OFFICE OF INSPECTOR GENERAL

Fiscal Year 2025-26

ANNUAL REPORT

Elder Affairs FLORIDA

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Inspector General

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Secretary

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Chief Inspector General
State of Florida

FLORIDA DEPARTMENT OF ELDER AFFAIRS

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Department Mission, Vision, and Values

Mission

To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.

Vision

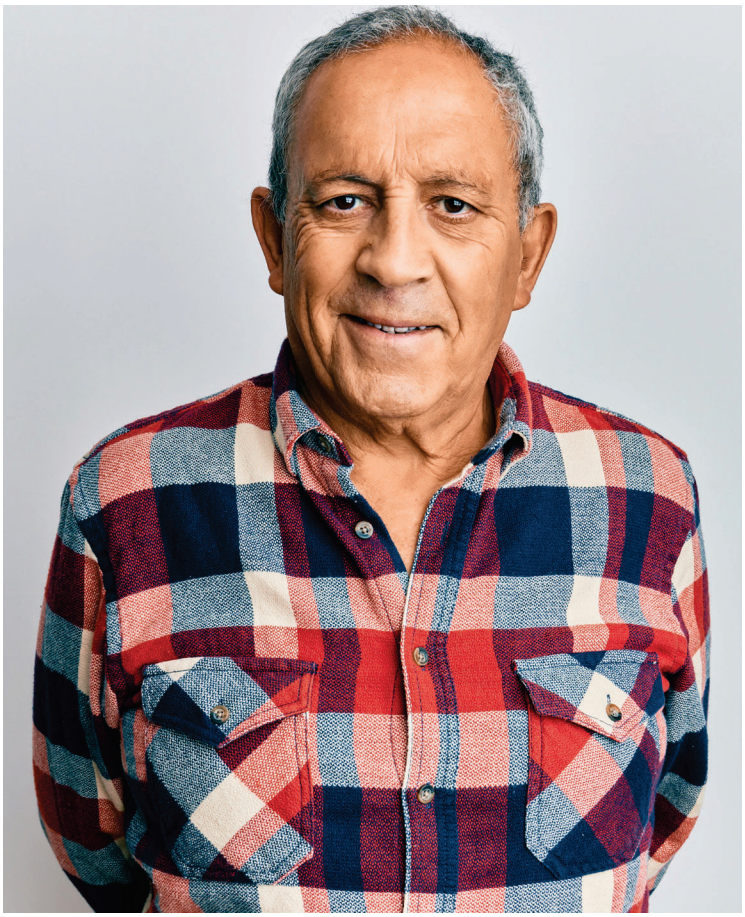
For all Floridians to live well and age well.

Values

B	Better well-being for seniors and caregivers
O	Older Floridians' protection from abuse, neglect, and exploitation
L	Livable Communities
D	Dementia Care and Cure Initiative

Introduction

The Department of Elder Affairs' (Department/DOEA) Office of Inspector General (OIG) is an essential component of executive direction that provides a central point for coordination of, and responsibility for, activities that promote accountability, integrity, and efficiency in government. DOEA's OIG was originally comprised of two sections: Internal Audit and Investigations. However, in July 2024, following the non-renewal of the contract between DOEA's Office of Public and Professional Guardians' (OPPG) and the Florida Court Clerks and Comptrollers Statewide Investigation Alliance (SIA), which previously conducted OPPG complaint investigations, DOEA Secretary Michelle Branham made the decision to bring these investigations in-house. Consequently, the Guardianship Investigations Unit (GIU) was created within the OIG to support OPPG's receipt of complaints filed against professional guardians.



Section 20.055, Florida Statutes (F.S), requires each Governor Agency Inspector General (IG) to submit to the agency head and Chief Inspector General (CIG), no later than September 30 of each year, an annual report summarizing the activities of the office during the preceding state fiscal year (FY). This report is presented to the respective parties in accordance with the statutory requirements to summarize the activities and accomplishments of DOEA's OIG for FY 2025-26. It includes, but is not limited to the following:

- a summary of audit engagements and investigations completed;
- a description of deficiencies relating to the administration of programs and operations of the Department disclosed by audits, reviews, investigations, or other accountability activities; and
- recommendations for corrective action with respect to significant problems or deficiencies identified.

OUR MISSION

Office of Inspector General

To promote public integrity through professional, ethical, and timely audits and investigations.

Guardianship Investigation Unit

To ensure public trust and accountability by conducting thorough, objective, and professional investigations that uphold the law, protect the rights of all involved, and promote a safe and ethical environment for Florida's wards being served by professional guardians

Statutory Requirements

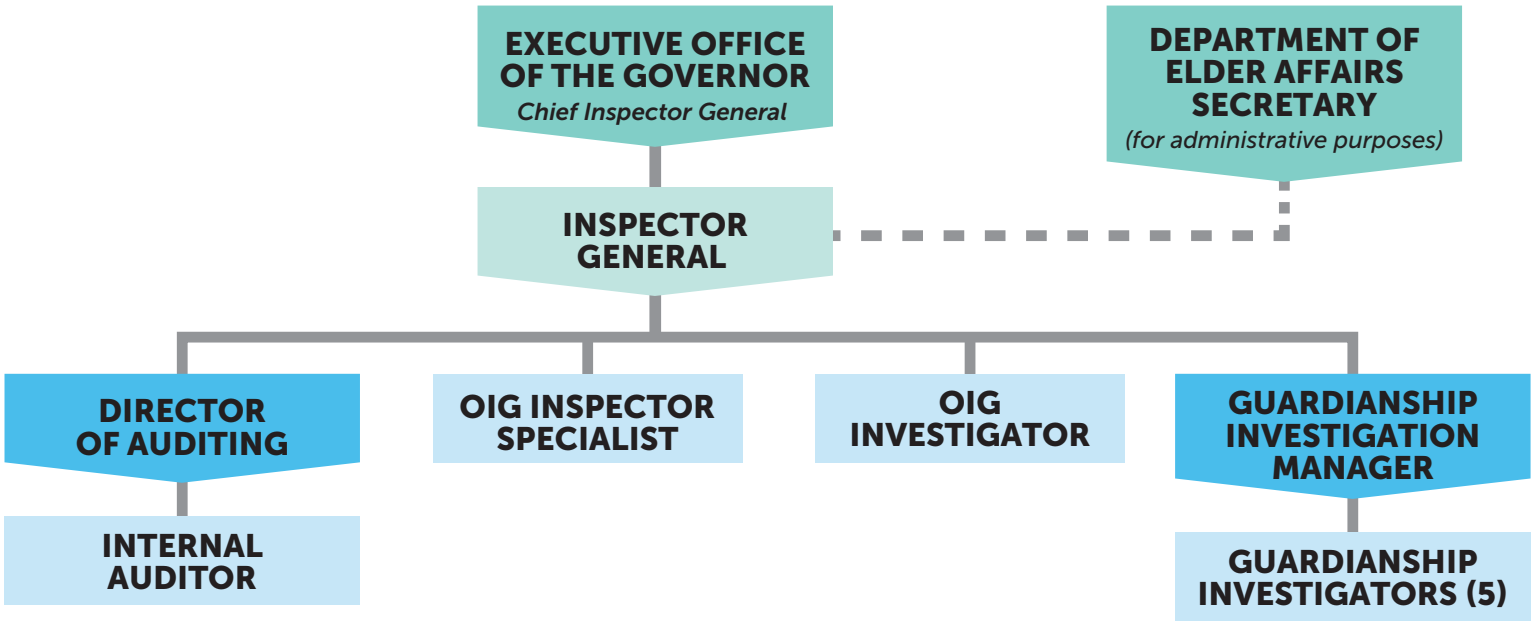
Pursuant to section 20.055, F.S., through independent audits, investigations, and other accountability activities, the OIG promotes economy and efficiency to prevent, deter, and detect fraud or abuse in programs and operations carried out or financed by the Department. As outlined in statute, the duties and responsibilities of each IG, with respect to the state agency in which the office is established, are to:

- Advise in the development of performance measures, standards, and procedures for the evaluation of state agency programs.
- Assess the reliability and validity of the information provided by the state agency on performance measures and standards, and make recommendations for improvement, if necessary.
- Review the actions taken by the state agency to improve program performance and meet program standards and make recommendations for improvement, if necessary.
- Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to the programs and operations of the state agency.
- Conduct, supervise, or coordinate other activities carried out or financed by the state agency for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its programs and operations.
- Keep the agency head or, for state agencies under the jurisdiction of the Governor, the CIG informed concerning fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency; recommend corrective action; and report on the progress made in implementing corrective actions.
- Ensure effective coordination and cooperation between the Auditor General (AG), federal auditors, and other governmental bodies with a view toward avoiding duplication.
- Review, as appropriate, rules relating to the programs and operations of such state agency and make recommendations concerning their impact.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.
- Comply with the General Principles and Standards for Offices of Inspector General as published and revised by the Association of Inspectors General.

Pursuant to Chapter 744, F.S., the Office of Public and Professional Guardians was created within DOEA. The Executive Director, appointed by the Secretary of DOEA, leads OPPG, who has oversight responsibility for all public and professional[1] guardians. From Calendar Year 2016 through July 2024, OPPG partnered with the SIA to conduct guardianship investigations. However, since July 2024, these investigations have been carried out by guardianship investigators within the OIG, who now conduct them on behalf of DOEA's OPPG.

1 Professional guardian – any guardian who has at any time rendered services to three or more wards as their guardian.

ORGANIZATIONAL CHART



The OIG fulfills its mission through the Internal Audit and Investigations functions, while the GIU supports its mission through investigations conducted by guardianship investigators.

Organizational Structure

Within DOEA, the Inspector General is under the general supervision of the Department head (Secretary) for administrative purposes, but functionally reports to the CIG in the Executive Office of the Governor. OIG staff have full, free, and unrestricted access to all Departmental activities, records, data, and property, and may request any other information deemed necessary to conduct audits and investigations as needed. The reporting structure and unrestricted access ensure audits, investigations, and other accountability activities are independent and that results are communicated in accordance with professional standards.

As of June 30, 2026, DOEA's OIG was comprised of the Inspector General, two Internal Audit staff, two Investigations staff, and six GIU staff assigned to the Tallahassee, Largo, Orlando, Fort Myers, and Miami regions.

The 11 professional positions and OIG reporting structure are depicted in the organizational chart above.

Staff Qualifications

Collectively, OIG staff have experience in a variety of disciplines in the public and private sectors. These disciplines include accounting, auditing, management, law enforcement, and communications. Staff possess a variety of professional certifications and keep abreast of trends in internal auditing and investigations to maintain professional proficiency through membership in various professional organizations. Below is a list of certifications and affiliations maintained by staff:

CERTIFICATIONS

- Certified Inspector General (2)
- Certified Inspector General Evaluator (1)
- Certified Government Auditing Professional (1)
- Certified Inspector General Auditors (2)
- Certified Inspector General Investigators (3)
- Certified Law Enforcement Officer (3)

- Florida Certified Contract Manager (2)
- Employees who provide Notary Public Services (8)

PROFESSIONAL ORGANIZATION AFFILIATIONS

- Institute of Internal Auditors (IIA)
- National + Florida Chapter, Association of Inspectors General (AIG)
- Tallahassee Chapter, Institute of Internal Auditors (TCIIA)
- Commission for Florida Law Enforcement Accreditation, Inc. (CFA)
- Information and Systems Audit and Control Association (ISACA)
- National Guardianship Association
- Florida State Guardianship Association
- Florida Police Accreditation Coalition, Inc. (FLA-PAC)

ADVANCED DEGREE

- Master of Arts in Human Services Administration

Collectively, OIG staff earned 336 continuing professional education credits through participation in trainings, webinars, and other professional education programs.

Operating Components

As detailed below, the Internal Audit and Investigations Sections support the OIG's mission through their respective functions.

Internal Audit Section

The Internal Audit Section (IA) helps the Department accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes.

IA staff evaluate the reliability and integrity of operational information, as well as compliance with laws, policies, and procedures. Analyses, appraisals, and recommendations related to audits or reviews of program areas and processes are furnished to management and other Department employees to assist them in effectively managing their areas of responsibility.

Duties and responsibilities of the IA include:

- Conducting performance audits to ensure the effectiveness, efficiency, and economy of the Department's programs.
- Assessing the reliability and validity of information provided by the Department on performance measurements and standards.
- Conducting compliance audits to ensure that the Department's programs are following prescribed statutes and rules.
- Providing management assistance services that involve advising management on Departmental policies and procedures and the development of performance measures.
- Coordinating audit responses and conducting audit follow-ups to findings and recommendations made by the AG, the Office of Program Policy Analysis and Government Accountability (OPPAGA), OIG, and other governmental bodies.

Internal Audit activities are conducted in conformance with the IIA's Global Internal Audit Standards *(Standards)*. Final communication of audit engagement results, including objectives, scope, methodology, conclusions, findings and recommendations, if applicable, are distributed to the Department's Secretary, appropriate DOEA Management, and other respective parties as required.

Investigations Section

The Investigations Section (IS) is responsible for management and operation of administrative investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses involving Department employees, contractors, and vendors.

The IS receives complaints from many sources including external customers, Department employees, senior management and leadership, the Whistle-blower's Hotline, Chief Financial Officer's Get Lean Hotline, State Attorney General's Office, and the Office of the Chief Inspector General. (*See IS's Complaint Intake Process Flowchart on page 8*).

Inquiries and complaints received by the IS are reviewed and assigned a specific case type as described below:

- **Investigation** – A formal process by which information and evidence is obtained relevant to allegations, complaints, or violations posed or suspected.
- **Management Review** – A formal review of an issue that is possibly systemic in nature or of a specific program area to determine whether it is operating within accepted, written procedures or contract. This may be initiated in response to a complaint or expressed concerns that do not name a specific subject or at the request of management as a tool for program improvement.
- **Preliminary Inquiry** – An examination conducted based on limited information to verify the veracity of a complaint or allegation. The inquiry should determine if evidence is available to indicate the need for a complete investigation.
- **Referral** - Action whereby the OIG forwards a complaint to management, another agency (if the subject is out of the OIG's jurisdiction), or law enforcement (for criminal violations) for handling or necessary action.

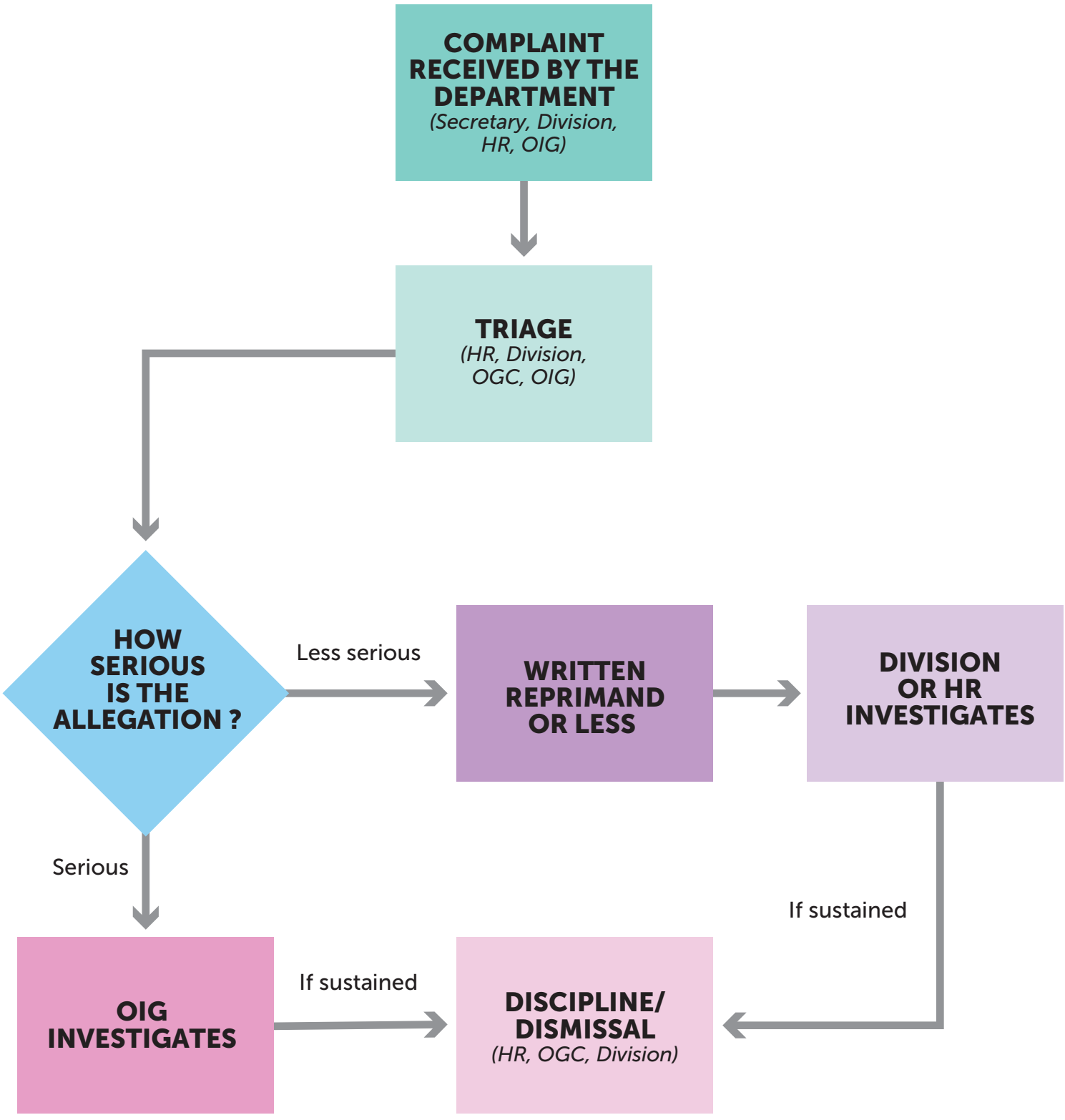
In an administrative investigation, preponderance of the evidence is the standard of proof used to support a finding. "Under the preponderance standard, the burden of proof is met when the party with the burden convinces the factfinder that there is a greater than 50% chance that the claim is true." (www.law.cornell.edu)

Once an investigation is completed, final disposition is presented in an investigative report, which also contains the allegations made in the complaint and classified subsequent to a conclusion of facts, based on a thorough and competent investigation as follows:

- **Unfounded** – The complaint was not supported with facts or evidence.
- **Not Sustained** – There is insufficient proof to confirm or refute the allegation(s).
- **Sustained** – The allegation is true. The action of the Department or the employee was inconsistent with Departmental policy.

Investigations are conducted in accordance with the standards set forth in the Principles and Standards for Offices of Inspector General and those established by the CFA. Investigative reports are distributed to the Department's Secretary and appropriate DOEA management. Additionally, when allegations are sustained, the OIG provides the necessary facts to respective management to assist them in deciding appropriate disciplinary actions.

INVESTIGATIONS' COMPLAINT INTAKE PROCESS



Guardianship Investigations Unit

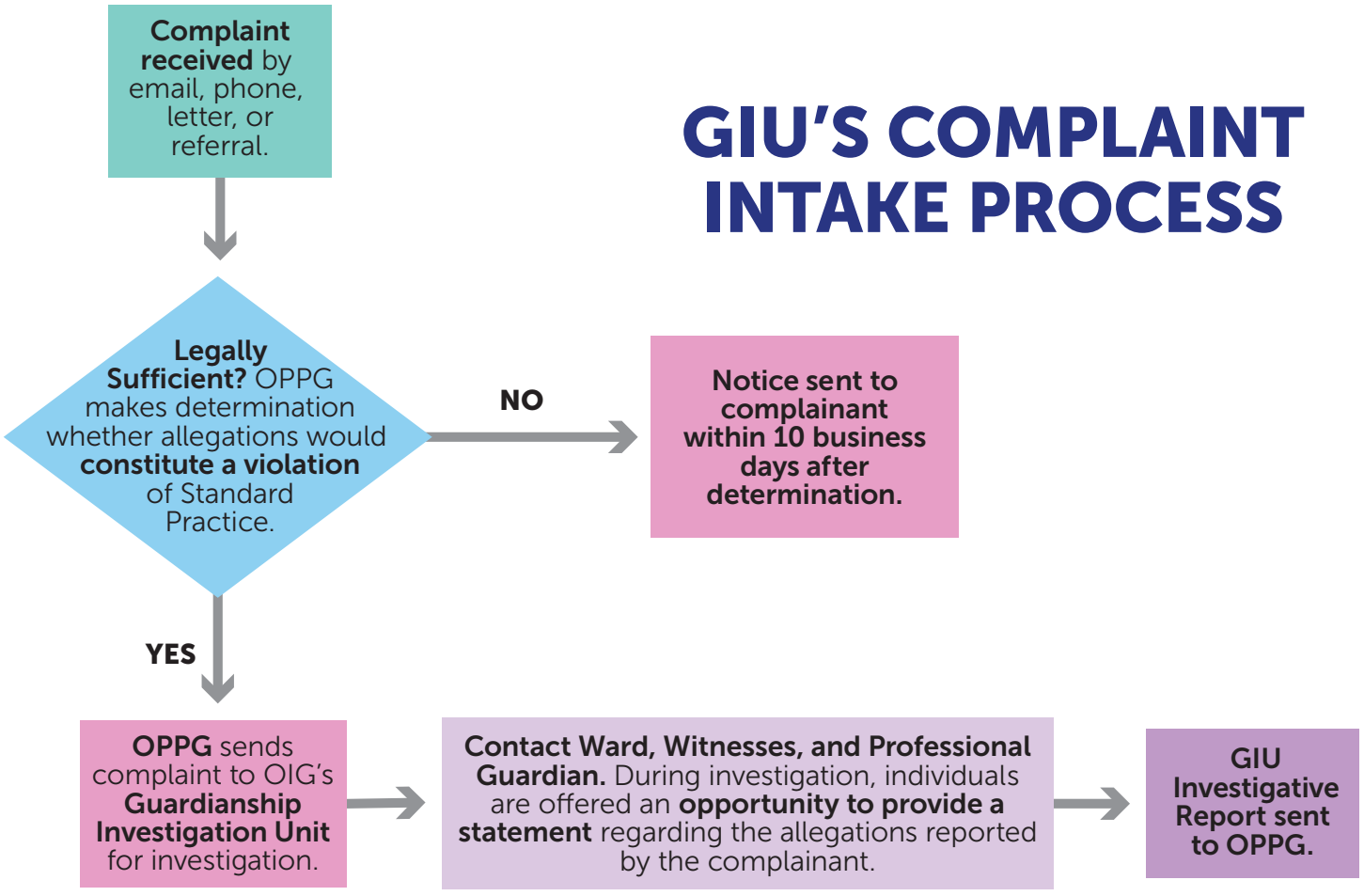
The GIU supports OPPG in handling complaints filed against professional and public guardians. It is comprised of five investigators located throughout the state and one investigations manager.

OPPG receives and refers to the GIU for investigation, complaints filed against public and professional guardians/guardian advocates appointed to serve individuals with developmental disabilities and mental health issues. Complaints may be received by email, postal mail, submitted anonymously, or called into the OPPG complaint hotline. (*See GIU's Complaint Intake Process below*).

Once an investigation is completed, the findings of the legally sufficient[2] allegations are documented in an investigative report and categorized as follows:

- **Unfounded** – There is no credible evidence to support the allegation(s).
- **Not Sustained** – There is insufficient proof to either confirm or refute the allegation(s).
- **Sustained** – The allegation is true. The action of the guardian violated one or more standards of practice.

GIU'S COMPLAINT INTAKE PROCESS



2 Legally sufficient - a complaint that contains ultimate facts that show a violation of a standard of practice by a professional guardian has occurred.

Highlight of Activities and Accomplishments

The OIG maintained its commitment to preventing, detecting, and deterring fraud, waste, and abuse through a balance of audits, investigations, and other accountability activities. The "At-a-Glance" Accountability Summary below provides a total number of activities completed by the IA and IS Sections:

IA and IS Functions At-a-Glance Accountability Activities

Activities	#
Internal Audit Engagements Completed	2
Follow-up Audits Completed	4
Performance Measures Initiated	0
Recommendations Followed-Up On *(Internal and External)*	18
Complaints Received	120
Management Reviews Completed	1
Preliminary Inquiry Completed	0
Investigations Closed	1

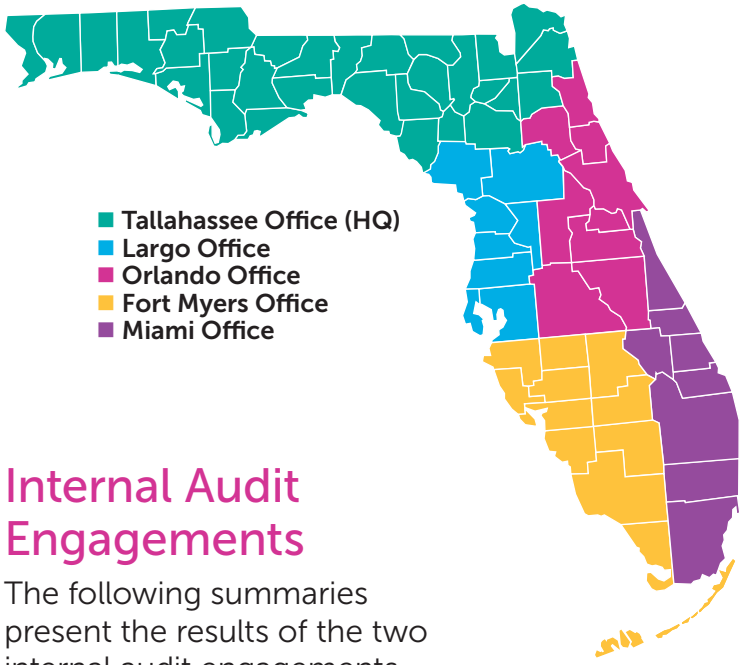
In addition, Charts A and B, respectively, display the total number of GIU open and closed cases by region, along with the corresponding guardianship investigator regions:

CHART A: GIU Cases by Region

JULY 1, 2025 - JUNE 30,2026			
REGION	OPEN	CLOSED	TOTAL
1. Tallahassee	4	27	31
2. Largo	7	6	13
3. Orlando	5	17	22
4. Ft. Myers	3	10	13
5. Miami	2	8	10
TOTAL	**21**	**68**	**89**

CHART B: Guardianship Investigator Regions

Although investigators are typically assigned cases within their designated region, they may occasionally be tasked with handling cases in other regions to meet caseload demands.



Internal Audit Engagements

The following summaries present the results of the two internal audit engagements completed by the IA Section:

A-2425DEA-022 Audit of the Department of Elder Affairs' Access Controls to the Florida Accounting and Information Resource (FLAIR) System (Report Date: November 5, 2025, resulted in no findings)

A-2526DEA-012 Audit of the Department of Elder Affairs' Ethical Culture (Report Date: March 4, 2026, resulted in one finding and two recommendations)

Finding 1: The Department established an informal practice under which certain Other Personnel Services (OPS) positions were exempted from acknowledging specific policies and completing required training courses.

Recommendation 1: Bureau of Human Resources (HR) Management discontinue the practice of exempting positions from completing policy acknowledgment forms and training courses that

are required of all Department employees unless a formal exception is justified documented and approved through temporary governance channels.

Recommendation 2: HR Management clearly communicate expectations to all Department managers and supervisors to ensure consistent understanding and application across all positions.

Follow-Ups on Internal Engagements

Section 20.055(8)(c), F.S., requires the Inspector General to provide descriptions of:

- Recommendations for corrective action with respect to significant problems, abuses, or deficiencies identified.
- Each significant recommendation described in previous annual reports on which corrective action has not been completed.

In addition, the *Standards* require auditors to follow up on reported findings and recommendations from previous engagements to determine whether Department management has taken appropriate corrective action.

The OIG issues follow-up status reports to Department management at 6-, 12-, and 18-Month intervals after publication of an initial engagement report.

Follow-ups were conducted on two internal engagements:

S-2425DEA-001F Six-Month Follow-up to the Enterprise Audit of the Department of Elder Affairs' Cybersecurity Controls for Asset Management (Report Date: February 10, 2026, three findings and three recommendations remain open)

Note: As an audit of a state agency's information technology security program, this document and associated records are confidential and exempt from public disclosure pursuant to section 119.071 or 282.318 (4)(g), F.S.

S-2425DEA-006F Six-Month Follow-up to the Triennial Enterprise Contracts Audit (Report Date: October 22, 2025, two findings were corrected)

Coordination of External Engagements

Section 20.055(2)(g), F.S., requires the Inspector General to ensure effective coordination and cooperation between the Attorney General, federal auditors, and other governmental bodies with a view toward avoiding duplication. To that end, the OIG acts as the Department's liaison on audits, reviews, and information requests conducted by external state organizations such as the Attorney General, the OPPAGA, federal agencies, and other governmental bodies. In addition, the OIG coordinates the Department's responses to all audits, reviews, and information requests from these entities.

The OIG facilitated coordination of the following five external engagements:

E-2425DEA-005 Department of Financial Services' Audit of the Contract Management and Monitoring Processes for the Department of Elder Affairs (Report Date: March 2, 2026, resulted in no findings)

E-2425DEA-007 Department of Commerce's Financial Monitoring of the Low Income Home Energy Assistance Program (Report Date: September 18, 2025, resulted in no findings)

E-2425DEA-009 Auditor General's Statewide Financial Reporting and Federal Awards Audit, Report No. 2026-155 (Report Date: March 2026, resulted in no findings for DOEA)

E-2425DEA-010 OPPAGA's Florida Professional Guardianship Information 2025, Report No. 25-05 (Report Date: October 2025)

S-2526DEA-002 After Action Report/ Improvement Plan for Information Security Manager/Computer Security Incident Response Team Exercise (Report Date: July 29, 2025)

Follow-Up on External Engagement

The OIG monitors the implementation of the Department's response to reports issued by the AG or OPPAGA and is required to provide a written response to the Secretary on the status of corrective actions taken no later than six months after a report is published. Follow-ups were conducted on the following external engagement:

E-2324DEA-006F Six-Month Follow-up to Auditor General, Office of Public and Professional Guardians, Operational Audit, Report No. 2025-092 (Report Date: July 22, 2025, seven findings and seven recommendations remain open)

Finding 1: Contrary to State law, the OPPG had not developed and implemented an effective monitoring tool to ensure that private professional guardians complied with OPPG standards of practice designed to ensure that wards receive appropriate care and treatment, are safe, and their assets are protected. A similar finding was noted in our report No. 2021-010.

Recommendation: OPPG management enhance efforts to monitor private professional guardians for compliance with OPPG standards of practice, including establishing a monitoring tool that promotes an independent and robust compliance assessment.

Finding 2: OPPG efforts to monitor Offices of Public Guardians (OPGs) continue to need enhancement to ensure that all OPGs are monitored at least once every two years, program monitoring results are supported by source documentation, and appropriate follow-up is made on noted deficiencies.

Recommendation: To better ensure that OPGs are providing public guardian services in accordance with applicable requirements, we recommend that OPPG management:

- Monitor each OPG at least once every two years or more frequently as warranted by an OPG's risk profile.
- Maintain appropriate source documentation to support monitoring results.
- Prepare Corrective Action Plans for all deficiencies noted during monitoring that cannot be resolved prior to report issuance and follow up on all such deficiencies to ensure that appropriate corrective action is taken.

Finding 3: As similarly noted in our report No. 2021-010, OPPG complaint processing controls need improvement to ensure that complaints are processed and related investigation activities are timely conducted in accordance with State law and OPPG policies and procedures and complaint records are complete.

Recommendation: We again recommend that OPPG management enhance complaint processing controls to ensure that complaints are timely processed and related investigations initiated, and all complaint information is recorded in OPPG records.

Finding 4: The OPPG did not include in online registered professional guardian profiles information regarding all substantiated complaints and related disciplinary actions, frustrating the intent of state law and the public's ability to assess the fitness of a guardian.

Recommendation: To better ensure that the public has access to critical information necessary to assess the fitness of a guardian, we recommend that OPPG management include in each registered professional guardian's online profile information regarding all substantiated complaints and the related disciplinary actions taken.

Finding 5: As similarly noted in our report No. 2021-010, OPPG controls did not adequately promote the timely submittal and processing of annual professional guardian renewal registrations.

Recommendation: OPPG management revise professional guardian registration processes to promote the timely submittal and processing of renewal registrations in accordance with applicable rules.

Finding 8: The OPPG did not always follow up on untimely OPG report submittals, assess financial penalties for late submittals, or document the review of OPG annual report resubmittals.

Recommendation: OPPG management ensure that required OPG reports are timely received, adequately reviewed, and appropriate follow-up is performed by OPPG staff. Additionally, we recommend that OPPG management assess financial penalties for OPG noncompliance in accordance with established contract terms and conditions.

Finding 9: Contrary to state law, the Department still had not adopted rules for certain OPPG processes, including the process for investigating complaints against guardians.

Recommendation: To ensure that OPPG management, staff, and other parties are provided authoritative Department direction, we again recommend that Department management adopt rules governing complaint, disciplinary proceeding, and enforcement processes.

E-2324DEA-006F Twelve-Month Follow-up to Auditor General, Office of Public and Professional Guardians, Operational Audit, Report No. 2025-092 (Report Date: February 23, 2026, seven findings and seven recommendations remain open)

Investigations Engagements

The following summaries present the results of the engagements completed by the IS Section:

One investigation was completed:

I-2526DEA-015 In March 2026, the OIG was notified that two volunteer ombudsmen may have acted outside the scope of their responsibilities while assisting a resident in a memory care unit. Concerns were raised that one ombudsman helped the resident leave the unit without consulting medical staff or the family responsible for the placement.

The investigation found that the same ombudsman obtained legal revocation documents intended to change the resident's designated decision makers.

The documents were presented to the resident for signature, and the ombudsman signed as a witness. A second ombudsman was asked to notarize the documents, despite prior guidance that witnessing or notarizing resident paperwork was not permitted.

It was also determined that both ombudsmen engaged with an outside individual (professional guardian) who inaccurately identified herself to facility staff as having temporary guardianship. She offered an informal opinion about the resident's mental capacity without conducting a proper evaluation, further complicating the situation.

After reviewing documents and interviewing involved parties, the OIG concluded that both ombudsmen exceeded the authority of their roles and violated program expectations. The allegations were sustained, and the investigation recommended that the Department consider appropriate administrative action.

Allegations against the professional guardian were referred to the OPPG.

Preliminary Inquiries

Like investigations, inquiries may be initiated as a result of information received from state employees, private citizens, federal agencies, legislators, the Department Secretary, the CIG, or any other person with concerns about the integrity of the Department's operations, contractors, or employees.

The OIG received 120 complaint intakes. Of these intakes, five umbrella preliminary inquiry numbers were assigned to capture information on ongoing matters related to specific Department programs or similar issues brought to the OIG's attention.

P-2526DEA-002 This number was created to document incoming complaints related to public and professional guardians. Nine complaints, independent from OPPG's complaint referrals to the GIU, were received by the OIG and referred to the DOEA OPPG for legal sufficiency reviews.

P-2526DEA-003 This number was created to document incoming complaints about nursing homes or adult living facilities' treatment of residents. Twenty-five complaints were received. The complaints were referred to the Long-Term Care Ombudsman Program (LTCOP) for follow-up and review. In some instances, the complaints were also referred to the Agency for Health Care Administration and the Department of Children and Families' Adult Protective Services, as appropriate.

P-2526DEA-004 This number was created to document suspicious incidents and theft. Seven incidents were reported.

P-2526DEA-005 This number was created to document requests for OIG assistance or for informational purposes as provided by DOEA management. One request was documented.

P-2526DEA-006 This number was created to document incidents of Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI) violations, including Information Technology (IT) incidents. No incidents were reported.

No additional preliminary inquiry numbers were assigned.

Management Reviews

Management Reviews are typically opened at the request of DOEA Leadership. A review may consist of an evaluation by the OIG of a contractor/subcontractor; contract/subcontract; and/or other operations affecting the Department, either internally or externally, to determine compliance with contract/subcontract agreements and/or identify issues that may require attention.

One management review was conducted.

M-2526DEA-013 On November 18, 2025, Department leadership requested that the OIG conduct a Management Review following a program evaluation that resulted in numerous findings for a contracted agency. Previous assessments had identified similar issues, and despite ongoing technical assistance and repeated efforts to provide guidance, minimal progress had been made. This lack of improvement indicated a need for strengthened oversight and accountability.

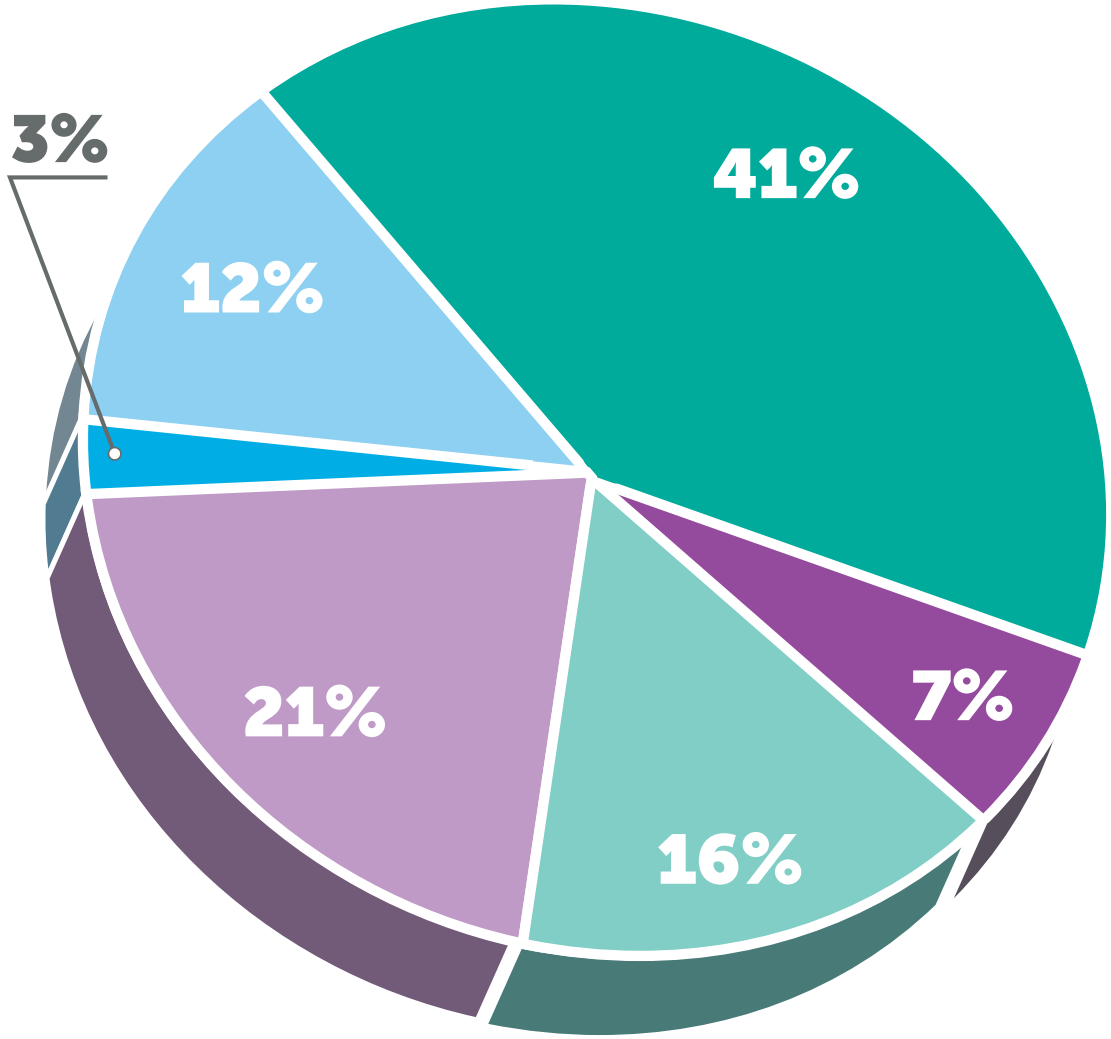
The OIG reviewed relevant documentation, including the evaluation report, the agency's rebuttal, and the Department's corrective action plan. Interviews were conducted with Department staff, contracted agency employees, and stakeholders to gain a full understanding of the operational environment and barriers to compliance.

The review identified persistent operational challenges affecting the contracted agency's ability to meet its responsibilities. These issues included gaps in planning, oversight, communication, and documentation of decision-making. The absence of consistent accountability contributed to recurring compliance problems and hindered efforts to resolve the identified concerns.

Given the significant resources the Department had already invested, the ongoing challenges were deemed unsustainable. The agency submitted a response to the draft report in June 2026, which was incorporated into the final version. The OIG emphasized the importance of sustained oversight, strong internal controls, and continued compliance with federal and state requirements, including new federal initiatives intended to ensure program integrity.

Investigations Complaint Intakes

The OIG Investigations Section received 120 complaints or requests for assistance from various sources. These types of complaints or requests included:



TYPES OF COMPLAINTS

Referrals to External Agencies	(49)	LTCOP Related	(25)
OPPG Related	(8)	Employee Misconduct	(3)
Referrals to DOEA Management	(19)	Other	(16)

Other OIG Activities

Annual Risk Assessment

Internal Audit staff performed an annual risk assessment of Department program areas and functions to ensure their services provided the most benefit to the Department. This ensures those areas with the greatest risks are identified and scheduled for review and that the OIG is responsive to management concerns.

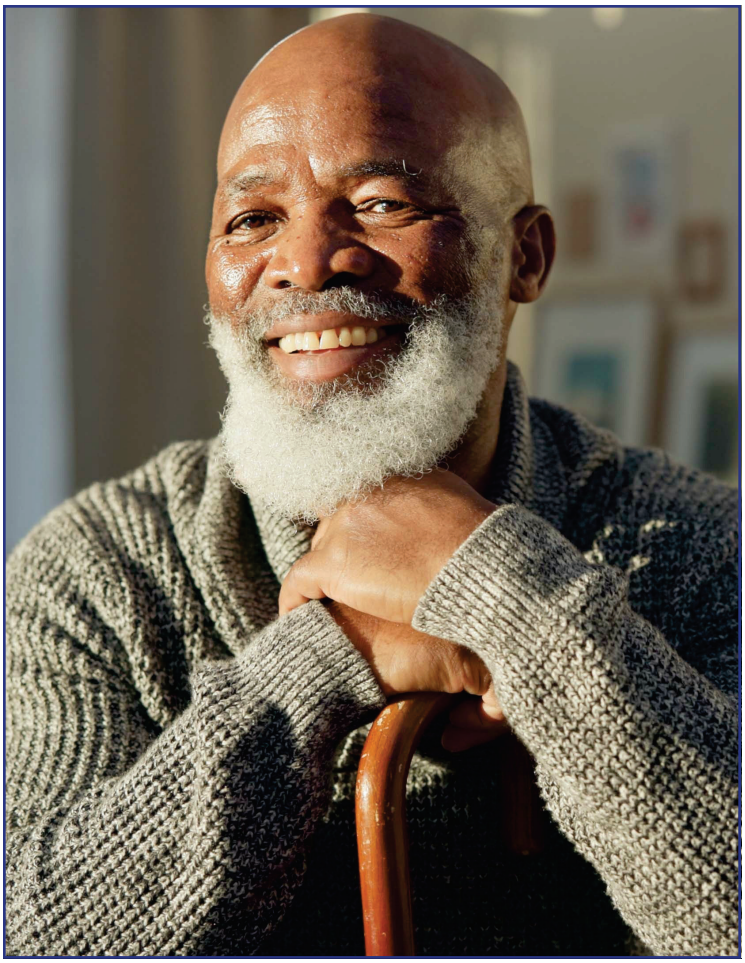
Schedule IX: Major Audit Findings and Recommendations

Internal Audit staff prepared the Schedule IX: Major Audit Findings and Recommendations for the Department's Legislative Budget Request. The Schedule IX informs decision-makers about major findings and recommendations made in AG and OIG audit reports issued during the current and previous fiscal years. It also provides information on the status of action taken to correct reported deficiencies.

Outreach and Educational Activities

OIG staff presented and participated in the following outreach and educational activities:

- OIG Annual Fraud Awareness and Prevention Training, titled "Fraud Prevention," was disseminated to employees at DOEA Headquarters and Field Offices via the People First Learning Management System. It was also made mandatory for all new hires with the Department.
- In conjunction with the training presentation, OIG staff created several fraud awareness and prevention resources, including Volume 9 of their annual Fraud Newsletter which was distributed to Department employees statewide and the 11 Area Agencies on Aging for distribution to their employees and providers.



- The OIG distributed two additional publications to Department employees: Inspector General Advisory Bulletin and Scam Alerts. The Advisory Bulletins contained relevant information about matters relating to the duties and responsibilities of Department personnel; whereas the Scam Alerts contained informational and educational material about current scam trends along with steps on how employees can better protect themselves. Both resources are maintained on the Department's SharePoint site.

OIG Staff Members

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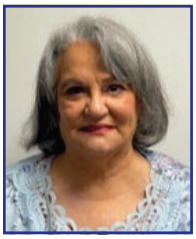

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