



Department of Children and Families  
Office of Inspector General  
Annual Report  
Fiscal Year 2018-2019



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

**Ron DeSantis**  
*Governor*

**Chad Poppell**  
*Secretary*

September 5, 2019

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

Dear Secretary Poppell:

In accordance with § 20.055, Florida Statutes, it is my pleasure to present the Office of Inspector General Annual Report for Fiscal Year 2018-2019. The report details the accomplishments and efforts of staff within the Appeal Hearings, Internal Audit, and Investigations Sections during the fiscal year.

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

Respectfully,

Keith R. Parks  
Inspector General

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	<b>3</b>
<b>INTRODUCTION</b> .....	<b>4</b>
Statutory Requirements .....	4
<b>ORGANIZATIONAL CHART</b> .....	<b>5</b>
<b>PROFESSIONAL CERTIFICATIONS AND LICENSES</b> .....	<b>6</b>
<b>INVESTIGATIONS SECTION</b> .....	<b>7</b>
Intake Unit .....	7
Investigations Unit .....	8
Investigations and Management Reviews .....	8
Whistle-blower Investigations .....	8
Recommended Corrective Actions .....	8
Personnel Actions Associated with Investigations and Management Reviews .....	8
Cases Opened by Region .....	9
Allegation Types .....	9
Public Records Requests .....	10
Inspector General Reference Checks / Database Checks for Prior Investigations .....	10
Inspector General Outreach Program .....	10
<b>APPEAL HEARINGS SECTION</b> .....	<b>11</b>
Hearings Authority .....	11
Hearings Jurisdiction .....	11
Completed Hearings Activities .....	12
Hearings Completed by Agency .....	12
<b>INTERNAL AUDIT SECTION</b> .....	<b>13</b>
Internal Audit Unit .....	13
Single Audit Unit .....	13
Florida Inspectors General Expertise System (FIGES) .....	14
Integrated Internal Audit Management System (IIAMS) .....	14
<b>APPENDIX</b> .....	<b>15</b>
Summary of Internal Audit Projects Issued .....	15
Summary of Internal Audit Projects Initiated and Terminated .....	20
Significant Audit Recommendations Not Fully Implemented .....	20
External Audit Reports Issued .....	21
Follow-up to Prior External Audit Reports .....	21
Summary of Investigations and Corrective Actions Completed .....	<b>22</b>
Summary of Management Reviews and Corrective Actions Completed .....	43

## EXECUTIVE SUMMARY

In accordance with § 20.055, Florida Statutes (F.S.), the Office of Inspector General (OIG) is “established in each state agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government.” Additionally, by September 30, the Inspector General is required to complete an annual report summarizing activities of the office during the prior fiscal year. Consistent with these duties, the following accomplishments, highlights, and activities demonstrate significant efforts of the Department of Children and Families (Department) OIG staff during Fiscal Year (FY) 2018-2019:

- Received, reviewed, and processed 6,405 complaints or requests for assistance from Department managers, employees, clients, or citizens.
- Opened 110 cases and completed 105 cases that examined allegations of violations of statute, rule, policy, contract, or systemic issues, and tracked 103 corrective actions (206 recommendations) by management to ensure responses to recommendations for personnel action or policy clarification were appropriately addressed.
- Processed 4,767 Inspector General Reference Checks for current and former Department and provider employees.
- Conducted 61 Outreach Training sessions for 1,465 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 9,676 fair hearing requests, 1,504 administrative disqualification hearing requests, and 173 nursing facility discharge or transfer hearing requests.
- Published 12 assurance reports, which contained 22 findings and recommendations for improvement of efficiency and effectiveness in Department programs and operations. Management agreed or concurred with all reported findings.
- Performed liaison activities for 13 external audit projects, including research and evaluations by external auditors.
- Reviewed and processed 124 Department financial reporting packages of state financial assistance as well as 37 certifications of “no audit required.” There were four single audit follow-up actions to ensure auditor-identified corrective actions were implemented.
- Following Hurricane Michael in October 2018, the Department initiated the Disaster Supplemental Nutrition Assistance Program (DSNAP) to provide food assistance to low-income households with food loss or damage caused by the natural disaster. A total of nine (9) OIG staff volunteered 1,330 hours to assist with DSNAP application reviews.

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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 2018-2019.

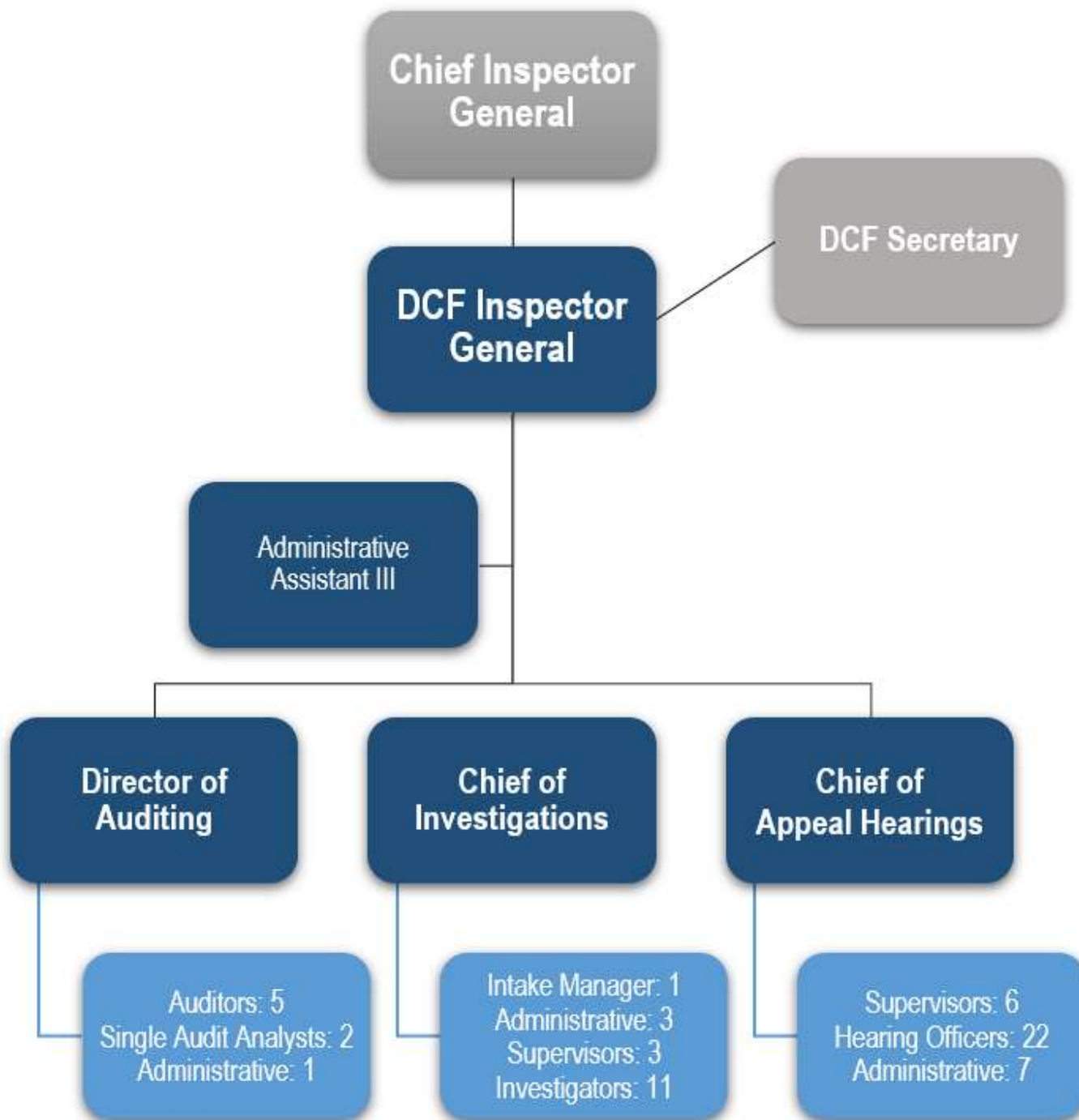
## Statutory Requirements

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), but is under the general supervision of the agency head. As outlined in statute, the duties of the Inspector General include:

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

# ORGANIZATIONAL CHART

As of June 30, 2019, there were 66 positions assigned to the OIG, which were distributed in the following three sections: Appeal Hearings, Internal Audit, and Investigations. Appeal Hearings and Investigations staff are located at headquarters and in field offices throughout the state.<sup>3</sup>



<sup>3</sup> Offices: Investigations – Ft. Lauderdale, Miami, Orlando, Tallahassee, and Tampa  
Appeal Hearings – Ft. Lauderdale, Ft. Myers, Jacksonville, Marianna, Miami, Orlando, Pensacola, Tallahassee, Tampa, and West Palm Beach

## PROFESSIONAL CERTIFICATIONS AND LICENSES

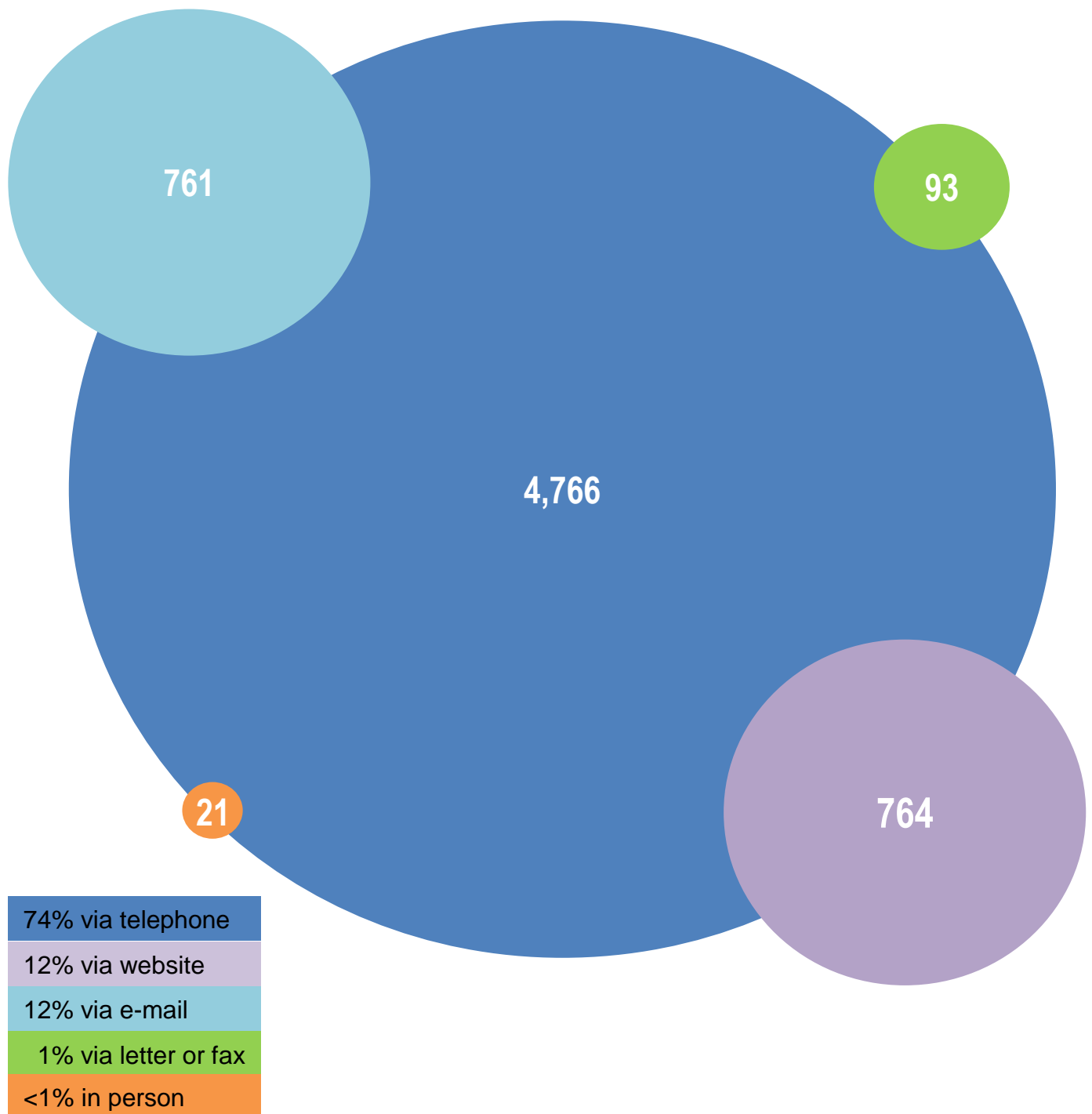
In addition to the educational degrees and experience required for their respective positions, OIG staff members hold the following professional certifications and licenses:

Abuse Hotline Counselor (1)	Certified Internal Auditor (1)
Accreditation Manager (2)	Certified Law Enforcement (1)
Advanced Six Sigma Yellow Belt (1)	Certified Public Accountant (1)
AIG Peer Review and Team Leader (1)	Certified Public Manager (3)
Call Center Manager (1)	Child Welfare Protective Investigator (1)
Certified Hearing Official (1)	CFA Team Leader Assessor (1)
Certified Information Systems Auditor (2)	Department Certified Trainer (1)
Certified Inspector General (2)	Florida Bar Members (8)
Certified Inspector General Auditor (9)	Florida Certified Contract Manager (2)
Certified Inspector General Investigator (12)	Six Sigma Project Management (1)

# INVESTIGATIONS SECTION

## Intake Unit

The Intake Unit handles incoming calls and reviews all complaints or requests for assistance received by the Investigations Section via telephone, website, e-mail, letter or fax, or in person. The Intake Unit reviewed a total of **6,405** 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, when violations of statute, rule, policy, and/or contract provisions are alleged. While investigations are administrative in nature, potential criminal violations are often discovered during the investigative process. When a determination is made that the subject of an investigation has committed a potential criminal violation, the investigation is coordinated with the Florida Department of Law Enforcement, local law enforcement agency, or the appropriate State Attorney's Office for criminal prosecution.

## Investigations and Management Reviews

**110** cases were opened for investigation or management review

**105** cases were completed

**177** allegations were investigated or reviewed

## Whistle-blower Investigations

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

## Recommended Corrective Actions

Based on the investigation or management review, the Investigations Unit may make recommendations in the form of corrective actions. The recommendations are for the purpose of process improvement and are made to Department or provider management. The final reports, including recommendations, are sent to all appropriate parties and actions are tracked to completion. A total of **103** corrective actions, entailing **206** recommendations, were issued by the Investigations Unit.

## Personnel Actions Associated with Investigations and Management Reviews

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

**48** Resignations

**46** Terminations

**4** Verbal Counselings

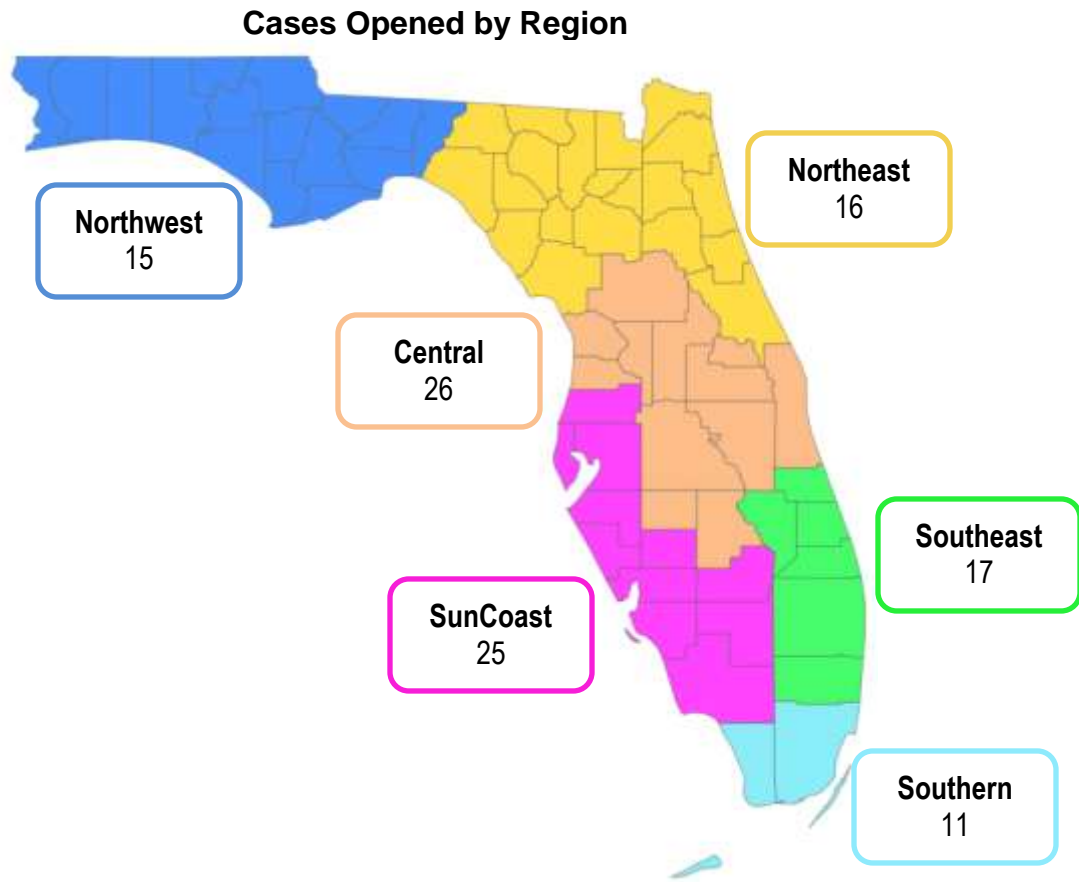
**2** Demotions

**2** Written Reprimands

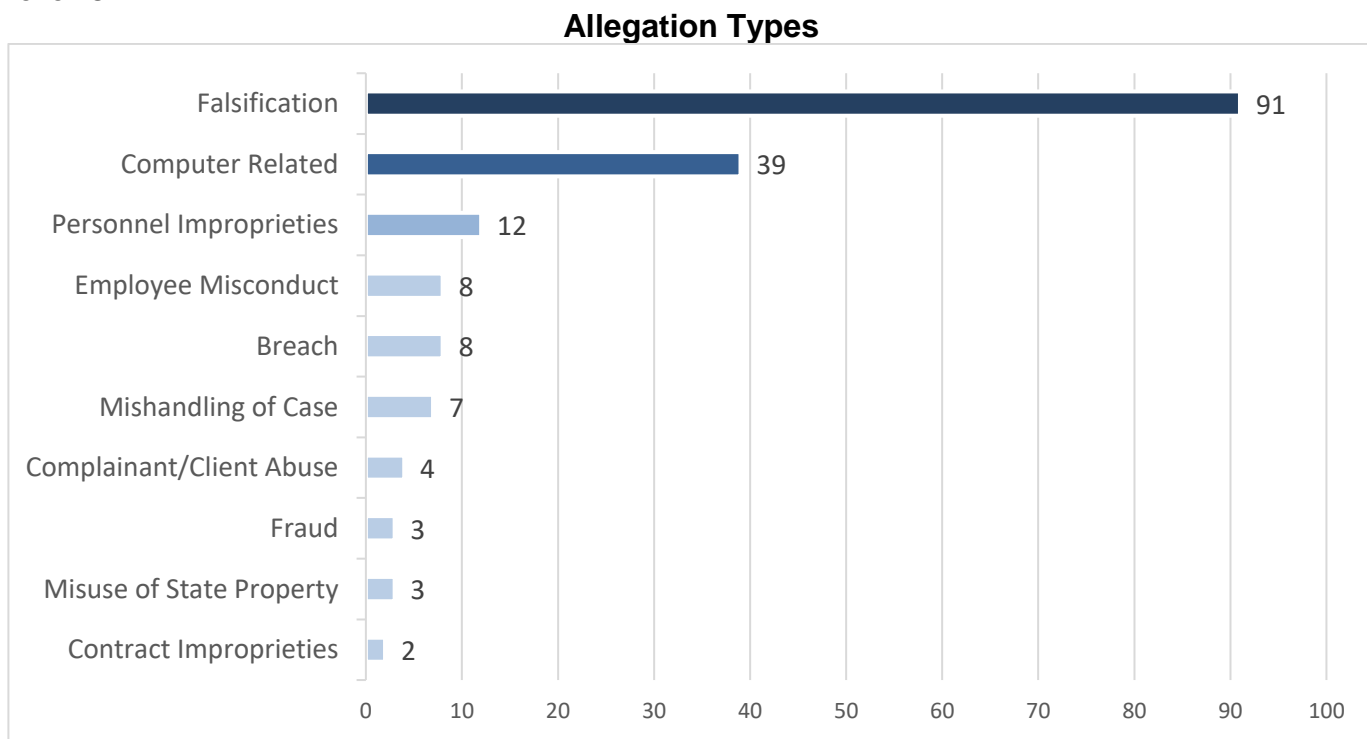
**2** Written Counselings

**1** Suspension

The following chart provides a comparative analysis of the 110 cases opened by Region:



The allegation types and corresponding 177 allegations investigated for closed cases are as follows:



## **Public Records Requests**

The Intake Unit responded to **56** public records requests under Chapter 119, F.S.

## **Inspector General Reference Checks / Database Checks for Prior Investigations**

Current and former Department and provider employees being considered for rehire, transfer, promotion, or demotion are screened to determine if they were the subject of an OIG investigation that resulted in supported findings. The OIG processed **4,767** 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. A total of **61** training sessions, involving **1,465** individuals, were completed with Department employees and/or contracted and subcontracted providers.

## APPEAL HEARINGS SECTION

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

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

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

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

The major controlling federal regulations are as follows:

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

### Hearings Jurisdiction

The section conducts hearings for the following programs:

Office of Economic Self-Sufficiency (OES)

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

## Medicaid Benefits

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

## Others

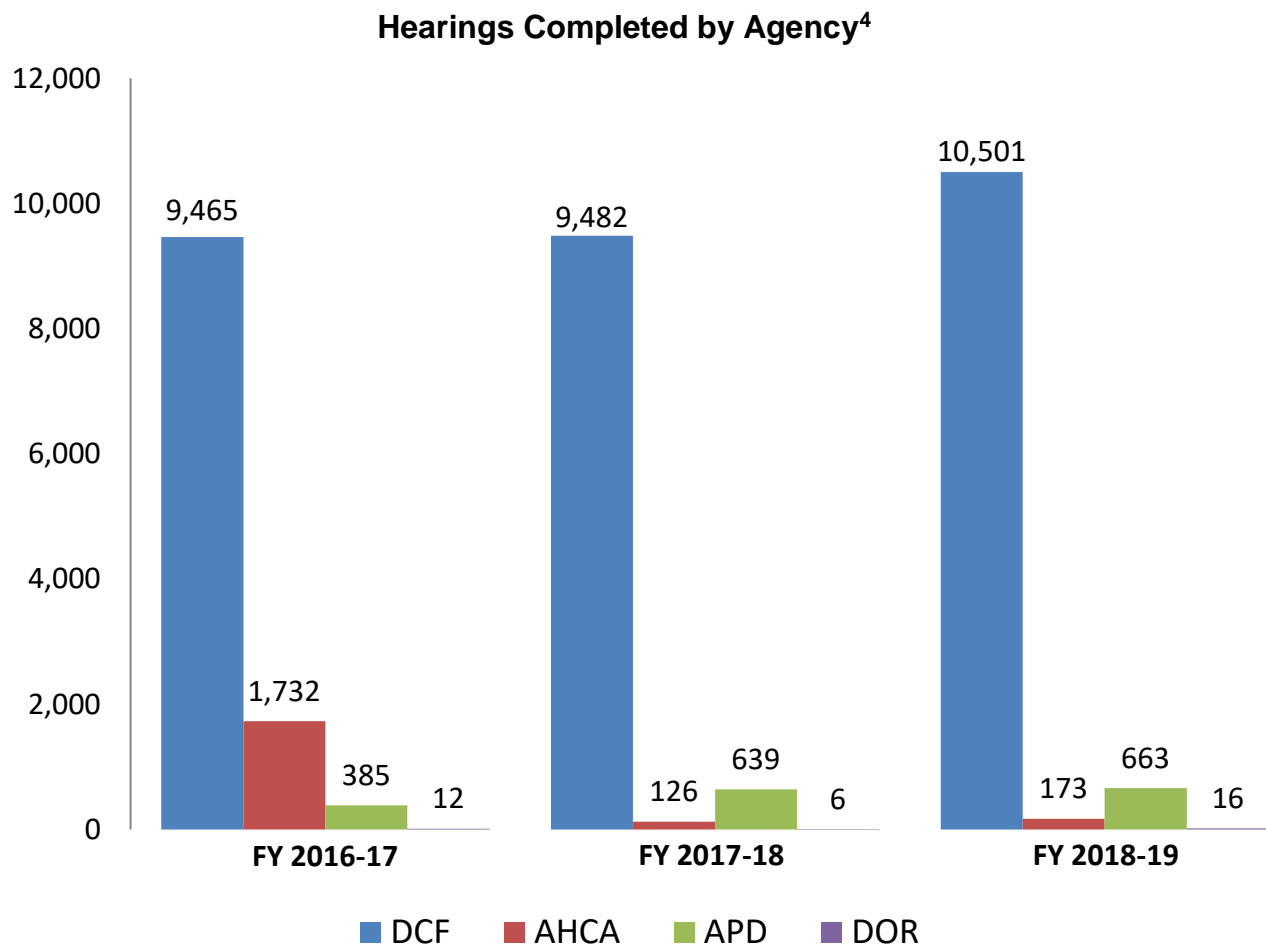
- Department of Health Special Supplemental Food Program for Women, Infants, and Children (WIC)
- Eligibility or amount of assistance for Office of Child Welfare programs funded through the Social Security Act
- Child Support Enforcement issues for the Department of Revenue (DOR)

## Completed Hearings Activities

**9,676** fair hearing requests

**1,504** administrative disqualification hearings for Cash or SNAP benefits

**173** nursing facility discharge or transfer hearings



<sup>4</sup> Department of Children and Families (DCF) hearings include fair and administrative disqualification hearings. Agency for Health Care Administration (AHCA) hearings include fair and nursing home discharge or transfer hearings. APD and DOR hearings include only fair hearings.

# INTERNAL AUDIT SECTION

## Internal Audit Unit

The Internal Audit Unit conducts audits and consulting projects related to programs, operations, and contracts to promote economic and efficient 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's 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 organizations.

The unit published **12** audits, which included **22** findings and recommendations for improvement. Department management concurred or agreed with all findings and recommendations.

The unit conducted liaison activities for **13** external audit projects from various external auditors. These projects consisted of research and evaluations by OPPAGA, operational and federal awards audits by the AG, audits and audit resolutions by the U.S. Department of Health and Human Services (HHS), and compliance and safeguard reviews by the Social Security Administration (SSA) and Internal Revenue Service (IRS). The unit also tracked and reported Department implementation of corrective action for **three (3)** external reports, including the Summary Schedule of Prior Audit Findings, and coordinated responses to **five (5)** external audits issued by the AG and OPPAGA.

## Single Audit Unit

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

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

At the completion of each desk review, single audit analysts prepare an Audit Review Status Report for the Department contract manager and contract administrator. If a report contains findings, Contracted Client Services is included in the notification. Many desk reviews require no follow-up action. Desk review issues that require further attention from contract managers range from review of report findings communicated for informational purposes to significant issues requiring corrective action by the recipient. The unit also provides feedback to external auditors where clarification of an existing audit is required. In addition, the unit analyzed and reviewed **124** recipient audit reporting packages and **37** certifications of "no audit required." There were **four (4)** single audit follow-up actions to ensure auditor-identified corrective actions were implemented.

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

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

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

The Integrated Internal Audit Management System (IIAMS) is the standard for documenting assurance activities performed by Internal Audit Section staff. IIAMS is a Department-developed network application that enables documenting, reviewing, storing, and sharing work performed by Internal Audit Section staff. Using IIAMS, auditors can incorporate documents prepared in Microsoft Word, Excel, and other applications for inclusion in permanent working papers. In addition, IIAMS provides an effective process for tracking audit hours and documenting continuing professional education and other training. In addition to the Department, there are **11** other state agencies that use IIAMS.

## APPENDIX

### Summary of Internal Audit Projects Issued

#### **Project #A-1718DCF-042: *Welfare Trust Funds – Florida State Hospital***

The objectives of this audit included determining whether:

- Controls were adequate over cash receipts and all cash receipts were properly recorded;
- All proceeds were used for the benefit, education, and general welfare of clients at Florida State Hospital (FSH);
- Sufficient documentation was maintained to support Welfare Trust Fund (WTF) disbursements;
- WTF bank account balances were maintained in accordance with Department policy;
- Controls were adequate to accurately maintain physical and book inventory; and
- WTF transactions were made in compliance with state law and Department policy and procedures.

The scope of this audit included a review of statutes, procedures, supporting documentation, bank account information, and internal controls. The audit period covered July 2016 through the end of fieldwork.

The audit disclosed the following:

- FSH needs to improve internal controls over vending machine revenue; and
- FSH needs to incorporate a “Z tape” reading with non-resettable accumulated totals on cash registers.

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

#### **Project #A-1718DCF-046: *Post-Audit Sampling of Department Payments***

The objective of this audit was to determine whether Department non-contractual service payment transactions complied with statutes, rules, and established operating procedures.

The scope of this audit covered the Fiscal Year End (FYE) June 30, 2018. This project examined a sample of payment transactions from FSH, Northeast Florida State Hospital, and the North Florida Evaluation and Treatment Center. From this population, 45 transactions, with a total dollar value of \$89,018, were randomly selected and examined using 13 purchasing-based criteria.

This audit resulted in no findings or recommendations.



## **Project #A-1718DCF-049: *Lead Agency Accountability – CBC Deficits***

The objectives of this audit were to identify factors that may have impacted the financial viability of the Department's Community-Based Care (CBC) lead agencies and recommend actions to the Department to improve Department oversight of CBC lead agency financial viability. The audit focused on CBC lead agencies that incurred a financial operating deficit for one or more of the FYEs June 30, 2015, June 30, 2016, and June 30, 2017, or received risk pool funding in FY 2015-2016 and / or FY 2016-2017.

The audit disclosed the following:

- During the audit period, the financial viability of the CBC lead agency Community Based Care of Central Florida, Inc. (CBCCF) was significantly impacted by transactions with its affiliates CBC of Central Florida - Holdings, Inc. (Holdings) and Community Initiatives, Inc.;
- Differences existed between the compensation of administrative employees reported by CBCCF on its website and the compensation CBCCF reported to the IRS; and
- During the audit period, the financial viability of the CBC lead agency Community Based Care of Brevard, Inc. was significantly impacted by the activities of its affiliates Brevard C.A.R.E.S., Inc. and The National Center for Innovation and Excellence, Inc.

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

## **Project #A-1718DCF-050: *Child Welfare Records Falsification***

The objectives of this audit were to:

- Identify common factors that may have resulted in employees of the Department or its CBC lead agencies or their subcontractors having falsified child welfare records; and
- Recommend actions by the Department that may reduce or timely detect occurrences of falsifying child welfare records.

The scope of this audit included child welfare related investigations (cases) closed by the OIG during the period July 1, 2014 through June 30, 2017, which included supported allegations grouped under the heading "falsification, omission, or misrepresentation."

The audit disclosed the following:

- Some CBC lead agencies had not implemented adequate written policies and procedures regarding falsification of child welfare records;
- Additional mandatory field days, especially with shadowing opportunities, may improve the effectiveness of the Department's Pre-Service Training Program and reduce falsification of child welfare records;
- Using technology to streamline the workloads of child welfare professionals may also reduce falsification of child welfare records; and

- Implementing additional oversight policies and practices may timely identify and address work performance issues.

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

**Project #A-1718DCF-063: *Substance Abuse Licensing and Regulation***

The objectives of this audit were to determine the adequacy of Department oversight of licensed substance abuse providers in the SAMH program. The audit scope included substance abuse licensure and administration activities for FYE June 30, 2017 through the end of fieldwork.

The audit disclosed the following:

- The Department did not conduct post-review follow-ups to monitoring reports that required corrective action plans.

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

**Project #A-1819DCF-024: *Center for Internet Security, Inc. (CIS) Critical Security Control #1 – Inventory and Control of Hardware Assets***

The objective of this audit was to determine whether appropriate controls were in place and operating effectively to ensure that the Department actively manages (inventories, tracks, and corrects) all hardware devices on the network. This ensures only authorized devices are given access and unauthorized and unmanaged devices are prevented from gaining access. The scope of this audit included all processes, practices, policies, and procedures that govern the management of information technology (IT) hardware assets for FY 2016-2017 through the end of fieldwork.

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, the Cybercrime Office of the Department of Law Enforcement, the Agency for State Technology, and, for agencies under the jurisdiction of the Governor, the Chief Inspector General.”

**Project #A-1819DCF-012: *Substance Abuse and Mental Health Performance Measures***

The objective of this audit was to assess the reliability and validity of a selection of Substance Abuse and Mental Health (SAMH) performance measures and make recommendations for improvement, if necessary. The scope of this audit was the approved SAMH performance measures from the Long Range Program Plan (LRPP) for FY 2018-2019.

The audit disclosed the following:

- Some LRPP performance measures are outdated due to changes in current federal and state laws and Department operational practices;
- There were instances of inadequate data entry and/or data submission; and

- There was a lack of adequate written procedures.

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

**Project #A-1819DCF-034: *Alternative Contracting Methods for Program Services***

The objective of this audit was to identify how the Department could improve source selection and compensation processes for lead agency services. The scope of this project included identifying enabling legislation utilized to implement these contracting methodologies.

This audit resulted in no findings or recommendations.

**Project #A-1819DCF-036: *Child Care Background Screening Requirements***

The objective of this audit was to determine whether the Department has taken adequate steps to ensure compliance with background screening requirements of the Child Care and Development Block Grant (CCDBG) funding.

The scope of this audit consisted of child care background screening activities for FYE June 30, 2018 through the end of audit fieldwork.

The audit disclosed the following:

- The Background Screening Program should update its policies and procedures; and
- The Background Screening Program should enhance its procedures to ensure exemption review panel routing sheets are properly completed.

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

**Project #A-1819DCF-056: *Center for Internet Security, Inc. (CIS) Critical Security Control #2 – Inventory and Control of Software Assets***

The objectives of this audit were to determine whether appropriate controls were in place and operating effectively to actively manage (inventory, track, and correct) all software on the network so that only authorized software was installed and could execute, and that unauthorized and unmanaged software can be found and prevented from installation or execution.

The scope of this audit included all processes, practices, policies, and procedures that govern the management of IT software assets running on the Department network.

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, the Cybercrime Office of the Department of Law Enforcement, the Agency for State Technology, and, for agencies under the jurisdiction of the Governor, the Chief Inspector General.”

### **Project #A-1819DCF-069: *Post-Audit Sampling of Payments***

The objectives of this audit were to determine whether non-travel and non-compensation payments to employees were authorized, appropriate, and accurate. The scope of this audit consisted of 12 months of Department non-compensation and non-travel expenditure transactions provided by the Administrative Services Support Center (ASSC) for FYE June 30, 2018.

The audit disclosed the following inappropriate expenditures:

- A program administrator purchased meals for a staff awards ceremony;
- An Office of Child Welfare employee submitted a reimbursement request for a project management professional examination fee;
- An Office of Child Welfare employee purchased equipment without required documentation authorizing the purchase;
- ASSC approved payment for travel expenditures that were not submitted in accordance with Department travel policies and procedures; and
- Reimbursement requests lacked sufficient information describing the expenditures or documenting that the expenditures were for authorized business purposes.

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

### **Project #A-1819DCF-075: *Pharmacy Controls and Prescription Medication Administration***

The objectives of this audit were to determine whether controls were adequate to prevent and detect the misuse, loss, or theft of controlled substances, and the adequacy and accuracy of periodic physical inventory and related reconciliations to records documenting purchases and distribution of controlled substances. The scope of this audit included the review of all practices, policies, and procedures that govern the FSH Department of Pharmacy Services (Pharmacy) operation and services related to controlled substances for FY 2017-2018 through the end of fieldwork.

The audit disclosed the following:

- The Pharmacy should enhance its segregation of duties in the receipt of controlled substances ordered.

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

## Summary of Internal Audit Projects Initiated and Terminated

There were no audit projects terminated during FY 2018-2019.

### Significant Audit Recommendations Not Fully Implemented

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

#### **PROJECT #A-1617DCF-063: *Compliance with Federal Subrecipient Monitoring Requirements***

In light of the response by Kids Central, Inc., the OIG recommended that the Assistant Secretary for Administration, with assistance from the Assistant Secretary for Child Welfare, review Kids Central, Inc.'s determination of its emergency shelter and group care providers as "Contractors," and evaluate whether the determination aligns with the role these providers play in Florida's child welfare system, as well as whether it is consistent with the determinations by other CBCs for emergency shelter and group care providers. If not, take appropriate steps to ensure Kids Central, Inc. reclassifies its emergency shelter and group care providers as "Subrecipients."

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

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

Recommendations 1.b and 2.b have been partially implemented

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

The OIG recommended APS provide a comprehensive analysis of the current performance measure to the Legislature with the next budget request. This information should include what changes should be made to the LRPP performance measure and why the current measure did not provide adequate information. APS should continue to provide the additional information on the Department dashboard.

## External Audit Reports Issued

### Auditor General

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

### Office of Program Policy Analysis and Government Accountability

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

### Department of Financial Services

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

## Follow-up to Prior External Audit Reports

### Auditor General

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

### Office of Program Policy Analysis and Government Accountability

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

## Summary of Investigations and Corrective Actions Completed

### Headquarters

2018-0053 A Children's Ombudsman accessed FSFN Investigation #2018-491396, a case of personal interest, without a legitimate business reason. **Not Supported.**

**Corrective Action:** The employee was informed of his/her professional responsibility. It was determined that the Ombudsman complaint was handled appropriately and the employee's access of FSFN as outlined in the report was for a legitimate business reason.

2018-0057 A Quality Control Analyst accessed FLORIDA Case #1174945290, a case of personal interest, without a legitimate business reason. **Supported.**

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

### Circuit 1

2015-0086 A Child Protective Investigator (CPI) falsified child protective investigation records in FSFN Investigations #2015-166458, #2015-169745, #2015-177193, and #2015-200016. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The Florida Certification Board (FCB) was notified and revoked the employee's Child Welfare Protective Investigator (CWPI) certification.

2017-0046 A Family Support Worker (FSW) accessed FSFN Intake #2013-191651 and FSFN Investigations #2010-187229, #2014-216464, #2015-073245, #2015-148983, #2015-172199, and #2016-254241, and related FSFN case or person management screens, without a legitimate business reason. **Supported.** The FSW accessed FSFN Intakes #2014-146710-01, #2014-216464-01, #2014-216464-02, #2014-216500-01, #2015-147029-01, #2015-148983-01, #2003-006758-01, #2003-018861-01, #2003-018861-02, #2016-254241-01, #2016-254241-02, and #2014-229548-01, and Person ID #3807959 person management screen, without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. An audit of the Department of Highway Safety and Motor Vehicles (DHSMV) Driver and Vehicle Information Database (DAVID) system was conducted. It was found the employee accessed DAVID records without a legitimate business reason and DHSMV was notified pursuant to the Memorandum of Understanding (MOU) between the Department and DHSMV.

2017-0071 A Child Welfare Case Manager of a contracted provider falsified child protective supervision records in FSFN Case ID #100741111. **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 (CWCM) certification.

2017-0072 A Family Services Counselor (FSC) of a contracted provider falsified child protective supervision records in FSFN Case ID #100185523. **Supported.**

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

2018-0031 A Child Welfare Case Manager of a contracted provider accessed FSFN Investigation #2018-448990 without a legitimate business reason. **Supported.**

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

2018-0097 A Human Services Counselor III accessed DAVID without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. All notifications in accordance with the MOU between the Department and DHSMV were made to the appropriate authorities at the time of discovery.

2018-0103 A Child Welfare Case Manager of a contracted provider accessed child protective supervision records in FSFN Case ID #101674274 without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was issued a written counseling and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified, conducted an ethics investigation on the employee's CWCM certification, but took no action as a result of the investigation.

## **Circuit 2**

2018-0019 An FSC failed to submit an Additional Employment Outside of State Government form. **Supported.** The FSC misused his position by soliciting insurance sales for his secondary employment from child care providers. **Supported.**

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



2018-0030 An Adult Protective Investigator (API) accessed FSFN Intakes and Investigations #2014-081531 and #2018-412775 without a legitimate business reason. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Based on the Additional Information that a prior breach of confidentiality was not reported to the OIG, the importance of timely reporting of incidents is now a regular discussion during staff meetings.

2018-0065 A Florida Abuse Hotline (Hotline) Abuse Counselor accessed FSFN Investigation #2018-553780 without a legitimate business reason. **Supported.** The Abuse Counselor accessed FSFN Investigation #2018-417081 without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was issued a five-day unpaid suspension and the employee's personnel file was updated to reflect the findings of the investigation.

### **Circuit 3**

2015-0126 A CPI falsified child protective investigation records in FSFN Investigation #2015-238088. **Supported.**

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

2016-0033 A Family Care Counselor of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #86600, #2302054, #3147223, #100698383, #101020124, and #101296980. **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 Provisional and CWCM certifications.

2016-0039 A CPI falsified child protective investigation records in FSFN Investigations #2016-026937 and #2016-094461. **Supported.**

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

### **Circuit 4**

2015-0102 An FSC of a subcontracted provider falsified child protective supervision records in FSFN Case ID #3485445. **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 CWCM certification.

2016-0094 An Economic Self-Sufficiency Specialist Supervisor (ESSS) accessed and/or took action on FLORIDA Cases #1099105285, #1190716429, #1304368939, #13888637753, and #1440284245, cases of personal interest, without a legitimate business reason. **Supported.** The ESSS used illegal drugs off-duty. **Supported.** Another ESSS accessed and/or took action on FLORIDA Cases #1190716429, #13888637753, and #1440284245, cases of personal interest, without a legitimate business reason. **Supported.** The second ESSS accessed DAVID without a legitimate business reason. **Supported.** The second ESSS failed to secure confidential client information resulting in the breach of confidential client information to an unauthorized individual. **Supported.**

**Corrective Action:** The employees resigned and the employees' personnel files were updated to reflect the findings of the investigation. DHSMV was notified pursuant to the MOU between the Department and DHSMV.

2017-0020 A Virtual Intake Unit Interview Clerk falsified Able Bodied Adult Without Dependents (ABAWD) documentation in FLORIDA Cases #1243826657, #1167137604, #1005875316, #1500998109, #1475902956, #1296953033, #1290449821, #1180062523, #1073436438, and #1376938979. **Not Supported.**

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

2017-0031 A Substance Abuse and Mental Health Licensing Specialist falsified provider license renewal documentation. **Supported.**

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

2017-0096 A Placement Manager of a contracted provider failed to report suspected abuse or neglect to the Hotline. **Supported.** A Placement Specialist failed to report suspected abuse or neglect to the Hotline. **Supported.**

**Corrective Action:** The Placement Specialist resigned and the employees' personnel files were updated to reflect the findings of the investigation. The FCB was notified and dismissed the case against the Placement Specialist's CWPI certification. The Placement Manager's CWPI certification expired on October 31, 2015 and remains inactive.

2018-0029 A CPI disclosed confidential information to an unauthorized individual. **Supported.** A Senior Child Protective Investigator (SCPI) disclosed confidential information to an unauthorized individual. **Neither Supported Nor Refuted.** The SCPI failed to make a mandatory report of suspected or confirmed wrongdoing to the OIG. **Neither Supported Nor Refuted.** A

Human Resources Administrator failed to make a mandatory report of suspected or confirmed wrongdoing to the OIG. **Neither Supported Nor Refuted.** The SCPI engaged in Additional Employment Outside State Government without approval. **Supported.** The SCPI misused his Department-issued laptop computer and cellular telephone for personal reasons. **Supported.** The SCPI engaged in employee misconduct by failing to fully cooperate with an OIG investigation. **Supported.**

**Corrective Action:** The CPI was terminated, the SCPI was issued a written reprimand, and the CPI and SCPI's personnel files were updated to reflect the findings of the investigation. Announcements regarding the Department-issued cellular telephone policy and Fair Labor Standards Act of 1938 (FLSA) were included in the June 3, 2019 Northeast Region Staff Notes, along with directions to employees to re-familiarize themselves with Children and Families Operating Procedure (CFOP) 70-6 and a link to online training asking employees to re-familiarize themselves with the FLSA. All Human Resources staff completed refresher training on receipt and handling of confidential information and reporting requirements. The FCB was notified; however, the CPI's and SCPI's CWPI certifications remain active.

2018-0041 A CPI falsified child protective investigation records in FSFN Investigation #2018-422718. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification. Regarding technological issues identified as to retention of internet browsing history, maintenance of text messages, and cellular telephone location data, the Department has policy in place regarding "Device Last Seen" to alert users and administrators of cellular telephones not "checked in" within 14 days, as well as policy to send cellular telephone location data at least every 12 hours, if capable. AirWatch cannot apply a policy to turn on cellular telephone location services or to restrict the changing of location services because of manufacturer restrictions. OITS reviewed nine software vendors to archive and provide eDiscovery of text messages and identified Smarsh as a standout technology with a cost estimate of \$6 per device per month, which equals \$382,896 annual cost for 5,318 cellular telephones, and determined it was a management decision whether to implement. The ability to change Internet Explorer browsing history retention to 60 days is available, but it is not a best practice to store and maintain excessive log files; however, it is a management decision whether to implement. Neither the text message nor internet browsing history retention change has been implemented.

## **Circuit 5**

2016-0069 A Dependency Case Manager (DCM) Trainee of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100183267, #100771800, #100800668, #101112886, #101291836, #101360323, and #101365262. **Supported.** The DCM Trainee breached confidentiality by

taking an acquaintance with her to a client's home on FSFN Case ID #101112886. **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 Provisional certification.

2016-0093 An FSW of a subcontracted provider falsified Healthy Families Home Visit Records. **Neither Supported Nor Refuted.**

**Corrective Action:** The employee resigned.

2017-0048 A Family Care Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101524341. **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 CWCM certification.

2017-0065 An API created a conflict of interest by arranging for an acquaintance to provide homemaking services to a client, who paid for the homemaking services with checks payable to the API. **Supported.** The API breached confidentiality by taking an acquaintance with him to a client's home. **Supported.** The API falsified adult protective investigation records in FSFN Investigation #2017-221546. **Supported.** The API falsified an adult protective investigation record in FSFN Investigation #2017-221904. **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. Central Region staff are continually advised on confidentiality, how to make service referrals, and entering only accurate information into FSFN.

2017-0076 A Re-Licensing Specialist of a contracted provider falsified information in FSFN pertaining to a Foster Parent's mandatory re-licensing training. **Supported.**

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

### **Circuit 6**

2015-0116 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101203359, #100763049, #100773825, and #100869127. **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 Provisional certification.

- 2018-0013 A Family Services Worker of a subcontracted provider falsified child protective supervision records. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.
- 2018-0038 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100438522, #101085747, and #2355790. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.
- 2018-0085 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101129585. **Neither Supported Nor Refuted.**
- Corrective Action:** The employee resigned.

### Circuit 7

- 2016-0025 A CPI falsified child protective investigation records in FSFN Investigations #2015-325644 and #2016-001040. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.
- 2017-0057 A Child Protective Investigator Supervisor (CPIS) engaged in employee misconduct by having an improper personal relationship with a Department client. **Supported.** The CPIS misused his Department-issued cellular telephone for personal reasons. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI Supervisor certification. The Northeast Region is seeking recoupment of \$748.20 for personal use of the employee's Department-issued cellular telephone.
- 2017-0089 A Case Manager of a contracted provider falsified child protective supervision records in FSFN Case ID #100384195. **Supported.** The Case Manager falsified child protective supervision records in FSFN Case IDs #100327517, #100876916, #101059906, and #101461229. **Supported.** The Case Manager failed to enter case notes within the required two business days. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification. The contracted

provider conducted a training on January 11, 2019 to teach supervisors to be alert for possible falsification when reviewing case notes entered beyond two business days after the event or that contain little to no information.

2018-0068 An SCPI accessed FSFN Investigation #2017-322792, a case of personal interest, without a legitimate business reason. **Supported.**

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

### **Circuit 8**

2017-0033 A CPIS falsified Initial Supervisor Consultations in FSFN Investigations #2017-013898, #2017-040008, #2017-041585, #2017-042910, #2017-053899, #2017-060969, #2017-064364, #2017-067172, #2017-067393, #2017-069619, #2017-077014, #2017-085556, #2017-100392, #2017-112109, and #2017-112667.

**Supported.** The CPIS falsified records by signing subordinate names on official documents. **Supported.** The CPIS advised staff to falsify commencement times in order to meet Department requirements. **Supported.** The CPIS falsified child protective investigation records in FSFN Investigation #2017-111758. **Neither Supported Nor Refuted.** An SCPI accessed FSFN Investigations #2017-111722 and #2017-111758 and related records without a legitimate business reason. **Supported.**

**Corrective Action:** The employees resigned and the employees' personnel files were updated to reflect the findings of the investigation. The FCB was notified and revoked the CPIS' CWPI and CWCM certifications. The SCPI's Child Welfare Provisional certification reflects "Retired" as of November 6, 2015 and her CWPI certification remains active. As the SCPI was subsequently employed by a contracted provider, it was recommended that the contracted provider annotate the SCPI's file with the findings of this investigation; however, the contracted provider determined it would not update the SCPI's personnel file as the incident occurred prior to the employee's hire with the contracted provider and the employee had separated from employment with the contracted provider as of the date of the release of the report.

2017-0079 An API created a conflict of interest by conducting FSFN Investigation #2017-295534, involving individuals known to him. **Not Supported.** The API disclosed confidential reporter information relating to FSFN Investigation #2017-295534 to an unauthorized individual. **Not Supported.**

**Corrective Action:** No action required.

2017-0087 A Family Care Counselor of a subcontracted provider engaged in employee misconduct by having an improper personal relationship with a Department client. **Not Supported.** The Family Care Counselor falsified reports in FSFN Case ID #101620698. **Not Supported.**

**Corrective Action:** No action required.

### **Circuit 9**

2016-0006 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100784599. **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 Provisional certification.

2016-0080 A CPI falsified child protective investigation records in FSFN Investigations #2016-223573, #2016-232006, and #2016-231416. **Supported.**

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

2016-0086 A CPI falsified child protective investigation records in FSFN Investigation #2016-231356. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2016-245717. **Supported.**

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

2017-0041 An ESSS accessed information in Department databases without a legitimate business reason, created fictitious public assistance cases, and misused her position with the Department for personal gain. **Investigation Terminated.**

**Corrective Action:** The decision to terminate the investigation was based on information that there was an ongoing criminal investigation, the employee was arrested and subsequently resigned, and the only act the employee admitted to was accessing information without a legitimate business reason, an allegation the OIG no longer investigates absent more justifiable reasons.

2017-0045 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100100604. **Supported.**

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

- 2017-0049 An API falsified adult protective investigation records in FSFN Investigation #2017-134649. **Supported.** The API falsified adult protective investigation records in FSFN Investigation #2017-202938. **Neither Supported Nor Refuted.** The API falsified adult protective investigation records in FSFN Investigation #2017-141057. **Not Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Central Region staff are continually advised that they should enter only accurate information into FSFN.
- 2017-0055 An FSW of a subcontracted provider falsified client case records. **Supported.** The FSW falsified client case records for three clients. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.
- 2017-0093 An FSW created a conflict of interest by submitting an At-Risk Child Care Referral/Application for a family member. **Supported.** The FSW falsified an At-Risk Child Care Referral/Application. **Supported.** The FSW coached a client to falsify and knowingly submitted a falsified At-Risk Child Care Referral/Application. **Neither Supported Nor Refuted.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation.
- 2018-0003 A Behavior Technician/Secretary of a subcontracted provider falsified a client case document. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation.
- 2018-0016 A DCM of a subcontracted provider accessed FSFN Investigations #2017-361513 and #2018-401838 without a legitimate business reason. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.
- 2018-0062 A Dependency Case Manager Supervisor (DCMS) of a subcontracted provider falsified quarterly supervisor reviews. **Supported.**
- Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWCM certification.
- 2018-0073 A Retention and Development Specialist misused a state-owned vehicle. **Supported.** The Retention and Development Specialist falsified travel records.



**Supported.** The Retention and Development Specialist falsified her People First timesheet. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. Vehicles are assigned to and managed by trained vehicle custodians and the fleet manager and budget analyst review Vehicle Usage Records (VURs) monthly. The Central Region did not see a need for process changes as their current systems identified the discrepancies. Though difficult to calculate personal mileage used by the employee, it was estimated to be \$244.40, and the Central Region is exploring options to recoup the funds.

2018-0075

A Counselor of a subcontracted provider was negligent when she failed to obtain approval for a client chaperone in violation of the provider's Chaperoning Policy. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The provider now discusses how to access policies and procedures on the Company Network as early as the New Hire Orientation, which is completed by all new staff, and the information is included in the Employee Handbook. Since August 2018, educational/informative e-mails regarding commonly used policies and procedures have been sent to all staff at least once per month. In addition, the provider has posted flyers at each location detailing how to locate the policies and procedures. Upon a policy being updated, added, or deleted, the provider sends an e-mail notification to all employees and ensures the updated policy is housed on the Company Network and the former policy, if applicable, is removed. New or updated policies are also addressed in staff meetings. Due to the number of employees that are authorized to drive, the provider determined it to be cost prohibitive to issue communication devices such as cellular telephones for each driver. The provider understands that employees may not always have access to a personal cellular telephone or may have difficulty maintaining a charged device; therefore, they now provide an option for employees to check out a provider-owned cellular telephone and/or a vehicle charging cable for use when driving agency vehicles.

2018-0102

An Office of Economic Self-Sufficiency (OES) Office of Public Benefits Integrity (OPBI) Benefit Recovery Claims Examiner accessed DAVID without a legitimate business reason. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. All notifications were made pursuant to the MOU between the Department and DHSMV.

### **Circuit 10**

2016-0097

A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100999057. **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 Provisional and CWCM certifications.

2017-0024 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100705050 and #92338. **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 CWCM certification.

2017-0052 A CPI falsified child protective investigation records in FSFN Investigation #2017-150797. **Supported.** The CPI falsified child protective investigation records in FSFN Investigation #2017-107437. **Supported.** The CPI falsified courtroom testimony during a family court proceeding. **Not Supported.**

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

2018-0021 A DCMS of a subcontracted provider accessed FSFN Investigation #2018-442510 without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was issued a written reprimand and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified; however, the employee's CWCM certification remains active.

2018-0024 An Administrative Assistant of a subcontracted provider assisted a Training and Development Supervisor of another subcontracted provider in accessing client information without a legitimate business reason. **Not Supported.** The Training and Development Supervisor used a provider-issued computer to access client information without a legitimate business reason. **Not Supported.**

**Corrective Action:** The Administrative Assistant resigned.

2018-0042 A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100442131. **Supported.**

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

2018-0063 An Administrative Assistant of a subcontracted provider accessed mental health records of a client in Credible without a legitimate business reason. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The provider conducted a review of the Electronic Health Record security matrix access by job description to verify and potentially further restrict staff access to information.

## Circuit 11

- 2017-0044 An Economic Self-Sufficiency Specialist (ESS) I processed FLORIDA Case #1475430825, a case of personal interest, without a legitimate business reason. **Supported.** Another ESS I accessed FLORIDA Case #1475430825, a case of personal interest, without a legitimate business reason, and failed to advise a supervisor that a family member was a public assistance recipient. **Supported.**
- Corrective Action:** The employees resigned and the employees' personnel files were updated to reflect the findings of the investigation.
- 2017-0047 A Full Case Manager of a subcontracted provider accessed FSFN Investigations #2016-213621 and #2017-057110, cases of personal interest, without a legitimate business reason. **Supported.**
- Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the employee's CWPI certification.
- 2017-0059 A CPI accessed FSFN Investigation #2011-283112 without a legitimate business reason. **Supported.** The CPI disclosed confidential child protective case information to an unauthorized individual pertaining to FSFN Investigation #2011-283112. **Neither Supported Nor Refuted.** Another CPI engaged in employee misconduct by requesting the first CPI access FSFN Investigation #2011-283112 without a legitimate business reason. **Neither Supported Nor Refuted.**
- Corrective Action:** The first CPI was issued a written counseling and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified and revoked the first CPI's CWPI certification.
- 2017-0066 A CPI engaged in employee misconduct by having an inappropriate relationship with a Department client. **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 CWPI certification.
- 2017-0097 An FSC falsified child care Inspection Checklist forms. **Supported.**

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

2018-0033 A Children's Legal Services (CLS) Division Chief accessed FSFN Investigation #2016-271667 without a legitimate business reason. **Supported.** A Site Director of a subcontracted provider accessed FSFN Investigation #2016-271667 without a legitimate business reason. **Supported.** A Manager of Research and Evaluation and two Quality Assurance Specialists of a contracted provider accessed FSFN Investigation #2016-271667 without a legitimate business reason. **Not Supported.**

**Corrective Action:** The CLS Division Chief was issued a verbal counseling and the Site Director was demoted, and both employees' personnel files were updated to reflect the findings of the investigation. The Site Director's FSFN access was terminated.

2018-0055 A CPI falsified child protective investigation records in FSFN Investigation #2018-453214. **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 CWPI certification.

## Circuit 12

2017-0080 An API falsified adult protective investigation records in FSFN Investigations #2017-296447, #2017-278166, #2017-278305, #2017-288870, #2017-278891, #2017-297018, #2017-301889, and #2017-304566. **Supported.** The API falsified Department mileage vouchers pertaining to 23 face-to-face visits (17 cases) with Department clients and/or witnesses, for which he was reimbursed. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The Department is seeking recoupment of inappropriately claimed mileage funds from the employee.

2018-0078 A Unit Technician of a subcontracted provider falsified Patient Activity Flow Sheets regarding patient bed checks. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. To ensure that 15-minute checks are completed as required, the provider implemented random video surveillance of the activities of the technicians and, in addition to the 15-minute checks conducted by technicians, nursing staff now complete patient checks every two hours. Training was conducted for all technicians, with training topics including procedures related to 15-minute checks, communicating with patients, and avoiding complacency during their

shifts. In addition, in an effort to ensure patient safety, updates were made to the design and furnishings of patient bedrooms and bathrooms.

### **Circuit 13**

2016-0083

A Case Manager of a subcontracted provider falsified case notes in FSFN Case ID #100466434. **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 CWCM certification.

2017-0051

A Case Manager of a subcontracted provider falsified (forged) two Child Care Applications. **Neither Supported Nor Refuted.**

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

2017-0063

A Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100967099. **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 CWCM certification.

2017-0073

The Program Director of a subcontracted provider failed to report known or suspected child abuse to the Hotline. **Supported.**

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

2018-0004

The Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100468705. **Neither Supported Nor Refuted.**

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

2018-0036

A CMS of a subcontracted provider falsified child protective supervision records in FSFN Case ID #2680303. **Supported.** The CMS falsified child protective supervision records in FSFN Case IDs #101348900 and #101631618. **Supported.** The CMS falsified child protective supervision records in FSFN Case ID #2275206. **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 issued a reprimand to the employee's CWCM certification, which remains active.

2018-0037

A Licensing Specialist of a subcontracted provider accessed FSFN Investigation #2018-467969 without a legitimate business reason. **Supported.**

The Licensing Specialist accessed FSFN Special Conditions Referral #2018-511754 and FSFN Intakes #2017-243930 and #2017-250948 without a legitimate business reason. **Supported.**

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

2018-0044

A Clinical Supervisor of a contracted provider and a Director of Residential Services of a subcontracted provider mishandled FSFN Case ID #2275206 by allowing a child to reside in an unapproved placement. **Supported.** The Clinical Supervisor and the Director of Residential Services caused child protective investigation records in FSFN Case ID #2275206 to be falsified by providing inaccurate placement information to the contracted provider. **Supported.**

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

#### **Circuit 14**

2015-0124

A CPI falsified child protective investigation records in FSFN Investigations #2015-222509, #2015-224959, #2015-245602, #2015-276197, #2015-281059, and #2015-289464. **Supported.**

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

#### **Circuit 15**

2015-0071

A Resident Manager of a subcontracted provider rewrote and falsified a client's April 2015 Medication Administration Record (MAR). **Supported.** Another Resident Manager and a Child Care Worker of the subcontracted provider rewrote and falsified a client's April 2015 MAR. **Neither Supported Nor Refuted.** A Program Director of the subcontracted provider instructed employees to rewrite a client's April 2015 MAR. **Not Supported.**

**Corrective Action:** The employees were terminated and the Resident Manager's personnel file was updated to reflect the findings of the investigation. The provider is on a corrective action plan for medication management, including documentation on MARs, which the Department will continue to monitor. The provider provides medication administration training, which was reviewed by the Department to ensure it is comprehensive, and the provider reviews the medication administration policy with all employees. The Department provided training to new management staff on issues related to ethical standards, documentation, and compliance and side-by-side compliance reviews of medication logs were conducted. A copy of the OIG

report was added to the provider licensing file. All subcontracted providers were reminded to conduct an IG Reference Check of all former Department and/or subcontracted employees and providers were encouraged to consider OIG findings to protect their agency from the potential future occurrence of fraudulent or unethical practices.

2016-0091 An API falsified adult protective investigation records in FSFN Investigation #2016-220925. **Supported.**

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

2017-0014 A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #100792800 and #101060990. **Supported.**

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

2017-0070 A CPIS falsified supervisory consultations and reviews in FSFN Investigations #2017-259504, #2017-259509, #2017-259523, #2017-259582, #2017-265938, #2017-270133, #2017-270163, #2017-270992, #2017-271486, #2017-271546, and #2017-571587. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The FCB was notified; however, the employee's CWPI certification remains active.

2017-0083 An ESSS accessed FLORIDA Cases #1161299327, #1183265387, #1199387860, #1482513498, and #1490531980, cases of personal interest, without a legitimate business reason. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. OPBI conducted a thorough review of FLORIDA Case #1199387860 and determined that the client received a total of \$3,915 in Food and Cash Assistance benefits for which the household was not entitled; however, it was beyond the six-year statute of limitations and the Department was prohibited from establishing a claim to recover the overpayments. OPBI conducted a thorough review of FLORIDA Case #1490531980 and determined that the client's household committed fraud; therefore, it was referred to the Department of Financial Services Division of Public Assistance Fraud (DPAF) for appropriate handling and possible criminal/administrative sanctions. OPBI Benefit Recovery will establish claims as appropriate upon the conclusion of the DPAF process.

2018-0045 A CPI falsified child protective investigation records in FSFN Investigation #2018-426808. **Supported.** The CPI falsified Family Functioning Assessments (FFAs) in FSFN Investigations #2018-460532, #2017-234280, and #2017-273595. **Supported.**

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

2018-0046 WB A CPIS falsified supervisory consultations in FSFN Investigations #2017-277372, #2017-306923, and #2017-369126. **Neither Supported Nor Refuted.** Another CPIS falsified supervisory consultations in FSFN Investigations #2018-420895, #2018-421561, #2018-424180, and #2018-447028. **Not Supported.**

**Corrective Action:** An e-mail was sent to all Southeast Region staff reminding them that all activities must be accurately documented in FSFN, including correct date, time, and circumstances. Based on information that not all weekend hours were documented by staff, Southeast Region staff were also reminded that all hours worked must be recorded and documented accurately.

2018-0082 A DCMS of a subcontracted provider accessed FSFN Investigation #2018-610566, a case of personal interest, without a legitimate business reason. **Supported.**

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

2018-0090 A CPIS requested and disclosed an employee's passwords. **Supported.**

**Corrective Action:** The employee was issued a verbal counseling and the employee's personnel file was updated to reflect the findings of the investigation. Based on the Additional Information that Southeast Region Office of Information Technology Services (OITS) personnel requested and/or were provided employee passwords to resolve technical issues, all regional OITS staff were asked to review CFOP 50-2 and were reminded that cellular telephones are included. OITS managers informed regional managers that users must travel to or schedule time with technicians for technical assistance with computers or cellular telephones and not share passwords. Two OITS technicians were counseled individually on CFOP 50-2 and this incident and recent support requests assigned to the two technicians were reviewed, with the users making recent support requests requested to change their passwords.

### **Circuit 16**

There were no cases closed in Circuit 16 during FY 2018-2019.

### **Circuit 17**

2017-0019 An FSW of a subcontracted provider falsified client case information. **Neither Supported Nor Refuted.**

**Corrective Action:** The employee was terminated. Southeast Region providers were informed that FSWs are required to provide more detailed



documentation of actual time spent traveling to, from, between, and at each client visit to ensure accurate billing.

## **Circuit 18**

2017-0060

A DCM of a subcontracted provider falsified her timesheets by documenting more hours than she actually worked during the time period June 1, 2017 through June 30, 2017. **Supported.** The DCM falsified child protective supervision records in FSFN Case IDs #100910879 and #100216727. **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 CWCM certification.

2017-0078

A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case IDs #101302803, #101459939, and #100366658. **Supported.**

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

2018-0012

A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101581278. **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 CWCM certification.

2018-0027

An FSW of a subcontracted provider failed to report suspected abuse or neglect to the Hotline. **Supported.** The FSW falsified CHEERS Check-In forms and scoresheets. **Neither Supported Nor Refuted.** The FSW falsified Healthy Families Home Visit Records. **Not Supported.**

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

2018-0039

A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101497710. **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 CWCM certification.

2018-0040

A DCM of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100194010. **Supported.**

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

### **Circuit 19**

2016-0100

A Program Supervisor of a subcontracted provider submitted fraudulent State of Florida Vouchers for Reimbursement of Traveling Expenses. **Supported.** The Program Supervisor falsified child protective supervision records in provider Cases #2623, #7477, #7601, #7655, #7687, #7693, and #7777, and FSFN Case IDs #52015 and #100989123. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. The provider determined that they would not attempt to recoup the \$1,220.69 of costs inappropriately reimbursed to the employee. The provider trained staff regarding appropriate entry of case notes into FSFN and the provider's system and required supervisor approval of travel reimbursement prior to processing.

2017-0007

A DCMS of a contracted provider accessed FSFN Case ID #100711458, a case of personal interest, without a legitimate business reason. **Supported.**

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

2018-0017

An FSW of a subcontracted provider falsified Home Visit Records and submitted fraudulent travel reimbursement requests concerning home visits to participants of the Healthy Families Florida program. **Supported.**

**Corrective Action:** The employee was terminated and the employee's personnel file was updated to reflect the findings of the investigation. The Healthy Families Florida program requires that a home visit record be completed by the FSW and signed off by the supervisor for each home visit. Quality assurance calls are regularly conducted with participants to gauge the quality of services and confirm that services were received as reported. The Healthy Families Florida attorney coordinated with the State Attorney's Office as a step in the process to recoup funds inappropriately reimbursed.

### **Circuit 20**

2015-0061

An ESS I utilized multiple Department information systems to access information on a case of personal interest, FLORIDA Case #1200108833, without a legitimate business reason. **Supported.** The ESS I utilized multiple Department information systems to access information on cases of personal interest, FLORIDA Cases #1301178187 and #1022950312, without a legitimate business reason. **Supported.** The ESS I falsified FLORIDA Running Record Comments (CLRC) in FLORIDA Cases #1200108833, #1301178187, and #1022950312. **Supported.**

**Corrective Action:** The employee resigned and the employee's personnel file was updated to reflect the findings of the investigation. Overpayments were identified by law enforcement in FLORIDA Cases #1200108833 (\$9,895.61) and #1022950312 (\$2,207.00), which are pending criminal prosecution, and in FLORIDA Case #1301178187 (\$3,810.66), in which the client has entered a payment plan.

2017-0015 A Child Welfare Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #100242314. **Supported.**

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

2017-0064 An ESS I falsified records in AMS and/or FLORIDA concerning ACCESS Cases #1015736700, #1147587591, #1178382109, #1409719081, #1428866973, and #1519090714. **Supported.**

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

2017-0092 An Adoption Case Manager of a subcontracted provider falsified child protective supervision records in FSFN Case ID #101386237. **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 CWCM certification.

2018-0113 A Child Welfare Case Manager of a contracted provider engaged in employee misconduct by having an inappropriate relationship with a client. **Not Supported.**

**Corrective Action:** No action required.

## **Institutions**

2016-0034 A Florida State Hospital (FSH) Resident Advocacy Coordinator accessed FSFN Investigations #2015-347581, #2016-016394, and #2016-025834 without a legitimate business reason. **Neither Supported Nor Refuted.** The Resident Advocacy Coordinator interfered in FSFN Investigation #2016-025834. **Neither Supported Nor Refuted.**

**Corrective Action:** The Office of Substance Abuse and Mental Health Treatment Facilities (MHTF) and the Chief Hospital Administrator reviewed this investigation and determined that no corrective action needed to be taken. In 2016, Adult Protective Services (APS) and the FSH Leadership team met, after which APS updated the protocol so that MHTF leadership is granted FSFN "View Only" access, and the protocol established remains in effect. Since the original release of the protocol, the FSH Risk Manager and Director of Safety

and Investigations were given FSFN “View Only” access due to the One Hospital Model.

2016-0058 WB A Northeast Florida State Hospital (NEFSH) Senior Behavioral Analyst and Forensic Coordinator, Director of Psychological Services, and another Senior Behavioral Analyst and Forensic Coordinator failed to provide required interpreter services to Limited English Proficient patients. **Not Supported.**

**Corrective Action:** No action required.

## Summary of Management Reviews and Corrective Actions Completed

### Southern Region

2018-0110 A management review was initiated to examine the following issues:

1. Whether proper procedures were followed throughout the Intent to Negotiate (ITN) process for the lead agency in the Southern Region.
2. Whether confidential information regarding the ITN process for the lead agency in the Southern Region was provided to any individual not entitled to that information.

The management review revealed the following:

- According to the expert witness, there were potential Sunshine Law violations.
  - The July 2018 “Fairbanks call” was a “very big problem” as it was a discussion including Negotiators that occurred outside the purview of the Negotiation Team and involved potential procurement decision-makers.
  - One meeting between Negotiators to finalize the financial questions was not recorded. The expert witness did not know of any situation in which it would be permissible for Negotiators to discuss the ITN outside of a public meeting or recorded strategy or negotiation session.
- The expert witness opined that having 11 Negotiators seemed excessive; he typically finds it easiest to work with a team of no more than five.
- The understanding of Subject Matter Experts (SMEs) and Technical Advisors (TAs) was unclear. According to expert testimony, a TA and an SME are the same and the role of an SME is to only provide facts and opinions specifically related to their expertise. In this case, a significant number of SMEs served as Negotiators; therefore, the purpose of the TAs was not clear.
- The Southern Regional Managing Director (RMD) served as a TA and attended all strategy sessions; however, internal expert testimony and the definition of the Procurement Manager (PM) role indicate that if

questions were appropriate to be referred to the RMD, the PM should refer the question to the RMD, obtain a timely response, and return the answer to all Evaluators.

- The OIG did not identify any information “leaks.” At the time the OIG received complaints about the ITN process and possible information leaks, the Negotiation Team had not yet decided or voted on their recommendation for award. However, it appeared that there were significant rumors and speculation about the award in the community due to the nature of the contract and strong opinions as to who the chosen vendor should be.
- Though there were no identified violations of law, rule, or policy regarding the selection and composition of the ITN Committee, not all possible conflicts of interest were identified or vetted prior to the ITN Committee selection, resulting in perceived conflicts of interest.

**Corrective Action:** All references to TAs were removed from the Playbook [and associated documents (Playbook)]. Clarification regarding the role of SMEs and their appropriate participation in a competitive solicitation, as well as role separation in a competitive solicitation are forthcoming, as the Playbook is reviewed, updated, and released on a bi-weekly basis. After the Playbook is reviewed and revised, the need for additional training will be considered and any training opportunities will be promoted. The Office of Contracted Client Services worked with the Office of General Counsel to produce a revised Conflict of Interest form (CF 1124) with one signature block, and Contract Administration provided quarterly training to address the changes. Existing Department policy, stated in the Playbook, specifies that ITN oral presentations, negotiation strategy meetings, and negotiation sessions are not to be conducted at public meetings. The Department is creating a new Division of Procurement with a goal of centralizing procurement functions, which will lead competitive solicitations. Contract Administration held trainings to cover changes in procurement procedures and the Playbook.

2019-0025

A management review was initiated to address the issue of whether the Department complied with Sunshine Law requirements in its posting of meeting notices and agendas for public ITN meetings. The management review revealed the following:

- Notice for a February 4, 2019 public meeting to “Reply Opening and Review of Mandatory Requirements” was not published in the Florida Administrative Register (FAR) or Department website as required by § 120.525(1), F.S.; however, the sign-in sheet for the meeting reflected that both vendors, the Community-Based Care (CBC) Alliance, and two other community groups were represented by attendees.
- Notice for a February 21, 2019 public meeting was not specifically published on the Department website; however, it was published in the FAR. The February 21, 2019 meeting was the second day of a scheduled three-day meeting for “Anticipated Negotiation Period,” which

was advertised on the Department website for February 20, 2019, and in the FAR and on the Vendor Bid System as February 20-22, 2019.

- Agendas for public meetings in the second ITN process were not published on the Department website as required by § 120.525(2), F.S.; however, they were made available upon request and advertised as such in the public meeting advertisements.

**Corrective Action:** Section 6.2 of the Playbook was updated to address the statutory requirements regarding preparation of agendas for public meetings, including publication on the Department website. Procurement Managers, Contract Managers, Contract Manager Supervisors, and Contract Administrators were reminded of the requirements to post public meetings in the FAR, as required by the existing Playbook, and training was provided. This requirement will continue to be monitored for quality assurance. Additional policy changes and/or training options to improve advertisement of public meetings and preparation of agendas was considered and the Playbook was updated to address and clarify statutory requirements.



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