

Florida Department of Juvenile Justice

Eric S. Hall, Secretary

Office of Inspector General 2022-2023 Annual Report



Robert A. Munson, Inspector General

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Department of Juvenile Justice

Office of Inspector General

Annual Report for Fiscal Year 2022-2023

CHARTER OF OPERATIONS

Department of Juvenile Justice Mission

The mission of the Florida Department of Juvenile Justice (Department) is to enhance public safety through high-quality effective services for youth and families delivered by world-class professionals dedicated to building a stronger, safer Florida.

Office of Inspector General Mission

The Office of Inspector General provides independent oversight, through objective and timely audit and investigative services, to ensure the Florida Department of Juvenile Justice and its partners maintain the highest level of integrity, accountability, and efficiency.

Purpose

The Office of Inspector General (OIG) is established to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency, and to conduct independent and objective audits, investigations, and reviews relating to the programs and operations of the Department of Juvenile Justice. The OIG assists the Department in accomplishing its objectives by promoting economy and efficiency, and by preventing and detecting fraud and abuse in its programs and operations.

Authority

The OIG reports directly to the Chief Inspector General. The authority of the OIG is derived from Section 20.055, Florida Statutes, and allows for full, free, and unrestricted access to all persons, records, and other information relevant to the performance of engagements.

Core Values

Leadership
Professionalism
Integrity
Excellence
Accountability
Communications
Teamwork



Responsibilities

The OIG is statutorily assigned specific duties and responsibilities per Section 20.055(2), Florida Statutes, which include:

- Advising in the development of performance measures, standards, and procedures for the evaluation of programs.
- Assessing the reliability and validity of information provided by the agency on performance measures and standards, and making recommendations for improvement, if necessary.
- Reviewing actions taken by the agency to improve program performance and meeting program standards.
- Providing direction for, supervising, and coordinating audits, investigations, and management reviews relating to the programs and operations of the agency.
- Promoting economy and efficiency in agency programs in the administration of or preventing and detecting fraud and abuse.
- Recommending corrective action concerning fraud, abuses, weaknesses, and deficiencies and reporting on the progress made in implementing corrective action; and
- Ensuring that an appropriate balance is maintained between audit, investigations, and other accountability activities.

The Inspector General is required by statute to provide the agency head an annual report by September 30th each year, summarizing the activities of the OIG during the immediately preceding state fiscal year. This document, which is presented to the Department Secretary, provides information to departmental staff and other interested parties on how the OIG accomplishes its mission.

Independence and Objectivity



The OIG's activities shall be independent of Department operations and the OIG staff shall be objective in performing their work. The Inspector General reports to the Chief Inspector General and is supervised by the Secretary of the Department; however, they are not subject to supervision by any other employee of the Department. This ensures that audits, investigations, and other activities remain free from interference in the determination of the scope of activities, performance of work, and results. ¹According to standards, the OIG shall refrain from participating in any operational activities that it might be expected to review or appraise or that could otherwise be construed to compromise the independence and objectivity of the OIG.

Scope of Work

The scope and assignment of the activities shall be determined by the Inspector General. However, the Secretary of the Department may at any time request the Inspector General to perform an audit, investigation or review of a special program, function, or organizational unit. The scope of work is to determine whether the Department's risk management control and governance processes are adequate and functioning in a manner to ensure risks are appropriately identified and managed; significant financial, managerial, and operating information is accurate, reliable, and timely; resources are acquired economically, used efficiently and adequately protected; programs, plans, and objectives are achieved; quality and continuous improvement are fostered in the organization's control process; and significant legislative or regulatory issues impacting the Department are recognized and addressed appropriately.

¹ Section 20.055(3)(b), Florida Statutes

Professional Standards

The Office of Inspector General complies with established professional standards in fulfilling its responsibilities. These include the *Principles and Standards for Offices of Inspector General*, published by the *Association of Inspectors General*, the *International Standards for the Professional Practice of Internal Auditing*, and the *Code of Ethics*, published by the *Institute of Internal Auditors, Inc.*, as well as applicable standards of the Association of Certified Fraud Examiners, and the State of Florida Auditor General’s Rules.



Accreditation



Accreditation is the certification by an independent agency that an organization has met specific requirements and prescribed standards. It has long been recognized as a means of maintaining the highest standards of professionalism. Agencies must prove compliance by providing a required number of applicable standards. The agency is required to develop and compile the proofs of compliance necessary to determine conformity. Agencies document their written directives and other written policies, interviews, and observations as primary proofs of compliance. These may include agency general orders, special orders, standard operating procedures, policy manuals, ordinances, plans, rules, training directives, state laws, court orders, and memoranda that are binding on agency members.

The Office of Inspector General Bureau of Investigations received initial Accreditation through the Commission for Florida Law Enforcement Accreditation in June 2015 and will seek Reaccreditation for a third time in the Spring of 2024.

Periodic Assessment

The Inspector General shall periodically assess whether the purpose, authority, and responsibility, as defined in the charter, continue to adequately enable the OIG to accomplish its objectives in assisting the Department successfully accomplish its objectives.

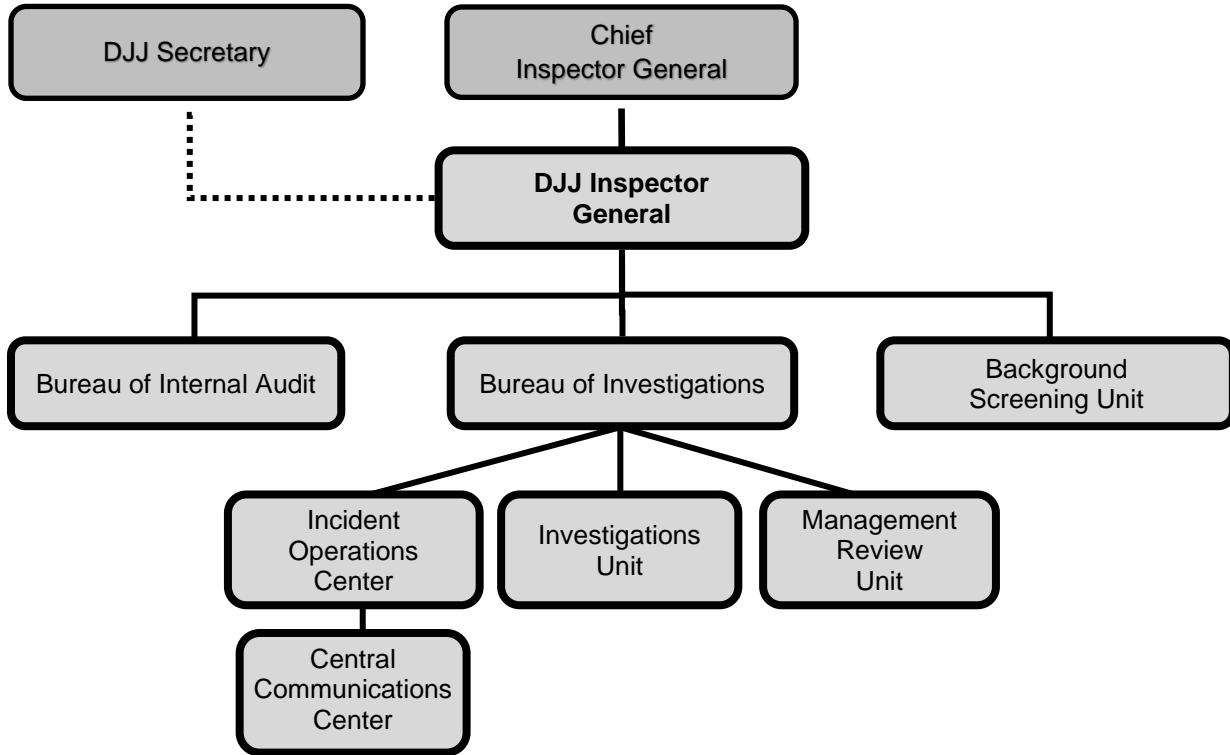
Historic Overview

The term “inspector general” historically has been associated with maintaining and improving the operational efficiency of our nation’s armed forces. In the 1970s, Congress adopted the idea and created civilian inspectors general to address fraud, waste, abuse, and corruption in federal agencies.

An audit function was established in the Department in the 1960s. This function evolved into audits and investigations, and in the 1980s it was designated as the Office of Inspector General. In 1994, amendments to Section 20.055, F.S., required an OIG in each state agency.

Organization

The Office of Inspector General is comprised of three main operating areas: Bureau of Investigations, Bureau of Internal Audit (BIA), and Background Screening Unit (BSU). The organizational structure for the OIG is as follows:



Bureau of Internal Audit

The Bureau of Internal Audit provides independent appraisals of the performance of Department programs and processes, including the appraisal of management’s performance in meeting the Department’s information needs while safeguarding its resources.

Bureau of Investigations

The Bureau of Investigations oversees the Investigations Unit, which detects and investigates administrative violations or misconduct impacting the Department; the Management Review Unit, which is charged with conducting administrative reviews of those allegations that do not rise to the level requiring an investigation; and the Incident Operations Center, which tracks and manages all reported incidents and complaints.

Background Screening Unit

The Background Screening Unit assists the Department in meeting its goal of hiring qualified applicants who meet statutory and agency standards of good moral character by conducting background screenings pursuant to Chapters 39, 435, 984, and 985, Florida Statutes, and the Department’s background screening policy and procedure.

Professional Affiliations

American Institute of Certified Public Accountants
Association of Certified Fraud Examiners
Association of Inspectors General

Institute of Internal Auditors, Inc.
Florida Audit Forum
American Society for Industrial Security

Staff Development

Continued professional staff development is essential to the OIG. During FY 2022-2023, OIG Audit staff participated in numerous professional training sessions, including courses required to meet the *Standards for the Professional Practice of Internal Auditing*. The standards require each auditor to complete at least 40 hours of continuing education and training every two years to maintain professional proficiency. The investigative staff members also attend regular training throughout the year to maintain their professional certifications. The OIG staff remains committed to seeking professional excellence through continued training and development to ensure the highest quality of service to our customers.

Staff Certifications

Expertise within the OIG encompasses a variety of disciplines with personnel qualified in auditing, accounting, investigations, background screening, and information technology. Staff members continually seek to augment their professional credentials which further enhance their abilities and skill level through additional training. Staff personnel are also actively involved in numerous professional organizations which assist them in maintaining a high level of proficiency in their profession and areas of certification.

The accomplishments of the staff in obtaining professional certifications represent significant time and effort by each staff member, reflecting positively on the individual as well as the Department.

The table below details the types and number of certifications held by personnel in the OIG

Professional Certifications	No.
Certified Internal Auditor	2
Certified Public Accountants	1
Certified Inspector General Auditor	2
Certified Inspector General	2
Certified Inspector General Investigator	11
Certified Public Manager	2
Certified Fraud Examiner	3
Certified Protection Professional	1
Certified in FDLE Criminal Justice Information Services	36
Certified FDLE Terminal Agency Coordinator	2
Certified Department of Justice, Prison Rape Elimination Act (PREA) Auditor	1
Notary Public	20

Bureau of Internal Audit



The Bureau of Internal Audit (Bureau), under the direction of the Inspector General, assists the Secretary and the Department in deterring and detecting fraud, waste, and abuse, and provides assurance that the Department uses its resources in an efficient and effective manner.

The Bureau of Internal Audit carries out its function for the Department under the leadership of the Director of Audit who reports to the Inspector General. The Bureau's staff is composed of an Audit Director, an Operation Review Specialist, and two Management Review Specialists (Senior Auditors).

Audit Responsibilities

Pursuant to section 20.055(6), Florida Statutes, the Bureau conducts performance, cybersecurity, financial, and compliance audits of the Department and prepares reports of its findings and recommendations. Audits are performed in accordance with the *International Standards for the Professional Practice of Internal Auditing*, published by the Institute of Internal Auditors. An audit involves obtaining an understanding of the internal control structure; assessing control risk; testing of records and responses of inquiries by obtaining corroborating evidentiary matter through inspection, observation, confirmation, and other procedures.

In addition to audits, the Bureau performs non-audit services, such as special projects, and provides other management advisory and consultant services to the Department.

The Institute of Internal Auditors defines internal auditing as an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

Accomplishments for FY 2022-2023

During the fiscal year, the Bureau of Internal Audit completed major audits, reviews and projects consisting of the following:

- Five compliance and performance audits.
- Four follow-up reviews to internal audits.
- Various management advisory projects and coordination with Auditor General audits.

Compliance and Performance Audits

A compliance audit is a comprehensive review of the Department's adherence to state laws, regulatory guidelines, and the Department's policy and procedures. Performance audits are examinations and evaluations of the Department's systems, programs, and processes from an efficiency and effectiveness perspective. Performance audits also include determining whether the Department acquired, protected, and used its resources economically and efficiently in accordance with applicable laws and regulations.

The Bureau completed three (3) performance and two (2) compliance audits.

Audit of Monitoring and Quality Improvement (Performance Audit)



The Bureau of Monitoring and Quality Improvement (MQI) is an independent monitoring entity and a component of the Office of Accountability and Program Support. MQI is responsible for the assessment of program compliance in areas such as management, operations, and service delivery for both Department and contracted providers.

Florida Statutes require the Department to evaluate each program operated by the Department or a provider under a contract with the Department annually and establish minimum standards for each program component. MQI is organized into three regions: North, Central, and South Region. Regional monitors throughout the state conduct on-site and off-site monitoring events at all programs to ensure compliance with Florida Statutes, Florida Administrative Codes, Department policies and procedures, and contract terms and conditions.

MQI's reviews are conducted throughout the fiscal year and consist of annual compliance reviews, supplemental monitoring reviews, re-reviews, verification monitoring reviews, pre-operational reviews, and start-up/post-operational reviews. All annual compliance reviews, pre-operational, and start-up/post-operational reviews are conducted after the program receives a seven-day advanced notification. Some supplemental reviews are conducted without advanced notice and during non-traditional working hours to ensure compliance twenty-four hours per day, seven days per week.

The overall objectives of this audit were to determine if internal operating policies and procedures were established to provide guidelines for adequate and effective program monitoring; and if internal controls were in place to ensure the MQI's goals were achieved.

The purpose of this audit was to provide reasonable assurance to management whether MQI had implemented effective and efficient program monitoring services that were functioning as required by applicable statutes, contracts, rules, Department policies, and procedures. The scope focused on the program monitoring reviews, both annuals and supplementals, conducted by the MQI from July 1, 2019, through December 31, 2022, and related activities through the end of field work.

The audit disclosed that in general, internal operating policies and procedures are established to provide guidelines for adequate and effective program monitoring; and adequate internal controls are in place to ensure MQI's goals are achieved. However, the audit also indicated that the following areas, in MQI's processes, need improvement:

1. The Prioritization Tool did not include an assessment for all contracts; and the quarterly Prioritization Tools were not distributed timely to meet the needs of the Department's regional monitoring offices.
2. The Annual Monitoring Outline (Master Schedule) for annual and supplemental compliance reviews did not always reflect annual review dates for all required programs/services; and the documented supplemental reviews did not always reflect the monitoring frequencies assigned by the prioritization scores and monitoring baselines. Additionally, it appeared that the Master Schedule was not updated quarterly.
3. Guidelines for Annual Compliance Review (ACR) team members to complete MQI's Code of Ethics forms should be enhanced.
4. ACR workpaper review processes need improvement.
5. MQI's lead reviewer checklist did not ensure that required documents were always appropriately uploaded into a SharePoint folder and did not require maintenance of some documents in SharePoint, which were essential for ensuring compliance with Department policies and MQI procedures.

6. Draft ACR reports were not always developed, reviewed, approved, or finalized in a timely manner in accordance with Department policies and MQI procedures.
7. Supplemental monitoring review policies and procedures were not always followed.
8. Program Monitoring and Management (PMM) monitoring summary reports were not always timely developed, reviewed, and approved; summary reports sometimes conflicted with information contained in the ACRs and supplemental supporting documents; and the segregation of duties between the summary report developer and the approver was not followed.

To address the noted issues, we recommended the Department:

1. Ensure all contracts are listed/assessed on the Annual Prioritization Tool as required; and evaluate the effectiveness of the quarterly Prioritization Tool including the distribution time frames to determine if there is a more efficient method of collecting and distributing data in a timelier manner to the regional monitoring offices.
2. Continue to ensure that all programs/services assessed on the Prioritization Tool are assigned an annual compliance review date on the Master Schedule; and ensure that supplemental reviews documented on the Master Schedule are updated quarterly as needed, with frequencies reflective of the prioritization scores and monitoring baselines.
3. Enhance guidelines to provide appropriate time frames for completing the Code of Ethics that would ensure ACR reviewers understand the importance of the form, while timely attesting that they will be able to perform their duties and responsibilities without being affected by influences that compromise professional judgement.
4. Develop and implement a workpaper review process, not only ensuring that all boxes are appropriately marked “yes, no, or n/a,” but establish monitoring measures that ensure the number of reviewed files documented on workpapers corresponds to the samples documented in the ACR report, and that numerical calculations and/or totals reflected on workpapers are accurate, prior to being transferred to master workpapers and reported in the ACR report.
5. Ensure all documentation required by MQI’s lead reviewer checklist is appropriately uploaded into the ACR SharePoint folders. We also recommend that the Department assess the storage capacity of SharePoint to maintain all required ACR documentation; and if capacity permits, update the Lead Reviewer Checklist to include such items as the JJIS youth roster, the entrance conference agenda, both the entrance and exit conference attendance logs, and any other checklists utilized by the monitoring reviewers, in conjunction with ACRs.
6. Ensure that time measures on the tracking report are consistent with Department’s policies and procedures. We also recommend that the Department assess current time measures for drafting, editing, and reviewing the ACR reports to determine if time allocations are sufficient for all MQI personnel to review and approve/ finalize the reports.
7. Develop and implement oversight review procedures to ensure the maintenance of thorough and accurate supplemental monitoring instruments and workpapers in a SharePoint folder.
8. Ensure staff are following established guidelines for preparing the PMM Monitoring Summary Report, including accurately documenting the findings that were noted during the review and uploading all supporting documents to SharePoint. Additionally, we recommend the Department develop an internal control instrument to ensure segregation of duties between the monitoring summary developer and the regional monitoring supervisor.

Audit of Background Screening Unit (Performance Audit)

The Background Screening Unit (BSU) assists the Department in meeting its goal of hiring applicants who meet statutory requirements and Department standards by conducting Level II pre-employment screenings and 5-year re-screenings pursuant to Chapters 435, 984, 985, and 943 Florida Statutes, and the Department's background screening policies and procedures. Background screening is conducted on Department, service provider, and grant recipient employment applicants and employees, plus volunteers, mentors, and interns. Background screening consists of a state and national fingerprint check through the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI), as well as a demographic search of the Florida Clerk of the Courts through the State's Judicial Inquiry System (JIS). As a criminal justice agency, the Department has access to juvenile, sealed, and expunged criminal history information.



Background screenings are rated on one of three determinations: eligible, identified/non-caretaker only (for Department applicants only), and ineligible/not eligible. Applicants and volunteers who receive eligible ratings may be hired or utilized in caretaker and non-caretaker positions. Applicants and volunteers who receive identified/non-caretaker only ratings cannot work/volunteer in a facility/program or as a caretaker. They can only be hired or utilized in a position where they do not have contact or access to youth or confidential youth records. Applicants and volunteers who receive an ineligible/not eligible rating cannot be hired or utilized until the Department grants an exemption. The Agency Head decides if an exemption should be granted. Per 435.07 Florida Statute, an exemption may not be granted to a sexual predator, career offender, or sexual offender.

The overall objectives of this audit were to determine if preemployment background screenings and 5-year re-screenings conducted comply with laws, rules, policies, and procedures; and if internal controls are in place to ensure background screenings are conducted appropriately and sensitive information is safeguarded.

The audit disclosed that, in general, preemployment background screenings and 5-year re-screenings conducted complied with laws, rules, policies, and procedures; and internal controls were in place to ensure background screenings were conducted appropriately and sensitive information was safeguarded. However, the audit also indicated that there are areas in which processes need improvement.

1. Fingerprints for those no longer employed by the Department or service provider need to be removed from the Florida Department of Law Enforcement's fingerprint retention database (FALCON) in a timely manner.
2. Five-year rescreens need to be timely submitted to the BSU.
3. Annual Affidavits of Compliance with Level 2 Screening Standards need to be timely submitted to the BSU.
4. Exemption files need to be provided timely to the Office of General Counsel.
5. Department procedures need to be updated.

To address the noted issues, we recommended the Department:

1. Implement a control to ensure BSU receives the notification of all separated Department employees when the employee separation was not processed through the Separation Notification System; separated service provider employees and those not hired are being removed from the Clearinghouse rosters; and Department hiring authorities inform the BSU of applicants not hired; so, fingerprints may be removed from retention and the BSU is not following up on irrelevant arrest notices.
2. Ensure rescreens are being completed timely by having HR liaisons oversee rescreens for their area. We also recommend having the parameters changed on the *BSU Rescreen* spreadsheet to populate names in advance of the 5-year due date.

3. Ensure the annual affidavits of compliance with level 2 screening standards are provided timely to ensure compliance with Florida Statute.
4. Ensure exemptions are completed timely as required by Department policy and possibly adding an employee/position dedicated to the exemption process.
5. Updating transaction logging procedures in FDJJ-1805p.

Audit of Purchasing Card Administration and Usage (Compliance Audit)



The Department of Juvenile Justice (Department) participates in the State of Florida Purchasing Card (P-Card) program. The P-Card is a tool that offers an alternative to existing procurement processes such as purchase orders; and provides an efficient method for purchasing and paying for low dollar goods and services. The P-Card is a payment mechanism and not a form of procurement.

A Purchasing Card program, to be successful, must have effective internal controls to prevent and detect card fraud and achieve Department objectives. The Office of Administrative Services, Bureau of Finance and Accounting is responsible for managing the P-Card program at the Department.

As a participant in the State’s purchasing card program, the Department is required to maintain adequate internal controls through policies, procedures, training, spend control profiles, monitoring, and segregation of duties. Most accountholders in the Department have credit limits of \$2,500.

Allocation of P-Card holders by Credit Limits

CREDIT LIMITS	CARD HOLDERS	PERCENTAGE OF TOTAL
65,000.00	22	2.25%
35,000.00	30	3.06%
20,000.00	66	6.74%
10,000.00	115	11.75%
5,000.00	42	4.29%
2,500.00	703	71.81%
1	1	0.10%
TOTAL	979	100.00%

To ensure that P-Cards are used in accordance with applicable State laws and rules, Department Policies and Procedures FDJJ – 1407.05, *Purchasing Card*, requires that the cardholder must meet the following criteria to receive a card:

- Is a department employee.
- Has received in-house training or has completed on-line training in SkilPro and is certified by the Department Purchasing Card Program Administrator (PCPA) as having successfully completed an examination in applicable purchasing and or travel regulations and card procedures.
- Is currently responsible for purchases or will assume the responsibility.
- Parameters are set for each designated card holder that identifies the person, sets their default accounting codes, and establishes their restrictions or spending limitations; and
- The cardholder has signed the State Cardholder Agreement Form.

Credit limits and single transaction limits are assigned to accountholders via spend control profiles. The credit limit is the accountholder's overall credit limit which is replenished monthly; whereby, the single transaction limit is the total amount that can be charged to the P-Card per transaction. Most Department accountholders have a single transaction limit of \$1,500; however, the range is from \$1,500 to \$20,000.

The audit revealed that in general, the Department had effective internal controls pertaining to the use of P-Cards. However, our audit noted areas where management actions could further reduce risks associated with the use of P-Cards.

Our observations were the following:

1. Keeping policies and procedures up to date is essential to effective internal controls. Outdated policies may fail to comply with new laws and regulations.
2. Thirty-five (35) of ninety-five (95) P-Card transactions viewed by the auditor were not approved within ten (10) calendar days. The approval process must be completed within an average of 10 calendar days to maintain the State of Florida rebate basis points included in the State Term Contract. The auditor computed the Department's overall average to be 13 calendar days.
3. We noted that for six (6) of seven (7) accountholders whose single transaction limits (STL) exceeded \$1,500, documentation indicating approval by agency head, or a designee was not located in the accountholder's file folder. A subsequent search by management via emails located five of the six approvals. Management indicated that the one missing approval may have been misfiled.
4. Accountholders with credit limits of \$65,000 and single transaction limits that equal to or exceed \$10,000 appear excessive based on P-Card spending patterns.
5. Documentation was not available to support scope compliance reviews during the audit period; therefore, the Department was not in compliance with the State of Florida Purchasing Card Manual.

To address the noted issues, we recommended the Department:

1. Educate accountholders regarding the importance of processing P-Card transactions timely.
2. Maintain documentation for approvals for STL over \$1,500.
3. Periodically review spend control profiles for those accountholders.
4. Comply with the State of Florida Purchasing Card Manual.
5. Update FDJJ-1407.05, which was effective March 23, 2016.

Audit of Children in Need of Services/Families in Need of Services (Compliance Audit)

The Florida Network of Youth and Family Services, Inc. (the Florida Network) is a nonprofit organization as described in Section 501(c)(3), of the Internal Revenue Code.

The Florida Network, through local agencies, provides services 24 hours per day, seven days per week, in each Judicial Circuit throughout the State of Florida to troubled families and their children in one or two categories:

- **Children In Need of Services (CINS):** provides services to a child for whom there is not a pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by the Departments of Juvenile Justice and Children and Family Services for an adjudication of dependency or delinquency; and
- **Families in Need of Services (FINS):** provides services to a family that has a child who is running away; who is persistently disobeying reasonable and lawful demands of the parent or legal custodian; or who is habitually truant from school or engaging in other serious behaviors that place the child at risk of future abuse, neglect, or abandonment or at risk of entering the juvenile justice system.



The Department signed Contract #10128 with the Florida Network on June 24, 2014, for five years. The contract has been extended to June 30, 2024. The total contract amount is approximately \$387,817,542 for ten years.

The Contract requires the Florida Network to perform statewide management services which includes but not limited to the following:

- policy and program development
- local service provider selection
- contract management and monitoring of local service providers
- training and technical assistance
- financial reporting and tracking procedures that prevent co-mingling of funds and ensure accountability for funding
- information packet creation and updates as described in Section 984.071, (1), Florida Statutes
- ensuring that all local services providers possess the minimum qualifications, professional experience, and licensing to perform his/her assigned duties

The scope of the audit was from July 1, 2021, through December 31, 2022, and related activities through the end of fieldwork. The objectives of the audit were as follows:

- determine if there is adequate management oversight of sub-recipients as outlined in Contract #10128; and
- determine if there are adequate Internal controls in place to ensure funds are expended properly.

The audit indicates that there is adequate management oversight of subrecipients; also, there are internal controls in place to ensure funds are expended in accordance with applicable statutes, rules, and the Contract.

Strengths and Weakness

- No material findings were noted in the Florida Network's Independent Audit Reports for Fiscal Years Ending 2022 and 2021.

- It appears all subrecipients were monitored during Fiscal Year 2021-2022.
- The Florida Network allocates expenses between programs and supporting services as required by the AICPA Audit and Accounting Guide; and
- Not being funded for unfilled bed days could financially impact the Network operations.

Notwithstanding the above, our review noted the following:

- The auditor was not provided documentation (college degree or waiver) for one professional/exempt position, which a college degree is required by the contract; and
- The auditor was not provided documentation that an information packet was updated annually as required by Florida Statutes.

We recommended that the Network address the above observations with the Department's Office of Prevention and Victim Services.

Audit of Residential Commitment Management (Performance Audit)



The Office of Residential Services developed and manages a technology-based juvenile commitment management and classification placement system. This system is designed to place a youth, who has been committed to the custody of the Department, in the most appropriate program to meet his/her individualized treatment needs. The Department's commitment manager works with the youth's juvenile probation officer (JPO) to recommend to the court an appropriate residential commitment level, should residential commitment be appropriate for the treatment and rehabilitative needs of the youth who has broken the law. When a youth is being considered for commitment, the JPO will advise the commitment manager that a multidisciplinary commitment conference (staffing) is needed. The commitment manager will identify a time, date, and place that the staffing will be conducted and the JPO issues an electronic invitation to all appropriate parties. The commitment manager convenes the staffing on the date and time specified for each youth who is being considered for an appearance in juvenile or adult court. The commitment

manager and the JPO establish the Department's recommendation for court disposition in each case presented that is based upon input from staffing participants and all relevant youth information, including the youth's Comprehensive Evaluation (CE), the Community Assessment Tool (CAT), current school records, and School District Educational Records Coversheet, current offense information, current Juvenile Justice Information System (JJIS) face sheet, pertinent medical and mental health information, and the Commitment Conference Summary form. The intent of the staffing is to identify the most appropriate disposition recommendation for the court that meets the needs of the youth in the least restrictive environment and to safeguard public safety.

The purpose of this audit was to provide management with reasonable assurances as to whether the Office of Residential Services had implemented effective and efficient commitment management processes that were functioning as required by applicable statutes, contracts, rules, Department policies, and procedures.

The overall objectives of this audit were to:

- provide management with reasonable assurance as to whether youth commitments are conducted in compliance with laws, rules, policies, and procedures; and
- assess whether management's internal controls are operating effectively to ensure youth are being placed in the most appropriate setting to meet the youth's needs with the minimum program security that reasonably ensures public safety.

The audit disclosed that in general, internal operating policies and procedures are established to provide guidelines for residential commitment management; and adequate internal controls are in place to ensure that youth are being placed in the most appropriate setting to meet the youth's needs. However, the audit also indicated that the following areas in the commitment management processes need improvement:

1. Residential Commitment Management guidelines did not provide for comprehensive maintenance/storage of all documents pertaining to the commitment management processes.
2. Internal youth transfer files did not include all required forms and files were not maintained/stored in a cohesive manner.

To address the noted issues, we recommended the Department:

1. Create a uniform environment capable of maintaining and managing paperwork essential to documenting the workflow processes of residential commitment management and incorporate the process into the Residential Commitment Management Guidelines.
2. Ensure that residential programs requesting an internal youth transfer are appropriately completing and submitting all required forms, including the Commitment/Transfer Packet Checklist, JJIS form 20; review the JJIS rights/capabilities assigned to commitment managers and provide upload capabilities as necessary, so that all transfer request documents are appropriately uploaded into the "Transfer Documents" section of the JJIS Document Library module; and update the Residential Services Guidelines pertaining to transfer packets to include the case manager's responsibility for uploading all appropriate documents for internal youth transfer requests into the Document Library module in JJIS.

Internal and External Audit Follow-Up Activities

The Bureau of Internal Audit (Bureau) is responsible for monitoring the Department's implementation of corrective action to address recommendations in audit reports and policy reviews issued by the Auditor General (AG), the Office of Program Policy Analysis and Government Accountability (OPPAGA), and the Department's Bureau of Internal Audit. The Bureau provided liaison activities for AG operational audits and federal grant audits and conducted follow-ups to monitor the status of corrective actions for four (4) internal audits (no external audit follow-up was due in this fiscal year). The Bureau issued follow-up review reports for the following:

- Audit of Residential Vocational Training.
- Audit of Cybersecurity Continuous Monitoring.
- Audit of Probation Supervision; and
- Audit of Department Contract Procurement Procedures.

Other Activities

The Florida Single Audit Act

The Florida Single Audit Act (FSAA) was enacted in 1998 by the Florida Legislature to establish uniform State audit requirements for non-state entities expending State financial assistance equal to or in excess of \$750,000. The Bureau responded to the Department of Financial Services on behalf of the agency and coordinated compliance efforts. This included providing technical assistance, meetings, inter-agency correspondence and liaison activities. The Bureau is responsible for reviewing the Financial Reporting Packages received from non-state entities to ensure compliance with the Florida Single Audit Act and the Federal Office of Management and Budget (OMB) Circular A-133, including management letters and corrective action plans, to the extent necessary to determine whether timely and appropriate correction has been taken with respect to audit findings and recommendations pertaining to state and federal financial assistance. The Bureau has implemented new policies and procedures to ensure compliance with the Florida Single Audit Act.

Communication with Management

The Office of Inspector General (OIG) provides a centralized point for coordination of activities that promote accountability, integrity, and efficiency. A major part of this responsibility includes keeping management informed of the many internal and external audits and related activities. The Bureau also reviews the Department's response to external audit reports.

Bureau of Investigations

Investigations Unit

The investigations unit is charged with coordinating and conducting investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses within the Department, involving both state and contract provider employees, programs, facilities, and offices. All investigative activities are objective and unbiased. Inspectors submit detailed investigative reports, which include sworn statements and documentary evidence. The Inspector General reviews all completed cases for sufficiency and accuracy before signing and disseminating the final report. Investigations containing sustained allegations are forwarded to management, which is responsible for implementing corrective action and reporting it to the OIG.



The Chief of Investigations and the Inspector General review completed civil rights cases; however, a resolution panel presided over by the Department's Equal Employment Opportunity (EEO) officer determines if there is cause to believe either discrimination or harassment occurred. The Bureau of Investigations does not make recommendations concerning corrective action for EEO complaints.

Management Reviews are conducted by Department staff to address incidents that routinely occur in Department programs or routine incidents that are the least serious in nature, yet still warrant follow-up. The results of these reviews are approved by the Department's Assistant Secretaries.

Accomplishments

During FY 2022-2023, the Bureau of Investigations assigned **67** complaints for investigation, inquiry, referral to management, or other appropriate action.

The Bureau of Investigations closed **51** investigations in fiscal year 2022-2023. Most of these investigations included multiple allegations. The total number of allegations investigated during the period was **177**. Of the allegations investigated, **87** were determined to be Sustained, **60** were Not Sustained, **24** were Unfounded, and **3** were Exonerated. There were **7** EEO cases with **13** allegations, **9** were found with No Cause and **4** were found to have Cause.

The Bureau also closed **20** inquiries in fiscal year 2022-2023. The total number of allegations investigated through inquiries was **21**.

All Findings were reported to management. Sustained Findings resulted in terminations, resignations, and other disciplinary and non-disciplinary actions, as well as programmatic changes.

Summary of Investigations

202201728 Palm Beach Youth Academy; 202202376 Everglades Youth Academy; 202202378 Circuit 15 Juvenile Probation; 202202379 Palm Beach Regional Juvenile Detention Center

The Circuit 15 Chief Probation Officer reported that a youth's mother alleged a former Palm Beach Youth Academy staff was involved in an inappropriate relationship with her son. The alleged staff was now currently employed at Everglades Youth Academy. It was further alleged that the youth's Case Manager at Palm Beach Youth Academy gave her son money. The investigation was closed with the following findings: An allegation of Improper Conduct/Staff-Youth Relationship against the former staff at Palm Beach Youth Academy was Sustained, the former Case Manager was Exonerated on the allegation of Improper Conduct/Staff-Youth Relationship, and an allegation of Violation of Policy/Rule (sharing JJIS password) against the Director of Case Management was Sustained (CCC #202201728). An allegation of Improper Conduct/Staff-Youth Relationship against the staff at Everglades Youth Academy was Sustained (CCC #202202376). An allegation of Improper Conduct/Computer Misuse against the Circuit 15 Senior Juvenile Probation Officer was Sustained (CCC #202202378) and an allegation of Violation of Confidentiality against a Juvenile Justice Detention Officer Supervisor was Sustained (CCC #202202379).

202201832 Kissimmee Youth Academy

A staff member was found in possession of two handwritten letters from a youth. The contents of one letter expressed the youth's desire to be with the staff, as well as comments on the staff's appearance. There were no sexual incidents reported or corresponding letters discovered from the staff. The investigation was closed with a Sustained finding of Improper Conduct/Staff-Youth Relationship.

202202006 George W. Harris Runaway and Youth Crisis Center

A sixteen-year-old youth at the shelter claimed that she and a male Youth Counselor flirted with each other and kissed each other in the counselor's office. An allegation of Improper Conduct/Sexual Nature against the Counselor was Sustained. An additional allegation of Improper Conduct/Sexual Nature against the Youth Counselor was Not Sustained, as the second youth victim refused to cooperate with the law enforcement investigation.

202202086 St. John's Youth Academy

A youth alleged a male staff member made a sexual threat to a male youth. This male staff also allowed other youth to view a video chat in which a female exposed her breasts. The alleged victim of the sexual threat reported no abuse occurred; however, he reported other staff members encouraged him to make a false claim of abuse. The allegations of Sexual Abuse (PREA) were unfounded. Five other allegations of Improper Conduct against four different staff were Not Sustained.

202202140 Palm Beach Youth Academy

A Case Manager alleged that a Youth Care Worker engaged in a sexual relationship with a youth. It was also alleged that the Youth Care Worker brought the youth pills to treat an infection he contracted. The investigation was closed with a Not Sustained finding for Sexual Abuse (PREA) and a Not Sustained finding for Violation of Policy/Rule (issuing unauthorized medication).

202202177 Palm Beach Youth Academy

It was alleged that several staff were having inappropriate and/or sexual relationships with youth. The sexual abuse allegations were investigated by law enforcement and closed as Unfounded. The OIG investigation findings were as follows: four allegations of Sexual Abuse (PREA) were Not Sustained, and a fifth allegation of Sexual Abuse (PREA) was Unfounded.

202202425 Staff Development and Training HQ

An outside vendor made allegations of discrimination based on race against Headquarters employees for not using their company even though they submitted a lower quote for the same product. Department policy does not require more than one quote when filling an order under a certain dollar amount and does not prohibit using a higher priced vendor, nor does it require an explanation for choosing a vendor in those circumstances. The allegations of discrimination were not sustained.

202202428 Everglades Youth Academy/ 202202452 South Region Residential Services

The whereabouts of 35 computers were unknown after they were transported from one residential program (which closed down) to a second residential program. Due to past inadequate record keeping practices and inadequate accountability at several levels, no specific individuals could be identified as being solely responsible for the loss. Since a Sustained finding cannot be applied to the classification of Loss/Theft/Destruction of Department Property, it was noted as Information Only. The missing computers were entered into Florida Crime Information Center (FCIC)/National Crime Information Center (NCIC) by law enforcement. In the event they are recovered, notification will be provided to the Department.

202202530 Bay Regional Juvenile Detention Center (EEO)

An EEO complainant alleged that a male staff was sexually harassed by his female supervisor multiple times and that his refusal of her advances created a hostile work environment. The complainant further alleged that the supervisor was also involved in a romantic relationship with another sergeant. The Department EEO Resolution Panel determined there was no cause to believe sexual harassment or a hostile work environment occurred; however, there was cause to determine Conduct Unbecoming of a Public Employee.

202202556 Orange Regional Juvenile Detention Center

Two youth successfully escaped from the Orange Regional Detention Center by climbing over the facility's perimeter fencing. Law enforcement apprehended the youth a short time later in a residential neighborhood without further incident. Allegations of Improper Supervision against two detention officers were Not Sustained.

202202586 St. Lucie Regional Juvenile Detention Center

A youth alleged that a teacher made sexual comments towards her and touched areas on her body. The OIG found sufficient evidence to investigate a staff member for improper supervision. Law enforcement investigated the sexual abuse allegations and closed their case as Inactive. The OIG investigation determined that the allegation of Sexual Abuse (PREA) was Not Sustained, an allegation of Sexual Harassment was Not Sustained, an allegation of Violation of Policy/Rule was Not Sustained, and an allegation of Improper Supervision was Unfounded.

202202732 St. John's Youth Academy

An allegation of Sexual Abuse (PREA) was made by a youth against a staff member. The youth also alleged that his request to make an abuse call was denied. An investigation determined the allegation of Sexual Abuse (PREA) was Unfounded. The additional allegation of Violation of Policy/Rule was also Unfounded. An additional allegation of Improper Supervision was added and Sustained against two other staff members.

202202784 Escambia Regional Juvenile Detention Center

A staff member was arrested by law enforcement for battery against a youth at the facility. Another staff member who witnessed the excessive force failed to intervene or stop the staff member and failed to report the abuse. When the youth reported the abuse to another staff member, they failed to report the allegations. The allegation of Use of Force - Excessive against a detention officer was Sustained. The allegations of Failure to Report against a detention officer were Sustained. The allegations of Failure to Report and Conduct Unbecoming of a Public Employee against a detention officer were Sustained.

202202835 Lake Academy

It was alleged that the shift supervisor made a youth touch the supervisor's genitals, showed the youth nude pictures, and made inappropriate comments to her. It was further alleged that the supervisor asked youth to show him their breasts. There was sufficient cause to also investigate youths' claims that they were allowed to watch movies and television shows with inappropriate content. The investigation was closed with the following findings: Two allegations of Sexual Abuse (PREA) were Not Sustained; an allegation of Violation of Policy/Rule (Introduction of Contraband) was Sustained, and a second allegation of Violation of Policy/Rule (allowing youth to view inappropriate movies) was Sustained.

202202862 Palm Beach Youth Academy

An anonymous complainant alleged that a youth care worker had an intimate relationship with two youth in the program. It was alleged that unknown female staff were bringing in contraband (cell phones, clothes, vape pens, and marijuana) for youth and unknown administrative staff discard Incident and Prison Rape Elimination Act (PREA) reports. The investigation was closed with a Not Sustained finding for Sexual Abuse (PREA); a Not Sustained finding for Improper Conduct/Staff-Youth Relationship; and an Unfounded finding for Improper Conduct. The allegation of Violation of Policy/Rule (Introduction of Contraband) against an Unknown staff was Sustained.

202202892 Palm Beach Youth Academy

An anonymous complainant alleged the following: Staff were not properly searching youth or their rooms; youth keep cell phones and gaming systems in their dorm rooms and Administration is aware of this; Protective Action Response (PAR)/Right Intervention (RI) updated training was not provided; newly hired staff were placed on the dorm with no formal PAR/RI training; and the Assistant Facility Administrator provided staff with the answers during the PAR exam. The investigation produced nine Sustained findings for Improper Supervision; twelve Sustained findings for Violation of Policy/Rule; and one Sustained finding for Improper Conduct.

202203171 Probation Circuit 17

It was alleged that a Circuit 17 Juvenile Probation Officer was abusing her Dual Employment agreement. The investigation was closed with the subject Exonerated of the allegation of Violation of Policy/Rule.

202203270 Center for Success and Independence

While conducting facility searches, a written letter was found in a youth's room. During the search, a staff member requested to go on break and never returned to her post. The staff member admitted writing the letter that was discovered in the youth's room but denied that there had been any sexual contact between her and the youth. However, she admitted having "feelings" for the youth. In the letter, the writer declared they enjoy hugging and kissing the youth. The staff was terminated from her position at the facility. The Department of Children and Families Abuse Registry did not accept the case for investigation. Law enforcement also declined to pursue a criminal investigation. An allegation of Sexual Abuse (PREA) against staff was Not Sustained, however an allegation of Improper Conduct/Staff-Youth Relationship was Sustained.

202203332 Alachua Regional Juvenile Detention Center

A detention center officer observed a youth remove an object from his pants and place it inside his sock. Staff searched the sock and a vape pen was recovered. Law enforcement was notified of the incident and pursuant to their investigation, a detention center officer was arrested on a bench warrant for smuggling contraband into a juvenile detention center and for bribery, Unlawful Compensation or Reward for Official Behavior. An allegation of Improper Conduct against the detention officer was Sustained and the officer's employment was terminated.

202203341 Bay County Juvenile Assessment Center (J.A.C.), Circuit 14

A youth being processed at the J.A.C. escaped by climbing over a plexiglass partition and exiting through a door which should have been locked. The facility was understaffed at the time which helped facilitate the youth's escape. The youth was apprehended by law enforcement within 20 minutes. An allegation of Improper Supervision for not meeting ratio requirements

was Sustained. Allegations of Violation of Policy/Rule for leaving an exit door unlocked against two staff members were Sustained. Another allegation of Improper Supervision against a staff member was Unfounded.

202203450 Pasco Regional Juvenile Detention Center

A youth attempted to harm herself, so Baker Act procedures were initiated. Later, it was alleged that a Juvenile Detention Officer physically removed an item from the youth's genital area that the youth tried to conceal. The incident was referred to law enforcement for possible criminal violations. Law enforcement determined no crime occurred. The investigation was closed with the following findings: Five allegations of Sexual Abuse (PREA) were Unfounded; four allegations of Violation of Policy/Rule (PREA Policy and Secure Detention Rule) were Sustained; an allegation of Violation of Policy/Rule (PREA Policy and Secure Detention Rule) was Unfounded; three allegations of Use of Force-Excessive were Sustained; two allegations of Violation of Policy/Rule (Standardized Facility Operating Procedure and Secure Detention Rule) were Sustained; an allegation of Improper Supervision was Sustained, and an allegation of Violation of Policy/Rule (Failure to Review PAR Report within a required timeframe) was Sustained.

202203552 Probation Circuit 11

A Juvenile Probation Officer was accused of attempting to introduce contraband into a state correctional facility. Subsequent to investigation by law enforcement, there was insufficient evidence to file criminal charges. Although recorded phone calls between an inmate and the probation officer were suspicious, no contraband was discovered when the probation officer was searched upon her arrival to the facility. During the OIG investigation, the probation officer denied bringing contraband to the facility, and stated the phone conversations were referring to her delivering cannabis from Miami to Broward County for the inmate on one occasion. An allegation of Misconduct/Conduct Unbecoming a Public Employee for introduction of contraband was Not Sustained. However, an allegation of Misconduct/Conduct Unbecoming a Public Employee for delivering cannabis was Sustained.

202203790 St. John's Youth Academy

A staff member allegedly deployed pepper spray during an altercation with youth on the recreation yard. Allegations of Violation of Policy/Rule and Use of Force-Excessive were Sustained against the staff member. An additional allegation of Improper Search was Sustained against master control staff for failing to properly search the subject when he entered the facility with the can of pepper spray.

202203927 Lake Academy

During a Quality Assurance site visit at Lake Academy, it was alleged a staff member instigated and frustrated the youth to antagonize them to assault her. The staff member reportedly "placed a honeybun on a youth's head" to provoke physical altercations between youths, smoked marijuana while on facility grounds, and made inappropriate comments toward a youth regarding her "body counts". Additionally, a youth alleged the staff member offered her a vape pen to fight another youth. Law enforcement responded to the allegations. Law enforcement closed the case as Unfounded. A Department of Children and Families (DCF) investigation addressed two allegations of Inadequate Supervision against the subject staff who denied the allegations. The DCF investigation was closed Not Substantiated. The OIG closed the three allegations of Improper Conduct as Not Sustained.

202203981 Manatee Regional Juvenile Detention Center

A youth who absconded informed her probation officer that she was hesitant to turn herself in as she did not want to go back to the Manatee Regional Juvenile Detention Center due to a relationship with a detention officer supervisor. The youth provided screenshots of social media posts that implicated the supervisor in having inappropriate contact with the youth and requesting a nude photo of the youth. When informed of the pending investigation, the supervisor immediately resigned. No criminal charge was filed, as the youth refused to cooperate with law enforcement. However, the allegation of Improper Conduct/Staff-Youth Relationship against the former supervisor was Sustained by the OIG.

202204022 St. John's Youth Academy

Law enforcement responded to the program and arrested a staff member for using a debit/credit card that belonged to a youth at the program. During the investigation, a possible second youth victim was discovered. The staff member was interviewed and admitted using the debit cards of the two youth. He was immediately taken into custody and charged with two felony counts of Fraudulent Use of Credit Card more than two times; one misdemeanor count of Theft by Taking Possession of Another's Credit Card; one misdemeanor count of Petit Theft; one felony count of Grand Theft, and one misdemeanor count of Unauthorized Possession of a Credit Card. Two allegations of Improper Conduct were Sustained pertaining to the theft of property/funds. An additional allegation of Improper Conduct pertaining to the theft of property/funds of a third youth was Unfounded. An allegation of Violation Policy/Rule against the Facility Administrator was closed due to a Policy Deficiency.

202204111 Cypress Creek

Law enforcement investigated an allegation that a formerly detained youth was sexually assaulted by a youth care worker during the youth's incarceration. The criminal investigation of this incident was closed, as the youth, who now resides outside of the United States, declined to provide details of the alleged sexual abuse, and would not be returning to the United States in the event of a criminal prosecution. The allegations were subsequently Not Sustained.

20224386 Everglades Youth Academy

It was alleged that a Safety and Security Specialist was in possession of photos of male youths on her watch that appeared to have been taken at the program. Additionally, letters were discovered that were written to the same staff by youths at the program. There was also cause to investigate whether a supervisor failed to properly search staff who entered the building and whether staff provided youths with a cell phone. The investigation was closed with two Not Sustained findings for Introduction of Contraband; a Not Sustained finding for Improper Conduct/Staff-Youth Relationship; a Sustained finding for Introduction of Contraband, and a Sustained finding for Improper Search.

202204560 Probation Circuit 6 (EEO)

Two newly hired probation officers alleged that their probation officer supervisor created a hostile work environment by engaging in unprofessional office conduct, including harassment, sexual harassment, demeaning comments, and denial of training opportunities. The Department EEO Resolution Panel determined there was No Cause to support allegations of sexual harassment or a hostile work environment. However, there was Cause to support that the supervisor engaged in Conduct Unbecoming a Public Employee.

202204583 Probation Circuit 4

Protected/unredacted juvenile records (law enforcement reports) appeared on social media. Investigation determined the records were accessed using a password belonging to a probation officer. The probation officer admitted to leaving her password unsecured on a private laptop computer she shared with a friend. The friend reported when she accessed the website the probation officer's password was already saved and logged in. The friend said she did not realize she gained access to a secure/protected area and thought she was on the public site. The allegation for Misconduct/Conduct Unbecoming a Public Employee against the probation officer was Not Sustained. The allegation of Violation of Policy/Rule for leaving her password unsecured on a private computer was Sustained.

202204812 Residential South Region

An anonymous complainant alleged falsification of timesheets by unidentified staff within the Residential South Region. It was alleged that two staff members were not assigned sufficient work to justify the number of hours recorded on their timesheets, and it was suspected that their timesheets were being falsified. There was also sufficient cause to investigate that a staff member was in violation of the Attendance and Leave Policy after an audit of his timesheet records showed a chronic pattern of sick leave being taken solely on Fridays. Furthermore, it was determined that the staff member was non-compliant with his Telework Agreement by failing to work the agreed upon number of days at his official worksite. An allegation of Falsification was Not Sustained, an allegation of Violation of Policy/Rule was Not Sustained; however, an allegation of Violation of Policy/Rule was Sustained.

202204900 Everglades Youth Academy

A youth alleged he engaged in sexual activity with a female staff in the program. Law enforcement investigated and closed their case as Inactive, due to the victim refusing to provide any information. An allegation of Sexual Abuse (PREA) was Not Sustained and an allegation of Improper Conduct/Staff-Youth Relationship was Not Sustained.

202205161 Orlando Intensive Youth Academy

An anonymous complainant alleged staff were engaging in inappropriate relationships with youth; staff were not following safety and security measures; administrators were physically and verbally abusing the youth; abuse calls were delayed or denied; and staff engaged in horseplay. Two allegations of Improper Conduct/Staff-Youth Relationship were Unfounded; one allegation of Violation of Policy/Rule was Sustained; four allegations of Improper Conduct were Not Sustained; an allegation of Violation of Policy/Rule was Exonerated; an allegation of Violation of Policy/Rule was closed as Policy Deficiency; three allegations of Use of Force-Unnecessary were Not Sustained; an allegation of Improper Conduct was Unfounded; and an allegation of Violation of Policy/Rule was Unfounded.

202205174 Cypress Creek

A staff member turned over \$145 in U.S. currency she received from a youth at the program. The youth gave her the money along with a note requesting she purchase a vape pen for him. The staff member failed to notify or surrender the money to management until two days after receiving it from the youth. An additional allegation against another staff member who allegedly entered the program for his shift, and during a contraband search, the facility administrator discovered a Ziplock bag of gummy bears. Law enforcement responded; however, no charges or arrests were made. The subject staff member was initially suspended and subsequently terminated. Law enforcement reported a bench warrant had been issued for the staff member's arrest for the Introduction of Contraband into a County Detention Facility. An allegation of Failure to Report was Sustained, an allegation of Violation of Policy/Rule was Sustained, and an allegation of Introduction of Contraband was Sustained.

202205348 Oak Grove Academy

A youth alleged that while in his room, a staff member called him a sexually explicit name, grabbed him by the throat, and he felt his arm pop out of place. Based on a review of surveillance video and written statements, the OIG investigated whether several staff members were evasive in their testimonies and documentation detailing the incident. It was also disclosed that a management staff member sent a group text to the staff involved, instructing them to get their stories right. In addition, there were witnesses who reported the staff member was yelling and using profanity while confronting a youth. Law enforcement responded and investigated the case. An arrest warrant for the staff member was issued and pending from the Assistant State Attorney's Office. Allegations of Use of Force-Unnecessary and Improper Conduct against the staff member were Sustained; two allegations of Improper Conduct against the management staff were Sustained, and allegations of Improper Conduct against additional staff members were Sustained.

202205490 Pinellas Regional Juvenile Detention Center

Two juvenile detention officers allegedly choked three youth during separate restraints. The OIG also investigated the juvenile detention officer supervisor for failing to report the alleged incidents within the required timeframe. The investigation was closed with the following findings: two allegations of Use of Force-Unnecessary were Sustained; an allegation of Use of Force-Excessive was Not Sustained, and two allegations of Failure to Report were Sustained.

202205580 Alachua Regional Juvenile Detention Center (EEO)

A Juvenile Detention Officer II alleged that a sergeant sent her messages on Facebook and made comments that were inappropriate and sexual in nature. A sexual harassment investigation by the EEO Resolution Panel determined there was No Cause for Sexual Harassment (Staff on Staff), however, there was Cause for Misconduct/Conduct Unbecoming a Public Employee against the sergeant.

202205677 Pinellas Regional Juvenile Detention Center

A detention officer reported receiving a sexually explicit pop-up image while utilizing a Department computer. Based on the detention center video and an analysis of the computer's hard drive, it was determined that the detention officer had not intentionally accessed a pornographic image. However, it was also determined that the officer was using a Department computer for personal reasons on Department time. An allegation of Violation of Policy/Rule was Sustained.

202300154 Eckerd Transition Services

It was alleged that a youth had an intimate relationship with a Career Service Coordinator while under Department supervision (Probation). During the investigation, it was also alleged that another parent previously notified the program that the same staff "sexted" her son and the program failed to report the allegation. An allegation of Improper Conduct/Sexual Nature regarding the first youth was Not Sustained; however, an allegation of Improper Conduct/Sexual Nature regarding the second youth was Sustained, and an allegation of Failure to Report was Not Sustained.

202300413 Prevention Headquarters Staff (EEO)

An age discrimination complaint was filed at Department HQ. The EEO Resolution Panel determined there was No Cause for Discrimination, however there was Cause for Misconduct/Conduct Unbecoming a Public Employee.

202300706 Cypress Creek

A Department probation officer alleged he was informed of reportable incidents at the Cypress Creek Max Risk facility that program management had not reported. Investigation determined that the juvenile probation officer reported the incidents before program management had the opportunity to do so. Therefore, a Failure to Report allegation against the program's administrator was Unfounded. However, based upon program video, an allegation of Violation of Policy/Rule against a Youth Care Worker for failing to search a youth was Sustained.

202300751 Manatee Regional Juvenile Detention Center

Law enforcement investigated a previous sexual assault against a twelve-year-old youth who was formerly detained in the detention center in 2022. According to law enforcement's interview of the youth, he was placed into a room with two older youth, who sexually abused him. The criminal investigation was placed on Inactive status, as there was no video or forensic evidence, no identified youth suspects, and the youth's mother refused to return the investigating detective's phone contact. Allegations of Failure to Report applied to four separate staff were Not Sustained, one allegation of Violation of Policy/Rule was Not Sustained, and a second Violation of Policy/Rule was Sustained for failing to ensure room assignments were recorded.

202300939 Escambia Boys Base

A staff member was allegedly in a sexual relationship with a youth at the facility. There was no evidence or witnesses to support the allegations, and the youth and staff member denied the allegations. There was no date provided of the alleged occurrence and law enforcement declined to investigate the matter, due to lack of information. The same staff member was also accused of making threats to a different youth at the facility. An allegation of Sexual Abuse (PREA) against the staff member was determined to be Unfounded and Threats by Staff against the staff member were Not Sustained.

202300948 Probation Headquarters Staff (EEO)

A Discrimination complaint based on race was filed against an employee at Department headquarters. The EEO Resolution Panel subsequently determined there was No Cause for Discrimination.

202300963 Kissimmee Youth Academy

A teacher reported that one staff alleged that another staff was involved in a sexual relationship with a youth. It was further alleged that an Administrator was aware of the alleged relationship. Law enforcement investigated the allegations and closed their case as Unfounded. An allegation of Sexual Abuse (PREA) was Unfounded, an allegation of Improper Conduct was Unfounded, and an allegation of Failure to Report was Unfounded.

202301005 Probation Headquarters Staff (EEO)

A Discrimination complaint based on race was filed against the same employee as 202300948. The EEO Resolution Panel determined there was No Cause for Discrimination.

202301031 Kissimmee Youth Academy

A youth's mother alleged to his Juvenile Probation Officer that a female staff was engaging in sexual relations with her son. The mother believed the staff was pregnant with her son's child and produced pictures of them kissing while the youth was inside the program. An allegation of Sexual Abuse (PREA) was Sustained; an allegation of Improper Conduct was Sustained; and an allegation of Violation of Policy/Rule (introduction of contraband) was Sustained.

202301146 Probation Circuit 12

It was alleged that a Juvenile Probation Officer sent her supervisor a text message that contained a possible threat to harm other office staff members. The allegation of Misconduct/Conduct Unbecoming a Public Employee was Sustained.

202301612 Leon Regional Juvenile Detention Center (EEO)

A Discrimination complaint based on Sexual Orientation was filed against an employee at the detention center. The EEO Resolution Panel determined there was No Cause for Discrimination.

202301743 Everglades Youth Academy

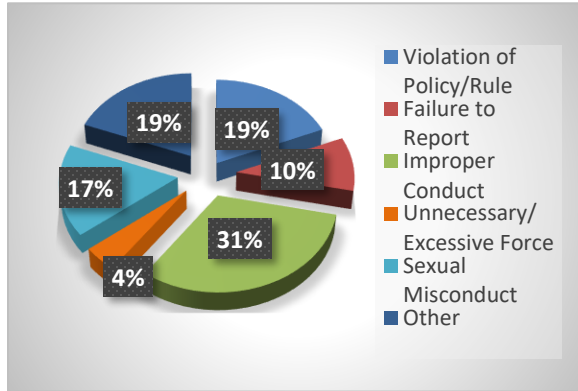
It was alleged that an unknown staff allowed a youth's former case manager from a previous residential program to communicate with and visit the youth even though they were not on the youth's approved visitation list. (In a previous investigation it was alleged that this youth and his former case manager were involved in an inappropriate relationship while the youth was at St. John's Youth Academy. An allegation of Improper Conduct was Inconclusive, and Violation of Policy/Rule was Not Sustained.

202301788 Bay Regional Juvenile Detention Center

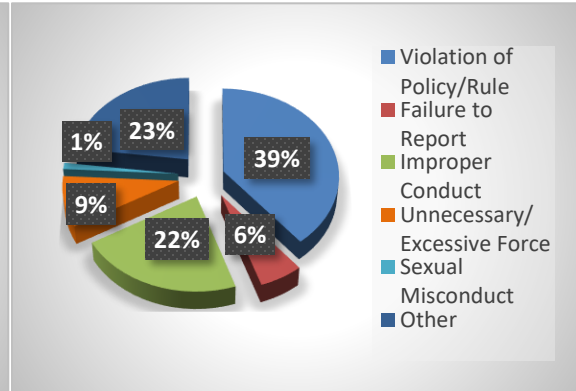
A staff member was allegedly in a sexual relationship with a youth from the facility. There was no evidence or witnesses to support the allegations, and the youth and staff member denied the allegations. The complainant refused to cooperate with the OIG or provide any evidence of the allegation. The allegation of Sexual Abuse (PREA) against the staff member was Unfounded.

Sustained Findings by Type

2021 - 2022

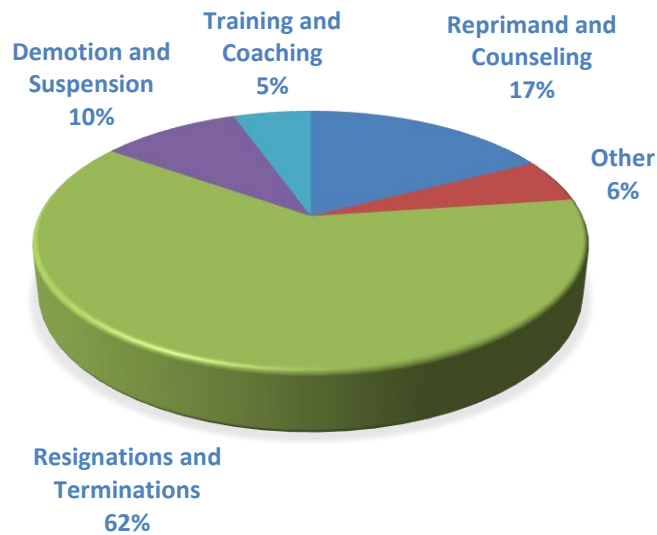


2022 - 2023



Disciplinary Actions

July 1, 2022 – June 30, 2023



Categorization of Investigations Closed

	Total	Exonerated	Sustained	Not Sustained	Unfounded	Other	Substantiated Allegations as Percentage of Total
Arrest of Staff	0	0	0	0	0	0	0%
Confidentially Violation	1	0	1	0	0	0	100%
Failure to Report	12	0	5	5	2	0	42%
Falsification	2	0	0	2	0	0	0%
Force, Excessive	6	0	5	1	0	0	83%
Force, Unnecessary	6	0	3	3	0	0	50%
Harassment	0	0	0	0	0	0	0%
Harassment/Discrimination	6	0	0	2	0	4	0%
Hostile Work Environment	2	0	0	0	0	2	0%
Hostile Work Environment-Threats by Staff	1	0	0	1	0	0	0%
Improper Conduct	28	0	11	14	3	0	39%
Improper Conduct/Computer Misuse	2	0	1	1	0	0	50%
Improper Conduct/Conduct Unbecoming a Public Employee	2	0	0	0	0	2	0%
Improper Conduct/Sexual Nature	4	0	2	2	0	0	50%
Improper Conduct/Staff on Staff Relationship	0	0	0	0	0	0	0%
Improper Conduct/Staff-Youth Relationship	11	1	5	3	2	0	45%
Improper Conduct/Staff-Family of Youth Relationship	0	0	0	0	0	0	0%
Improper Conduct/Threats by Staff	0	0	0	0	0	0	0%
Improper Conduct/Verbal Threats	0	0	0	0	0	0	0%
Improper Search	2	0	2	0	0	0	100%
Improper Supervision	16	0	12	2	2	0	75%
Improper Use of Force	0	0	0	0	0	0	0%
Introduction of Contraband	4	0	2	2	0	0	50%
Misconduct/Conduct Unbecoming a Public Employee	7	0	3	2	0	2	43%
Sexual Harassment	2	0	0	0	0	2	0%
Sexual Harassment/Staff-on-Staff	1	0	0	0	0	1	0%
Sexual Abuse (PREA)	26	0	1	13	11	1	<1%
Violation of Policy/Rule	49	2	34	7	4	2	69%
TOTAL	190	3	87	60	24	16	46%

Facility Surveys

The OIG routinely conducts unannounced facility site surveys at Department facilities on a regular basis to ensure that detention centers and residential treatment programs operate safely and securely in accordance with established procedures and contract requirements. Inspectors examine the facility's overall physical condition and operations, security, youth safety, food service, medical facilities, housing environment, staffing levels, and conduct interviews of the staff and youth regarding their morale and treatment, respectively.



Incident Operations Center

The Incident Operations Center (IOC) is responsible for the management of all reported incidents, including monitoring action taken by Department providers and State-owned and operated facilities, following a substantiated or sustained finding. The unit is also responsible for trend analysis and the daily review and assignment/disposition of incidents accepted by the Central Communications Center (CCC). The IOC provides daily incident/complaint hotline coverage through the CCC. The IOC provides information to assist in maintaining a safe environment for the treatment and care of youth in Department programs. The IOC is staffed by an IOC Director, CCC Supervisor, IOC Analysts, and Duty Officers.

Operational Hours and Procedures

In October 2010, Florida Administrative Code 63F-11 was adopted into law. This rule requires both Department staff and contract provider staff to report certain prescribed incidents to the CCC within 2 hours of the occurrence or knowledge of the occurrence. Incidents are called into a toll-free telephone number 7-days a week, 365 days per year. The rule was modified in August 2016 to include additional reportable requirements. This process guarantees receipt of incidents by the duty officers as all incidents are deemed critical to Department operations, thereby necessitating expedited reporting. The duty officers simultaneously enter reported incidents into the CCC Incident Tracking and Report System, which is a specialized management information tracking system. Once incidents are entered into the CCC tracking system, notification is sent to the Secretary, program area representatives, and the OIG for review and response. In May 2014, FDJJ Policy 2020 was implemented to further define the roles of the IOC and the CCC. This policy was updated in April 2016 to incorporate the move of the Management Review Unit to the OIG.

The following are examples of reportable incident types:

- Youth Deaths
- Staff Arrests
- Escapes from Secure Facilities
- Life-threatening Youth Injuries
- Disturbances
- Display/Use of Deadly Weapons
- Staff and Youth Sexual and Romantic Relationships
- Theft of Staff/Youth Owned Property
- Alleged Improper Use of Force and Abuse
- Medical/Mental Health issues including unscheduled medical transports

Central Communications Center Incident Tracking and Report System

A daily report is generated from the CCC tracking system and e-mailed each workday to the OIG, Secretary, and various Department representatives to notify them of incidents received within the prior 24-hour period. Additionally, a second report is generated the following day documenting the action taken regarding the reported incident. The CCC tracking system allows the OIG and program area representatives to assign incidents, track the findings and corrective actions, and to close incidents without generating a paper report. The CCC tracking system enables all program reviews, management reviews, and IG investigations/inquiries to be tracked. The system allows for greater information gathering and sharing, data analysis, and workflow tracking.

Other IOC Functions

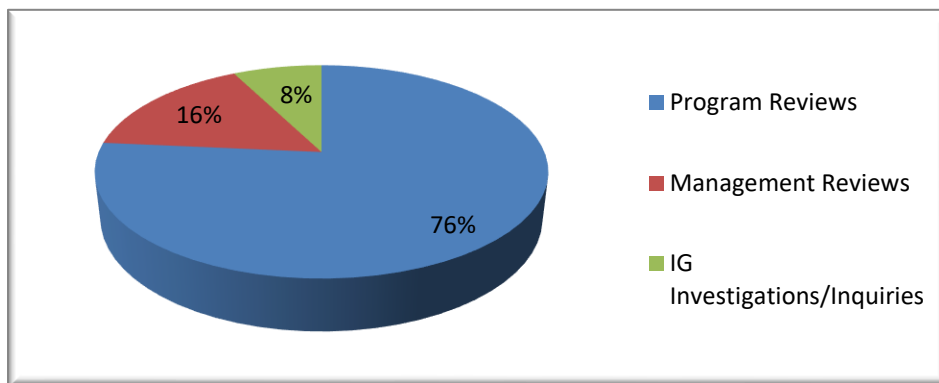
In addition to answering telephone calls, entering incidents into the CCC system, and making daily referrals to the program areas regarding received incidents, the IOC employees also perform the following functions:

- Provide assistance to all public records requests for all CCC related incidents.
- Assist in resolving employment issues by researching missing disposition information or any discrepancies with an employee's CCC incident history.
- Assist the program areas with any CCC incident changes, updates, or assignments within the system.
- Scan and attach any documents related to a CCC incident into the system.
- Review and input any Abuse Registry Investigations or FSFN notifications received via fax/e-mail into the CCC system.
- Provide statistical data.
- Provide technical assistance to OIG Inspector Specialists and other program areas by researching the voice recording system and making the telephone recording available for viewing.
- Provide program areas with trend analysis.
- Provide initial training for Program and Management Reviews as well as ongoing supplemental training.
- Conduct a Quality Check of all OIG investigations and inquiries as well as all management and program reviews to ensure compliance with FDJJ Policy 2020.
- Verify staff arrests using CJIS.
- Provide customer service assistance and guidance to citizens who need Department services.

Statistical Data

- Approximately **8,725** calls were received by the CCC.
- Duty officers logged a total of **4,144** reportable incidents and **1,512** non-reportable incidents into the CCC tracking system. The majority of these incidents dealt with complaints against staff (**1,580**), program disruption (**1,517**), and medical issues (**1,362**).
- Approximately **8,160** classifications were assigned to the incidents for appropriate processing and closure. Some incidents are assigned multiple classifications based on the nature of the incident. The top five classifications were Medical Transport (**888**), Violation of Policy/Rule (**458**), Improper Supervision (**407**), Program Closure (**251**), and Improper Search (**232**).
- A total of **977** incidents were assigned for either a review or investigation. This number comprises **747** Program Reviews, **156** Management Reviews, and **74** IG Investigations/Inquiries.
- A total number of **5,446** incidents were closed. This number comprises **4,634** Pre-Assessments, **600** Program Reviews, **136** Management Reviews, and **76** IG Investigations/Inquiries.

Incidents Assigned for Investigation or Management/Program Review



Management Review Unit

The Management Review Unit (MRU) is comprised of ten reviewers and two supervisors and is responsible for conducting reviews of allegations against a Department facility or contract provider. Management reviews are conducted when incidents/allegations are determined to be severe in nature and meet one or more of the following criteria: evidence of a crisis; serious breaches in the safety and security of youth and staff; or are indicative of unaddressed systemic issues. For the 2022-2023 fiscal year, the MRU conducted and closed 136 reviews.

Background Screening Unit

The Background Screening Unit (BSU) is located within the Office of the Inspector General. Its purpose is to assist the Department in meeting statutory and agency background screening standards for employment. The BSU conducts Level II employment background screenings pursuant to Chapters 435, 984, and 985 of the Florida Statutes (F.S.) and the Department's background screening policy and procedures. Background screening is performed on state and contracted provider directors, owners, employees, volunteers, mentors, and interns.

Background Screening Process

Employment background screenings must be completed before an applicant is hired or a volunteer is utilized by the Department, or a Department contracted provider. Background screening is how the Department checks a person's criminal history to determine if they meet statutory requirements to work or volunteer. The person's fingerprints are submitted to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for processing and a demographic search of the Comprehensive Case Information System (CCIS), a database that collects and displays the criminal records stored in courthouses throughout the State of Florida, is performed. Also, as a criminal justice agency, the criminal history reports received from the FDLE and FBI display all adult arrests and may also include juvenile, sealed, and expunged criminal history information.

Screening Types

The Department conducts two types of background screenings; Livescan which is the initial screening of potential employees and volunteers and Rescreening/Resubmissions that occur every 5 years of continued service.

Through the Livescan process, applicants seeking employment or to volunteer with the Department or a contracted provider are fingerprinted. The fingerprints are electronically transmitted to the FDLE and the FBI and within 72 hours the criminal search result is returned to the BSU. Livescan fingerprinting also allows FDLE to send an electronic notice to the BSU when an employee or volunteer receives a new Florida arrest.

The 5-Year Rescreen/Resubmission is a national criminal records check completed for all state and contracted provider employees and volunteers. The fingerprints from the Livescan screening are kept on file by FDLE and resubmitted to the FBI every 5-Years of continued services. The purpose of rescreening/resubmission is to ensure current employees and volunteers maintain level II screening standards throughout the term of their employment and/or service. FDLE recently implemented.

Federal Rap Back Services. This service keeps the fingerprints of employees and volunteers on file and will provide notification to the Department when a person is fingerprinted for a new arrest or criminal registration in the United States. National Rap Back Services, when fully implemented, will eliminate the need for 5-Year Rescreening/Resubmission.

Ratings/Determination Process

Background screenings are rated using one of the following determinations: Eligible, Identified/Non-Caretaker Only, and Not Eligible. These determinations are based on the criminal history and the position the applicant will occupy.

Applicants will receive an Eligible rating when no disqualifying criminal conviction or no contest plea appears on the criminal record. Applicants with an Eligible rating may be hired or utilized by the Department or contracted provider in any position.

Certain applicants seeking state employment with the Department will receive an Identified/Non-Caretaker Only rating. This rating is applied when a disqualifying criminal conviction or no contest plea appears on the criminal record, but the person will not work in a position that has contact with youth, access to confidential youth records, or on the grounds of a facility or program where youth are housed or receiving services. This rating will only be given to applicants for state employment with the Department and is not given to contracted provider employees or volunteers. Applicants with this rating can only be hired in a position and at a location where there is no contact with youth or access to confidential youth records.

Applicants will receive a Not Eligible rating when a conviction or no contest plea for a disqualifying criminal offense appears on the criminal record. Applicants with this rating cannot be hired or utilized as a volunteer until an exemption from disqualification has been granted by the Department. To receive a Not Eligible rating, an applicant must have either been found guilty of, pled guilty to, had adjudication withheld, or pled no contest to at least one of the charges listed in Chapters 435.04, 985.644, or 985.66, F.S.

Exemption from Disqualification

The exemption from disqualification is a review process that allows most applicants who receive a Not Eligible rating to be reconsidered for employment or as a volunteer. As set forth in Section 435.07, F.S., exemptions may be granted for a misdemeanor disqualifying offense as soon as the person is lawfully released and completes all sanctions. For a felony offense, the Department may not grant an exemption from disqualification until it has been at least three (3) years since the applicant completed or was lawfully released from confinement, supervision, or sanction for the disqualifying offense. An exemption from disqualification cannot be granted to any person who is a sexual predator as designated pursuant to section 775.21, F.S., a career offender pursuant to section 775.261, F.S., or a sexual offender pursuant to section 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to section 943.04354, F.S.

The Secretary decides on behalf of the Department if an exemption should be granted or denied. Exemptions denied by the Secretary can be reconsidered by requesting a formal hearing with the Division of Administrative Hearings (DOAH) pursuant to section 120.57, F.S.

Other BSU Functions

In addition to conducting employment background screenings, the BSU performs the following functions:

- Provides training on the Department and Clearinghouse screening processes.
- Operates Livescan Devices and Photograph Equipment
- Coordinates the Installation of new Department Livescan Devices
- Conducts criminal history checks to assist in agency investigations and inquiries.
- Coordinates the initial phase of the exemption process.
- Reviews personnel records for incidents of abuse, excessive force, and misconduct
- Informs programs of employee arrests
- Provides out-of-state driver's license notifications.
- Creates user accounts and manuals.
- Creates and maintains policies and procedures.
- Processes background screening invoices
- Processes retention notification, billing, and deletions
- Corresponds nationally with law enforcement agencies and court clerks.
- Collects and catalogs Annual Affidavits
- Scans completed screening documents into an archival database for future reference and access.
- Responds to in-person, telephone, fax, and e-mail inquiries.

Statistical Data

- Conducted **15,179** employee background screenings.
- Collected **\$1,604.73** in fingerprint processing fees and retention fees.
- Processed **25** credit card transactions.
- Disqualified **971** applicants due to statutory requirements, failure to submit needed information, or withdrawal by the requester.
- An exemption hearing for a statutorily disqualifying offense was requested by **63** applicants.
- Received and processed **510** arrest notifications.
- Conducted **15,179** record searches in the Inspector General Incident Tracking system.
- Approximately **91,074** pages of documents were scanned into the screening archival database.

OIG Staff Directory

	Robert Munson Wanda Glover	Inspector General Administrative Assistant III
<u>Internal Audit</u>	Michael Yu Roosevelt Brooks Karen Miller Kelly Neel	Audit Director Auditor Auditor Auditor
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<u>Background Screening Unit</u>	Lisa Alexander Erika Ross Morgan Williams Gabrielle Boles Keldric James Courtney Mack	Director Supervisor Supervisor Staff Assistant Screener Screener



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