

**FLORIDA
DEPARTMENT OF
BUSINESS
AND PROFESSIONAL
REGULATION**



**OFFICE OF INSPECTOR GENERAL
ANNUAL REPORT
FISCAL YEAR 2016-2017**

RICK SCOTT
Governor

JONATHAN ZACHEM
Secretary

ERIC W. MILLER
Chief Inspector General

LYNNE T. WINSTON, Esq., CIG
Inspector General

Jonathan Zachem, Secretary

Rick Scott, Governor

September 28, 2017

Eric W. Miller, Chief Inspector General
Office of the Chief Inspector General
Room 1902 – The Capitol
Tallahassee, FL 32399-0001

Jonathan Zachem, Secretary
Department of Business & Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-6506

Dear Chief Inspector General Miller and Secretary Zachem:

It is with immense pride and pleasure that I present the Office of Inspector General's *Annual Report* for Fiscal Year 2016-2017. This report, which has been prepared in accordance with Section 20.055(8)(a), Florida Statutes, describes and summarizes the activities carried out and performed by the Office of Inspector General (OIG) based on its statutory obligations and responsibilities. This report highlights the accomplishments, findings, and recommendations of significant audit and investigative activities completed during Fiscal Year 2016-2017.

The collaboration, support, and cooperation of your offices, DBPR's executive staff, senior managers, division directors, and employees have been instrumental in facilitating the OIG's efforts to detect and deter fraud, waste, abuse, and mismanagement. I must also mention that the OIG could not have successfully accomplished its goals during the previous fiscal year without its dedicated and diligent staff members, who are to be commended for their professionalism, teamwork, expertise, and vigilance.

We eagerly anticipate the opportunities the new fiscal year will present to us as we continue to move forward with our department partners in ensuring greater accountability, integrity, efficiency, and effectiveness in fulfilling the department's vision, mission, values, and strategic goals.

Sincerely,



Lynne T. Winston, Esq., CIG
Inspector General



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OVERVIEW

Section 20.055, Florida Statutes, established the Office of Inspector General (OIG) to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency within the Department of Business and Professional Regulation. The section defines the duties and responsibilities of agency inspectors general and requires inspectors general to submit an annual report to their respective agency heads by September 30 of each year. The purpose of this report is to provide the Secretary of the Department of Business and Professional Regulation and other interested parties with a summary of the accountability activities of the Office of Inspector General during the preceding fiscal year.

OIG MISSION STATEMENT

The mission of the Office of Inspector General is to be a valuable partner in conducting independent and objective internal audits, reviews, and investigations of department activities and programs. Our services add value to department management by assisting the department in providing greater accountability, integrity, efficiency, and effectiveness in fulfilling the department's overall vision, mission, values, and strategic goals.

EMPLOYEE CODE OF ETHICS

Office of Inspector General staff function as a team. We succeed by assisting each other to raise the level of our performance every day. Each of us has an obligation to make known our observations and suggestions for improving how we carry out our tasks and procedures. Our performance of duty, our dedication to our mission, and our daily attitude reflect upon how we are perceived by the other members of our department.

Every day we represent the Secretary and our department in each task. We are guided in the ethical performance of our duty not only by Florida's ethics laws, but also most especially by our adherence to the ethical standards enunciated by Governor Rick Scott. As such, we are held to a higher standard for moral behavior, faithful obedience to the law, and the principles of integrity, objectivity, and independence.



Office of Inspector General internal audit staff are also governed by the *Code of Ethics* of The Institute of Internal Auditors, Inc. This code establishes the values and expectations governing the behavior of individuals and organizations in the conduct of internal auditing. The *Code of Ethics* requires internal auditors to apply and uphold the principles of integrity, objectivity, confidentiality, and competency.

RESPONSIBILITIES OF THE INSPECTOR GENERAL

Section 20.055, Florida Statutes, directs the Inspector General to accomplish the following duties and responsibilities:

- Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to the agency's programs and operations.
- Conduct, supervise, or coordinate other activities carried out or financed by the agency for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, agency programs and operations.
- Keep the agency head informed concerning fraud, abuses, and deficiencies relating to programs and operations administered or financed by the agency; recommend corrective action concerning fraud, abuses, and deficiencies; and report on the progress made in implementing corrective action.
- Review the actions taken by the state agency to improve program performance and meet program standards and make recommendations for improvement, if necessary.
- Advise in the development of performance measures, standards, and procedures for the evaluation of agency programs; assess the reliability and validity of the information provided by the agency on performance measures and standards and make recommendations for improvement, if necessary.
- Ensure effective coordination and cooperation between the Office of the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication.
- Maintain an appropriate balance between audit, investigative, and other accountability activities.

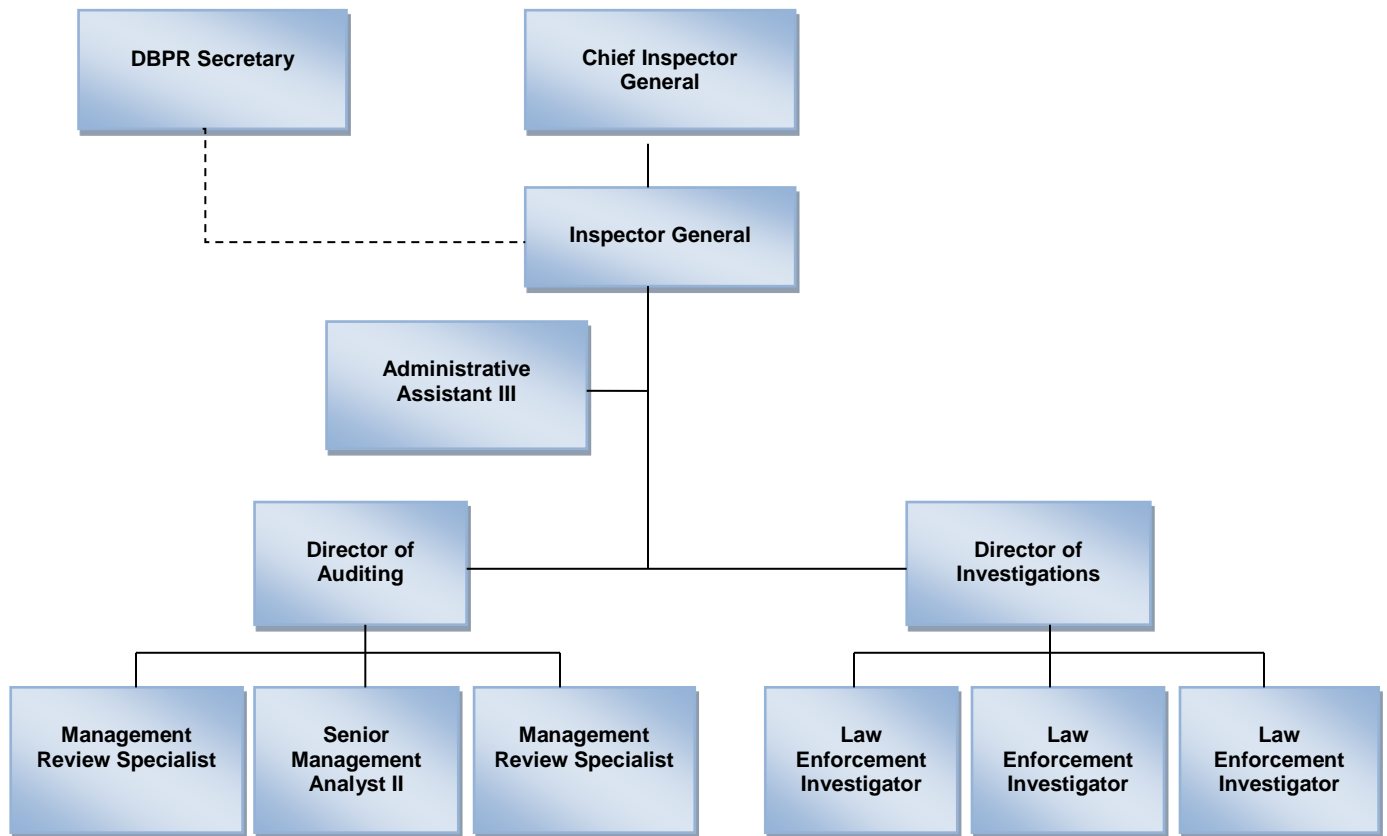


- Comply with the *General Principles and Standards for Offices of Inspector General*, as published and revised by the Association of Inspectors General.
- Initiate, conduct, supervise, and coordinate investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government.
- Receive complaints and coordinate all activities of the department as required by the Whistle-blower's Act pursuant to Sections 112.3187 - 112.31895, Florida Statutes.
- Receive and consider the complaints that do not meet the criteria for an investigation under the Whistle-blower's Act and conduct such inquiries, investigations, or reviews, as the Inspector General deems appropriate.
- Conduct investigations and other inquiries free of actual or perceived impairment to the independence of the Inspector General's office. This shall include freedom from any interference with investigations and timely access to records and other sources of information.



ORGANIZATION, STAFFING, AND TRAINING

The Inspector General is appointed by the Chief Inspector General and is under the general supervision of the department Secretary for administrative purposes. The Office of Inspector General (OIG) is organized as shown in the following chart:



Professional Designations

Collectively, OIG staff maintained the following professional designations and/or qualifications during Fiscal Year 2016-2017:

- Certified Inspector General (1)
- Certified Inspector General Investigator (4)
- Certified Inspector General Auditor (1)
- Certified Government Auditing Professional (1)
- Certified Internal Control Auditor (1)



- Florida Certified Contract Manager (2)
- Certified Law Enforcement Officer (3)
- Florida Crime Information Center/National Crime Information Center certified staff member (2)
- Employees who provide Notary Public services (2)
- Member of the Florida Bar (1)

In addition, members of the OIG hold degrees in criminology, criminal justice, business administration, accounting, political science, finance, sociology, as well as three juris doctor degrees.

Professional Affiliations

OIG staff belongs to a variety of professional associations to maintain professional competence, establish and advance professional networks, and participate in professional community activities. Staff are affiliated with the following professional associations:

- Association of Inspectors General (AIG)
- The Institute of Internal Auditors (IIA)
- Association of Government Accountants (AGA)

Continuing Professional Education and Staff Development

Each OIG staff member has a personal responsibility to achieve and maintain the level of competence required to perform their respective duties and responsibilities. The OIG encourages staff members to remain informed about improvements and current developments in internal auditing and investigations.

Staff certified as an inspector general, investigator, or auditor through the Association of Inspectors General are required to complete 40 continuing professional education credits every two years.

As required by statute, the OIG performs internal audits in accordance with the *International Standards for the Professional Practice of Internal Auditing* published by The Institute of Internal Auditors, Inc., or government auditing standards, as appropriate. These standards require internal audit staff to maintain proficiency through continuing professional education and training. Pursuant to these standards, each internal auditor must receive at least 80 hours of continuing professional education every two years.

In Fiscal Year 2016-2017, OIG staff participated in training sponsored by the Association of Inspectors General, Institute of Internal Auditors, Association of Government Accountants, Florida Department of Law Enforcement, the Florida Chapter



of the Association of Inspectors General, the Tallahassee Chapter of the Institute of Internal Auditors, the Chief Inspector General's Office, the Federal Bureau of Investigation/The Department of Homeland Security, I-Sight, The Institute of Police Technology and Management, and the Pat Thomas Law Enforcement Academy.

OIG OUTREACH AND EDUCATION

During Fiscal Year 2016-2017, investigative and audit staff from this Office provided monthly training at New Employee Orientation. This training outlines the OIG's role in audits and investigations. OIG staff will continue to participate in this program in Fiscal Year 2017-2018.

INTERNAL AUDIT SECTION

The goal of the Internal Audit Section (IAS) is to bring a systematic, disciplined approach to evaluating and improving the adequacy and effectiveness of the department's governance, risk management, and control processes. To accomplish this goal, the IAS conducts internal audits of department programs, activities, and functions. These audits evaluate the department's exposure to fraud, risk, and the adequacy and effectiveness of internal controls established to:

- Achieve the department's strategic objectives.
- Maintain the reliability and integrity of financial and operational data and information.
- Optimize operational effectiveness and efficiency.
- Safeguard assets, including information and information technology resources.
- Ensure compliance with laws, rules, regulations, policies, procedures, and contracts.

The IAS also conducts consulting engagements at management's request and provides advisory/technical assistance services to management on issues that do not require more extensive audit or consulting services. The IAS serves as the liaison between the department and external review entities and monitors and reports to the Secretary on the status of action taken to correct deficiencies reported in external and internal audits. The IAS carries out the OIG's statutory responsibilities regarding performance measure development and assessment and provides technical assistance and administrative guidance on state single audit act matters.



The IAS performs audits and consulting engagements in conformance with the *International Standards for the Professional Practice of Internal Auditing (Standards)*, as published by The Institute of Internal Auditors, Inc. Follow-up reviews, management advisory services, and other projects are conducted in accordance with the *Standards* or other applicable professional internal auditing standards. These standards provide a framework for ensuring independence, objectivity, and due professional care in the performance of internal audit work.

Risk-Based Audit Planning

Section 20.055, Florida Statutes, requires the Inspector General to develop annual and long-term audit plans based on findings of periodic risk assessments. Internal audit staff conducted a formal, department-wide risk assessment from April through June 2017. The risk assessment was designed to identify areas of higher risk and to obtain input on issues of concern from senior and executive management. The risk assessment included internal audit staff evaluation of the department's long-range plans, operational goals and objectives, budget and staff resources, performance measure results, and other relevant data and information.

Staff conducted risk assessment interviews with the director of each division/office and with executive management and the Secretary. Areas of focus during these interviews included risks pertaining to fraud, operational changes, information technology, proper financial and performance reporting, and other governance issues. Results of the risk assessment surveys and interviews, coupled with internal auditors' professional judgment, provided the basis for development of the OIG's *Annual Audit Plan for Fiscal Year 2017-18 and Long-Term Audit Plans for Fiscal Years 2018-2020*.

The Fiscal Year 2017-18 Annual Audit Plan includes projects pertaining to:

- Cash management procedures within the Division of Alcoholic Beverages and Tobacco;
- Department compliance with state laws and rules governing commuting use of assigned vehicles;
- Assessment of performance measure validity and reliability;
- Criteria and procedures governing the internal controls of the department's purchase card program; and
- Evaluation of the effectiveness of internal controls for the collection, processing, and distribution of mail within the department's mailroom.

The Annual Audit Plan also includes participation in multi-agency enterprise-wide audit projects. The Secretary approved the annual and long-term plans on June 30, 2017.



The IAS also carries out on-going risk assessment activities during the fiscal year to identify and evaluate emergent issues. The *Annual Audit Plan* is revised as necessary to address changes in the department's risk exposure.

Summaries of Internal Audits Completed in Fiscal Year 2016-2017

Final Report
***Audit of Internal Controls for Driver and Vehicle
Information Database (DAVID)***
Internal Audit Report Number A-1617BPR-024
May 11, 2017

The Division of Alcoholic Beverages and Tobacco, Bureau of Law Enforcement (BLE), accesses driver license and motor vehicle information pursuant to a Memorandum of Understanding (MOU) with the Department of Highway Safety and Motor Vehicles (DHSMV). The MOU permits authorized department employees to access certain driver license and motor vehicle data and information through the DHSMV's Driver and Vehicle Information Database (DAVID).

The agreement provides that upon the DHSMV's request, the Inspector General must provide an attestation indicating that the internal controls over the personal data accessed through the database have been evaluated and are adequate to protect the personal data from unauthorized access, distribution, use, modification, or disclosure. The DHSMV notified our department in a letter dated October 18, 2016, that our department had been randomly selected to submit such an attestation.

Accordingly, the purpose of this internal audit was to evaluate whether the department's internal controls over the personal data accessed through DAVID were adequate to protect the data from unauthorized access, distribution, use, modification, or disclosure. In accomplishing the review of internal controls, we also assessed the division's compliance with certain provisions of the agreement related to database access and use, as well as the safeguarding and use of DAVID data and information.

Our review found the division's internal controls were adequate to ensure the security and integrity of the data obtained from DAVID. However, we determined internal controls could be strengthened in ensuring that access permissions for DAVID users are timely revoked. We recommended the bureau enhance its administrative controls to ensure that DAVID access is removed within 5 working days.

Audits of employee use of the database conducted by the Office of Inspector General in May 2017 and by the bureau, through their quarterly reviews, identified no instances of



improper use of the database. BLE further reported they had identified no instances of improper use within the past twelve months.

We also determined the division had established the policies, procedures, and practices necessary to help ensure compliance with MOU terms and conditions regarding database access and use, the safeguarding of information, and use of DAVID data and information.

Summaries of Enterprise Audits/Follow-Up Audits Completed in Fiscal Year 2016-2017

Final Report **Follow-Up to Enterprise Assessment of Single Audit Act Activities Across Selected Agencies** Report Number 2017-01 June 28, 2017

The Executive Office of the Governor, Office of Chief Inspector General (CIG), initiated this enterprise follow-up review of Report Number 2016-02, *Enterprise Assessment of Single Audit Act Activities Across Selected State Agencies*. The purpose of this engagement was to identify potential enhancements to State of Florida agencies' Single Audit processes and to develop a plan to implement these enhancements.

The report recommended that state agencies that are currently not utilizing Single Audit procedures and/or checklists use the guidance provided in this report to develop and implement Single Audit Act procedures and/or checklists. Agencies with existing Single Audit procedures should also use the guidance provided in the report to evaluate and improve their procedures and checklists. Agencies may include additional elements in the procedures and checklists to meet certain agency-specific needs.

The report noted that some agencies require recipients/subrecipients to submit paper copies of Single Audit Reports. The submission of paper copies of these reports was determined to be both expensive and time consuming for recipients/subrecipients. The audit follow-up recommended agencies eliminate the requirement for submission of paper copies of Single Audit Reports and allow and/or require recipients/subrecipients to electronically submit these reports.

The assessment team also identified additional enhancements to state agencies' Single Audit processes to require coordination between the Auditor General, Department of Financial Services, and others. Possible enhancements include: creating a central repository of Single Audit Reports; creating a public database of Single Audit Reports;



requiring a data collection form similar to the federal SF-SAC form to summarize the Single Audit results; and eliminating the statutory requirements in the current provisions of Section 215.97(6), Florida Statutes, regarding coordinating agencies.

Summaries of Management Reviews Completed in Fiscal Year 2016-2017

Advisory Report
Investigative Standards Summary
Report Number H-1617BPR-014
October 3, 2016

Newly hired internal audit staff was assigned an engagement project to gain an understanding of the proper standards within the Office of Inspector General for conducting investigations. As part of the project, IAS staff reviewed appropriate protocols for Whistle-Blower's Act investigations; the rights of sworn law enforcement personnel, as outlined in Section 112.532, Florida Statutes; and other relevant investigative protocols and standards. Audit staff produced a document highlighting their understanding of these protocols and standards.

Advisory Report
Single Audit Act Financial Reporting Package Review
Florida Engineers Management Corporation (FEMC)
April 4, 2017

The objective of this Financial Reporting Package Review was to determine compliance of the Florida Engineers Management Corporation (FEMC) Financial Reporting Package with the Office of Inspector General Florida Single Audit Act Financial Reporting Package Review Checklist. We accomplished this by reviewing the FEMC Financial Reporting Package and additional supporting documentation.

Pursuant to Section 215.971(2)(c), Florida Statutes, the Contract Manager must reconcile and verify all funds received against all funds expended during the contract agreement period and produce a final reconciliation report. The final report must identify any funds paid in excess of the expenditures incurred by the recipient or subrecipient. This provision is also outlined in the department's Florida Single Audit Act Policy, Section 1.83.07(E)(3). Our office recommended that as a best practice, the Contract Manager for this contract should work with the department's Contract Administration team and the Bureau of Finance and Accounting to develop and include this final reconciliation report within the contract file.



Advisory Report
Single Audit Act Financial Reporting Package Review
Florida Council on Compulsive Gambling (FCCG)
April 5, 2017

The objective of this Financial Reporting Package Review was to determine compliance of the Florida Council on Compulsive Gambling (FCCG) Financial Reporting Package with the Office of Inspector General Florida Single Audit Act Financial Reporting Package Review Checklist. We accomplished this by reviewing the FCCG Financial Reporting Package and additional supporting documentation.

Our office determined that this Financial Reporting Package was submitted timely in accordance with the relevant Auditor General rule. However, determining compliance with this provision required the Contract Manager to personally file the Financial Reporting Package with the Auditor General herself even though this was the responsibility of the recipient. The Contract Manager has instituted an internal control in which a staff member sets a calendar alert to ensure that the report was timely filed with the Auditor General. In the event this internal control does not work as intended, our office recommended that as a best practice, the Contract Manager for this contract continue to explore internal controls, which would require the recipient to timely provide a copy of the report delivery confirmation to the Auditor General. Retention of this information by the Contract Manager, as was done this year, allows our office to demonstrate compliance with this Auditor General requirement.

Pursuant to Section 215.971(2)(c), Florida Statutes, the Contract Manager shall reconcile and verify all funds received against all funds expended during the contract agreement period and produce a final reconciliation report. The final report must identify any funds paid in excess of the expenditures incurred by the recipient or subrecipient. This provision is also outlined in the department's Florida Single Audit Act Policy, Section 1.83.07(E)(3). Our office recommended that as a best practice, the Contract Manager for this contract should work with the department's Contract Administration team and the Bureau of Finance and Accounting to develop and include this final reconciliation report within the contract file.



Summaries of External Audits Coordinated in Fiscal Year 2016-2017

The OIG's Internal Audit Section serves as the central point of contact between the department and external agencies engaged in audits of department operations. This liaison role helps ensure effective coordination and cooperation between the Office of the Auditor General and other state and federal review entities and minimizes duplication of audit effort. Internal audit staff coordinates information requests and responses, facilitates the scheduling of meetings, and coordinates the department's response to preliminary and tentative findings issued by the Office of the Auditor General and other oversight agencies. In Fiscal Year 2016-17, internal audit staff provided liaison and coordination services for the following seven external reviews.

Confidential Audit
Florida Department of Law Enforcement
Criminal Justice Agency (CJA) Technical Audit
November 28, 2016

Criminal Justice Information Services' (CJIS) Security Policy requires that every agency that uses criminal justice information systems or data get audited minimally on a triennial basis by the CJIS Systems Agency, the Florida Department of Law Enforcement (FDLE). The audit process consists of the following steps: initial contact and notification of audit; pre-audit questionnaire; on-site audit; and audit follow-up and compliance planning. Our Division of Technology submitted a revised response to the audit report on March 28, 2017.

This audit is classified as a confidential report pursuant to Section 282.318, Florida Statutes, The results of this audit are confidential and exempt from the provisions of Section 119.07(1), Florida Statutes, and are not available for public distribution.

IT Security Risk Assessment
December 15, 2016

Specific Appropriation 1961B of the 2016-2017 General Appropriations Act provided funding for the completion of a comprehensive information security risk assessment for each agency identified, including our department. This specific risk assessment was performed by Accenture.

Accenture determined that the department has a strong security awareness level from IT staff and business stakeholders. Application development oversight and periodic, scheduled vulnerability scans were also identified as strengths. Accenture



recommended automation of various practices, such as account management, audit logs management, and the like. Multi-factor authentication, asset management practice, and IT contingency planning were also recommended as department areas in need of improvement. Accenture also recommended the department formalize the risk management practice.

In terms of next steps, Accenture recommended the department: socialize the assessment results with stakeholders and adjust the timeline for activities as needed; share the Florida Comprehensive Security Risk Assessment Tool with the Agency for State Technology (AST); address high impact security recommendations at the enterprise level; and investigate centralizing certain IT security functions within the organization.

***Office of Program Policy Analysis and Government Accountability (OPPAGA)
The State Requirements for Educational Facilities Should Be Retained; Some
Modifications Could Be Made***

Report Number 17-04

January 31, 2017

OPPAGA was directed by law to conduct a study of the State Requirements for Educational Facilities (SREF) to identify requirements that can be eliminated or modified in order to decrease the cost of construction of educational facilities while ensuring public safety. This review focused on K-12 public school construction.

SREF are part of the Florida Building Code. SREF requirements apply to construction, renovation, and remodeling of public educational facilities owned by district school boards and Florida College System boards of trustees. OPPAGA did not identify a compelling reason to eliminate the SREF.

The vast majority of school districts (55) believe that the SREF provides value and should be retained. Twenty-six districts recommended modifications to specific SREF requirements that they believed would reduce construction costs without affecting student safety, although there was little consensus among the districts concerning which requirements to modify and how to do so. After evaluating the recommendations, OPPAGA identified 10 that the Legislature may wish to consider. However, these modifications would result in minimal cost savings and each has potential drawbacks. Several districts expressed concern about the requirement that districts pay for upgrades necessary to have schools function as community emergency shelters and about the appropriateness of current space standards for educational facilities. No audit findings and recommendations were made to the department.



*Office of Program Policy Analysis and Government
Accountability (OPPAGA) Research Memorandum
Cosmetic Regulation in Florida
February 21, 2017*

The report findings noted that Florida's cosmetic manufacturers employ over 3,000 people at an average annual wage of \$32,000. Companies' gross sales total about \$680 million per year. In Fiscal Year 2015-16, Florida's cosmetic manufacturers employed 3,259 people at an average wage of \$32,117. Gross sales for Florida cosmetic manufacturers varied over the last four years, peaking at \$747.8 million in Fiscal Year 2014-15. Florida cosmetic industry international exports average more than \$1 billion per year, but comparison states ship more products to other countries.

Registration fees and fines cover the cost of regulating Florida's cosmetic manufacturers. Cosmetic-related revenues help subsidize the regulation of drug manufacturers.

While federal law is applicable in every state, Florida has additional regulatory requirements. Only six other states regulate cosmetics beyond federal law. The federal government regulates cosmetics, but does not require pre-market approval or safety testing. Florida requires pre-market cosmetic manufacturer permitting and product registration. Many states that do not require cosmetic manufacturer permitting or product registration have state food, drug, and cosmetic acts, but few regulate cosmetic manufacturers as stringently as Florida.

Florida cosmetic manufacturer inspections have declined, but enforcement actions have increased. Common violations found include operating a facility without a permit and failure to register products. Cosmetic manufacturer inspections have decreased, while investigations and enforcement actions have increased. The most frequently cited inspection violations include operating a manufacturing facility without a permit. Common labeling violations include marketing drugs as cosmetics.

Cosmetic manufacturers have positive opinions of the facility permitting process, but are less satisfied with product registration. In general, cosmetic manufacturers view the facility permitting process more favorably than the product registration process. Cosmetic manufacturers have mixed opinions about facility inspections. Most cosmetic manufacturers do not operate facilities outside of Florida, but nearly half have considered moving to another state. Survey respondents made several suggestions for improving the facility permitting and product registration processes.

The report identified a series of 8 options for modifying Florida's regulation of cosmetic manufacturers. However, no follow-up review is required from the department.



State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2016

Auditor General Report Number 2017-180

March 28, 2017

Pursuant to Section 11.45, Florida Statutes, the Auditor General conducted an audit of the basic financial statements of the State of Florida, as of and for the fiscal year that ended June 30, 2016. Audit staff coordinated the department's response to the Auditor General's information requests.

Finding number 2016-005 was directed to the department. This finding noted that the department did not record fiscal year-end cigarette taxes receivable and revenue related to July tax payments collected on June sales of cigarette tax stamps.

While the Bureau of Finance and Accounting had established procedures for certain fiscal year-end processes, the Bureau's procedures did not specifically address the recording of taxes receivable and the communication of year-end distribution accrual information to state agencies. In addition, Division of Alcoholic Beverages and Tobacco and Bureau of Finance and Accounting processes were not sufficient to detect the omissions. The absence of sufficiently comprehensive procedures, staff turnover, and review process deficiencies contributed to the errors.

Prior to audit adjustment, the receivables, net, and taxes accounts were understated in the General Fund by \$76,297,830. Additionally, absent communication to other applicable state agencies, the information necessary to appropriately record cigarette taxes receivable, the due from other funds, due to other funds, accounts payable and accrued liabilities, operating transfers in, operating transfers out, and current expenditures – general government accounts, would be understated.

The Auditor General recommended that the Bureau of Finance and Accounting strengthen fiscal year-end reporting procedures to ensure that all taxes receivable and related revenues are appropriately recorded and the amount to be recorded by other state agencies as due from other funds is appropriately communicated. In addition, they recommended that the Division of Alcoholic Beverages and Tobacco and Bureau of Finance and Accounting enhance supervisory review processes to promote the timely detection and correction of errors.



*Federal Appraisal Subcommittee
Federal Financial Institutions Examination Council
State Compliance Review - Florida
March 29, 2017*

The Appraisal Subcommittee (ASC) staff conducted an ASC Compliance Review of Florida's appraiser regulatory program to determine the program's compliance with Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989, as amended.

The ASC monitors each state's appraiser licensing and certification regulatory program to ensure the state: (1) recognizes and enforces the standards, requirements and procedures prescribed by Title XI of the Financial Institutions Reform, Recovery and Enforcement Act of 1989, as amended, (Title XI); (2) has adequate authority to permit it to carry out its Title XI-related functions; and (3) makes decisions concerning appraisal standards, appraiser qualifications, and supervision of appraiser practices consistent with Title XI. The ASC performs on-site Compliance Reviews to assess every facet of a state's appraiser regulatory program. Particular emphasis is placed on the state agency's enforcement program.

The appraiser regulatory program in Florida was awarded an ASC finding of Excellent. No audit findings or recommendations were made to the department.

*Agency for State Technology
2017 Agency Compliance Assessment with Rule Chapter 74-1,
Florida Administrative Code, for the
Department of Business and Professional Regulation
April 24, 2017*

This compliance assessment was conducted by the Agency for State Technology (AST) pursuant to Section 282.0051(10), Florida Statutes, which requires annual assessment of state agencies to determine compliance with information technology standards and guidelines developed and published by AST.

During the inventory phase of the Compliance Assessment process, AST identified six projects. AST selected 2 of the 6 projects submitted and evaluated our agency with a resulting score of a combined .98 out of 1.00. This indicates High Compliance.

AST did offer 3 recommendations as follows: 1.) With regard to the Information Security Risk Assessment project, AST recommended the agency document the nature of any time sensitivity to project risk in the Risk Management Plan. 2.) With regard to the Agency Website Redesign Project and Information Security Risk Assessment projects, AST recommended the department evaluate the baseline schedule against current



progress by identifying overdue tasks and computing the percentage of late tasks to the total tasks to date. 3.) With regard to the Information Security Risk Assessment project, AST recommended the department maintain an Issue Tracking Log that includes the issue due date.

There is no requirement that the department respond to these findings or conduct follow-up to determine whether corrective action has been taken.

Monitoring of Corrective Action & Status of Audit Recommendations Reported in Prior Annual Reports

The Internal Audit Section actively monitors management's actions to correct deficiencies cited in internal audit reports and in reports issued by external review entities. In accordance with state law and internal auditing standards, the Inspector General provides the department Secretary with a written report on the status of corrective action. In Fiscal Year 2016-17, the Internal Audit Section conducted five follow-up reviews of internal and external audits, including reviews of outstanding corrective actions from prior annual reports. The results of these follow-up reviews are summarized below.

Follow-up Reviews of Internal Audits

Third Follow-up Review: Fleet Management Review: Motor Vehicle Crashes and Loss Mitigation Report Number F-1415BPR-027 August 23, 2016

The objectives of this follow-up review were to determine the status of actions taken by management of the Division of Administration and Financial Management in response to the audit findings and recommendations made in Internal Audit Report A-1213BPR-031, *Fleet Management Review: Motor Vehicle Crashes and Loss Mitigation* (published October 3, 2013). Our review focused on corrective action taken since our second follow-up review of January 2015.

The Division of Administration and Financial Management (Division) established a robust Fleet Safety and Loss Mitigation Component. The Division completely revamped the reporting protocol concerning accidents involving both state-owned and personally-owned vehicles and has developed protocols for the establishment of an accident file. The department, in partnership with the Division of Risk Management and the



Department of Transportation, also instituted an online defensive driving course with eleven training modules, addressing elements such as risk awareness, impaired driving, safe driving practices, and reducing collision consequences. Accidents in which department drivers were at fault decreased substantially.

Further, the department established a Safety Advisory Committee to review motor vehicle crashes and examine trends and causation factors. The department Motor Vehicle Usage Policy was also revised to require divisions to report detailed data and information to the Safety Coordinator on all motor vehicle crashes and non-traffic crash damage in department-owned vehicles.

Our office concluded that management had taken sufficient action to close all audit issues and recommendations.

First Follow-up Review: Audit of Processor-Approved Applications within the Division of Certified Public Accounting
Report Number F-1516BPR-020
November 17, 2016

The objectives of this follow-up review were to determine the status of actions taken by management of the Division of Certified Public Accounting in response to the audit findings and recommendations made in Internal Audit Report A-1415BPR-020, *Audit of Processor-Approved Applications within the Division of Certified Public Accounting* (published December 18, 2015).

Based upon the results of our audit, the Division of Certified Public Accounting (division) reported that they have implemented a quality assurance program to review a sample of processor-approved applications. Moreover, the division was able to accomplish this objective without using additional resources. Supervisory staff within the division conducted a quality assurance review of more than 10% of all processor-approved applications.

During follow-up testing, our office reviewed a sample of those applications subject to quality assurance review. Our office found that no applications were approved in error and we were able to verify the accuracy of all application data and information in Versa: Regulation. Our office also confirmed that the supporting documentation in Versa: Regulation and OnBase substantiated approval decisions.

Based upon our audit, increased workload, and a more complex work environment for the application processors, the division requested the reclassification of a position and the hiring of additional OPS staff to assist with the workflow of the unit. The department approved this request. We concluded the division had made relevant staffing changes



to add value and strengthen the division's internal controls over the application review process.

Our office concluded that management had taken sufficient action to close all audit issues and recommendations.

***First Follow-up Review: Audit of Accurant Use
within the Division of Regulation***
Report Number F-1617BPR-001
December 20, 2016

The objectives of this follow-up review were to determine the status of actions taken by management of the Division of Regulation in response to the audit findings and recommendations made in Internal Audit Report A-1516BPR-015, *Audit of Accurant Use within the Division of Regulation* (published May 27, 2016). The purpose of the initial audit was to provide assurance regarding the Division of Regulation's (division) compliance with its agreement with LexisNexis Risk Solutions, FL, Inc. (LexisNexis) for use of the vendor's Accurant database and protection of data and information obtained therefrom.

Our office recommended that the division require all staff with Accurant access to review Department Policy 2.3, *Information Systems Security Policy*, and sign the department's *Acceptable Use and Confidentiality Agreement*. The division provided our office a listing of the 14 Accurant users within the division and also provided signed copies of all *Acceptable Use and Confidentiality Agreements* for these users, verifying compliance with the provisions of department policy. Our office concluded management's corrective actions were sufficient to close this issue.

The LexisNexis agreement also required the division to immediately deactivate the User ID of any employee no longer needing access. For terminated employees, deactivation is required on, or prior to, the date of termination. During follow-up review, the division reported that the Accurant supervisor now monitors the monthly invoices from LexisNexis and compares this information with the monthly user log to determine whether employees are still employed and require use of the Accurant database. The division also provided evidence of timely deletion of two users and evidence of access privileges review. Our office concluded that the division established a process to ensure the monitoring and immediate deactivation of division employees who no longer access the database.

The agreement further provides that, at a minimum, the division shall conduct a quarterly review of its use of the Accurant database to ensure that searches were performed for a legitimate business purpose and in compliance with the agreement's terms and conditions. During follow-up testing, the division updated the Unlicensed



Activity Operating procedures to better reflect user responsibilities. A user log with case search information and reason for the search was also created. In addition, all Accurint users were trained regarding the usage of this log during investigator training. Our office reviewed relevant supporting documentation documenting this training. We concluded the division has established internal controls to ensure that required quarterly reviews of Accurint use were conducted and that searches are performed for a legitimate business purpose.

Finally, the agreement requires that new Database Custodians receive training on the division's obligations under the agreement prior to allowing access to the Accurint database. The initial audit found that initial training was conducted, but required annual training was not subsequently provided. During follow-up testing, our office found that the division is now in full compliance with its training obligations under the agreement.

Our office concluded that management had taken sufficient action to close all audit issues and recommendations.

Follow-up Reviews of External Audits

***Six-Month Follow-up Response to
Auditor General Report Number 2016-198
Department of Business and Professional Regulation—
Information Technology Audit – Versa: Regulation
Report Number G-1617BPR-005
December 21, 2016***

Our office is required to monitor and report to the Secretary on the status of corrective action taken in response to reports issued by the Auditor General. The initial audit evaluated selected information technology controls applicable to Versa: Regulation.

The Auditor General review had found that access privileges for some department employees did not promote an appropriate separation of duties and did not restrict users to only those functions appropriate and necessary for their assigned job duties. Our follow-up review found that the Division of Technology (division) had conducted entitlement reviews of access privileges and required supervisors to identify and limit access privileges for employees. Our office concluded that management's actions were sufficient to close this audit finding and recommendation.

The Auditor General also noted that the department did not timely deactivate the Versa: Regulation accounts for one former and one transferred employee. Our follow-up review found that the department updated the security policy in November 2016 to comply with this recommendation. People First batch jobs were also updated to notify the division



when employees move from one business unit to another within the department with appropriate forms also required. Our office concluded that management's actions were sufficient to close this audit finding and recommendation.

The Auditor General further noted that the retention requirements set forth in the State of Florida, *General Records Schedule, GS1-SL for State and Local Government Agencies*, were not followed with respect to deactivation of employee access privileges within Versa: Regulation. Follow-up review determined that the division now retains access privilege request forms in compliance with retention schedule requirements. Our office concluded that management's actions were sufficient to close this audit finding and recommendation.

With respect to change management controls, the Auditor General found that change management controls related to Versa: Regulation program changes need improvement to ensure that only authorized, tested, and approved program changes are implemented in the production environment. Our review showed that the department is currently working to establish controls related to Versa: Regulation program changes and continued monitoring by our office would be required.

Finally, the Auditor General determined that certain security controls related to user authentication, logging, and monitoring for Versa: Regulation and related IT resources need improvement to ensure the confidentiality, integrity, and availability of Versa: Regulation data and related IT resources. Our review showed that the department is currently working to establish controls related to this finding and recommendation. Continued monitoring by our office is required.

***Twelve-Month Follow-up Response to
Auditor General Report Number 2016-198
Department of Business and Professional Regulation—
Information Technology Audit – Versa: Regulation
Report Number G-1617BPR-031
June 21, 2017***

Our office is required to monitor and report to the Secretary on the status of corrective action taken in response to reports issued by the Auditor General. The initial audit evaluated selected information technology controls applicable to Versa: Regulation.

The Auditor General review determined that change management controls related to Versa: Regulation program changes need improvement to ensure that only authorized, tested, and approved program changes are implemented in the production environment. During follow-up testing, the Division of Technology (DIT) noted that additional updates have been made to the change management process so that both DIT staff and department Versa: Regulation users closely monitor these program changes. Program



change authorizations are also tightly monitored and the ability to make such changes is limited to a very small number of trusted employees. Our office also determined that unauthorized changes would be quickly discovered through DIT oversight efforts. Our office concluded that management's actions were sufficient to close this audit finding and recommendation.

The Auditor General also determined that certain security controls related to user authentication, logging, and monitoring for Versa: Regulation and related IT resources need improvement to ensure the confidentiality, integrity, and availability of Versa: Regulation data and related IT resources. Our review showed that the department is currently working to establish controls related to user authentication, logging, and monitoring for Versa: Regulation and related IT resources. Our office will continue to monitor this issue pending adoption and implementation of these controls.

Other IAS Activities

- The IAS prepares the *Schedule IX: Major Audit Findings and Recommendations* for the department's Legislative Budget Request on an annual basis. The *Schedule IX* informs decision-makers about major findings and recommendations made in Auditor General and OIG audit reports issued during the current and previous fiscal years. The *Schedule IX* also provides information on the status of action taken to correct reported deficiencies and is cross-referenced to any budget issues for funding to implement audit findings and recommendations.
- The IAS continued to provide technical assistance and guidance regarding compliance with Florida Single Audit Act (FSAA) requirements. IAS staff serves as the FSAA liaison and coordinates the annual certification of the department's FSAA projects to the Department of Financial Services.
- Section staff reviewed and provided input to management on new departmental operating policies and on proposed revisions to existing policies.
- Section staff participated in DBPR University – Community of Practice activities.
- Our office also reviewed information submitted by the Division of Technology regarding the 2017 Auditor General IT Survey.



INVESTIGATIONS SECTION

The Investigations Section of the OIG is comprised of one (1) investigations director and three (3) sworn investigators. Staff within this section are primarily responsible for conducting internal investigations and inquiries into allegations of employee misconduct and allegations that department employees have violated law, rule, policy, procedure, or regulation. This unit accomplishes its mission through both reactive and proactive investigative efforts based on the authority specified in Section 20.055, Florida Statutes, and in accordance with the Principles and Standards for Offices of Inspector General (the “green book”), which is published by the Association of Inspectors General.

Internal investigations help identify deficiencies in policies and procedures, other internal controls, or business processes that caused or contributed to the situation requiring investigation. By reporting these deficiencies to management, the department has the opportunity to address them and thereby reduce the likelihood of future occurrences of fraud, waste, mismanagement, misconduct, or other abuses. OIG findings are reported to the department’s Secretary, Human Resources, and, as appropriate, to the respective division directors, immediate supervisors, and the Office of the General Counsel. Recommendations for improved processes, policies, or procedures are made when warranted by the findings.

The majority of complaints referred to the Investigations Section are received via the OIG’s telephonic and online complaint reporting processes, which are available not only to department employees, but also to the citizens of Florida. Many of the complaints reported to the OIG are referred to the department’s various division directors, since the complaints are more appropriate for management review and response, rather than investigation.



Statewide Complaint Intake Process

Recognizing that not all citizens have access to electronic communication, the Office of Inspector General maintains multi-portal intake capabilities. Citizens may file a complaint by telephone, facsimile, standard mail, electronic mail, in person, or through the department’s website. These reporting options ensure that no complainant is deterred from voicing their concerns.

Each complaint is thoroughly vetted to identify allegations of misconduct, waste, fraud, or abuse. Each complaint is also analyzed to determine if the complaint describes activities as defined in Section 112.3187, Florida Statutes, also known as the “Whistle-blower’s Act.” Absent the elements of the aforementioned statutes, complaints are typically referred to the appropriate division director for handling. Capturing and classifying each complaint enables the OIG to analyze and provide feedback to management when consistent public miscommunication, policy failure, or poor performance may exist within a division.

Description of Cases Typically Handled by the Investigations Section

Backgrounds - Investigations and criminal history reviews of individuals who are being considered to fill positions designated as sensitive. This includes Career Service, Senior Management, Selected Exempt Service, and Other Personal Services positions.

Information – Information cases are completed in order to document information and/or actions that otherwise do not meet the criteria for investigative inquiries or investigations.

Investigative Inquiries - Informal investigations conducted to determine the validity of a complaint prior to the initiation of an internal investigation. The determination as to whether the allegation remains an inquiry is dependent on the evidence obtained during the course of the informal investigation.



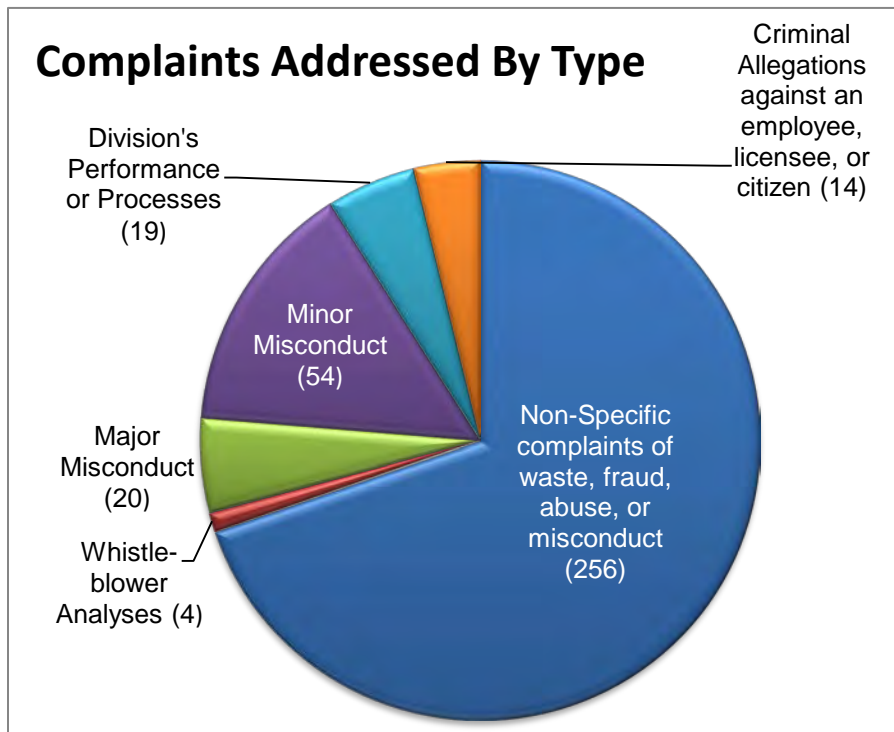


Internal Investigations - Investigations conducted by the Office of Inspector General in response to a complaint received by the office, and sometimes from the evidence obtained during an inquiry, that warrants a full and formal investigation into the facts surrounding the allegation.

Referrals – The forwarding of complaints, typically of minor misconduct, to the appropriate division within the department or to the applicable external department for review and response to the complainant.

Reviews – Reviews are conducted in order to examine the actions of the department and/or its members and to ensure that the actions were adequate, accurate, or correct.

Use of Force – Reviews into the circumstances that involve a law enforcement officer's use of force when performing his or her duties.

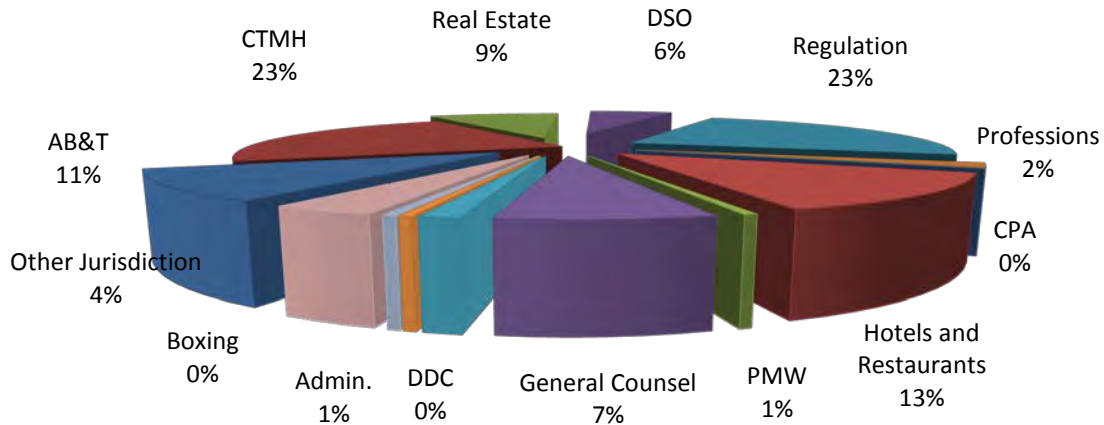


Whistle-blower Analysis – Receipt and review of complaints filed by a state agency employee/contractor, former state agency employee/contractor, or applicant for state agency/contractor employment, of serious allegations of wrongdoing on the part of a public employer or independent contractor and coordination of all activities of the agency as required by the Whistle-blower's Act pursuant to Sections 112.3187-112.31895, Florida Statutes.

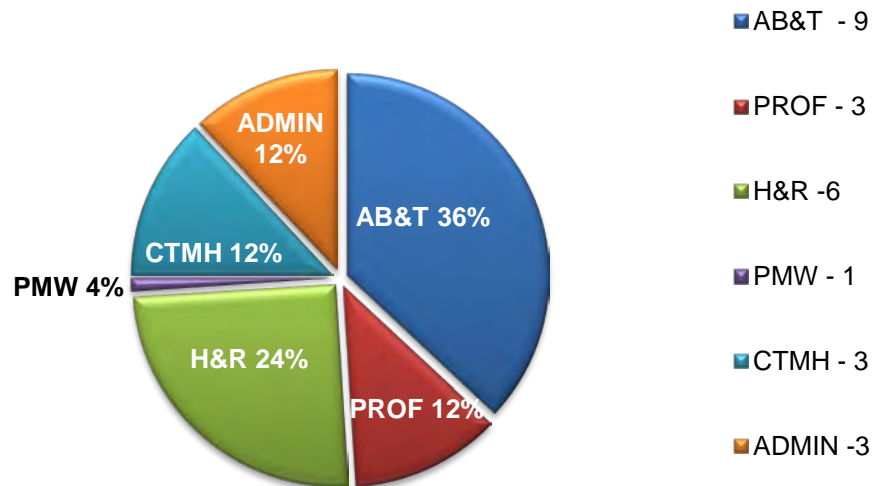
Get Lean Hotline – Suggestions to improve the efficiency and effectiveness of departmental operations offered by citizens via the Hotline.



**Percentage of Referrals by Division
in Fiscal Year 2016-2017**



**Active or Completed Investigative Inquiries or
Investigations by Division in FY 16-17 (25)**





Summaries of Internal Investigations Completed in Fiscal Year 2016-2017

Case Number 2016-081-IA

This investigation was predicated upon an anonymous complaint and subsequent supervisory inquiry submitted to the OIG for investigatory consideration from a Law Enforcement Captain, Department of Business & Professional Regulation (DBPR), Division of Alcoholic Beverages & Tobacco (AB&T), Bureau of Law Enforcement.

The captain's supervisory inquiry found cause to believe that a special agent made false statements on her Daily Activity Sheets and in a case report concerning the storage of evidence. The captain also believed that the special agent might have falsely reported she attended an official meeting with a staff member of another law enforcement agency.

The OIG's analysis of the complaint and the captain's supervisory inquiry provided sufficiency to initiate an OIG internal investigation, as defined in Section 112.531-112.535, Florida Statutes¹, involving the special agent. Additionally, the captain's inquiry indicated that the special agent's lieutenant failed to timely follow up on VERSA data entries by the special agent after being notified of this by the district's evidence custodian. This matter was referred to AB&T's Division Director for review and handling (OIG case 2016-094-REF).

The OIG reviewed and analyzed the special agent's Daily Activity Sheets, case reports, VERSA-Regulation (VERSA) records, case records, property and evidence records, Memorandums of Understanding, and documents from a local law enforcement agency. Further, the OIG reviewed relevant AB&T and DBPR policies and procedures. The OIG conducted sworn interviews of the Special Agent and five other law enforcement officers associated with the complaint and case numbers. The OIG then re-evaluated all documents and evidence in light of the testimonies provided.

As a result of this investigation, the OIG **sustained** the following violations against the special agent:

- Failing to properly secure evidence.
- Failing to ensure the integrity of case evidence.
- Failing to remove evidence from temporary storage and deliver to the evidence custodian the next business day.

¹ This statute, titled "Law enforcement officers' and correctional officers' rights", identifies certain rights and privileges afforded to law enforcement officers while under investigation, as well as expectations and requirements of the law enforcement agency to conduct and report internal affairs investigations.



- Failing to fill out all blanks and failing to record the time of control of seized evidence.
- Failing to log seized evidence into the database no later than the next business day.
- Making false written statements with regards to evidence handling and storage on her Daily Activity Sheets and Property/Evidence Forms.
- Substandard work as demonstrated by poor report documentation, inaccurately describing actions in Daily Activity Sheets, improperly documenting times evidence was collected and/or placed into evidence storage, and failing to maintain job knowledge related to evidence policies.

The allegation that the special agent submitted false and misleading documentation of casework in a case report and on her Daily Activity Sheets in reporting a meeting and/or contact with another law enforcement officer was **Not Sustained**.

It was recommended the division director, upon review of this report, take action as deemed appropriate regarding the sustained allegations. The division promptly addressed an expired Memorandum of Understanding with the local law enforcement agency concerning the AB&T district office's use of temporary evidence storage lockers. Additionally, it was recommended the division consider enhancing its investigation guidelines in the area of property and evidence. Supervisory and/or peer review, when witnessing or being involved in the chain of evidence transfer process, should include examining for obvious errors, blank spaces, inconsistencies, or indications of policy violations on the Property/Evidence Forms. This will ensure greater thoroughness, accuracy, and completion. It was also recommended that the division review and address instances on the part of district supervisors where this did not occur with respect to the special agent's documentation. It was further recommended the division consider revising the guidelines for completing Daily Activity Sheets to allow for enhanced accountability and tracking of staff's performance of their duties (e.g., requiring staff to document activities in chronological order or requiring staff to use specific time indicators on their activity sheets).

Case Number 2016-175-IA

An OPS² Veterinarian Assistant (Complainant), Division of Pari-Mutuel Wagering (division or PMW), alleged her supervisor³ directed her to record time and attendance hours for a fellow OPS employee to reflect he worked hours on days he did not work. Complainant testified that the supervisor requested she complete the daily log for a time-period covering three days, in the absence of a co-worker who usually compiles

² Other Personal Services (OPS) employment is a temporary employer/employee relationship used solely for accomplishing short term or intermittent tasks. OPS employees do not fill established positions and may not be assigned the duties of any vacant authorized position.

³ The supervisor is an included career service employee with no lead worker designation or supervisory authority. The ROM had delegated certain authorities and responsibilities to the supervisor, however, the supervisor and the OPS staff are direct reports to the ROM.



the log. Complainant testified that she knew a certain co-worker did not work on the aforementioned three days; however, the supervisor instructed her to complete the time report to reflect the co-worker actually worked.

The co-worker who usually compiles the log testified that the supervisor instructed him to complete time reports to reflect the co-worker worked when he was absent. The co-worker provided dates in August 2016 that the second co-worker did not work, but had time entered into People First⁴ to reflect he did work those dates.

The second co-worker confirmed he received pay for days on which he did not work. The co-worker and the supervisor stated he was owed the hours due to overtime he had previously worked, but that had not been officially entered into People First.

The supervisor testified that the Regional Operations Manager (ROM) authorized the unofficial recording of her overtime in lieu of using People First. The supervisor provided emails from the ROM containing spreadsheets for her to use to track her overtime accumulation. The supervisor stated she tracked her overtime hours at one and one-half hours for every hour of overtime worked for purposes of taking leave, while the OPS employees were credited time at an hour for hour rate to later use as leave. DBPR policy specifically states that included OPS employees are not eligible for paid leave. The supervisor stated that at one time, she had recorded approximately 400 hours of compensatory leave on the spreadsheets. The ROM confirmed her statement.

The ROM testified there had been instances when he approved OPS employees' time and attendance in People First and was later notified the employees were shorted hours. He explained that in these instances, he would reflect the missing hours as extra hours worked by the employee in the tracking system in the following pay period. The ROM stated this was an exception, rather than the rule, and the supervisor must have misunderstood the exception to be the rule and continued the process. The ROM said that while he was in communication with the supervisor, his direct report, on an almost daily basis, he could not specifically testify that he monitored her duties as they related to her management of the OPS employees' time and attendance.

The ROM confirmed he created the spreadsheets for the supervisor to account for overtime hours she had accumulated. The ROM acknowledged that he allowed the supervisor to record her compensatory (comp) time⁵ on the spreadsheets instead of People First. The OIG determined the supervisor never opted for compensatory time with the department; therefore, she was entitled to paid overtime. The supervisor would use the unclaimed overtime at the rate of one and one-half hours to take leave from the

⁴ People First - People First is the state's self-service, secure, web-based Human Resource Information System (HRIS) and enterprise-wide suite of human resource (HR) services.

⁵ Compensatory time – The Fair Labor Standards Act defines compensatory time as time off in lieu of cash for FLSA overtime wages due.



job, leave that was not reflected on her timesheets. Although he was aware of this, the ROM approved her timesheets.

The OIG determined sufficient evidence existed to sustain that the supervisor allowed OPS employees to work in excess of 40 hours a week without paid compensation at the rate of one and one-half times the employees' hourly regular rate of pay in violation of Florida Administrative Code 60L-32.0014, Computation of Overtime.

The OIG determined that sufficient evidence existed to sustain that the supervisor directed Complainant and her co-worker to record inaccurate time entries for OPS employees onto daily time logs, which were then transferred into People First. The supervisor also incorrectly entered her time into People First for almost a 2-year period, albeit at the direction of the ROM.

The OIG determined that sufficient evidence existed to sustain that the ROM, as the responsible manager, allowed included employees to work more than 40 hours a week without receiving time and a half paid compensation as required by Florida Administrative Code 60L-32.0014, Computation of Overtime.

The OIG also determined that sufficient evidence existed to sustain that the ROM directed the supervisor to record inaccurate time entries into the tracking system, which he approved. The ROM approved inaccurate time entries in People First for OPS staff, to wit: adding worked hours omitted from previous timesheets to a subsequent pay period's timesheet in People First.

The OIG recommended management take action as deemed appropriate. The OIG further recommended the division comply with Florida Administrative Code 60L-32.0014, Computation of Overtime, and immediately ensure the accurate usage of People First as the single system to record all time and attendance.

Case Number 2016-225-IA

This investigation was predicated upon a complaint received by the OIG from the Assistant Director of Hotels and Restaurants (H&R).

The complaint alleged that a H&R Inspector (Inspector) was offering his services of proctoring and providing statutorily required food manager certification (Certified Food Manager⁶) for \$125.00 to entities the division licenses and inspects. The complainant

⁶ Certified Food Manager is a designation awarded to individuals passing a written examination of their knowledge of food safety and sanitation. The standards for certification are developed by the Conference for Food Protection (CFP), a national food safety deliberative body, and endorsed by the U.S. Food and Drug Administration. Exams are administered by CFP-accredited providers meeting CFP standards. DBPR currently recognizes four providers.



provided contact information for a Food and Beverage Manager at a local Orlando restaurant as a person with information about this.

After receiving the complaint, it was verified that the Inspector was a registered proctor with the National Registry of Food Safety Professionals (NRFSP)⁷ and the Inspector's company/service's name. The OIG conducted an analysis of Food Service Inspection Reports prepared based on inspections conducted by the Inspector at the local restaurant. The inspection reports listed the food and beverage manager and the person who received and signed for the inspection results as the aforementioned Food and Beverage Manager.

The OIG completed an analysis of the complaint, along with the information provided by H&R, to identify any allegations and inferences that, if proven true, would represent a violation of law or agency rule. An inquiry was initiated and yielded information with sufficiency to initiate an OIG internal investigation.

As part of the investigation, the OIG reviewed and analyzed the complaint and information provided and conducted research and queries on the internet. Further, the OIG reviewed relevant DBPR policies and procedures, as well as the Inspector's personnel file. The OIG conducted interviews of identified witnesses and the Inspector. The OIG collected documents referred to by the Inspector and then re-evaluated all documents and evidence in light of the testimonies provided. Upon finding inconsistencies in the Inspector's actions and testimony, additional information and documents were obtained from the Inspector's supervisor and the local restaurant's management.

The investigation found that the Inspector was operating a side business by word of mouth and dealing, in part, with businesses where he conducted DBPR food service inspections. The investigation determined that the Inspector violated several policies and rules. The investigation proved that the Inspector passed out business cards and arranged through the Food and Beverage Manager at the restaurant to teach its personnel, as well as members of other associated businesses, the food manager's certification course. He taught the class to three students and was compensated \$125.00 for each student (\$375). The Inspector then conducted an inspection at the restaurant a month later.

The investigation further revealed that the Inspector did not have authorization for secondary employment. Additionally, the Inspector had previously signed the Conflict of Interest for Inspection or Enforcement Related Assignments form, which, in part, acknowledged he read DBPR policy 1.14, Conflict of Interest/Employment Outside State

⁷ National Registry of Food Safety Professionals develops and maintains certification examination programs in the food safety profession. National Registry is recognized internationally by the food service industry for its examinations and service delivery standards and practices. National Registry has also developed a food safety certificate program for food handlers, as well as a food safety HACCP manager examination for workers in food manufacturing facilities, processing plants, food packaging, and warehouses.



Government, and further that he had no conflict of interest or existing contractual relationship with an individual or entity licensed by the department.

The investigation shows that the Inspector made false statements during his sworn interview. Once the false statements and inconsistencies were discovered, further questions were necessary. Though efforts were made, the Inspector evaded requests for a second interview. During the latter period of this investigation, the Inspector's managers discovered inconsistencies in his inspection reports, false information, and evidence that the Inspector was still teaching the Food Service Manager course. Analysis of the information and evidence from his managers revealed that the Inspector falsified the Food Management Certification of a restaurant when he conducted an inspection in early 2017; the Inspector had recorded that the manager was certified by the NFRSP when, in fact, the manager was not. The Inspector returned the next day to teach the Food Management Certification course to staff at that same restaurant and did so while on duty, apparently falsifying times on his Daily Report. Before the Inspector was questioned about this new information, he resigned and was not responsive to the investigator's attempts to contact him.

As a result of this investigation, the OIG **sustained** the following violations against the Inspector:

- Failing to adhere to the department's requirements regarding conflict of interest and secondary employment.
- Making false verbal statements during a sworn interview with regards to his business activities, the dates he became aware, taught class, and stopped his business.
- Making false written statements with regards to a food service inspection conducted on January 10, 2017, and in his Daily Report.
- Utilizing department email services to facilitate his for-profit business activities.

The allegation that the Inspector improperly utilized sick leave and/or submitted a false timesheet for his use of sick leave on September 27, 2016 was **Not Sustained**.

Case Number 2016-234-IA

The OIG received a written anonymous complaint, comprised of multiple allegations and inferences of policy violations, against a Law Enforcement Investigator II (LEI II), Division of Alcoholic Beverages & Tobacco (division or AB&T). The anonymous complainant claimed to be an AB&T agent who feared retaliation. Contained in the anonymous letter were specific allegations that on August 24, 2016, the LEI II used her division vehicle to pick up and transport her daughter home from school. It was further alleged that on August 31, 2016, she used her division vehicle to stop and shop at a grocery store. Both allegations were that she used the division vehicle for personal use



while on duty. The anonymous complainant submitted numerous photographs they believed supported their allegations.

The LEI II admitted going to her daughter's school as alleged, but documented the time on her Daily Activity Sheet. She denied transporting her daughter in the state-owned vehicle; she did, however, admit to stopping by a grocery store, as alleged, in order to conduct a "personal errand." She stated she stopped at the store on her way home from work.

The OIG completed an analysis of the complaint to identify any allegations and inferences that, if proven true, would represent a violation of Law or Agency Rule. The analysis identified allegations with sufficiency to initiate an OIG internal investigation, as defined in Section 112.531-112.535, Florida Statutes⁸, involving the LEI II. The allegations contained in the 129 page anonymous complaint ranged from improper vehicle use, improper completion of division reports, and other performance-related issues. The OIG determined that the issues, except for the possible misuse of the division-owned vehicle, were management concerns and were referred to AB&T's division director on January 13, 2017, for review and appropriate handling (OIG case 2017-005-REF).

The OIG reviewed all available known documents and records pertaining to the allegations and conducted a sworn subject interview. Absent an identifiable complainant and/or independent witnesses, no evidence was identified to refute or challenge the testimony of the LEI II who denied the allegations against her. Although photographs depicted that the LEI II's daughter entered and sat in the department-owned vehicle, there were no photographs of the daughter actually being transported in or riding in the vehicle. There is a six-minute time lapse (based on the photographs) between the time the daughter entered the car and the time the LEI II drove away from the school. If the LEI II was planning to drive her daughter home that day, it did not seem logical that she would have waited six minutes after her daughter got in the car to leave the school. The LEI II admitted her daughter entered and sat in the vehicle, but denied that she left the school with her daughter as a passenger. Instead, she testified that she only talked to her daughter in the vehicle while it was stationary and that her daughter exited the vehicle after their talk concluded. There is no prohibition against this.

Based on the location of the grocery store, it would not have been a distinct deviation for the LEI II to stop there to run an errand on her way home from the Orlando Office.

As a result of this investigation, the OIG determined that insufficient evidence existed to determine that the LEI II utilized her assigned division vehicle in violation of DBPR policy.

⁸ This statute, titled "Law enforcement officers' and correctional officers' rights", identifies certain rights and privileges afforded to law enforcement officers while under investigation, as well as expectations, and requirements of the law enforcement agency to report and conduct internal affairs investigations.



Summaries of Investigative Inquiries Completed in Fiscal Year 2016-2017

Case Number 2016-141-INQ

The Division of Technology's (Technology) Information Security Manager (ISM) submitted an email to the OIG requesting assistance in handling a computer security event.

The ISM advised that Technology had been actively fighting a virus that affected the DBPR technology server the week of July 11, 2016. A week later, the ISM was advised a similar virus had infected the Building Commission's Building Code Information System server. Technology identified a Government Operations Consultant I's (GOC) computer as the affected machine and determined it needed to be taken off line immediately.

When Technology staff retrieved the GOC's infected computer, they discovered there was an external hard drive (HD), as well as a thumb drive, attached. The computer, external drive, and thumb drive were all collected.

After consultation with OIG, Technology scanned the computer hard drive, external drive, and thumb drive for viruses. The scan revealed the GOC had both confidential work-related product and personal data on the drives. Technology staff noted the information appeared to be both confidential and sensitive and that the external HD and thumb drive were not encrypted. The external drive had 49 viruses identified and the thumb drive contained five viruses. Neither the external nor thumb drive appeared to be department issue.

The information discovered by Technology staff established a basis to proffer allegations that the GOC had mishandled data and violated DBPR policy; if true, the GOC would then have been responsible for introducing a virus into the DBPR network. At the ISM's request for OIG assistance, the incident report (described above) was assigned for investigation.

During Technology's initial response and efforts to isolate the virus, the GOC requested copies of her work records from the seized external hard drive in order to perform her daily assigned duties. Technology learned that the GOC was saving volumes of work product to external drives and was not keeping records or her work product on the network server.

OIG met with the GOC informally to discuss the need for Technology and the OIG to maintain her external drive and USB drive and explained the actions being taken to



return them to her in the near future. During the discussion, the GOC related that the external drive and USB drive were not her personal property, but rather department-issued property. The GOC explained that a couple years ago, her office was having file management issues related to their long file names. The solution at that time was to start storing her work data on an external drive that her supervisor approved for purchase. The GOC confirmed that she was conducting and maintaining all of her work-related records on the external drive and was not storing her work product on the DBPR designated server. During the same conversation, she related her regret over this entire situation and speculated when she plugged in her Android cell phone to the computer to charge, some of her personal data might have been uploaded onto her computer. The GOC related that there were other employees in her area who were also using department purchased external and USB drives. The GOC also related that she was not aware of the policy requiring encryption for the use of external drives nor the requirement to store data on the network or in the document management system.

Afterwards, OIG met with the ISM to advise the suspect external and USB drives were department property and that there were reportedly other devices in the GOC's work area, which might be unknown to Technology.

OIG then met with the Director of Professions and related the information learned concerning the utilization of external drives in the GOC's bureau and concerns of other devices and practices, which could be encouraging members to store work product on external drives and/or using devices without encryption.

During subsequent inquiry and review of the data on the computer hard drive, as well as the data on the external and USB drives, it was apparent that the GOC was, in fact, comingling and saving personal and family information, along with work product, on her computer and the drives; she had been doing so for the past several years. It is apparent that neither the external drive or the USB drive was encrypted as required by policy. It was also apparent that the GOC was storing volumes of work product on the external drive, contrary to policy, which requires business-related files to be stored in either the department's document management system or in a network drive (G:drive) to protect the data.

As stated by the GOC, it was apparent that her Android phone had been connected to her work computer. The GOC's account is that she connected her phone to the computer to charge the phone and speculates it inadvertently backed up or uploaded data from her phone.

During the inquiry, nothing contradictory was identified to discount the GOC's version of events and while Information Systems Security Policy prohibits non-DBPR devices from being connected to the department's network or systems, it was not evident that plugging in a phone to charge it was prohibited. DBPR policy prohibits devices, "including but not limited to personal MP3 players, USB, thumb drives, portable hard



drives, printers, CDs, etc.” In this case, the external devices, while improperly utilized to store data, are department property and connecting them to the computer was not an issue. While the cellular phone was personal, there was no apparent intent to connect it to the network; however, with the advancement of technology and auto-executing applications it was conceivable this was an accident. Examination found no indications of nefarious or criminal conduct.

While the GOC completed an acknowledgement of receipt for some DBPR policies and documents on October 10, 2011, it was not clear she received instructions on Information Systems Security Policy, 2.3, or its predecessors, which took effect on November 17, 2010. Form 2.3.07, Acceptable Use and Confidentiality Agreement, could not be located for the GOC. Additionally, there was no documentation where the GOC received any of the updates to the revisions to policy 2.3 on April 22, 2011, February 27, 2014, or November 3, 2015. Further compounding the issue, there was no apparent documentation of the GOC receiving annual security awareness training as required by Information Systems Security Policy #2.3 P.2., which states “members of the DBPR workforce shall receive security awareness training within 30 days of their hire date and annually thereafter.”

This inquiry revealed no evidence of purposeful employee misconduct. Absent new information, this matter was referred to management for handling as deemed appropriate concerning the above-mentioned policy violations. It was further recommended that the below listed issues be considered for action by the identified divisions:

1. Professions managers verify that members of Office of Building Codes and Standards are all aware of the requirement for storage of business-related files either on the department’s document management system or on the network drive.
2. Human Resource managers verify that members of Office of Building Codes and Standards have received, acknowledged, and signed the Acceptable Use and Confidentiality Agreement form.
3. Technology staff identify all external drives the members of Office of Building Codes and Standards are using and ensure they are encrypted.
4. Technology managers initiate or better document the annual security awareness training provided to the DBPR work force.
5. Technology managers and policy reviewers update policy 2.3 to add cellular phones, smart phones, and digital note pads to the list of prohibited devices to connect to the department’s network. Prohibition might include connecting to any department computer to charge such a personal device.

This inquiry was forwarded to the Director of Professions, the Director of Technology, and the Director of Administration & Financial Management to assist in their



assessment and handling of the results of this investigative inquiry and recommendations.

Case Number 2016-197-INQ

This inquiry was predicated upon a complaint from the Division of Alcoholic Beverages & Tobacco's (AB&T) Deputy Director to the Office of Inspector General (OIG). The complainant, an AB&T law enforcement lieutenant, alleged in an email to her supervisor that state law and departmental policy had been violated by an AB&T special agent during the arrest of two men on September 27, 2016.

The lieutenant alleged the following to her supervisor by email:

1. The special agent slandered her in an incident report.
2. The lieutenant received information from an arrestee that the special agent improperly destroyed a Notice to Appear⁹ (NTA).
3. The special agent made the decision to "unarrest" an individual who had been charged with a misdemeanor and issued a NTA on September 27, 2016.

After reviewing the complaint, the OIG determined an inquiry into the possible destruction of the NTA would be conducted and referred to the Florida Department of Law Enforcement for potential violation of Section 918.13, Florida Statutes, if evidence supported the Lieutenant's allegations¹⁰.

The OIG's inquiry determined that on September 30, 2016, the special agent contacted his district captain, who is the lieutenant's supervisor, and informed him that he was not comfortable with the arrest. On October 7, 2016, the captain advised the special agent to scan the NTA into the department's OnBase¹¹ system no later than October 10, 2016. Confirmation was obtained that the NTA was scanned into OnBase as ordered. On October 17, 2016, the captain directed the special agent to ensure that the NTA was submitted to the court.

On October 18, 2016, the captain contacted an Assistant State Attorney (ASA) and briefed him on the scenario concerning the arrest and the status of the NTA. The captain provided the ASA with a copy of the NTA, along with a copy of the investigative report completed by the special agent. The ASA reviewed the case and declined prosecution.

⁹AB&T Policy #4-1 provides that a Notice to Appear (NTA) may be issued to a violator for criminal violations when the alleged offense is a misdemeanor and good reason exists to believe the offender will appear on their court date. Members are encouraged to issue a NTA in lieu of making a physical arrest for misdemeanors.

¹⁰F.S 20.055 (7) (c): Report expeditiously to the Department of Law Enforcement or other law enforcement agencies, as appropriate, whenever the inspector general has reasonable grounds to believe there has been a violation of criminal law.

¹¹ OnBase – Department of Business and Professional Regulation's document management system used to store documents and route work-based business rules.



Case Number 2016-224-INQ

On October 28, 2016, the Office of Inspector General (OIG) received correspondence from an anonymous complainant regarding two employees of the Department of Business and Professional Regulation's (DBPR) Division of Alcoholic Beverages and Tobacco (ABT).

The complaint alleged that a special agent and a licensing supervisor were involved in workers' compensation fraud through the misuse of disability leave and that they were compensated under workers' compensation (W/C) for time they were not entitled to receive. The anonymous complainant (Anonymous) related that on September 2, 2016, an Investigation Specialist II (IS II) was dismissed for violating department policy on attendance and leave. Anonymous continued in the complaint packet, writing:

*On several occasions, the [IS II] stated to numerous employees that the special agent and the licensing supervisor gave her guidance and direction on how to claim hours for her workers comp injury. A conversation was overheard while another licensing employee was on the phone where she said the licensing supervisor was claiming the hours like the [IS II] did, I wonder if she is in trouble too? It would be interesting to know what code in people first that both the special agent and the licensing supervisor **have used since they claimed injuries. Nobody questions the injuries, but how they have been compensated to travel to appointments and do exercises at home.***
[SIC]

Anonymous included a printout of Florida Administrative Code (FAC) Rule 60L-34.0061, Disability Leave, and several ABT Daily Activity Sheets completed by the special agent where he claimed leave code 0065 (workers' compensation) on twelve different dates for use of 63.25 hours. Anonymous concluded that nothing in DBPR policy 1002-0009, FAC 60.340061, FS 110 or FS 440 allows for payment of travel time and requested an audit be conducted. Anonymous indicated that if it was determined the special agent and the licensing supervisor committed the same fraud, they should be dismissed also.

After preliminary review of the correspondence, it was determined that Anonymous' concerns fell within the jurisdiction of the Department of Financial Services (DFS). On November 4, 2016, this matter was referred to DFS for review and determination of any criminal conduct.

People First records reflect both the special agent and the licensing supervisor used time code 0065 as workers' compensation (W/C) in 2015. During inquiry, the Division of Administration verified the special agent used 101 hours and the licensing supervisor used 70.25 hours for workers' compensation. Administration discovered that the special agent exceeded the maximum allowed 88 hours and indicated this required correction.



A review of the IS II's personnel file and W/C leave usage revealed no apparent pattern or similarities when compared to the special agent or the licensing supervisor. In fact, each had very different usage. Additionally, review revealed the allegations made in this matter against them were not the same as violations that led to the the IS II being disciplined. The IS II went home, exercised, and claimed W/C leave on several occasions. When questioned, she had no medical documentation to support her activities, yet she reported she was attending physician or physical therapy appointments on several days.

On December 8, 2016, the bureau chief for the State Employees Workers' Compensation Division related to the OIG that their review found no adverse action or areas of concern and they would not be opening a case.

During the inquiry, nothing contradictory was identified to discount the employees' reporting and use of W/C leave, nor was there independent evidence or indications of misconduct.

In the absence of any other information, and in accordance with Agency Policy Number 1.2.06 B2c(5)¹² regarding anonymous complaints, with no independent evidence to support further OIG investigative action, this matter was referred to the division director of AB&T.

The OIG recommended that ABT management work with HR to initiate the appropriate Leave Balance Adjustment related to the special agent's use of W/C leave and further recommended that an audit be conducted in the same manner as was conducted on the IS II (appointments are correlated with leave use for code 0065) for the special agent and the licensing supervisor. HR and AB&T reported at the conclusion of their review and audit that no discrepancies or misconduct were discovered.

Case Number 2016-228-INQ

This inquiry was initiated at the request of the Chief of Agency Services and the Director of the Division of Administration and Financial Management (division). On November 2, 2016, the chief provided the OIG with a memorandum concerning the loss of three Apple tablets (iPads) purchased by the agency. The loss of the tablets indicated the possible theft of department-owned property by an unknown person(s). The division requested that the OIG determine if additional information was available regarding the missing iPads and further requested that the OIG make recommendations as to how the

¹² DBPR policy 1.2.06 B2c(5) The OIG will not conduct investigations on anonymous complaints unless there is substantial, independent evidence, such as division records or other corroborating documents, to validate a complaint or the OIG determines that an investigation will likely reveal substantial, corroborating evidence to support the allegation.



division could strengthen its mailroom process to minimize the likelihood of loss or theft of state property.

The OIG interviewed six department employees associated with the daily receipt, custody, and delivery of mail and parcels to the divisions. The interviews focused on each individual's understanding of mailroom procedures and whether they had knowledge regarding the missing tablets. While no employee admitted to having knowledge related to the missing tablets, the OIG determined that four iPad computers were either lost or stolen. It was not known from what location the computers disappeared. Apple Inc. internal records showed the computers were purchased and shipped, via UPS, to the DBPR on three separate occasions. UPS records clearly documented that the parcels were received, signed for, and accepted by certain DBPR mailroom employees. It was common practice for the mailroom to sign for bulk parcels from UPS, but not physically verify that the parcels' contents were complete and accurate. There was insufficient information available to aid in further investigation into the loss or theft of these iPads.

The OIG was not able to determine who might have taken the computers or at what time and location the computers went missing. However, it was clear that on two separate occasions there was a breakdown in properly securing the iPads. Due to the theft or loss of the iPads, the department incurred a financial loss of \$2,436.00.

The internal agency "Receiving Reports" utilized by the property section when delivering items throughout the department were destroyed by a former employee. Therefore, the OIG was unable to review them for evidentiary purposes.

This inquiry also found that insufficient security measures, in addition to inadequate inventory control, likely contributed to the loss of the tablets in question or facilitated their theft. This inquiry will be reopened in the event new information or evidence is developed and presented.

The OIG recommended that the OIG's Bureau of Auditing consider initiating an audit during the next fiscal year to evaluate the procedures and controls recently designed and implemented by Agency Services to maintain accountability over package processing within the DBPR mailroom.



Case Number 2016-217-INQ

In an email dated October 24, 2016, a Condominiums, Timeshares, and Mobile Homes (CTMH) Senior Attorney wrote to the OIG and complained that the CTMH Director and other division management attended a conference with registered lobbyists for developers and condominium association attorneys. According to the complainant, the director *“attended non-public meetings where the discussion of private arbitrators took place. On July 12, 2016, the Division had a public workshop on this very same issue and the Division is still taking written comment. What is the point of having a public meeting if the Division is going to take secret testimony from interested parties outside of the public meeting process? Is this not a violation of the Rule Making procedures?”*

The OIG initiated its inquiry by interviewing persons named by the complainant as attending the conference. The OIG also obtained a copy of the conference’s agenda. The agenda and testimonies were provided to the department ethics officer for review; the ethics officer subsequently determined that no conflicts of interest or violations had occurred.

Case Number 2017-017-INQ

The OIG initiated an inquiry based upon the Director of the Division of Service Operations (DSO) reporting that a staff member received a call from a licensee, who complained that she had submitted a license application and \$75.00 cash to the DBPR by certified mail and the department had not responded. The Director stated that his division could not locate the application or cash.

Prior to contacting this office, DSO initiated an inquiry into the missing application and payment when the licensee complained. In doing so, a DSO research staff member confirmed with the licensee that she correctly addressed the envelope, including the proper “+4” zip code. DSO, by document review, identified the staff assistant within Division of Administration and Financial Management (A&FM), Bureau of Agency Services, Mail Services, who received and signed for the licensee’s certified mail on January 9, 2017, as part of a bulk delivery. DSO staff determined there was no record of delivery of the application to the Central Intake Unit (CIU), which is responsible for opening mail and processing applications.

OIG determined the last verified location of the missing mail to be at the U.S. Post Office on South Adams Street (Tallahassee, Florida) on the morning of January 9, 2017, when the administrative assistant signed for receipt of the mail.

The OIG determined that incoming mail, UPS, FedEx, and other overnight services deliver to DBPR through A&FM, Bureau of Agency Services, Mail Services. A supervisor and three employees are then responsible for receiving and dispersing DBPR mail.



OIG reviewed Agency Services' mail handling procedures and found that Mail Services staff occasionally opens inadequately addressed mail to determine the proper destination within DBPR. Mail containing license applications and payments are delivered to the Mail Intake Unit (MIU), which is located in the CIU, for processing. MIU staff opens and processes the mail. Upon receipt of cash, MIU staff notifies their supervisor, logs the cash (and applicant information) into a logbook, places the cash into a lockbox, and walks the lockbox to the Customer Service Window (CSW) where the cash and application are turned over to a CSW staff member, who signs the logbook for receipt. The MIU has no further contact with the application or cash after it is turned over to CSW staff.

On February 8, 2017, the OIG took individual, sworn, recorded statements from the 14 MIU staff members, who were consistent when describing the mail handling procedures. Each interviewee was specifically asked to address the procedure for handling cash received into the CIU. All of the interviewees stated that no one in the unit liked to receive cash because of the associated inherent risks. All MIU employees denied taking the missing mail.

The OIG then took individual, sworn, recorded statements from the four mailroom staff members, who all denied having any knowledge of the missing application and cash. Lacking additional evidence, this inquiry was closed.

The OIG recommended A&FM consider requiring Mail Services staff to have an additional staff member present when opening improperly addressed mail. Further, A&FM and DSO management should discuss whether procedures could be enhanced to ensure greater accountability and safeguarding of mail delivered to the CIU.

Case Number 2017-021-INQ

On January 31, 2017, the Office of Inspector General (OIG) received a complaint, routed to the OIG from the Department of Business and Professional Regulation's (DBPR) Division of Alcoholic Beverages and Tobacco (AB&T). The complainant alleged that an Investigation Specialist II (IS II) was running gambling operations out of two associated private clubs licensed by the Department. The complainant alleged the IS II was overseeing all gambling, to include Super Bowl pools, and that customers were upset because the IS II was also gambling and winning most of the money. The complainant added that the IS II was recently promoted at AB&T; the complainant considered her off duty conduct an insult to injury. According to the complainant, the IS II was providing some other businesses in town with instructions on how to hide gambling operations, particularly dice games, from AB&T and that the IS II had "busted" some businesses in town for the very same gambling that the IS II was involved in.



OIG's preliminary analysis determined that part of the IS II's duties includes conducting inspections, reporting, and/or addressing criminal and administrative violations by entities licensed by the division. This includes unlawful gambling activities at establishments where alcohol and tobacco are sold.

The two private clubs' social media sites demonstrated that the IS II was an active, managing member and the IS II's spouse was the treasurer of the other club. Social media postings also demonstrated the IS II participated in events and games of chance at the club.

Review of ABT licensing and inspection records for one of the private clubs revealed that the last inspection conducted there was by the IS II. The IS II had also conducted an inspection at the club in 2013. The inspections in 2012, 2014, and 2015 were conducted by other inspectors.

The analysis also determined that the complaints described allegations of ongoing criminal behavior and possible public corruption. The Executive Investigations section of the Florida Department of Law Enforcement (FDLE) was notified, advised of these allegations, and provided with the complainant's contact information. FDLE indicated they would take the lead on the investigation.

In May 2017, FDLE completed and closed their investigation and presented the findings to the local State Attorney's Office, which determined there was no apparent illegal activity on the part of the IS II. FDLE provided their undercover videos to the OIG, which documented the IS II present and playing Instant Bingo and cashing in the winnings at the bar. FDLE had interviewed the club's canteen operator and was advised that the IS II currently had access to the bar and storeroom. FDLE ascertained the IS II was previously involved in running club operations and was a former canteen operator at the club.

In May 2017, OIG reviewed FDLE's investigative reports and the undercover video. Of interest was the following:

- The canteen operator related to FDLE that:
 - IS II conducted inspections for AB&T at the club in the past.
 - Due to IS II's past canteen manager experience, she assists in the operations at the club.
 - The IS II's spouse is the "Finance Officer" at the club.
 - The IS II can help repair the Instant Bingo machine when it jams.
 - The extra tickets to Instant Bingo are stored in the back of the machine and in the back office. The IS II has access to both.
 - Winnings for Instant Bingo are paid out of a bag kept behind the bar. The IS II has access and can pay out winnings if the bartender is busy or needs help.



- The IS II is not a bartender at the club, but has washed dishes in the past to help out.
- The IS II has access to the liquor kept in the back office, if needed.
- The IS II helps run charity events at the club.

While FDLE did not address the presence and operation of unlawful gambling devices with the State Attorney's Office, it should be noted:

- Review of the video captured by FLDE reflects the following:
 - The IS II was in the club on March 23, 2017, and playing Instant Bingo. The IS II made several trips to the Instant Bingo machine.
 - The IS II won and was paid in cash by the bartender.
 - The club had at least two illegal electronic slot machines in operation on March 23, 2017.
 - Video of the operation of the machine revealed the following:
 - The electronic slot machine takes cash.
 - The machine converts dollar bills to credits.
 - The machine looks and plays like a modern slot machine.
 - The machine appears to offer different games.
 - At the onset of the game, the screen includes a scrolling banner that reads "Use preview button to see a game outcome."
 - The machine includes a game called "Dog n Diamonds, Good Ol'Times."
 - The machine includes touch screen and push button features
 - The name of the machine might have been "Cherry Ball."
 - There are other electronic gaming screens and there may be more electronic slot machines.
- Review of FDLE's investigative interview of the canteen operator revealed the following additional information:
 - AMVETS Post 444 has two video games that "pay out cash."
 - These video games are not maintained by AMVETS Post 444, but by the company that owns them.
 - The IS II's husband has access to the back office and liquor.
 - AMVETS Post 444 does not conduct dice games, but does conduct "Queen of Hearts" games.
 - When asked about football pools, the canteen operator replied, "We don't normally do football pools."
 - Any of the other entities that operate at AMVETS Post 444 can do any charity fundraisers they want to. As a part of the "Riders", the IS II helps out and the "Riders" hold quite a few events.

OIG consulted with the Legal Advisor, Enforcement Bureau, AB&T, who stated that, "pre-reveal slot machines" and slot machines are illegal in Florida. Despite the current



legislation challenging pre-reveal slot machines, division directives are clear. There has been no instruction to AB&T staff to soften or delay enforcement of these illegal slot machines. The advisor concurred that if an AB&T inspector had knowledge of pre-reveal slot machines during an inspection, this should have been reported and referred to AB&T agents for criminal investigation.

Based on the information revealed during this inquiry, and in accordance with Agency Policy Number 1.2.06, Complaint Policy, B 2 c (5), regarding anonymous complaints, this inquiry was closed and then escalated to an internal affairs investigation (OIG Case Number 2017-129-IA).

Case Number 2017-025-INQ

In a written complaint to the Division of Hotels & Restaurants' (H&R or division) Orlando District Supervisor, the owner of an apartment complex alleged that an H&R inspector mishandled the inspection of his facility and misused her authority. His complaint stems from an inspection conducted by the inspector in response to a complaint filed by a tenant of the complex, received by the division on November 29, 2016. The complainant alleged, "We believe that there was a significant conflict of interest present regarding our tenant and the inspector initially handling this case. Further we have testimonial and documentary evidence of same and intend to file a complaint with the State of Florida regarding same." The complainant reported that he was told that the tenant and the inspector were personal friends. Additionally, division management reported to the OIG that the inspector's report identified several issues not regulated by the division, including mold and vermin inside the tenant's apartment.

The OIG's inquiry determined that the inspector conducted a lawful, unannounced inspection of the complex based upon a complaint. The Department of Business and Professional Regulation licenses the complex, therefore it has regulatory authority to inspect it.

The inspector personally knew the tenant. As stated on the inspection report, the inspector confirmed and identified mold and the presence of vermin in the tenant's apartment, issues that are not regulated by the DBPR. Landlord and tenant responsibilities, including security deposits and *apartment maintenance*, are referenced in a lease and governed by Florida law (Chapter 83, Part II, Florida Statutes). Pest control responsibilities may also be listed in the tenant's lease. The supervisor accompanied the inspector on the callback visit to the apartment. The supervisor discussed the issues and findings with apartment management and felt the issues had been resolved. During the final visit to the complex, the facility met inspection standards. The supervisor discussed the inspections with the inspector, but did not document them. According to division management, at the time of the inspection, the division was unclear regarding vermin enforcement. Based upon this complaint, the division has addressed the jurisdiction of vermin enforcement.



This inquiry revealed no evidence to support the allegations made by the complainant concerning a conflict of interest. The inspector was assigned the inspection of the complex by her supervisor. The location of the apartment was within her assigned territory. The inspector informed the apartment management and her supervisor that she personally knew the tenant. Her supervisor accompanied her in the final inspection phase of the apartment in question and conversed with apartment management.

However, during the inspection process, the inspector confirmed the presence of mold and made recommendations concerning the presence of vermin in an individual apartment. This was contrary to H&R policy and a performance issue on the part of the inspector. The OIG recommended the employee receive guidance from supervision regarding her position's scope of authority.

Case Number 2017-100-INQ

The OIG received an anonymous complaint against a Division of Pari-Mutuel Wagering (PMW) Pari-Mutuel Operations Specialist (specialist). The complainant alleged that for the past three years, the specialist had rented a room in her condominium to an employee of the Isle of Capri Casino, a potential conflict of interest.

The scope of this inquiry focused on documenting the alleged personal and professional relationship between the specialist and alleged renter. Once documented, this office would request the DBPR Ethics Officer determine if the facts of the alleged relationship constituted a conflict of interest or ethical violation.

An OIG analysis of the specialist's records in the State of Florida's People First¹³ system verified the specialist's residential address and possible personal contacts residing there. A review of public records available on the official website for the Broward County Property Appraiser's Office matched the address in the specialist's People First information. A name search returned no other properties associated with the inspector.

According to Broward County's online voter registration information, two other persons reside at the specialist's home address. An online search did not reveal any other persons listed at the Specialist's address. An Accurant¹⁴ query also confirmed the same persons resided at the specialist's home address. An inquiry of the Florida Department of Highway Safety and Motor Vehicles (DHSMV) database determined that the specialist is the only licensed driver associated with her home address.

¹³ People First - People First is the state's self-service, secure, web-based Human Resource Information System (HRIS) and enterprise-wide suite of human resource (HR) services.

¹⁴ Accurant – A subscription based search tool provided by LexisNexis that consolidates various other databases into a concise report format.



On April 27, 2017, OIG conducted a sworn interview with the specialist to address the allegation. The specialist stated that her adult aged daughters and her grandson are the only persons who live or have lived with her.

The specialist stated that she does not have a tenant renting from her at her private residence and that her co-workers and the casino employees have never visited her private residence. The specialist said that she does not own any other properties and the covenants of her condominium prohibit subleasing and/or renting rooms in the units.

Absent additional evidence, further investigative activities were unwarranted.

Case Number 2017-053-INQ

An out of state complainant reported that his estranged wife, an employee of the Division of Condominiums, Timeshares, and Mobile Homes (CTMH), was being represented by a senior attorney in the same division in their divorce. According to the complainant, during his review of Florida law, he discovered this was a conflict of interest because the senior attorney filed civil court documents that listed the department as her law office's address.

The OIG inquiry determined that the senior attorney had previously met with the department's ethics officer and was approved to represent the employee pro bono. The OIG shared this information with the complainant. The complainant stated he had evidence that demonstrated the senior attorney was being compensated for her work. The complainant never provided the evidence and after several failed attempts by the OIG to contact and obtain the evidence, the case was closed.

Case Number 2017-065-INQ

On March 20, 2017, the OIG received an email from a Bureau Chief with the Division of Hotel and Restaurants (H&R) requesting assistance regarding a possible bribery attempt of an H&R inspector in central Florida.

A Senior Sanitation and Safety Specialist (specialist) reported that during the conclusion of a restaurant inspection, the owner attempted to hand the specialist an envelope. The Specialist believed the envelope might have contained cash money and was an attempt to bribe the specialist, who refused to accept it. The OIG coordinated with local law enforcement and arranged for a plainclothes officer to be present during the follow-up inspection; however, the owner never offered anything to the specialist.

The complaint and follow-up activities were documented in the event of a reoccurrence.



Case Number 2017-076-INQ

On March 24, 2017, the OIG received a faxed complaint from an anonymous writer. The complaint contained a handwritten cover page and a typed and unsigned one-page complaint addressed to “whom it may concern,” dated March 24, 2017. Included with the complaint was a person’s arrest information sheet.

The complaint alleged that members of the Division of Alcoholic Beverages and Tobacco (AB&T) acted improperly in handling an incident at a nightclub on March 23, 2017. The complaint alleged he witnessed a friend “get beat up by several cops that had black windbreakers on and the back of their jackets said ‘Police’ ‘Division of Alcoholic Beverages and Tobacco.’ ”

The OIG’s analysis of the Daytona Beach Police Department’s (DBPD) arrest report and supporting documentation and the nightclub’s security cameras’ video footage of the arrest revealed the alleged victim was arrested for trespass after warning and resisting an officer without violence. The alleged victim presented a paper identification card at the door and was told to leave by AB&T agents. The victim left, returned a few minutes later, and tried to enter the nightclub again by contacting a club employee at the exit doors and showing his identification. The club employee signaled to the onsite AB&T agents. The alleged victim then tried to push past the nightclub employee through the exit doors. The nightclub employee manhandled the alleged victim, moving him away from the door, and looked to agents for assistance.

The two agents onsite described in the complaint responded and moved towards the alleged victim, who was still struggling with the club employee. The agents, along with additional AB&T agents, struggled with the alleged victim trying to place him in hand restraints. Once restrained, one agent and a DBPD officer escorted the alleged victim to the DBPD patrol car across the street.

A review of the agents’ Daily Activity Sheets for March 23, 2017, reflected neither agent made any mention of an incident, arrest, or use of force at the nightclub. The closest mention is, “Spring Break Detail.” While one agent’s DAS reports two arrests on March 23, 2017, neither is for the charges placed against the alleged victim. One agent worked 8:00 a.m. to 11:30 p.m. on March 23, 2017 and the other worked 11:00 a.m. to 11:30 p.m. on March 23, 2017. Review of all the remaining agents’ DASs for March 3, 2017, reflected no reference to any arrest, use of force, or incident on March 23, 2017. Each reported working Spring Break Detail.

The OIG contacted the Volusia County Sheriff’s Office’s internal affairs unit and determined they had no record the suspect made any allegations against the arresting officers. Their records further indicated the suspect was not treated for injuries at the jail and no serious injury or bleeding was noted when he was booked.



The suspect pled nolo contendere to trespass after warning and resisting an officer without violence. Adjudication was withheld and he was sentenced to two days in the Volusia county jail with two days credit for each count. He was ordered to pay a \$223.00 fine.

The OIG concluded the alleged victim never filed a complaint and contrary to the allegations, the information provided in the police reports, coupled with information forwarded by the manager and the video, all indicated the alleged victim's actions were, in fact, criminal and warranted a law enforcement response. Contrary to the complaint, review of the video yielded no apparent excessive or unjustified force used on the suspect.

The OIG recommended AB&T management review this inquiry to determine if agents involved in the suspect's arrest complied with AB&T use of force reporting requirements and take action as deemed appropriate.

Case Number 2017-112-INQ

On May 8, 2017, the Office of Inspector General (OIG) received an anonymous typed letter containing three complaints against several Division of Alcoholic Beverages and Tobacco (AB&T), Bureau of Law Enforcement (bureau), personnel. According to the complainant, AB&T General Order 3.02, Use of Force requires a Use of Force Report to be completed within 24 hours of the application of force.

The first complaint alleged "police brutality" on the part of an AB&T special agent and alleged he failed to complete a required Use of Force Report Form at the conclusion of issuing a Notice to Appear¹⁵ (NTA) to a suspect for possession of a fraudulent identification. The complainant stated the suspect was "thrown on the ground so hard that both his knees were bleeding." The complainant alleged the special agent's supervisors were aware of the incident and the requirement to complete the BLE-349, but told the special agent he did not need to complete the report.

The second complaint alleged two special agents performed a leg sweep¹⁶ on a suspect during his arrest on March 12, 2017, at an undisclosed location on a beach. The complainant alleged the agents did not complete a Use of Force Report based on the incident. The complainant indicated that two supervisors told the agents a report was not required. The OIG determined this complaint concerned only procedural issues regarding completion of a Use of Force Report and would be more appropriately handled by AB&T management.

¹⁵ NTA is a summons to appear before a court at a specified date and time in lieu of a physical arrest if the subject and the charge meet certain criteria as prescribed by law.

¹⁶ Leg sweep – A technique used by law enforcement officers to take a resisting subject to the ground to affect an arrest. The technique, modeled after martial arts maneuvers, involves the officer using his or her leg to sweep the subject's legs out from under them allowing the officer to control the subject to the ground.



The third complaint concerned the arrest of a suspect on March 23, 2017, at a nightclub. On April 24, 2017, the OIG completed an investigative inquiry, Case # 2017-076-INQ, into the arrest of this suspect on a separate anonymous complaint. The OIG referred the findings of the inquiry to AB&T management for review and action deemed appropriate under OIG Case # 2017-102-REF.

The OIG confirmed the suspect had not filed a complaint with this office or AB&T regarding his arrest and that there were no pending AB&T Use of Force Reports associated with the aforementioned arrest.

OIG analyzed AB&T records related to the suspect being issued the NTA, as well as the Volusia County Clerk of Court's online records pertaining to the suspect's charge of obstruction by disguised person.

The OIG obtained a copy of the agent's investigative report and the arrest affidavit¹⁷ submitted to the Volusia County Courts. Volusia County Clerk records indicated the suspect was not required to appear before the court, only pay a fine of \$273.00. The fine was paid on March 15, 2017.

The agent's investigative report, dated March 24, 2017, made no mention of any use of force against the suspect. The agent's supervisor approved the report.

The OIG determined the agent's NTA affidavit did not include the alleged use of force. The affidavit stated that the suspect attempted to enter a nightclub using an identification that was forged, stolen, fictitious, unlawfully altered, or issued to another person, in an attempt to disguise himself and hinder the agent's efforts to identify him.

The OIG contacted the Volusia County Sheriff's Office's Communications Center, which dispatches for the Volusia County Emergency Medical Services (EMS), and learned there was no record of the suspect in their system. Further, the Communications Center found no record of the suspect in their dispatch system. Because the agent released the suspect after issuing the NTA, no correctional facility medical records existed to review.

The OIG contacted the manager of the nightclub and learned that video surveillance footage that might have captured the suspect's detention was only maintained 30 to 45 days; therefore, no footage of the night of the incident existed.

The OIG was unable to establish there was substantial, independent evidence to validate the complaint of "police brutality" or conduct commensurate with excessive force. As a result, the OIG did not conduct an internal affairs investigation into this anonymous complaint.

¹⁷ An arrest affidavit is completed when issuing a Notice to Appear. The affidavit contains a choice of check boxes at the top of the page indicating whether the affidavit is for an arrest, Notice to Appear, or a statement affidavit.



The OIG recommended that AB&T management review the complaint and facts surrounding the aforementioned arrests and determine if AB&T sworn personnel complied with the reporting requirements of General Order 3.02, Use of Force, and take action as deemed appropriate.

Case Number 2017-114-INQ

This case involves a complaint received by the Division of Hotels & Restaurants (H&R) on April 24, 2017, through the Division's on-line complaint registry. The complainant, identified as "Skyler," alleged the owner of a restaurant was "paying an inspector not to shut her down." The complaint also alleged the inspector did not properly address violations committed by the restaurant while conducting her Food Service Inspection Report. The inspector in question was identified as an H&R employee.

Based upon the complaint, the H&R division director instructed his staff to have an onsite inspection of the restaurant in question conducted by the employee's supervisor the following day. The inspection found a few repeat violations, but nothing that warranted a warning.

After several attempts to contact the complainant, a supervisor was able to make contact with the complainant, identified as Skyler, by telephone. Skyler informed the supervisor she was upset that the division did not close the restaurant down based on *her* (Skyler's) perceived violations. The supervisor stated Skyler was adamant that the inspector was taking money from the restaurant owner. Skyler informed the supervisor that another former restaurant employee (former employee) personally observed a cash transaction involving the inspector. Skyler informed the supervisor that she and the former employee had three hours of taped conversations with the restaurant's owner where they talked about paying off the inspector.

The chief provided the OIG with a copy of the inspector's most recent Food Service Inspection Report for the business in question. The report indicated the inspector had inspected the restaurant on April 7, 2017. The inspector noted 13 inspection categories that received "warnings," which required a callback inspection. The inspector issued a "Stop-Sale Order"¹⁸ for seven different food items. On April 10, 2017, the inspector conducted a callback inspection. During the callback, eight of the thirteen warning issues were corrected and five were granted an extension of time.

On May 15, 2017, the OIG telephoned the former employee (identified as a witness by Skyler) and a non-sworn preliminary telephone interview was conducted. The

¹⁸The division issues a Stop-Sale Order when it discovers food items are an immediate danger to the public.



former employee confirmed that she was an employee (server) of the restaurant in question. She had worked in a full and part-time status, but was no longer employed there. She left under adverse conditions with management. She accused the inspector of improperly inspecting the restaurant. She stated she was present during two of the inspector's inspections. The former employee stated she overheard the owner and cook talk about the inspector, but never heard anything about paying the inspector.

She denied having any knowledge of the inspector receiving any monetary compensation from the restaurant's owner/manager. She also denied the allegations concerning the tape recordings mentioned by Skyler in her conversation with the supervisor. The former employee stated that Skyler was also a former restaurant employee she worked with. The former employee stressed that she had never discussed the inspector with Skyler. The former employee stated that she did not want any contact with Skyler and that the allegations against the inspector being paid off were false.

The OIG interviewed the original complainant on May 17, 2017, who indicated she worked at the restaurant for approximately one month (March through April 2017). She had issues with the restaurant's management and was no longer employed there. In her complaint to H&R, she used the name Skyler to remain anonymous. She confirmed that she had never met the inspector and was never present during an inspection. She had never reviewed an inspection report completed by the inspector and, most importantly, the inspection conducted in April. She stated she had never witnessed any perceived wrongdoing by the inspector, including receiving any monetary payment from the restaurant's management. According to the complainant, she was just repeating what she had been told by the former employee. When asked, she confirmed she was not in possession of any tape-recordings alleging a pay off or misconduct by the inspector. She suggested the OIG contact the former employee for that information.

On May 19, 2017, the owner of the restaurant was contacted by the OIG and participated in a non-sworn preliminary interview. The owner confirmed the complainant and the former employee were no longer employed by his establishment. He stated the complainant had no contact with the inspector. He stated the allegations contained in the complaint filed by the complainant were "patently false." He stated the complaint was directed at him, but should not have involved the inspector.

The owner stated that he had never offered, requested, or received anything from the inspector in an attempt to sway her from her official duties. He described the inspector as nothing but professional and extremely helpful. He recalled that as a new restaurant owner approximately five years ago, he offered his first H&R inspector a drink during the inspection process. The inspector informed him she



could not and would not accept anything from him and it would be the best future practice not to offer any inspector anything. He had complied with her suggestion and spoke highly of past and present representatives from H&R. He stated, not only did inspectors document deficiencies, they provided food safety guidance to his business and employees, for which he was grateful.

The OIG determined the allegations to be false and closed the case without further investigative activity.



PROACTIVE REVIEWS

Case Numbers 2017-176-INQ, 2017-177-INQ, and 2017-178-INQ

An OIG analysis of complaints and issues identified during investigations captured a potential risk associated with employees' use of state assigned vehicles. The proactive reviews were indexed in FY 16-17, but will not be completed and reported until FY 17-18.

Use of Force Reviews in Fiscal Year 2016-2017

The Office of Inspector General is required to review "Use of Force" reports submitted by Division of Alcoholic Beverages and Tobacco Law Enforcement Investigators. The purpose of the OIG review of Use of Force Reports is to ensure compliance with policy and procedure on the part of AB&T agents during the enforcement of statutes and the apprehension of suspected violators. The review determines if the use of force was objectively reasonable given the circumstances of the law enforcement officer's encounter during which the force was employed. The OIG must determine if agents are employing force in a manner consistent with their training. The review also serves to provide the OIG with an opportunity to examine the effectiveness of department and Bureau of Law Enforcement policies and procedures regarding use of force. The following are summaries of the Use of Force reviews conducted by the OIG.

Case Number 2016-145-UF

In July 2016, the Division of Alcoholic Beverages and Tobacco (AB&T) conducted a joint detail with the Lake City Police Department. The detail focused on complaints of a non-licensed individual selling alcoholic beverages, along with illegal narcotics, from a residence. An undercover agent and a confidential informant purchased alcohol from a person at the residence and were then directed to a vacant lot across the street, where they purchased marijuana from another person.

The undercover agent and confidential informant then met another person and purchased cocaine. The descriptions of the suspects were provided to uniformed officers in the area. An agent located the suspect who sold the marijuana and instructed him to lie on the ground. The suspect immediately placed his hands in his front pockets, which had large bulges. Fearing the suspect might have been armed, the agent pointed his agency-issued firearm at the suspect, who then complied. A search of the suspect's pants pockets revealed a large amount of cash and marijuana. The suspect "passed out" when he was told that he was under arrest and was transported to a local hospital, released, and transported to the Columbia County Jail. The OIG concurred with the level of force used by AB&T to effect the arrest.



Case Number 2016-146-UF

During the aforementioned arrest, a second suspect was standing near the arrestee. When agents approached the suspect, the second suspect disregarded commands and reached inside his vehicle. Agents aimed their agency-issued firearms at the suspect, who then came into compliance. An onsite investigation determined the suspect was not part of the narcotics transaction and was released. The OIG concurred with the level of force used by AB&T during their detention, investigation, and release of the suspect.

Case Numbers 2017-059-UF, 2017-060-UF, and 2017-061-UF

In March 2017, AB&T agents working a spring break detail in Fort Lauderdale, Florida observed a suspect crossing a highway with an alcoholic beverage. The agents believed the suspect looked under age and approached him. As the agents approached, he ignored the agent's commands to stop. The suspect then began a "brisk" walk toward a crowd. As the agents got closer, the suspect sat the alcoholic beverage on the ground and began to run. Agents caught up to the suspect and surrounded him. The suspect charged one agent, lowering his shoulder, attempting to run over or through him. The agent was able to grab the suspect and hold him as he attempted escape. As additional agents arrived, the suspect shoved the agent onto the hood and damaged an AB&T state issued car.

The agents determined the suspect was a minor and recovered the abandoned alcoholic beverage as evidence. During the search of the suspect incident to his arrest, cannabis and associated paraphernalia were found in his possession. The OIG concurred with the level of force used by AB&T to affect the arrest.



Additional Assistance to the Agency in Fiscal Year 2016-2017

During the fiscal year, sworn members of the investigative team provided their expertise to the Bureau of Law Enforcement by serving as firearms training instructors during firearms re-certification classes held at a local law enforcement training academy.

Sworn members provided additional services by conducting backgrounds on senior level applicants for positions within the Bureau of Law Enforcement. Background investigations for sworn law enforcement must meet the strict standards of Florida's Criminal Justice Standards and Training Commission.

Members also co-presented monthly with members of the audit team during new employee orientation for department employees in the headquarters office. The members, through a PowerPoint demonstration, educated new employees on the role of the Inspector General, the laws governing the Office of Inspector General, and the types of complaints accepted by the office.

Investigative Plan of Supplementary Activities for Fiscal Year 2017-2018

Training/Outreach Initiative – Continue assisting with the new employee orientation program to familiarize new employees with the role and responsibilities of the Office of Inspector General. Additionally, this program will continue to familiarize department supervisors and managers with the role and responsibilities of the Office of Inspector General, as well as the importance of their positions relative to prompt and appropriate supervisory intervention regarding employee performance issues and non-investigative customer complaints.



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Complaint Form:

http://www.bpr.state.fl.us/apps/oig_complaint/complaint_form.asp