA)
- Association of Inspectors General (AIG)
- Tallahassee Chapter of the Association of Inspectors General (TCAIG)
- National White Collar Crime Center (NW3C)
- Association of Government Accountants (AGA)
- Association of Certified Fraud Examiners (ACFE)
- ISACA



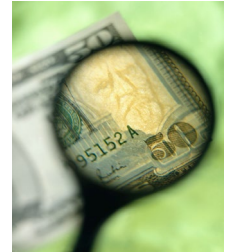
MAJOR ACTIVITIES AND FUNCTIONS

INTERNAL AUDIT

The purpose of the internal audit section is to provide independent, objective assurance and consulting activities designed to add value and improve the department's operations. Our vision is to help the department by facilitating change directed toward improving efficiency, effectiveness, accountability, and teamwork.

Responsibilities of the internal audit section include:

- Conducting compliance, electronic data processing, performance, and financial audits of the department and recommending corrective action for deficiencies or matters of noncompliance.
- Conducting consulting activities in order to provide independent advisory services to department management.
- Assessing the reliability and validity of department performance measures.
- Ensuring effective coordination and cooperation with the Office of the Auditor General, the Office of Program Policy Analysis and Government Accountability (OPPAGA), federal auditors, and other governmental bodies to ensure proper coverage and minimize duplication of effort.
- Conducting risk assessments of the department annually, taking into consideration the input of senior management.
- Developing annual and long-term audit plans outlining the audits to be conducted during each year and related resources to be devoted to the respective audits.
- Monitoring the implementation of the department's corrective actions in response to audit reports issued by the department's inspector general, the Office of the Auditor General, or OPPAGA.
- Developing and maintaining a quality assurance and improvement program that covers all aspects of the internal audit activity, with an external assessment conducted every three years.
- Participating in enterprise projects and providing assistance as requested by the chief inspector general.



The internal audit section conducts audits and reviews in accordance with the *Global Internal Audit Standards*, published by the Institute of Internal Auditors, Inc. Reports are distributed to the Commissioner of Education, the Governor's Chief Inspector General, the Office of the Auditor General, and affected department managers.

ACCOMPLISHMENTS

Internal audit completed sixteen engagements during the 2024-2025 fiscal year, which can be viewed online at <https://www.fldoe.org/about-us/office-of-the-inspector-general/audit-reporting-products.shtml>. The results of those engagements are summarized below:

Enterprise Audit of Cybersecurity Controls for Information System Asset Management –

The OIG completed an Enterprise Audit of Cybersecurity Controls for Information System Asset Management. This report has been classified as confidential in accordance with Section 282.318(4)(g), Florida Statutes and is not available for public distribution. Copies of the report should be delivered only to individuals appropriate to the activity reviewed. All individuals wishing to view or obtain the results of this report must submit a written request to the Office of Inspector General, including contact information and a detailed explanation of the reason for the request.

Review of Foreign Influence - The Office of the Inspector General (OIG) conducted a review of foreign gifts and foreign gift agreements reported by institutions of higher education (IHE) to the State Board of Education. Section 1010.25, Florida Statutes (F.S.), requires the Inspector General of the Department of Education (DOE) to annually inspect or audit at least 5 percent of the total number of gifts from a foreign source disclosed by or gift agreements received from institutions of higher education during the previous year. The purpose of this audit was to determine the level of compliance with the statutory reporting requirements with respect to the foreign gifts and gift agreements reported during the 2023-24 disclosure period. Our review determined that seven of the ten IHEs that filed at least one gift disclosure during the review period filed their disclosures in a timely manner. We identified three institutions that failed to report certain gifts by the statutory deadlines as each submitted amended reports adding gifts previously not reported or correcting gift amounts previously reported incorrectly after the reporting deadline. We reviewed a sample of gifts reported by the IHEs and determined that five of the ten IHEs in our sample filed a fully compliant gift disclosure. One IHE was excluded from further review as the reported gift did not meet the minimum dollar threshold for statutory reporting. We determined that the four remaining IHEs in the sample either failed to file the requisite copy of the gift agreement or submitted an incomplete gift agreement. Two IHEs were able to provide complete copies of the gift agreement upon request and achieve full compliance, but two others remained partially compliant as they did not submit a fully compliant gift agreement for review.

J Morrow Ticket Tracker - The OIG completed an audit of the Division of Vocational Rehabilitation (DVR) J Morrow Ticket Tracker (Tracker or Ticket Tracker) application. This report has been classified as confidential in accordance with Section 282.318(4)(g), Florida Statutes and is not available for public distribution. Copies of the report should be delivered only to individuals appropriate to the activity reviewed. All individuals wishing to view or obtain the results of this report must submit a written request to the Office of Inspector General, including contact information and a detailed explanation of the reason for the request.

Center for Independent Living of North Florida - Ability 1st - 6 Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2324DOE-006, Center for Independent Living of North Florida - Ability 1st (CIL). DVR and CIL management both indicated corrective action has been initiated for each of their reported deficiencies.

Florida Center for the Blind, Inc. - 6 Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2223DOE-018, Florida Center for the Blind, Inc. (FCB). DBS management indicated corrective action has been initiated for each of their reported deficiencies. FCB management indicated corrective action has been completed for each of their reported deficiencies.

Palm Beach Habilitation Center, Inc. - 12 Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2223DOE-013, Palm Beach Habilitation Center, Inc. (PBHC). DVR and PBHC management both indicated corrective action has been initiated for each of their reported deficiencies.

Teachstone, Inc. - The Office of Inspector General (OIG) conducted an audit of contract 24-L17 between the Division of Early Learning (DEL) and Teachstone, Inc. The purpose of this audit was to determine whether Teachstone, Inc. met the requirements of the contract with DEL and whether DEL effectively monitored adherence to the contract. During this audit we noted that, in general, Teachstone, Inc. provided services in compliance with the contract, and DEL and Teachstone, Inc. have sufficient controls in place. However, we noted instances where improvements could be made to strengthen some of these controls. We identified significant variances between the number and type of services originally prescribed in the contract and the services actually provided and invoiced by Teachstone, Inc. We noted that DEL did not authorize changes to those budgeted services in accordance with the contract. We also found that Teachstone, Inc. did not maintain certification documents for their trainers in accordance with contract terms, and DEL did not provide effective monitoring of the contract.

We recommended DEL:

- authorize budget changes in accordance with contract terms;
- develop a system to track the inventory of purchased, but not yet shipped, training materials;
- include a review of trainer certification documents in their monitoring activities to ensure compliance with contract terms;
- conduct monitoring in accordance with the risk assessment and create a formal monitoring plan to document the steps for conducting and completing monitoring activities; and
- draft a monitoring report at the conclusion of the monitoring engagement that includes any noted deficiencies and recommendations for correcting those deficiencies, transmit the report to the subrecipient, and follow up on the status of the corrective actions until the subrecipient completes all recommended corrective actions.

We recommended Teachstone, Inc.:

- seek prior written approval from DEL in accordance with contract terms before deviating from the approved contract budget;
- develop a system to track the inventory of purchased, but not yet shipped, training materials; and
- ensure all trainer certification documents are maintained in accordance with contract terms.

Abilities, Inc. of Florida - The Office of Inspector General (OIG) conducted an audit of Contract #18-146 between the Division of Vocational Rehabilitation (DVR) and Abilities, Inc. of Florida (Abilities, Inc.). The purpose of this audit was to determine if Abilities, Inc.'s internal controls ensure effective delivery of program services to individuals with disabilities and determine if DVR effectively manages and monitors the contract for compliance. During this audit, we noted that, in general, DVR and Abilities, Inc. have sufficient controls in place. However, we identified instances where improvements should be made to strengthen some of these controls. For example, Abilities, Inc. did not meet all required contract deliverables and DVR did not impose financial consequences on the final invoice, consumer service records (CSRs) had missing or incomplete documentation, Abilities, Inc. failed to report employment status changes for seven separated employees within statutory timeframes, and DVR did not provide effective monitoring in accordance with the monitoring plan.

We recommended DVR:

- consider seeking reimbursement for the financial consequences associated with unachieved deliverables in the 2022-23 fiscal year and provide written communication to Abilities, Inc. of any financial consequence to be imposed. Should DVR approve deviations from the contractual requirements in future years, DVR should ensure those approvals are documented in the contract file;
- adjust the deliverables in the Abilities, Inc. contract to more accurately reflect the current demand for services;
- count the Pre-Employment Transition Services (Pre-ETS) referral deliverable at the time Abilities, Inc. makes the referral rather than waiting until the referred service is completed by a separate vendor;
- review and approve eligibility determinations according to statutory requirements;
- review a sample of closed CSRs during their monitoring activities;
- conduct monitoring in accordance with the risk assessment and monitoring plan; and
- promptly provide the monitoring results in writing with any recommendations for improvement to Abilities, Inc. and ensure they complete corrective action on noted deficiencies.

We recommended Abilities, Inc.:

- ensure closure of case files are in accordance with the DVR Counselor Policy Manual and includes appropriate case notes and any additional documentation; and
- ensure the change in employment status is reported to the Care Provider Background Screening Clearinghouse within the time frame required by statute.

Enterprise Audit of Cybersecurity Controls for Identity and Access Management – 18

Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2223DOE-012, Enterprise Audit of Cybersecurity Controls for Identity and Access Management. As the audit report was deemed classified and confidential in accordance with section 282.318(4)(g), Florida Statutes, this status report is not available for public distribution. Copies of the status report should be delivered only to individuals appropriate to the activity reviewed. All individuals wishing to view or obtain the results of this status report must submit a written request to the Office of Inspector General, including contact information and a detailed explanation of the reason for the request.

Bureau of Exceptional Education and Student Services - Monitoring of State Discretionary

Projects - The Office of Inspector General (OIG) conducted a consulting engagement with the Bureau of Exceptional Education and Student Services (BEESS) regarding the Federal Individuals with Disabilities Education Act (IDEA) discretionary project monitoring process. The purpose of this engagement was to determine whether BEESS has an effective process in place to monitor the discretionary projects funded by IDEA Part B in accordance with laws, rules, and regulations. We reviewed monitoring compliance requirements, risk assessments, monitoring timeframes, report routing and dissemination processes, as well as the overall monitoring process for the 2023-24 fiscal year. We noted that BEESS does not currently have a formal risk assessment and monitoring process in place. At the conclusion of our review, we provided guidance to BEESS for process improvements as well as several examples of risk assessment and monitoring templates available within the department.

We recommended BEESS:

- develop and implement a formal risk assessment process for assessing subrecipient risk;
- complete and retain fraud risk and risk assessment documentation for each subrecipient in accordance with Federal regulations and DOE policies. This should be done on an annual basis to consistently and effectively determine monitoring needs;
- establish expectations for completion dates for the risk assessments and document the actual completion dates to ensure the timely completion of the risk assessments. The scoring of risk assessments should be consistent, as this will provide BEESS with a more accurate risk ranking across all subrecipients. This should allow for more efficient use of staff time by ensuring higher risk subrecipients receive more frequent monitoring while providing less resource intensive monitoring options for lower risk subrecipients. Based on the outcome of each risk assessment, BEESS should develop a formalized monitoring plan for each subrecipient to optimize the efficiency of staffing and resources;

- include prior federal monitoring in their risk assessment and consider revising the phrasing for the “change in project manager” risk factor as that does not fully comply with Title 2 CFR 200.332(c), which requires assessing whether the subrecipient has new personnel or new or substantially changed systems;
- create a formal monitoring procedure to document the steps for conducting and completing monitoring activities;
- define the types of monitoring that staff should conduct based on each project’s risk level assigned during the aforementioned risk assessment process providing more distinction between the various monitoring types based on risk level. This will allow BEESS to more closely monitor higher risk projects and assign staff resources commensurate with project risk;
- draft a monitoring report at the conclusion of the monitoring engagement that includes any noted deficiencies and recommendations for correcting those deficiencies, transmit the report to the subrecipient promptly, and follow up on the status of the corrective actions until the subrecipient completes all recommended corrective actions;
- retain the risk assessment, monitoring plan, and monitoring documents in a secure location; and
- review the examples of risk assessment and monitoring procedures and templates provided by the OIG and select those procedures and templates that best meet the needs of the bureau.

Bureau of Family and Community Outreach–21st Century Community Learning Center Grants - 12 Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2122DOE-019, Bureau of Family and Community Outreach (BFCO)–21st Century Community Learning Center Grants. BFCO management indicated corrective action has been completed for each of their reported deficiencies.

Center for Independent Living of North Florida - Ability 1st - The Office of Inspector General (OIG) conducted an audit of Contract #22-102 between the Division of Vocational Rehabilitation (DVR) and the Center for Independent Living of North Florida - Ability 1st (CIL) or (Ability 1st). The purpose of this audit was to determine if the CIL’s internal controls ensure effective delivery of program services to individuals with disabilities and determine if DVR effectively manages and monitors the contract for compliance. During the audit, we noted that DVR did not conduct monitoring in accordance with the monitoring plan, and Ability 1st should strengthen internal policies over performing and documenting consumer eligibility determinations and independent living plans within consumer service records.

We recommended DVR:

- conduct monitoring in accordance with the risk assessment and monitoring plan, promptly provide the monitoring results and any recommendations for improvement to the CIL, and ensure they complete corrective action on noted deficiencies; and

- include a review of consumer service records in its monitoring efforts to ensure that consumers have been determined eligible appropriately and consumers agreed to the plan of services prior to service delivery.

We recommended the CIL:

- establish and implement written internal policies to detail the steps and forms CIL staff should complete when conducting consumer assessments and eligibility determinations and establishing Independent Living Plans with the consumers.

Coalition for Independent Living Options, Inc. - 18 Month Status - In accordance with the Department of Education's fiscal year 2020-2021 audit plan, the Office of Inspector General conducted an audit of contract #19-108 between the Division of Vocational Rehabilitation (DVR) and the Coalition for Independent Living Options, Inc. (CILO). After two years of follow-up on the progress of corrective action for report A-2021DOE-026, CILO had two deficiencies identified in the original report that had not been resolved through corrective action. DVR management signed an acceptance of risk memorandum and acknowledged the risks associated with the identified deficiencies and their understanding that the responsibility for ensuring corrective action related to the above-mentioned report now lies with DVR.

Best Buddies International, Inc. - 24 Month Status - In accordance with the Department of Education's fiscal year 2020-2021 audit plan, the Office of Inspector General conducted an audit of the provider agreement between the Division of Vocational Rehabilitation (DVR) and Best Buddies International, Inc. Our office has followed up on the progress of corrective action for report A-2021DOE-029 for 24 months following its issuance. At this time, DVR has one remaining deficiency identified in the original report, which has not been resolved through corrective action. DVR management has signed an acceptance of risk memorandum and acknowledged the risks associated with the identified deficiency and their understanding that the responsibility for ensuring corrective action related to the above-mentioned report now lies with DVR.

Palm Beach Habilitation Center, Inc. - 6 Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2223DOE-013, Palm Beach Habilitation Center, Inc. (PBHC). DVR and PBHC management both indicated corrective action has been initiated for each of their reported deficiencies.

Enterprise Audit of Cybersecurity Controls for Identity and Access Management - 12 Month Status - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2223DOE-012, Enterprise Audit of Cybersecurity Controls for Identity and Access Management. As the audit report was deemed classified and confidential in accordance with section 282.318(4)(g), Florida Statutes, this status report is not available for public distribution. Copies of the status report should be delivered only to individuals appropriate to the activity reviewed. All individuals wishing to view or obtain the results of this status report must submit a written request to the Office of Inspector General, including contact information and a detailed explanation of the reason for the request.

REVIEW OF PERFORMANCE MEASURES

Section 20.055, Florida Statutes, requires the Office of Inspector General in each state agency to advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs; to assess the reliability and validity of the information provided by the state agency on performance measures and standards; and make recommendations for improvement, if necessary. Our review of performance measures is incorporated into our assurance activities.

REVIEW OF CORRECTIVE ACTIONS FOR PRIOR YEAR AUDITS

Section 20.055(8)(c)(4), Florida Statutes, requires the identification of each significant recommendation described in previous annual reports on which corrective action has not yet been completed. The following corrective actions were outstanding as of June 30, 2025.

Enterprise Audit of Cybersecurity Controls for Identity and Access Management - The OIG followed-up on the status of corrective actions required in response to findings and recommendations in report #A-2223DOE-012, Enterprise Audit of Cybersecurity Controls for Identity and Access Management. As the audit report was deemed classified and confidential in accordance with section 282.318(4)(g), Florida Statutes, this status report is not available for public distribution. Copies of the status report should be delivered only to individuals appropriate to the activity reviewed. All individuals wishing to view or obtain the results of this status report must submit a written request to the Office of Inspector General, including contact information and a detailed explanation of the reason for the request.

Palm Beach Habilitation Center, Inc. (PBHC) - The purpose of this audit was to determine if the PBHC has sufficient internal controls to provide services to adults with disabilities in compliance with grant terms and ensure DVR is effectively monitoring the grant.

Recommendation: We recommend DVR conduct monitoring in accordance with the risk assessment and monitoring plan. Should DVR identify any deficiencies through its monitoring efforts, we recommend DVR promptly provide the monitoring results and recommendations for improvement to PBHC and ensure they complete corrective action on noted deficiencies. We recommend DVR include a review of expenditures incurred and the supporting documentation as part of their monitoring efforts to ensure expenditures are supported, allowable, allocable, reasonable, and necessary to the performance of the grant and align with the approved budget. We also recommend that DVR reconcile and verify all funds received against all funds expended in accordance with statutory requirements.

Status: The funds for FY 23-24 were verified and reconciled against expenditures, in accordance with the grant and statutory requirements, by the Contract Manager. The Contract Manager will continue to provide oversight of the executed grant. The Contract Manager will review the required invoice documents to ensure the grantee's compliance with the executed agreement. The Contract Manager will continue to communicate any deficiencies in documentation, if any, with the grantee and provide opportunities for resubmission, as detailed in their agreement. Additionally, desktop monitoring is scheduled for Spring 2025, in accordance with the grantee's

agreement. Upon monitoring completion, a detailed monitoring report will be provided with observations and recommendations.

Recommendation: We recommend DVR include a review of the Adult Individual Education Plans (AIEPs) in their monitoring activities to ensure consistency and compliance with the grant terms and its performance measures and make the appropriate adjustments to performance funding when benchmarks are not achieved.

Status: The grantee submitted sufficient documentation for FY 23-24 to demonstrate the progress of the participants towards meeting the deliverables and tasks outlined in the Project Performance and Accountability document. The grantee provided Benchmark Goal reports detailing participant progress. Additionally, Demographic Information reports were submitted which detailed the participants served. Quarterly Return on Investment reports summarized the program activities throughout the year. DVR will continue to review the required quarterly documents to ensure that sufficient progress is being reported for performance funding. Lastly, monitoring is scheduled for March and May 2025, to review Quarters 1 and 3 to ensure consistency with compliance requirements.

Recommendation: We recommend that DVR inspect, approve, and pay invoices in accordance with statutory requirements, and DVR should ensure that appropriate evidence is retained to demonstrate compliance.

Status: The contract manager will maintain invoice tracking to ensure compliance with the terms of the grant. Invoices (including all required/supporting documentation) will be date-stamped once they have been received from PBHC.

Recommendation: We recommend DVR include a review of service provider background screenings as part of their monitoring efforts to ensure they are being conducted in accordance with statutory requirements.

Status: Palm Beach Habilitation submitted background screening results. The Contract Manager verified the background results against the salary expenditures report and payroll documents submitted by the grantee. The Contract Manager confirmed that all employees working on the grant did have a background check completed. VR will receive a list of all employees from PBHC and the applicable background screening documentation. VR will then submit the list to the background screening coordinator within the agency to verify all background screening documentation. Once all documentation has been submitted and verified, all applicable documentation will be submitted to the Office of Grants Management (OGM) to verify completion of this finding.

Recommendation: We recommend that PBHC ensure all benchmarks recorded in participant AIEPs are completed in accordance with grant terms. We further recommend that PBHC document and report progress towards benchmark achievement as outlined in the grant. If benchmark goals change through the course of the grant year, we recommend PBHC amend the AIEP to correlate with the new goals and clearly report progress towards the amended goals in the quarterly invoices.

Status: Internal processes have been revised and corrected in order to address any previously noted deficiencies in the tracking and account of performance benchmarks. Additionally, performance benchmarks have been modified and realigned in order to more accurately reflect program performance and outcomes that are achievable based on the services being rendered and the population being served. The changes made/implemented have/will address the finding moving forward. At this time no further action is needed.

Recommendation: We recommend PBHC enhance its procedures to ensure expenses funded through DVR's grant are allowable and appropriately reflected by funding source in the general ledger and correlate to invoices submitted to DVR for payment for services rendered. We further recommend that PBHC retain employee timesheets and personnel activity reports, including a time worked allocation by funding source.

Status: Expenses funded through the DVR grant are in accordance with the Budget Narrative Form 101S and are appropriately reflected by funding source in the general ledger and correlate to invoices submitted to DVR for payment. All team members funded through the DVR grant and 100% allocated to DVR. Per Form DOE 300 instructions, individuals allocated 100% do not require the submission of time sheets. We are however, able to generate timesheets for all team members funded through DVR.

Recommendation: We recommend that PBHC submit invoices in accordance with grant terms and ensure that appropriate evidence is retained to demonstrate compliance.

Status: Grant Period ended on June 30, 2024. All invoices were submitted in accordance with the grant's terms, and all supporting documents have been obtained in order to demonstrate compliance. There is no further action needed at this time.

Recommendation: We recommend PBHC conduct all employee background screenings in accordance with statutory requirements.

Status: In collaboration with agency Compliance Director and VP of HR, we have ensured that all agency employees currently associated with the grant have received the appropriate screenings in accordance with grant requirements. Additionally, we have ensured that the employees on record are those currently associated with the grant, removing any employees who are no longer part of the grant.

Florida Center for the Blind, Inc. (FCB) - The purpose of this audit was to determine whether FCB met the requirements of the agreement with the Division of Blind Services (DBS), and whether DBS effectively monitored adherence to the agreement.

Recommendation: We recommend that DBS include a review of service deliverables in their monitoring activities to ensure compliance with the contract terms and its service deliverables and make appropriate adjustments to performance funding when service deliverables are not met. Finally, we encourage DBS and FCB to review the contract and consider making appropriate revisions to better align the contractual deliverables with the contractor's business model.

Status: This is in process with the anticipated completion date for monitoring as September 30, 2025.

Recommendation: We recommend DBS include a review of expenditures as part of their monitoring efforts. Finally, we recommend that DBS maintain records to support a cost analysis, including the agency's documented review of individual cost elements from the submitted budget for allowability, reasonableness, and necessity.

Status: This is in process with the anticipated completion date of September 30, 2025.

Best Buddies International, Inc. - The purpose of this audit was to determine if Best Buddies' internal controls ensure effective delivery of employment services to DVR customers; ensure benchmark payments are made in accordance with the Provider Manual; and determine if DVR effectively manages and monitors Best Buddies' compliance with the Provider Manual.

Recommendation: We recommended DVR streamline its invoice gathering, inspection, and approval procedures to ensure timely supervisory approval of invoices for payment.

Status: Our office followed up on the progress of corrective action for report A-2021DOE-029 for 24 months following its issuance. DVR has one remaining deficiency identified in the original report, which has not been resolved through corrective action. DVR management signed an acceptance of risk memorandum and acknowledged the risks associated with the identified deficiency and their understanding that the responsibility for ensuring corrective action related to the above-mentioned report now lies with DVR.

Coalition for Independent Living Options, Inc. (CILO) - The purpose of this audit was to determine if CILO's internal controls ensure effective delivery of program services to individuals with disabilities and determine if DVR effectively manages and monitors the contract for compliance.

Recommendation: We recommended that CILO notate the funding allocations on the individual invoices or expense categories to support expenditures incurred; enhance its procedures to ensure expenses funded through DVR's contract are allowable and appropriately reflected by funding source; and obtain prior approval from DVR before deviating from the approved budget.

Recommendation: We recommended that CILO enhance its financial systems and records to ensure deliverables provided are in accordance with contract terms. We recommended CILO enhance its procedures to ensure they maintain all required documents in the consumer service records (CSRs) including ILPs, eligibility determinations, and termination of services; establish and maintain independent living plans (ILPs) with consumers that are consistent with contract terms and federal regulations; and enhance its procedures to record service hours in accordance with contract terms.

Status: Our office followed up on the progress of corrective action for report A-2021DOE-026 for 24 months following its issuance. CILO has two remaining deficiencies identified in the original report, which have not been resolved through corrective action. DVR management

signed an acceptance of risk memorandum and acknowledged the risks associated with the identified deficiencies and their understanding that the responsibility for ensuring corrective action related to the above-mentioned report now lies with DVR.

AUDIT RESPONSE COORDINATION AND FOLLOW-UP

The Office of Inspector General provides a single point of contact for external agencies auditing the department. This is done to ensure effective coordination and cooperation between the Office of the Auditor General, federal auditors, and other governmental bodies and to minimize duplication of effort. We coordinate information requests and responses and assist in scheduling meetings for these entities. We provide coordination of the required responses to preliminary and tentative findings issued by the Office of the Auditor General, OPPAGA, U.S. Department of Education, and other oversight agencies. We also coordinate the six-month response on the status of corrective actions taken by the department on any audit findings and recommendations issued by the Office of the Auditor General or OPPAGA. During the 2024-2025 fiscal year, we coordinated the following external projects and follow-ups:



Office of the Auditor General

REPORT NUMBER	REPORT TITLE
2024-174	SIX MONTH STATUS: COMPLIANCE AND INTERNAL CONTROLS OVER FINANCIAL REPORTING AND FEDERAL AWARDS
2025-162	COORDINATION OF COMPLIANCE AND INTERNAL CONTROLS OVER FINANCIAL REPORTING AND FEDERAL AWARDS FOR THE FISCAL YEAR ENDED JUNE 30, 2024
NONE	COORDINATION OF COMPLIANCE AND INTERNAL CONTROLS OVER FINANCIAL REPORTING AND FEDERAL AWARDS FOR THE FISCAL YEAR ENDED JUNE 30, 2025
NONE	COORDINATION OF OPERATIONAL AUDIT FOLLOW-UP ON FINDINGS 1 THROUGH 10 DISCLOSED IN REPORT NUMBER 2021-029, OFFICE OF SAFE SCHOOLS AND PRIOR AUDIT FOLLOW-UP, AS WELL AS THE DEPARTMENT'S OVERSIGHT OF THE SCHOLARSHIP FUNDING ORGANIZATIONS AND PROGRAMS

RISK ASSESSMENT AND AUDIT PLAN

Section 20.055, Florida Statutes, requires the inspector general to develop long-term and annual audit plans based on periodic risk assessments of the department. This helps ensure the Office of Inspector General is responsive to management concerns and that those activities judged to have the greatest risks are identified and scheduled for review.

The risk assessment included identifying programs and activities administered by the department and evaluating each activity based on indicators of risk exposure, or risk factors. The programs and activities were determined through discussions with responsible management personnel and review of organization charts and the department's strategic plan. Senior management then rated the vulnerability of the identified programs and activities by assigning scores for each activity on seven risk factors: financial impact, public relations impact, control environment, changes in operations/systems, management interest, audit coverage, and sensitive data. Using the results from these efforts and our professional judgment, we developed the audit plan for the 2025-26 fiscal year. The audit plan provides the most effective coverage of the department's programs and processes while optimizing the use of internal audit resources. During the 2025-26 fiscal year, audit resources will be allocated to the following engagements:



2025-2026 Planned Projects

DIVISION	PROJECT
CAREER AND ADULT EDUCATION	GRANT - PERKINS*
FLORIDA COLLEGES	REVIEW OF FOREIGN INFLUENCE (1010.25, FLORIDA STATUTES)
EARLY LEARNING	FORMAL CONTRACT – CHILDREN’S FORUM, INC. - HELP ME GROW NETWORK
EARLY LEARNING	FORMAL CONTRACT – CHILDREN’S FORUM, INC. - T.E.A.C.H. EARLY CHILDHOOD SCHOLARSHIP PROGRAM
PUBLIC SCHOOLS	GRANT - FLORIDA DEBATE INITIATIVE, INC. – FLORIDA CIVICS AND DEBATE INITIATIVE
PUBLIC SCHOOLS	GRANT - CPALMS*
VOCATIONAL REHABILITATION	FEE FOR SERVICE – LIKE A BOSS, LLC
VOCATIONAL REHABILITATION	FEE FOR SERVICE – THE DIVERSITY INITIATIVE, INC.
VOCATIONAL REHABILITATION	FLORIDA INDEPENDENT LIVING COUNCIL
VOCATIONAL REHABILITATION	CENTER FOR INDEPENDENT LIVING – SUNCOAST CENTER FOR INDEPENDENT LIVING, INC.
VOCATIONAL REHABILITATION	FEE FOR SERVICE – IF I CAN DREAM FOUNDATION, INC.*
VOCATIONAL REHABILITATION	FEE FOR SERVICE – EVOLVING LIVES, INC.*

* INDICATES ROLLOVER PROJECT

2025-2026 Planned Cybersecurity Projects

DIVISION	PROJECT
BLIND SERVICES	ACCESS MANAGEMENT - EXTERNAL COMMUNITY RESOURCE PROVIDERS
PUBLIC SCHOOLS	PPS MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLE
CHIEF INSPECTOR GENERAL	ENTERPRISE PROJECT – DATA PROTECTION AND SECURITY
FINANCE AND OPERATIONS	INTERNAL CONTROL AND DATA SECURITY AUDIT*

* INDICATES ROLLOVER PROJECT

INVESTIGATIONS

Section 20.055(7), Florida Statutes, requires each OIG to initiate, conduct, supervise, and coordinate investigations designed to detect, deter, prevent, and eradicate fraud, waste, abuse, or employee misconduct impacting the department. Additionally, in accordance with Section 1001.20, Florida Statutes, the OIG will conduct or coordinate investigations into substantiated allegations that a district school board or college board of trustees is unwilling or unable to address relating to fraud, waste, or financial mismanagement, as determined by the Commissioner of Education.

The investigations section receives inquiries or complaints regarding departmental activity from many sources, including: the Whistle-blower's Hotline, the Florida Department of Financial Services' Get Lean Hotline, the Chief Inspector General's Office, the on-line complaint form on the OIG's website, letters, telephone calls, e-mails, and referrals from the Executive Office of the Governor.

If suspicion of potential criminal activity is discovered, it is referred to the appropriate law enforcement agency, as required by statute. The OIG coordinates with law enforcement on any criminal investigation, while ensuring that issues of an internal nature are addressed administratively.

Investigations staff monitor and track all cases to ensure:

- All case findings are reported to the commissioner and appropriate managers.

- The OIG provides the necessary facts to the department’s Office of Labor Relations, the Office of the General Counsel, and department managers to assist them in taking the appropriate actions.
- Cases involving criminal activity are referred to the appropriate law enforcement agency in accordance with Florida Statutes.

Investigations are conducted in accordance with qualitative and quantitative standards as set forth in the *Association of Inspectors General Principles and Standards for Offices of Inspector General* and the *Commission for Florida Law Enforcement Accreditation*.

During the 2024-25 fiscal year, the OIG received 1,825 complaints from the public and other entities, referred 758 complaints to management, initiated one full investigation, one preliminary investigation, and one management review. The OIG completed two full investigations, one preliminary investigation, and one management review. Additionally, the OIG coordinated or requested investigations for 16 complaints and made two referrals to law enforcement entities. The OIG processed and completed 22 public record requests.

ACCREDITATION

An accreditation program has long been recognized as a means of maintaining and verifying the highest standards. Accreditation is the certification by an independent reviewing authority that an entity has met specific requirements and prescribed standards. In 2009, the Commission for Florida Law Enforcement Accreditation (CFA) expanded its program to include inspector general offices. In February 2014, the full CFA voted unanimously to award the certificate of accreditation to the FDOE OIG. In February 2017, again in February 2020, and again in February 2023, the full CFA voted unanimously to award the certificate of re-accreditation to the FDOE OIG. During Fiscal Year 2024-25, the FDOE OIG began preparations for its upcoming re-accreditation assessment, which will take place at the end of 2025. The re-accreditation remains in effect for three years.



COMPLETED INVESTIGATIONS

During the fiscal year, the OIG investigated allegations that included scholarship fund disbursement, falsification of records, testing improprieties, and employee misconduct, among others. The OIG referred two complaints to law enforcement. Synopses of the investigations completed by the OIG are provided below.

- **2024-0001 Sumter County School District**

The Commissioner of Education requested that the FDOE OIG investigate allegations that the Sumter County School District (SCSD) manipulated student data to boost school performance ratings and increase state funding. The complainant claimed that SCSD created “shell schools” to withdraw low-performing students from their zoned schools and enrolled them in virtual schools on the same campus, removing their test scores from school grade calculations. The

complainant further alleged the SCSD did not inform parents of these withdrawals, and they placed Exceptional Student Education (ESE) students in these virtual programs without parental consent and without providing the required accommodations.

Based on a review of the relevant documentation, in conjunction with sworn, recorded witness and subject interviews, the OIG determined that the Superintendent and Assistant Superintendent instructed district and school administrators to withdraw low-performing students from their zoned schools and enroll them in a different school for one semester of each school year. This practice boosted the calculation of school grades because a student's test scores do not count for any specific school if they are not enrolled in the same school during both semesters. During the 2016/17 school year, this practice caused one school's grade to be a B, instead of the C it would have been if the students remained enrolled the full year. During subsequent school years, the mid-year transfer of students improved the raw school grade calculations but did not cause any school to receive a different letter grade than it would have otherwise. The district's actions violated Rule 6A-10.081, F.A.C., Principles of Professional Conduct for the Education Profession in Florida; Section 1003.498, F.S., School district virtual course offerings; Rule 6A-1.0016, F.A.C., Application for and Issuance and Revocation of MSID Numbers; Rule 6A-1.09981, F.A.C., School and District Accountability; and Rule 6A-1.0451, F.A.C., Florida Education Finance Program Student Membership Surveys, as it relates to the Full Time Equivalent (FTE) General Instructions.

The OIG also determined that the district failed to inform students or parents that the district withdrew students from their zoned schools and enrolled them in a district virtual school under a different school code. This behavior violated Rule 6A-10.081, F.A.C., Principles of Professional Conduct for the Education Profession in Florida.

The OIG referred the allegation regarding ESE students to the Bureau of Exceptional Student Education (BESE) for further review. The OIG recommended that the FDOE Division of Technology and Innovation add controls to prevent school districts from reporting a specific virtual course code as a School of Enrollment and restrict its use solely to its intended purpose as a School of Instruction. The OIG forwarded the report to the FDOE Office of Professional Practices Services and the SCSD for review and any additional action deemed appropriate.

- **2024-0002 Palm Beach County School District Testing Improproprieties**

The FDOE Division of Accountability, Research, and Measurement (ARM) notified the OIG that the Spring 2023 Grade 8 Statewide Science Assessment (SSA) administered at Somerset Academy Wellington K-8 (Somerset) had been flagged for potential testing irregularities. As a result, the OIG initiated an investigation to determine if school personnel at Somerset inappropriately altered students' answers during or after the administration of these tests.

The OIG determined that the preponderance of the evidence showed that Somerset personnel inappropriately altered answers in student test booklets in violation of Section 1008.24, F.S.; Rule 6A-10.042, FAC; School Board of Palm Beach County, Florida, Policy 3.02 Code of Ethics; and the Spring/Summer 2023 Test Administration Manual. However, the OIG was unable to identify a specific subject that accessed and altered the tests because the completed tests were stored in an office that was secured with a physical lock and key; therefore, there were

no records of who accessed the room while the tests were inside. The OIG also discovered that Somerset personnel did not always list correct testing locations and test session ending times on the testing documents, in violation of the Spring/Summer 2023 Test Administration Manual. The OIG forwarded the investigative report to the FDOE Office of Professional Practices Services and the Palm Beach County School District for any action deemed necessary.

OTHER INVESTIGATIVE ACTIVITIES

The OIG conducts various other investigative activities that do not constitute full investigations. Primarily, other investigative activities within the FDOE OIG are comprised of preliminary investigations; reviews of alleged fraud, waste, and financial mismanagement within the school districts throughout Florida; and reviews of statistically improbable results on statewide assessments.

Other Investigative Activities completed by the OIG during the 2024-25 fiscal year include:

- **2024-0003 Step Up for Students**

The OIG received a complaint alleging that funds had disappeared from several Step Up for Students (SUFS) scholarship recipients' accounts. SUFS provides funds and oversight for several state scholarships that assist students with disabilities and families with financial hardships. SUFS works closely with the FDOE Office of Independent Education and Parental Choice (IEPC) to ensure Florida families receive access to scholarship programs through school choice. The OIG interviewed several parents, some of whom provided documentation of their correspondence with SUFS. The parents interviewed during the course of this review alleged that SUFS has an ongoing problem with timeliness and transparency. Additionally, several parents reported that SUFS only addressed their concerns after they filed complaints with the FDOE OIG, the Executive Office of the Governor, or local state representatives.

Though the reported issues varied, the parents interviewed consistently stated that SUFS is routinely unavailable and unaccommodating. However, the OIG found no evidence that anyone at SUFS fraudulently withdrew funds from scholarship recipients' accounts or intentionally violated any policy, rule, or statute. The OIG referred the case to IEPC for further review and action deemed appropriate.

- **2024-0004 Collier County School District**

The Commissioner of Education requested that the FDOE OIG investigate allegations made by a former Collier County Public Schools (CCPS) employee. Specifically, the former employee alleged that CCPS violated Section 1002.33(4), Florida Statutes, by taking unlawful reprisal against her after she submitted an application for a prospective CCPS charter school that listed her as the anticipated principal. Section 1002.33(4) prohibits reprisal against an employee solely because that employee is either directly or indirectly involved with an application to establish a charter school.

The OIG conducted an investigation and provided a fact-finding report to FDOE Executive Leadership, who determined that reasonable grounds existed to believe that an unlawful reprisal occurred. Pursuant to Section 1002.33(4), FDOE Executive Leadership conciliated the complaint between the complainant and CCPS.

- **2022-110111 Step Up For Students**

The OIG received notification from the FDOE Office of Independent Education and Parental Choice (IEPC) regarding a parent's fraudulent use of Gardiner Scholarship funds by returning allowable Best Buy purchases in exchange for gift cards. Based on a review of records provided by SUFS and Best Buy, the OIG determined that the parent purchased approved items through MyScholarShop, an online portal that allows scholarship recipients to purchase pre-approved instructional materials and curriculum directly from scholarship funds instead of paying out of pocket and requesting reimbursement. The parent subsequently returned the items to a Best Buy store in exchange for 27 gift cards for various vendors including Best Buy, Amazon, Darden Universal (restaurants), and Microsoft Xbox. The parent returned approximately \$10,750 worth of items and fraudulently obtained \$8,574.87 in gift cards, in violation of policies in the FES-UA Parent Handbook. Records further identified that the parent returned at least six Best Buy gift cards, transferring refunds totaling more than \$2,500 to her personal Mastercard.

Upon becoming aware of MyScholarShop return issues, SUFS implemented a practice in which receipts are no longer included in the shipment of items purchased from the website; therefore, scholarship recipients cannot return items directly to a store. Additionally, SUFS barred the parent from using MyScholarShop to purchase scholarship items, only allowing the parent to request reimbursement, with proper documentation, for approved items she has already purchased. The OIG referred the allegations to the Florida Department of Law Enforcement for further investigation of potential criminal violations.

- **2024-080132 Broward County School District**

The FDOE OIG received a complaint alleging that the principal of a charter school uses retired teachers' certificates in the database to hire individuals without the proper credentials. Additionally, the complainant alleged that the principal uses school money to fund a banquet hall in Miramar and two private businesses. The OIG referred this matter to the Broward County School District and requested that they facilitate an independent investigation of these allegations.

The Broward County Public Schools Office of the Chief Auditor (OCA) conducted an investigation and determined that several uncertified teachers were actively teaching in classrooms, utilizing the teaching certificates of retired or on-leave teachers. The OCA also determined that the principal took monthly cruises, opened a banquet hall, and owned two private businesses; however, they were unable to verify whether the principal financed these activities with school funds. The charter school board terminated the principal on January 28, 2025. The OIG accepted the OCA's findings and referred their investigative report to the FDOE Office of Professional Practices Services and the United States Department of Education for further review and any additional action deemed appropriate.

- **2024-110161 Sumter County School District**

The OIG received allegations that the Sumter County School District (SCSD) had been inflating its graduation rate by placing 12th grade students in an Exceptional Student Education (ESE) program in order to have their state assessment requirement waived if they were at risk of not graduating. Specifically, the complainant alleged that, for multiple school years, guidance counselors at two high schools had been recommending to parents of rising 12th grade students that their children should be evaluated for ESE if they were in jeopardy of not graduating.

A review of enrollment records revealed that a high number of students at these schools were placed into an ESE program for the first time during their senior year. As such, the OIG determined that additional investigation was necessary to determine if the SCSD was inflating its graduation rate by inappropriately placing low performing 12th grade students in an ESE program, or conversely, if SCSD failed to identify and provide appropriate supports to eligible students with disabilities until their senior year. The OIG met with FDOE Bureau of Exceptional Student Education (BESE) leadership to discuss this issue, and OIG and BESE staff concluded that this matter is under the jurisdiction of BESE. As such, the OIG referred the complaint to BESE for further investigation and action deemed appropriate.

- **2025-040083 Bay County School District**

The FDOE OIG received a complaint alleging that a high school principal used school resources for her wedding, inappropriately gave an administrator paid leave, allows compensatory time only for select employees, uses the athletic secretary to run personal errands during school hours, and provides teachers with paper copies of the state exams to teach students. The complainant also alleged that a teacher and her husband, who is also a district employee, commit timecard fraud due to the husband visiting the wife's classroom for multiple teaching periods whenever he is on campus. The OIG referred this matter to the Bay County School District and requested that they facilitate an independent investigation of these allegations.

The Bay County School District's HR Compliance Officer conducted an investigation and determined that the principal engaged in misconduct by directing the culinary instructor and his students to cater her wedding. Additionally, the principal misused her position by allowing the athletic secretary to perform personal errands for her during work hours. The investigation found no evidence to support the allegations of unauthorized paid absences or timecard fraud. The OIG accepted the district's findings and referred their investigative report to the FDOE Office of Professional Practices Services for further review and action deemed appropriate.

WHISTLE-BLOWER DETERMINATIONS

Sections 112.3187-112.31895, F.S., also known as the Whistle-blower's Act, was created to prevent agencies or independent contractors from taking retaliatory action against an employee who reports the following types of information:

- Any violation or suspected violation of any federal, state, or local law, rule, or regulation committed by an employee or agent of an agency or independent contractor which creates and presents a substantial and specific danger to the public's health, safety, or welfare.
- Any act or suspected act of gross mismanagement, malfeasance, misfeasance, gross waste of public funds, suspected or actual Medicaid fraud or abuse, or gross neglect of duty committed by an employee or agent of an agency or independent contractor.

Every complaint received by the OIG undergoes a preliminary review to determine if the provisions of the Whistle-blower's act could apply. In instances where the act might apply, such as when the complaint is received from a current or former employee of FDOE or an independent contractor of FDOE, the OIG conducts a more thorough review of the complaint, including contacting the complainant to ensure a full understanding of the allegations and completing a formal whistle-blower determination.

The investigations section completed four whistle-blower determinations during Fiscal Year 2024-25. After assessing the complaints, the OIG determined that the allegations did not present a substantial and specific danger to the public's health, safety or welfare, nor did they include any suspected act of gross mismanagement, malfeasance, misfeasance, gross waste of public funds, suspected or actual Medicaid fraud or abuse, or gross neglect of duty. Therefore, these complaints were referred to the appropriate entities for action deemed appropriate.

NEW EMPLOYEE ORIENTATION AND OIG OUTREACH

During the department's New Employee Orientation sessions, the OIG presents an overview of the OIG, staff, and investigative activities to provide new employees with a basic understanding of the OIG, our functions, responsibilities, and how each employee plays an important role in the



identification and prevention of fraud, waste, and abuse in department programs. We explain the Florida Whistle-blower Act and how it applies to department employees. Our overview includes real case examples and scenarios of previous investigations and identifies areas where each employee can be a valuable resource in preventing and identifying questionable activity. We discuss the department's Ethics Policy, Integrity in Government, relevant Florida Statutes, and the many Florida Administrative Codes related to the conduct of state employees and their duty to safeguard education dollars as new stewards for the Florida Department of Education. During Fiscal Year 2024-25, the OIG made this presentation to 426 department employees.

EARLY LEARNING FRAUD PREVENTION UNIT

Effective July 1, 2021, the Office of Early Learning (OEL) merged with the Department of Education to become the Division of Early Learning (DEL). With the merger, two OEL Office of Inspector General (OIG) staff were integrated into the DOE OIG to form the Early Learning Fraud Prevention Unit. Working with early learning coalitions (ELCs) and Redlands Christian Migrant Association (RCMA), the Early Learning Fraud Prevention Unit continued its efforts to prevent and detect instances of fraud in the statewide early learning system. Anti-fraud activities focused on providing technical assistance and sharing best practices with early learning coalitions. The Fraud Prevention Unit continued its partnerships with other government agencies to improve the identification of potentially fraudulent activity.

DEL's Fraud Prevention Unit reviews and forwards suspected fraud cases identified by the coalitions for the School Readiness (SR) and Voluntary Prekindergarten (VPK) programs to the Florida Department of Financial Services (DFS), Bureau of Public Assistance Fraud (BPAF)¹ for criminal investigation. In turn, BPAF investigates the suspected fraud cases and refers suspected criminal activity to the appropriate State Attorney's Office (SAO) for criminal prosecution.

During fiscal year 2024-2025, the total amount of fraud referred to the State Attorney's offices for review totaled \$216,359.00, and the restitution ordered for fraud referral cases filed by the State Attorney's offices totaled \$10,614,05. In fiscal year 2024-2025, DEL collected \$50,155.01 in restitution payments from recipient cases referred in the 2024-2025 and prior fiscal years. Additionally, the ELCs collected \$79,985.69 from overpayments due to suspected fraud. No provider cases referred in 2024-25 were closed as of year-end.

FY 2024-25 Provider Fraud Case Referrals and Status	
SR/VPK providers DEL referred to BPAF for investigation.	6
Provider cases being screened by BPAF.	0
Provider cases BPAF did not investigate.	3
Provider cases pending assignment to a BPAF investigator.	1
Provider cases BPAF was actively investigating at year-end.	2

¹ Effective July 1, 2024, the Division of Public Assistance Fraud (DPAF) changed to the Bureau of Public Assistance Fraud (BPAF). House Bill 989 merged the Division of Public Assistance Fraud (DPAF) with the Division of Investigative and Forensic Services (DIFS) and was renamed as the Criminal Investigations Division (CID). With these changes, the new name is Florida Department of Financial Services, Criminal Investigations Division, Bureau of Public Assistance Fraud. The Bureau of Public Assistance Fraud's areas of responsibility, jurisdiction, authority, and charge to investigate remain the same.

FY 2024-25 Recipient Fraud Case Referrals and Status	
Number of SR recipients referred to BPAF for criminal investigation.	260
Number of SR recipient cases BPAF did not investigate.	133
Number of cases in screening status or pending assignment to a BPAF investigator.	113
Number of SR cases that BPAF is actively investigating, referred to the State Attorney's Office, or a request was made for overpayment/over-issuance assistance.	10
Number of SR recipient cases sent to BPAF that are awaiting status at year-end.	4

DFS Project Manager Activities

In order to coordinate the referral process, the IG serves as the project manager for the DFS-BPAF investigation agreement. The DFS contract is funded through the Child Care and Development Fund and has a total contract value of \$623,610. During the fiscal year, the OIG conducted the following BPAF project manager activities:

- DFS-BPAF and DEL agreement renewal process;
- Periodic review and approval of BPAF invoices;
- Monthly reporting of restitution received by the DEL to BPAF leadership;
- Monthly processing and reporting of the SAO disposition reports received from BPAF; and
- Processing SAO letters, subpoenas, and *Victim Impact Statement* requests received from various SAOs.

OIG Fraud Referral System Administration

ELCs utilize a web-based application to refer potential public assistance fraud cases to the OIG. During the fiscal year, the OIG performed user account administration activities, maintained the FRS Administrator Guide, and performed bi-annual FRS account certifications.

Early Learning Coalition Anti-Fraud Plans

Pursuant to Rule 6M-9.400(2), Florida Administrative Code, ELCs shall adopt an anti-fraud plan (Plan) addressing the detection and prevention of overpayments, abuse, and fraud relating to the provision of, and payment for, SR and VPK Program services. ELCs must annually submit a copy of their Plans to the OIG for approval. During the fiscal year, the OIG reviewed and approved 31 ELCs and contractor Plans.



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