

Charlie Crist
Governor



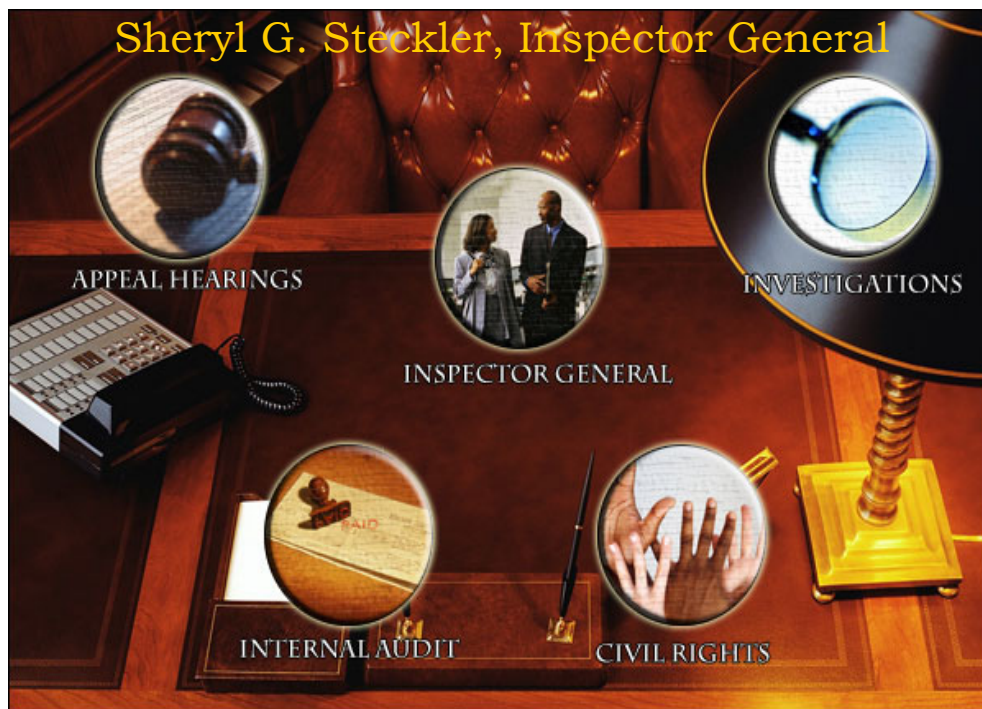
George H. Sheldon
Interim Secretary

OFFICE OF INSPECTOR GENERAL

Enhancing Public Trust in Government

Annual Report

Sheryl G. Steckler, Inspector General



*Provide leadership in the promotion of
accountability and integrity of State Government*

September 29, 2008



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Interim Secretary

September 29, 2008

Dear Interim Secretary George Sheldon:

Section 20.055, Florida Statutes establishes an Inspector General under each state agency. We provide independence in our work product and ensure a transparent and accountable process. I am pleased to present our FY2007-2008, Office of Inspector General (OIG) Annual Report. This report highlights significant activities and identifies monetary restitution, questioned costs and potential savings from audits and investigations as well as successful prosecution of individuals who threaten government integrity and public trust

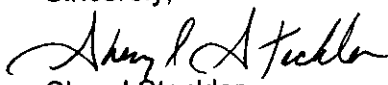
In providing leadership in the promotion of accountability and integrity in State Government, our office created an outreach program that reaches both department employees and those employed by the agency's Community Based Care Partners (CBC). Our program provides an overview of the role of the Inspector General's office, mandatory reporting requirements, how to make the right ethical decision when faced with increasing workloads, what are the "red flags" to look for, and specifically what managers can do to seek early detection when they suspect an employee may not be conducting required visits. To date, we have trained approximately 805 department and contract provider employees.

This year's Inspector General Innovation award was presented to OIG Investigative staff who created a brochure outlining the role of the inspector general, mandatory reporting, the investigations process, transparency of our reports and our outreach training program. This brochure can be found on our website at: <http://www.dcf.state.fl.us/admin/ig/investBrochure.pdf>

The OIG was the proud recipient of three Davis Productivity Awards this year. Awards were given for our Investigations web based management system; Appeal Hearings Electronic Notice Distribution; and for the creation of an Enterprise Inspector General Expertise web database.

The OIG team is committed to excellence, professionalism, high standards, and adding value. Together, we will strive to continue our efforts in upholding integrity and accountability within ourselves and the Department of Children and Families. With the struggle of continued reduced resources, we have shifted our strategic direction to focus on "orientation to action where the largest impacts can be made. It is a privilege to lead the Department's OIG team and I would like to thank each member of our office for their continued commitment to excellence.

Sincerely,


Sheryl Steckler
Inspector General

Cc: Melinda Miguel, Chief Inspector General

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

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Executive Summary

HIGHLIGHTS

❖ **Davis Productivity Awards**

The Office of Inspector General received three awards:

- Development of an enterprise-wide Inspectors General Expertise web-based system.
- Implementation of the Investigations' web-based paperless management system; incorporating the *Association of Inspectors General Principles and Green Book Standards*.
- Implementation of Appeal Hearings' electronic file scanning system for distribution to district and local customers.

❖ **Accreditation Program**

On October 31, 2007, Governor Crist and the Florida Department of Law Enforcement, Commission for Florida Law Enforcement Accreditation, Inc. (CFA), announced the initiation of an accreditation program for the inspectors general investigative function of state agencies. The accreditation program facilitates and ensures compliance with Green Book Standards and Florida Statutes, determines whether the processes are in place, and whether they are being utilized to ensure the professionalism of Inspectors General Offices throughout the state.

❖ **Agency Sunset Review**

The Department is scheduled for review by the Florida Joint Legislative Sunset Committee before July 1, 2010. As a component of this review, the Department was required to submit a report, which evaluated the agency in 16 areas. The Office of Internal Audit validated complex information and data included in the report; as required in Section 11.906, Florida Statutes. The validation process of the Department's performance measures required over 2,310 audit staff hours.

❖ **Quality Assurance Review**

Every three years the Auditor General's Office conducts a quality assessment of the Office of Inspector General and the internal audit activities. The review centers on compliance with Section 20.055, Florida Statutes and the *International Standards for the Professional Practice of Internal Auditing (IIA Standards)*. A team of three auditors spent several weeks testing and evaluating work product and process in the Inspector General's Office. Their review was modeled primarily on the methodology presented in The Institute of Internal Auditors' *Quality Assessment Manual*, and their report number 2008-042 was published in November of 2007. The auditors had no adverse findings or any recommendations regarding the operation of the Inspector General's Office.

STATISTICAL WORKLOAD

Investigations

- 131 cases were opened for investigation and/or management review during the fiscal year.
- 10 investigations revealed a total of \$1,587,300.70 in losses incurred by the Department; \$402,292.00 restitution awarded to date.
- 120 cases were completed during the fiscal year (115 investigations and 5 management reviews).
- 454 complaints were referred to circuit/management as management referrals (required no response to the Investigations Unit).
- 127 complaints were referred to circuit/management as management inquiries (required a written response to the Investigations Unit).
- 198 complaints were closed with no action and 4 were non-jurisdictional (referred to other agencies for handling).

Internal and Single Audit

- 9 audits and 3 consulting reports were published during the fiscal year, in which 34 recommendations were made, identifying \$544,730 in questioned costs, duplicate billings, and ineligible costs.
- 19 external report responses were coordinated for the Department and 96 liaison activities were coordinated.
- 15 external corrective action follow-up audits were conducted.
- 286 A-133 and other CPA audit reports were reviewed and processed.

Civil Rights

- 65 Title VII (employment) complaints were received for investigation and 58 were completed.
- 22 Title VI (service delivery) complaints were received for investigation and 18 were completed.
- 20 informal complaints were reviewed and processed.
- 3 HIPAA complaints filed, 3 investigations were completed and 103 HIPAA compliance monitorings were conducted.
- 2,048 new hire reports were processed and 168 hiring packets were reviewed.
- 471 technical assistance calls were received and handled.
- 16 Title VI (service delivery) reviews were conducted of the ACCESS program to ensure compliance.

Appeal Hearings

- 8,017 fair hearing requests were completed.
- 230 disqualification hearings for Temporary Assistance for Needy Families or for Food Stamp benefits were completed.
- 1,733 cases where the individual signed a waiver of the administrative disqualification hearings accepting the disqualification penalty were tracked.

Note: Specific measurable accomplishments can be found within the text of this report.

Section A: Introduction

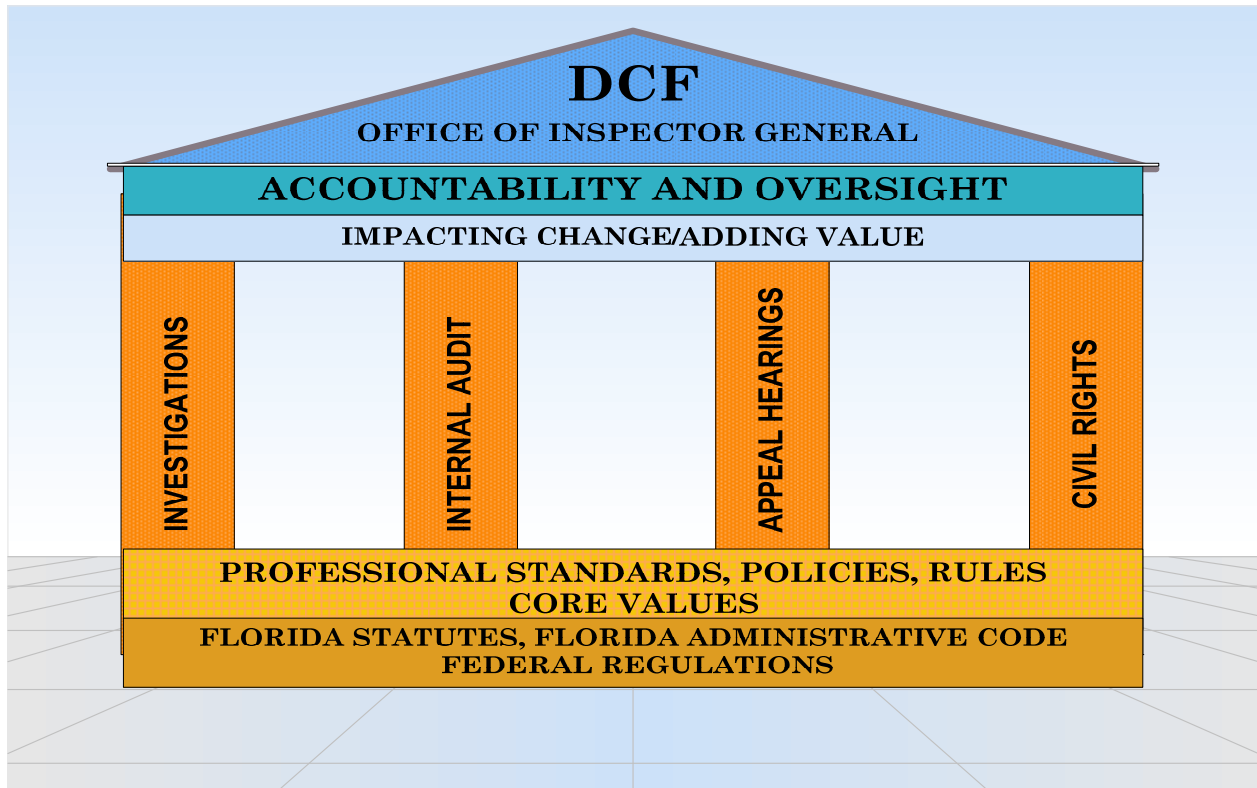


Figure A.1: Office of Inspector General - Pillars for Enhancing Public Trust in Government

Core Values

The following core values contribute to the Office of Inspector General foundation:

- **Accountability:** We are committed to serving as highly respected stewards of taxpayer dollars. Constantly bearing in mind that our inquiries may adversely affect people's livelihood, we accept full responsibility for our actions.
- **Excellence:** We strive to be an efficient, objective, and fact-finding office. We have high expectations for quality and timely work products. We stand committed to improve our performance to benefit our customers and stakeholders.
- **Professionalism and Integrity:** We maintain the independence and impartiality necessary to perform objectively our mission. We accommodate differences of opinion without compromising principle. We practice good citizenship with emphasis on ethics and acceptance of social responsibility.
- **Communication:** We listen to, learn from, and collaborate with our customers, stakeholders, and each other. We believe that effective communication, upward, downward, and laterally, is of utmost importance to our individual and combined success.
- **Orientation to Action:** We are proactive and add value within and beyond our daily job function.
- **Sense of Urgency:** We recognize and act on issues that require immediate attention.
- **Teamwork:** We challenge each other to work cooperatively. Employees at all levels are involved in developing and continually improving work processes.
- **Agility:** We are flexible and innovative. We readily accept changes intended to improve our operations.

Section A: Introduction

Statutory Requirements

This report, as mandated by §20.055, Florida Statute, summarizes the Office of Inspector General (OIG) activities for Fiscal Year (FY) 2007-2008.

The **Office of Inspector General** is established in each state agency to provide a central point of coordination and responsibility for promoting and ensuring an enhanced level of accountability, integrity, and efficiency in government relationships with the people it serves. In accordance with Section (§) 20.055, Florida Statutes, which requires the Inspector General to be appointed by, report to, and be under the general supervision of the agency head, the Inspector General reports directly to the Secretary. Organizationally positioned in the Office of the Secretary, the Office of Inspector General handles the following duties and responsibilities.

- ◆ Directs, supervises, and coordinates audits, investigations, and management reviews.
- ◆ Conducts, supervises, and coordinates activities that promote economy and efficiency and prevent or detect fraud, waste, and abuse.
- ◆ Reviews actions taken to improve program performance and makes recommendations for improvement.
- ◆ Keeps agency heads informed about fraud, abuses, and deficiencies and recommends corrective measures.
- ◆ Ensures effective coordination and cooperation between the Auditor General, Federal auditors, and other governmental entities.
- ◆ Reviews rules relating to programs and operations and makes recommendations regarding impact.
- ◆ Advises in development of performance measures, standards, and procedures for evaluation of programs.
- ◆ Assesses the reliability and validity of information provided on performance measures and standards and makes recommendations as needed.
- ◆ Ensures appropriate balance between audit, investigative and other accountability activities.

OIG Professional Certifications/Licensures

Staff members hold the following certifications/licensure:

- ◆ Certified Fraud Examiner
- ◆ Certified Government Auditing Professional
- ◆ Certified Hearing Officials
- ◆ Certified Information Systems Auditor
- ◆ Certified Inspectors General
- ◆ Certified Inspectors General Investigator
- ◆ Certified Internal Auditor
- ◆ Certified Public Accountant
- ◆ Certified Public Managers
- ◆ New Jersey Bar Association licensure.

Section A: Introduction

Office of Inspector General Organizational Chart FY 2007-2008

The Office of Inspector General is comprised of four sections: Investigations, Internal and Single Audit, Civil Rights, and Appeal Hearings, totaling 70.5¹ positions. Each section², operates out of field offices located throughout the state, with the exception of Internal and Single Audit.

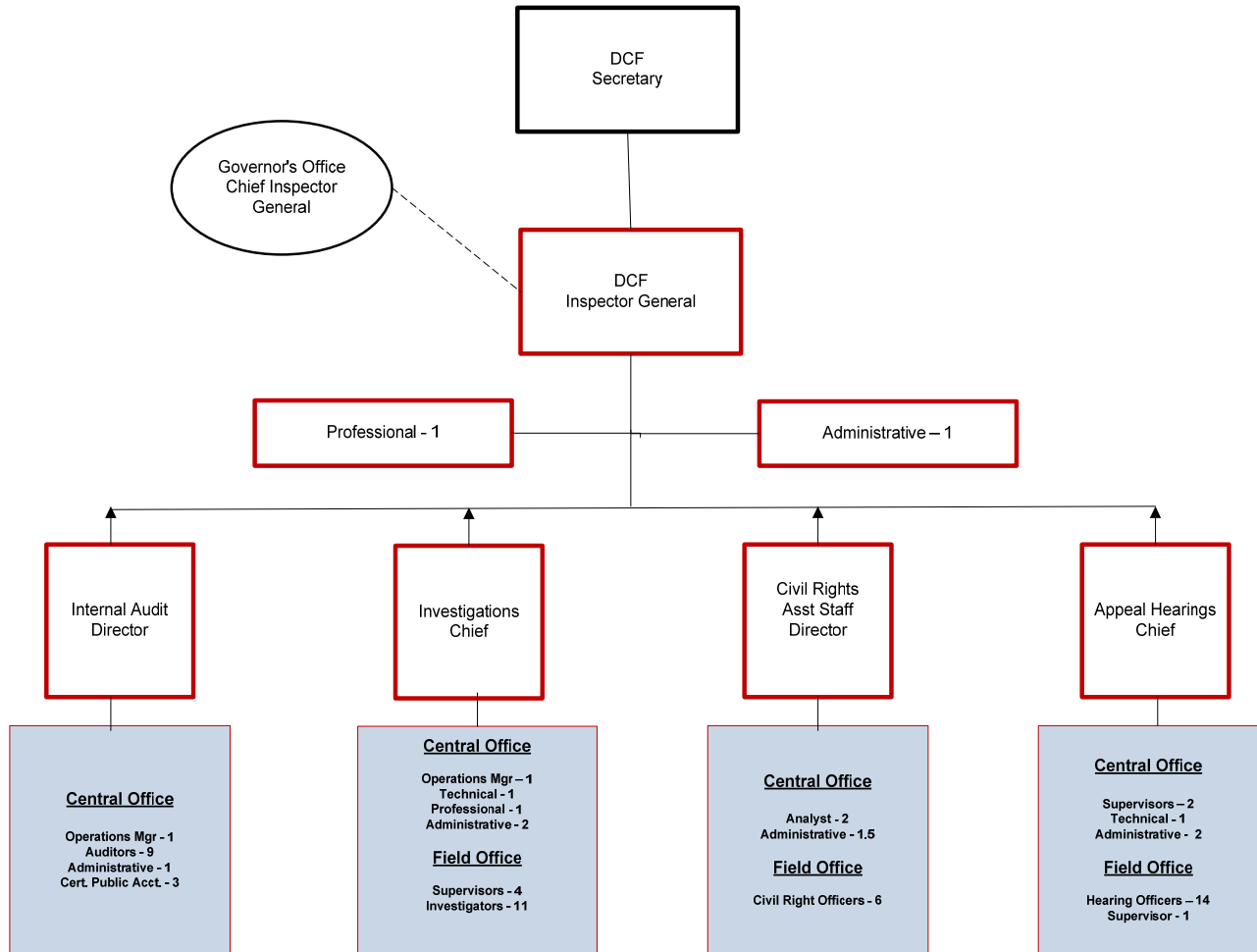


Figure A.2: Office of Inspector General Organizational Chart of authorized positions for FY2007-2008.

¹ Due to budget constraints and reductions during this fiscal year, the office was only authorized to fill 65.5 of its positions.

² Field Offices:

Investigations – Tallahassee, Ft. Lauderdale, Orlando, Tampa

Civil Rights – Tallahassee, West Palm Bch, Orlando, Tampa, Daytona Beach

Appeal Hearings – Tallahassee, West Palm Bch, Ft. Lauderdale, Miami, Tampa, Pensacola, Ft. Pierce, Gainesville, Orlando, Jacksonville

Section A: Introduction

Our Vision for FY 2008-2009

Office of Inspector General will continue efforts to create a quality workforce by recruiting, retaining and promoting qualified staff to meet workload demands of providing oversight to ensure accountability, reduce agency vulnerability and exposure, as well as minimizing risk to the citizens of Florida. The office will also continue efforts to be recognized and respected as an entity that adds value to the Department and encourage activities that increase ethical awareness and social responsibility in the Department.

Investigations will begin the initial stages of preparing for accreditation through the Commission for Florida Law Enforcement Accreditation, Inc. (CFA). The process of accrediting the Inspectors General investigative function of state agencies will be the first of its kind nationwide. To be accredited, the agency must establish that standards are in place and being utilized in every aspect of the investigative process.

Internal and Single Audit will deploy the utilization of the Integrated Internal Audit Management System (IIAMS) to any state Inspector's General and Audit Offices seeking to utilize this management system. This brings the DCF Internal Audit system within reach of all state agencies creating a standardized methodology for the way audits are conducted in Florida state government. In addition to the system becoming available to other state agencies, a user group is being created to explore the best ways to accomplish routine audit processes. These topics will include audit follow-up, risk assessment and planning, continuous improvement, external liaison, etc. All state agencies will benefit with increased productivity and efficiency.

Civil Rights will strengthen our partnership with state and federal agencies that provide guidance to this office and improve process management by enhancing our complaint automation system and streamlining the report writing process. The office will continue to operate in a preventative manner through compliance reviews and monitoring of service providers and programs. The office will also continue to provide technical assistance in the development of equal opportunity, HIPAA training materials, and conduct Equal Opportunity management reviews as needed.

Appeal Hearings will address increasing workloads and changes in the ACCESS Program service delivery model while continuing to provide due process to our customers. The office will also continue to work with our community partners to improve the hearing process, implement a process for customers to complete the hearing process by telephone, and implement electronic archiving of our case files.

Section A: Introduction

Office of Inspector General Strategic Plan

The Office of Inspector General (OIG) strategic planning process is held in July and is divided into three phases: planning, development, and deployment. This year's direction was focused on understanding and deploying the Department's need for a "Sense of Urgency".

To set the planning direction, a "sense of urgency" was discussed and defined. The planning phase was interactive with senior management within the Office of Inspector General staff and facilitators from the Office of Strategic Planning and Innovation. The office's strategic accomplishments over the past fiscal year, the mission statement and core values were discussed and consensus was reached to keep the existing strategic plan and address how to work smarter while surviving with fewer resources, yet maintaining the office's expectations of a high level of accountability and integrity. Any strategic objectives from the prior year that were not met, are no longer feasible or are not attainable, will be revised, deleted, or replaced.



Following the strategic planning workshop, senior management built consensus on the following definitions:

- ◆ Orientation to Action: The Office of Inspector General employees are proactive and add value within and beyond their daily job function.
- ◆ Sense of Urgency: Recognizing and acting on issues that require immediate attention (*Do It Now*).

Each OIG unit is responsible for the deployment of the plan and the senior management will evaluate the implementation progress on a quarterly basis.

The following is a detailed high-level outline of the strategic plan:

Section A: Introduction

OFFICE OF THE INSPECTOR GENERAL

Human Resources (Internal (OIG) Relationships)

MISSION: Provide Leadership in the Promotion of Accountability and Integrity of State Government

OBJECTIVE

To create a quality workforce in the IG office with a Sense of Urgency

Success Indicator:

- Increase in Performance evaluation *rating*
- Complete recognition model
- Succession plan developed
- Workplace stability
 - o Increase Internal promotions
 - o Reduce turnover rate
- Identification of training requirements
 - o Training Requirements met
 - o Increase in cross trained staff
- Successful work environment
 - o Establish an Employee Satisfaction baseline
- Hiring Protocol in place
 - o Internal/external advertising
 - o Standard selection methodology

Strategies:

- Develop recognition model
 - o External recognition (Davis Productivity)
 - o Internal recognition
 - OIG Innovation Award
 - Recognition of outstanding performance
- Develop succession plan
 - o Identify positions and staff for succession
- Analysis of turnover rate
 - o Exit interviews
 - o Vacancies and reasons
- Develop training/cross training plan
 - o Training Requirements met
- Design employee satisfaction survey
- Develop hiring protocol
- Develop by unit

Section A: Introduction

OFFICE OF THE INSPECTOR GENERAL	
Measurement	
OBJECTIVE Foster activities that increase ethical awareness and social responsibility in the Department.	
Success Indicator:	Strategies:
<ul style="list-style-type: none"> - Measurement strategies are in place that indicates the level of ethical awareness and social responsibility within the Department - Reduction in the number of sustained allegations 	<ul style="list-style-type: none"> - Develop measurement strategies <ul style="list-style-type: none"> o Survey to establish the ethical environment, providers, field, etc. o Develop scorecards o Trend analysis - Promote ethical behavior throughout the Department <ul style="list-style-type: none"> o Ethic education curriculum o Contract language <p>Share best practices throughout the Department</p>

OFFICE OF THE INSPECTOR GENERAL	
Leadership – Relationship Building	
OBJECTIVE Recognized and respected as an entity that adds value to the Department	
Success Indicator:	Strategies:
<ul style="list-style-type: none"> - Appropriate requests by management and providers for IG services - Number of hits to website for OIG orientation - Increase number of IG’s advisories <p>Change affected</p> <ul style="list-style-type: none"> - Positive survey feedback - Expectations Set <ul style="list-style-type: none"> o Monitor compliance <ul style="list-style-type: none"> ▪ Quality ▪ Timeliness 	<ul style="list-style-type: none"> - Engage DCF and provider management <ul style="list-style-type: none"> o Develop a Meet and Greet matrix o Educate regarding the role of IG o Enhance IG Advisories - Set work product expectations <ul style="list-style-type: none"> o Completion of activities within milestones o Production of quality reports that can withstand challenge and criticism. o Define how do we know our value/impact

Figure A.3: Outline of Office of Inspector General Strategic Plan

Section B: Investigations

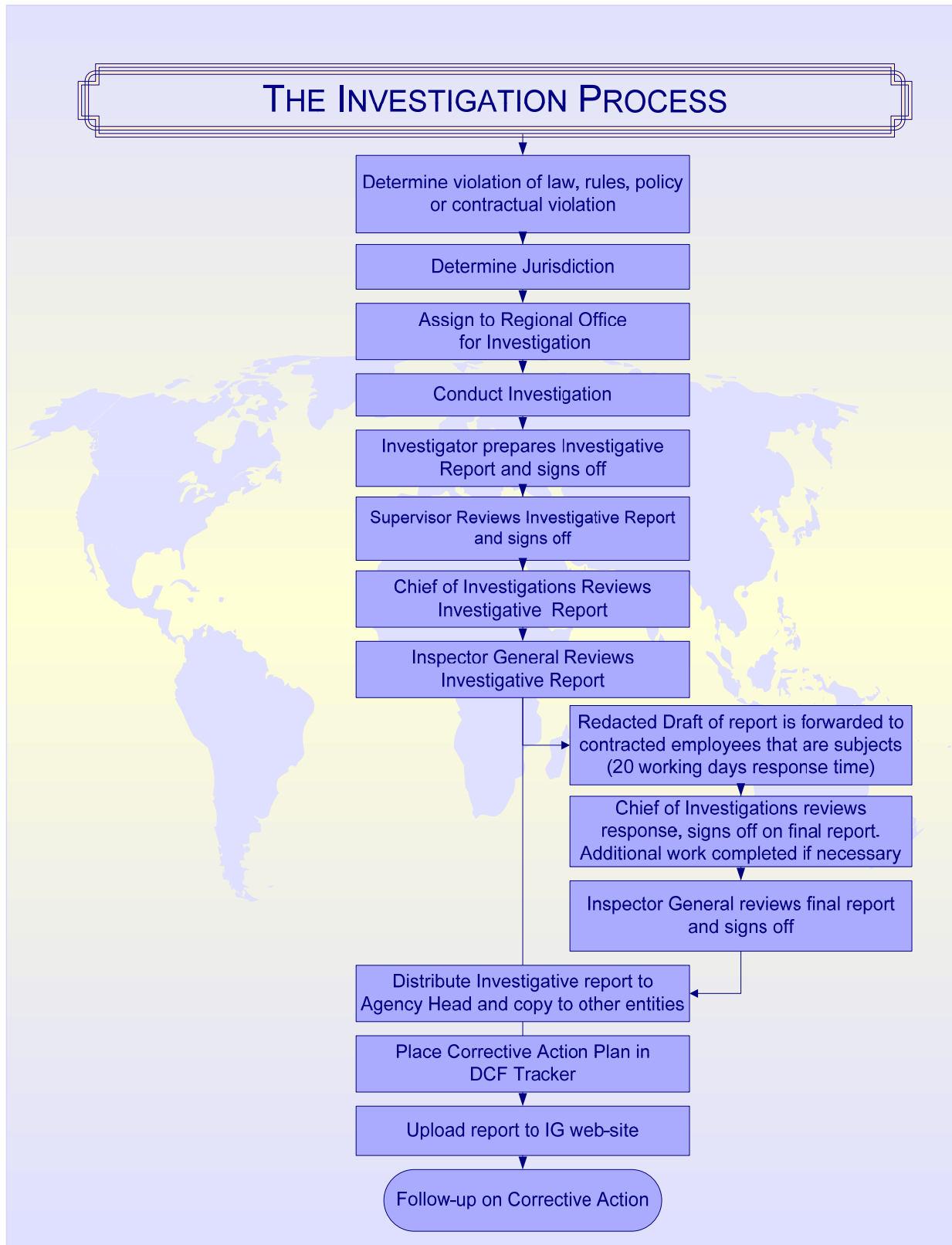
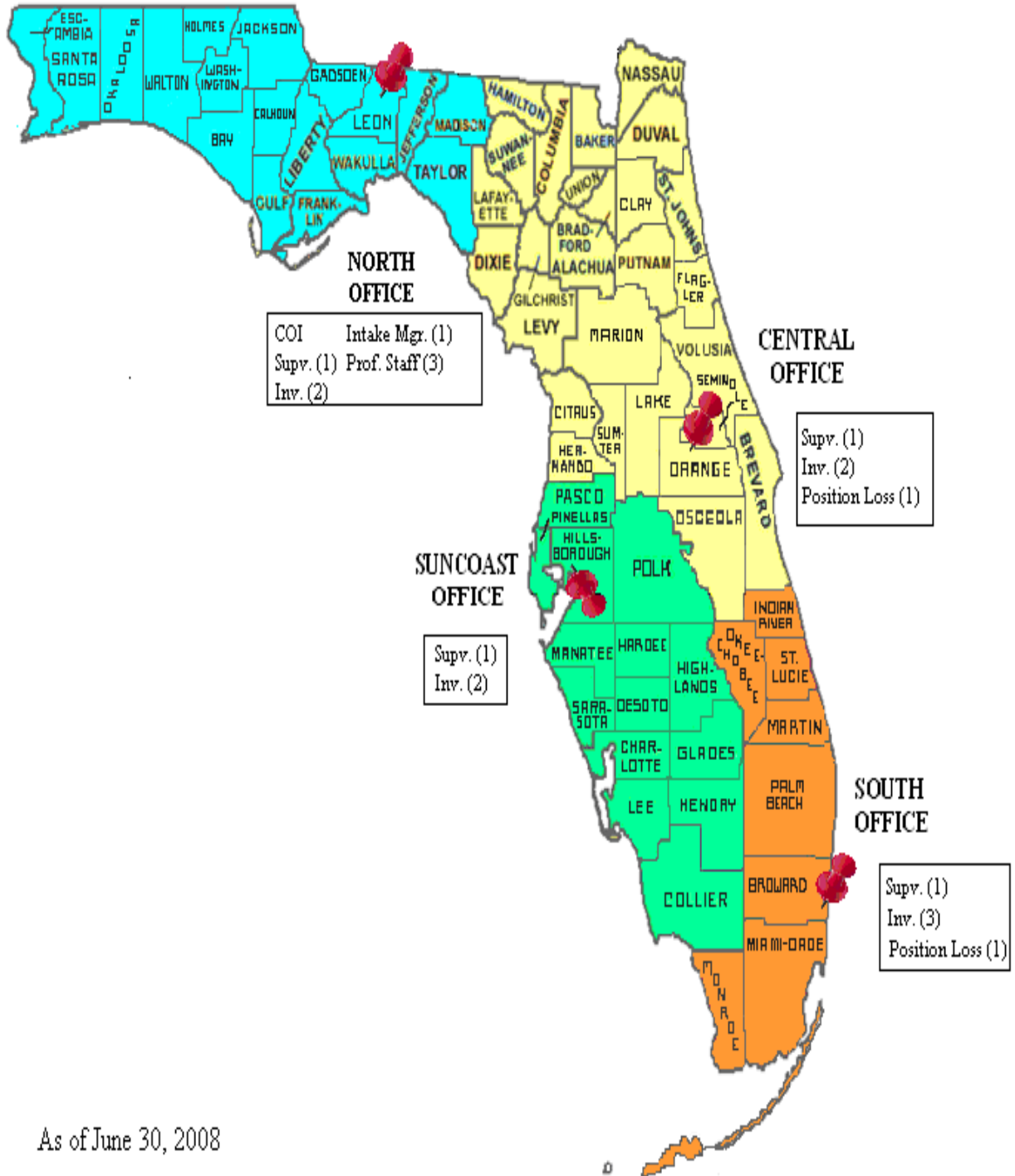


Figure B.1: Office of Inspector General, Investigations Process

Section B: Investigations

Under the direction of the Chief of Investigations (COI), the **Investigations Unit (OSII)** is comprised of OIG-Headquarters staff and four regional investigative teams located in Tallahassee, Orlando, Tampa and Fort Lauderdale.



As of June 30, 2008

Figure B.2: Office of Inspector General, Investigations Statewide Staffing

Section B: Investigations

The Investigations Unit received a total of **914** complaints. Of the total number of complaints received:

- **131** cases were opened for investigation and/or management review during the fiscal year.
- **10** investigations revealed a total of **\$1,587,300.70** in losses incurred by the Department and **\$402,292.00** restitution awarded to date.
- 120 cases were completed during the fiscal year (115 investigations and 5 management reviews).
 - **58%** of all allegations investigated during the current fiscal year resulted in **supported** findings.
- **454** complaints were referred to circuit/management as management referrals (required no response to the Investigations Unit).
- **127** complaints were referred to circuit/management as management inquiries (required a written response to the Investigations Unit).
- **198** complaints were closed with no action and **4** were non-jurisdictional (referred to other agencies for handling).

The Investigations Unit receives and considers complaints for investigation or management review, including those filed under the Whistle-blower's Act.

- The Whistle-blower's Act was designed to protect state employees from retaliation by management in the event that a complainant is identified. Whistle-blower allegations must be processed through the Governor's Chief Inspector General for determination and assignment under the criteria as listed and defined in section 112.3187, Florida Statutes. If a case meets the whistle-blower criteria, the whistle-blower's identity is protected from release and an investigation will be conducted pursuant to the statutory time requirements.
- Investigations are initiated when an allegation of a violation of rule, statute, policy and/or contract is made against a specific individual.
- Management reviews are conducted when there appears to be a systemic or work environment issue.

Complaints received entail a variety of programs and issues and are received from a variety of sources, including:

Members of the General Public	Members of specialty advocacy groups
Current & Former Department Employees	Florida Legislators & staff
Current & Former employees of the Department's contracted agencies	Office of the Governor & other state agencies
Parents, including adoptive & foster	Members of Law Enforcement Agencies

Figure B.3: Table of Investigative complaint sources

Section B: Investigations

The following chart provides a comparative analysis of Investigations, Management Reviews, and Whistle-blower cases opened during FY 2007-2008 by Program Area.

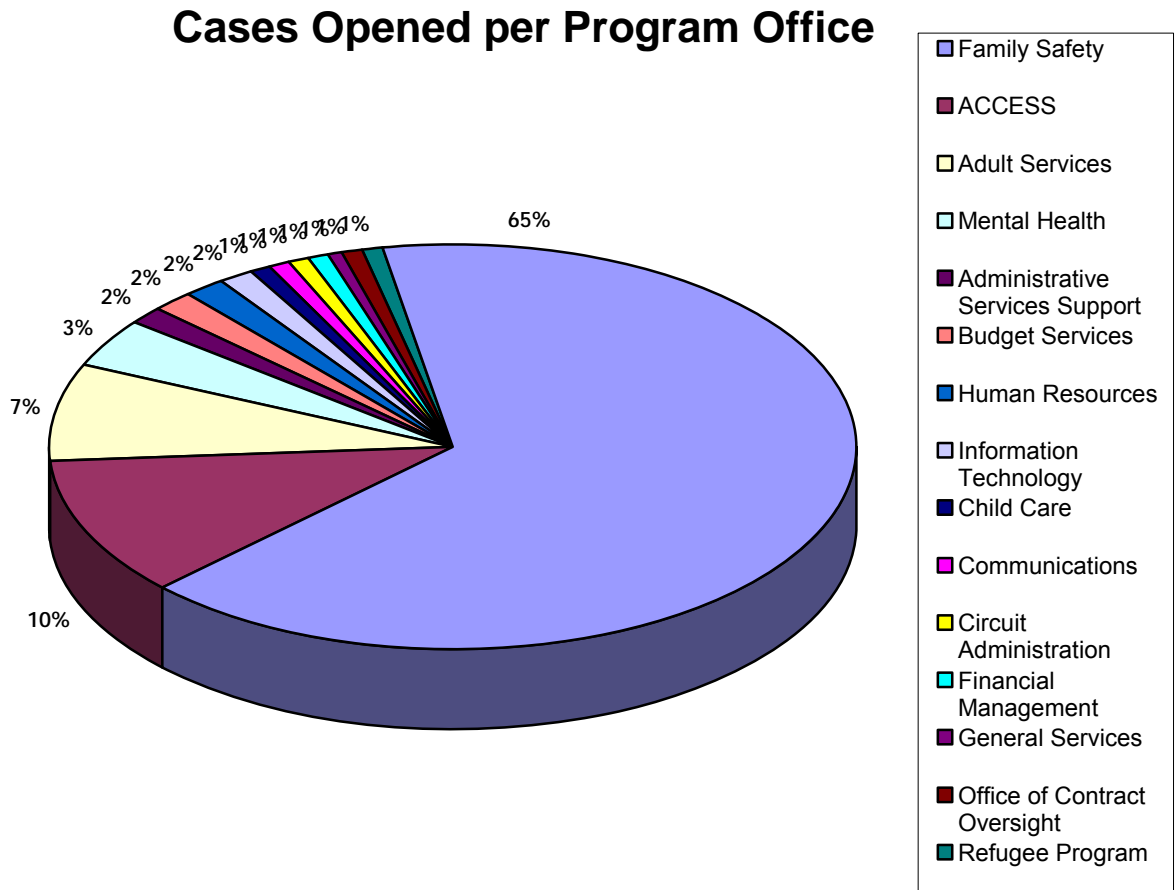
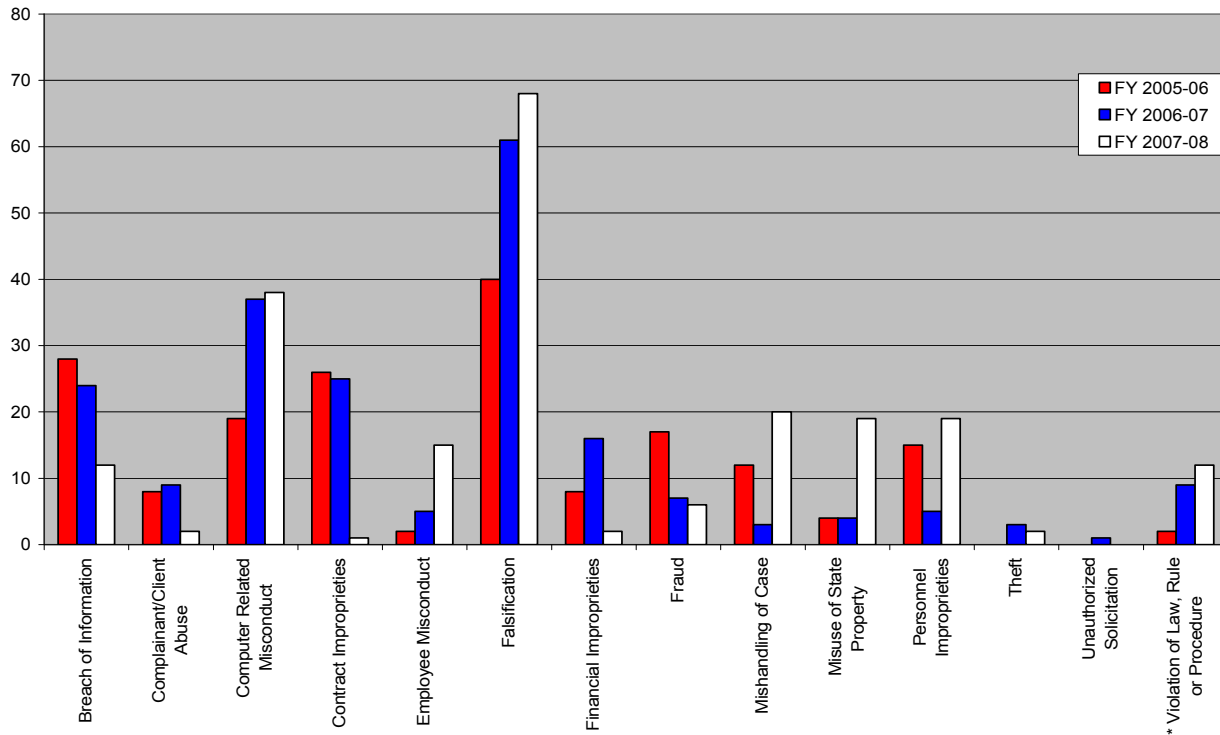


Figure B.4: Investigations, Management Reviews, and Whistle-Blower cases by Program Area during the past three fiscal years.

Section B: Investigations

The following illustrates an analysis of the types of allegations investigated over a three-year period.



* This Allegation category for FY 2007-2008 includes: Intentional Delay of Dependency Proceedings; Failure to Report Suspected Child Abuse; Inappropriate Relationship; Inaccurately Documenting Visits with Clients; Receiving Gratuities from Clients; Holding a Position without the Required License; and Failure to Report an Inappropriate Relationship Between a Facility Employee and Resident.

Figure B.5: Types of Allegations Investigated during Fiscal Years 2005-2008

Law Enforcement Referrals

While the cases handled by the Investigations Unit are typically administrative, criminal violations are often discovered during the investigative process. When a determination has been made that the employee of an investigation has committed a potential criminal violation, those findings are coordinated with local law enforcement agencies or the Florida Department of Law Enforcement (FDLE) for criminal investigation, or are referred directly to the State Attorney's Office for prosecution.

Some notable facts concerning investigations completed this fiscal year are as follows:

- **62.6%** of completed investigations involved law enforcement and/or State Attorney's Office referral due to possible criminal violations (fraud, theft, falsifying records, breaches of confidentiality, and computer related misconduct).
- **71** employees were referred to law enforcement, **43** (61%) were department employees while **28** (39%) were provider employees.

Section B: Investigations

- 54 (76.06%) were from the Family Safety Program
- 9 (12.68%) were from the ACCESS Program
- 5 (7.04%) were from the Adult Services Program
- 2 (2.82%) were from the Mental Health Program
- 1 (1.40%) was from the Administrative Support Services

- Of the 71 employees referred during Fiscal Year 2007-2008:
 - 13 are pending law enforcement investigation
 - 3 were never referred by law enforcement to the State Attorney's Office
 - 2 are pending arrest
 - 5 are pending State Attorney's Office decision
 - 23 had no information filed by the State Attorney's Office
 - 10 are pending court disposition
 - 15 were disposed of in court to include Pre-Trial Intervention agreements, and a combined total of 27.5 years probation, 880 hours of community service, a jail term, and/or a fine

Below is a pie chart (**Figure B.6**) reflecting the Circuits where investigations disclosed potential criminal violations, which resulted in referrals to law enforcement agencies.

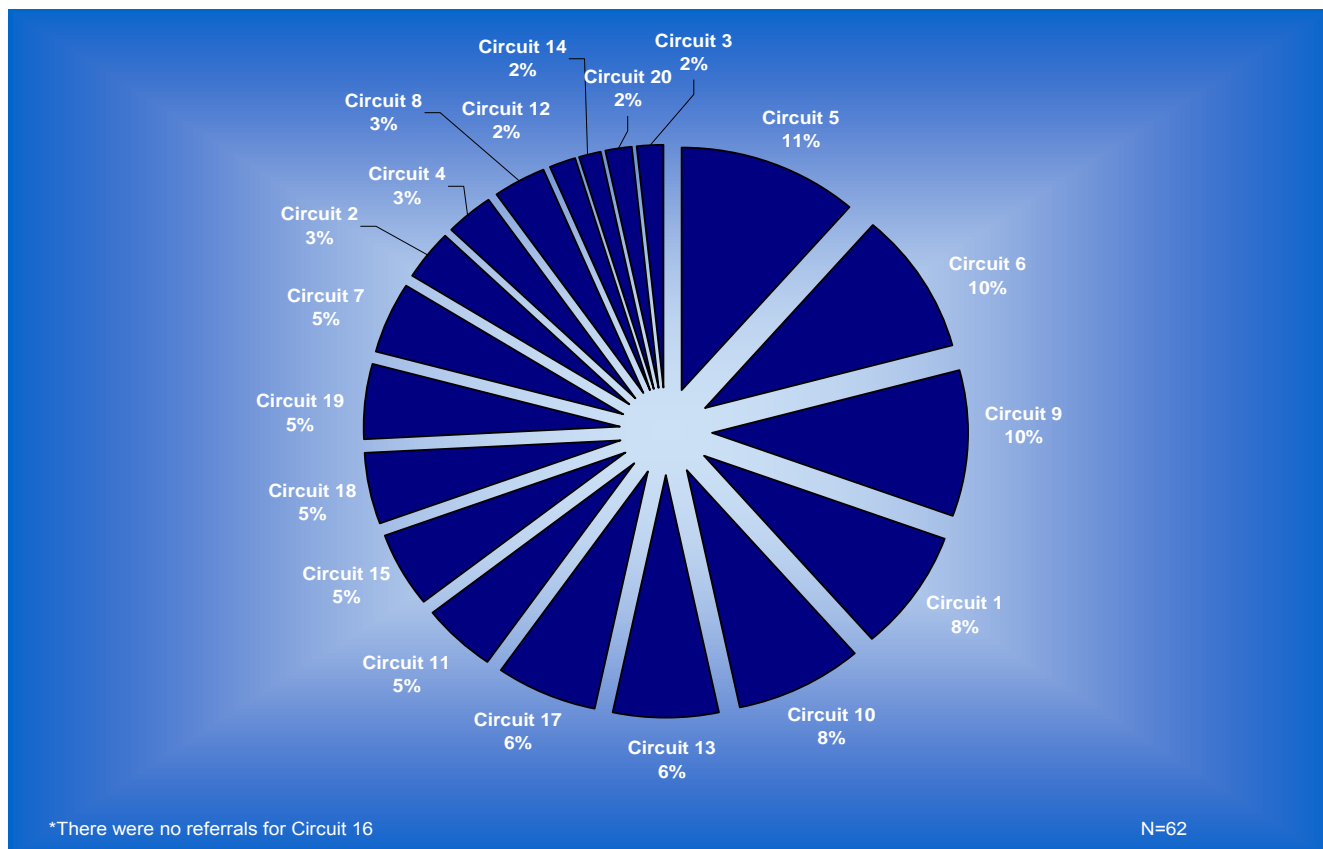


Figure B.6: Referrals to Law Enforcement Agencies by Circuits during Fiscal Year 2007-2008.

Section B: Investigations

Legislative Revisions

The current statutory language, in effect as of July 1, 2007, is cited below.

Florida State Statute

839.13 Falsifying records.

2)(a) Any person who knowingly falsifies, alters, destroys, defaces, overwrites, removes, or discards an official record relating to an individual in the care and custody of a state agency, which act has the potential to detrimentally affect the health, safety, or welfare of that individual, commits a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#). For the purposes of this paragraph, the term "care and custody" includes, but is not limited to, a child abuse protective investigation, protective supervision, foster care and related services, or a protective investigation or protective supervision of a vulnerable adult, as defined in chapter 39, chapter 409, or chapter 415.

(c) Any person who knowingly falsifies, alters, destroys, defaces, overwrites, removes, or discards records of the Department of Children and Family Services or its contract provider with the intent to conceal a fact material to a child abuse protective investigation, protective supervision, foster care and related services, or a protective investigation or protective supervision of a vulnerable adult, as defined in chapter 39, chapter 409, or chapter 415, commits a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#). Nothing in this paragraph prohibits prosecution for a violation of paragraph (a) or paragraph (b) involving records described in this paragraph.

Figure B.7: Florida Statute 839.13 Falsifying records

The Florida Legislature revised §839.13(2)(a) and §839.13(2)(c), Florida Statutes to clarify language pertaining to falsification of records by accounting for the creation of false records.

The revisions have allowed for more effective use of the statute by State Attorney's Offices and will continue to serve as a deterrent for future falsification. As a result of the recent change, prosecutions increased from 7 to 21(33%) between fiscal years 2006-07 – 2007-08.

Section B: Investigations

Revisions to Chapter 20.055, Florida Statutes

Effective July 1, 2008, Chapter 20.055 (6)(e), Florida Statutes was revised to include a requirement that at the conclusion of each investigation in which the employee is a specific “entity contracting with the state” or an “individual substantially affected”, that he or she must be provided with the findings. An “entity contracting with the state” refers to any for-profit or not-for-profit organization that has entered into a relationship with a state agency to provide goods or services. An “individual substantially affected” refers to an employee of a provider or subcontract provider (organization providing community-based child welfare services). The “entity” or the “individual substantially affected” is afforded twenty working days in which to respond. Such response and the Inspector General’s rebuttal shall be included in the final investigative report.

As a result of the revisions to the statute, the Investigations Unit implemented new procedures regarding the case closure process as follows:

- ❖ A checklist is used to determine whether the employee of an investigation meets the statutory definition.
- ❖ Should the investigation involve potential criminal violations by the employee, the case is first coordinated with a law enforcement agency prior to the findings being sent to the employee.
- ❖ Absent potential criminal violations, the case is redacted (the removal of confidential information) and the findings are immediately sent to the employee.
- ❖ If a response is provided within the 20 business day requirement, the Inspector General decides whether a rebuttal is warranted and both the employee response and the rebuttal are included with the final report.

Public Record Requests and Reference Checks

The Investigations Unit receives and responds to public records requests. In accordance with Chapter 119, Florida Statutes, complaint correspondences and investigative reports are public record. During Fiscal Year 2007-2008, the Investigations Unit responded to **52** requests for public records. Due to the confidential nature of information contained in an investigation, particularly as it pertains to whistle-blower, or child safety and welfare, each public record must be reviewed and redacted (removal of confidential information) before the record can be released. In addition to public records requests, the Investigations Unit performed **111** redaction reviews of closed cases, which are placed on the Inspector General’s website at http://eww.dcf.state.fl.us/~osig/pubs_invest.shtml.

The Investigations Unit provides personnel reference checks regarding Department employees who have been involved in an Office of Inspector General investigation and are being considered for re-hire, transfer, promotion, or demotion. In Fiscal Year 2007-2008, the Investigations Unit responded to **2,798** employee reference checks.

Recommended Corrective Action Plans

A crucial element of every investigation is the Corrective Action Plan (CAP). Recommended CAPs are developed throughout each investigation and management review. With the exception of Whistle-blower cases, when immediate action is deemed necessary, the appropriate manager will be notified during the investigation. In addition, information is gathered to determine whether any corrective action has already been taken. The final report summary is forwarded to the appropriate Circuit Administrator, Program

Section B: Investigations

Director, or Executive Leadership with a copy of the recommended CAP. A 30-day response is requested through DCF Tracker. During the Fiscal Year 2007-2008, 114 CAPs were recommended by the Investigations Unit. In addition to the recommended CAPs, the following personnel action was initiated by management:

- 42 Dismissals
- 31 Resignations
- 2 Suspensions
- 2 Written Reprimands

Outreach Program

Beginning in October 2006, the Investigations Unit initiated an outreach program with Community Based Care providers, their subcontractors, and Department staff. This effort entails meeting with high level managers and supervisors of the Department and its community partners. Training sessions are conducted to educate staff on the role of the Office of Inspector General, when to report suspected employee wrongdoing, and how to recognize violations of statute, rule, policy, or contract. Specific attention to falsification of records under §839.13(2)(a) and §839.13(2)(c), Florida Statutes is discussed. During Fiscal Year 2007-2008, a total of **25** training sessions were completed with the Department and **32** separate community based care and subcontractor agencies. Approximately **805** individuals attended the training.

Members of the Suncoast OIG team developed an informative brochure to disseminate during the training sessions. The brochure can be found at <http://www.dcf.state.fl.us/admin/ig/investBrochure.pdf>. The Regional Investigator Supervisor and Regional Investigators were presented with the Inspector General's 2008 Innovation Award on May 7, 2008, for creating this useful tool to support the outreach program.

OIG Ride-Along

To help the OIG Investigator better understand the role of the Child or Adult Protective Investigator, each OIG Investigator, Supervisor, and Chief of Investigations participated in a one day ride-along. Upon OIG investigators discussing the different experiences, it was determined that the Protective Investigator faces numerous hardships. Often, Protective Investigators are required to make contact with many individuals relating to their cases, conduct extensive travel during their field work, and must find the time to document all of their findings in the Department's database. OIG Investigative staff gained an appreciation for what the Protective Investigator encounters on a daily basis. As a result, the OIG Investigations Unit has implemented a statewide ride-along program with Case Managers as well.

Section B: Investigations

Davis Productivity Award

The Davis Productivity Award recognizes and rewards state government employees whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of state services and save money for Florida taxpayers and businesses.

The team was presented with a Davis Productivity Award on June 3, 2008, for creation of the Integrated Investigations Database Tracking System. This system was created to reduce paperwork and increase automation. Prior to its development, all investigations case related documents were prepared by staff in hard copy form. With this system, all documents are uploaded and immediately available for review and redaction, reducing the overall time that the citizens must wait for their request to be fulfilled and time and costs associated with copying and mailing. In addition, the database was designed to incorporate the Association of Inspectors General Standards for Investigations that address staff qualifications, independence, due professional care, quality control, planning, data collection and analysis, evidence, timeliness, reporting, confidentiality, and follow-up. The system has facilitated a paperless investigations file, is affordable, and can be shared with other state agencies. The Executive Office of the Governor's Office of Chief Inspector General recently implemented our system.

Accreditation

During Fiscal Year 2007-2008, The Governor's Chief Inspector General, in conjunction with the Commissioner of The Florida Department of Law Enforcement (FDLE) Commissioner prepared and submitted a feasibility study to the Commission for Florida Law Enforcement Accreditation, Inc. (CFA) to begin accrediting the Florida Inspector General investigative function across state agencies. The report was approved by Governor Charlie Crist in November 2007. The program is the first of its kind in the nation for agency inspector generals. The accreditation effort will require that each agency inspectors general adhere to specific standards and independent assessments will be conducted to ensure that they are followed. The Department Inspector General and Director of Audit joined a team comprised of OIG representatives for the purpose of creating the accreditation standards. Adherence to 35 standards, which have been agreed upon by the CFA, will be required by each agency OIG investigative section to receive accreditation.

High Profile Cases

- **2007-0061 – Mishandling of a Case:** A 3-year old child was in the care of the Department and its CBC provider, when her mother absconded with her out-of-state and the child went missing for approximately eight months. The mother and two associates were subsequently charged with the murder of a woman and aggravated child abuse of the woman's son in another state. The OIG investigation determined that the Department, a contracted agency, and a subcontracted agency all failed to adequately provide for the care, safety, and protection of not only the child, but also the other children identified during the investigation. The OIG report attributed the many mistakes and failures to poorly established protocols within the provisions of the contract, lack of proper contract oversight, weak internal controls, and ineffective communication between the agencies involved. This case led to the organization of a task force and a major overhaul of the Department's missing children program.

Section B: Investigations

- **2007-0109 – Grand Theft, Organized Scheme to Defraud, Identity Theft, Official Misconduct, Unlawful Compensation and Money Laundering:** On November 5, 2007, during a random sampling of public assistance cases by the Florida Auditor General, unusual large amounts of cash auxiliary benefits were identified in two Broward County ACCESS customer cases. The Department's Office of Inspector General (OIG) was immediately notified and coordinated with the Public Assistance Fraud unit of the Florida Department of Law Enforcement (FDLE). ACCESS records showed that between January 24, 2005 and December 6, 2007, an Economic Self-Sufficiency Specialist (ESSS) Supervisor of the Department's Broward County Central Service Center authorized **\$1,546,096.00** in cash auxiliary benefits. These authorizations occurred on about 1,725 separate occasions, sometimes three or four times each day, and up to \$900 on each occasion. Upon arrest, ESSS Supervisor admitted that as the unit supervisor, she alone created each benefit on her employees' unsecured computers when they were away from their desks and would then authorize the benefits from her work station.
- **2007-0073 (WB) – Employee Misconduct-Misrepresentation of Records:** A Whistle-blower alleged that two senior Family Safety personnel directed their staff to inappropriately close child protective investigation cases for the purpose of manipulating performance statistics. It was also alleged that three child protective investigator (CPI) supervisors and a former CPI inappropriately closed child protective investigation cases in order to manipulate their units' rankings on the Circuit 11 performance leaderboard (the monthly performance report of closed child protective investigative cases).

The investigation involved 33 interviews with current and former employees and, with the technical assistance of an experienced family services specialist, reviews of 64 closed child protective investigative cases to determine if employees were inappropriately closing cases using the closure categories of "No Jurisdiction" and "Duplicate."

It was subsequently determined that 85% of the cases reviewed had been inappropriately closed, and 65% of those cases contained missed performance measures. In addition, witness statements indicated that there was an "unhealthy competition" between investigative units and that there was a fear of losing one's job for failure to perform. This raised significant issues concerning the priorities within the Circuit 11 Family Safety program and ultimately child safety. However, the information obtained could neither support nor refute the broader aspect of the allegation that the cases were closed to specifically manipulate units' rankings on the leaderboard. In addition, none of the reviewed cases revealed that children were left at high or immediate risk as a result.

The investigation also revealed inappropriate use of what was referred to as "Professional Commencement" documenting a law enforcement officer, social worker, school teacher or medical professional seeing the child within the first 24 hours, instead of the CPI. The practice, which had become ingrained behavior among many family safety employees, took the pressure off the CPI to see the child within the first 24 hours, and therefore prevented a subsequent poor performance statistic being generated. It was determined that Circuit 11's use of "Professional Commencement" was not permitted by, or in accordance with, any Department policy or Florida Statutes.

Recommended action was implemented statewide to determine the extent of the use of the above noted categories and to subsequently eliminate the practice as used in Circuit 11. Additional recommendations included the development of definitive and uniform procedures in the use of the above noted closure categories, accompanied by statewide training.

THE INTERNAL AUDIT PROCESS



Figure C.1: Office of Inspector General, Internal Audit Process

Section C: Internal and Single Audit

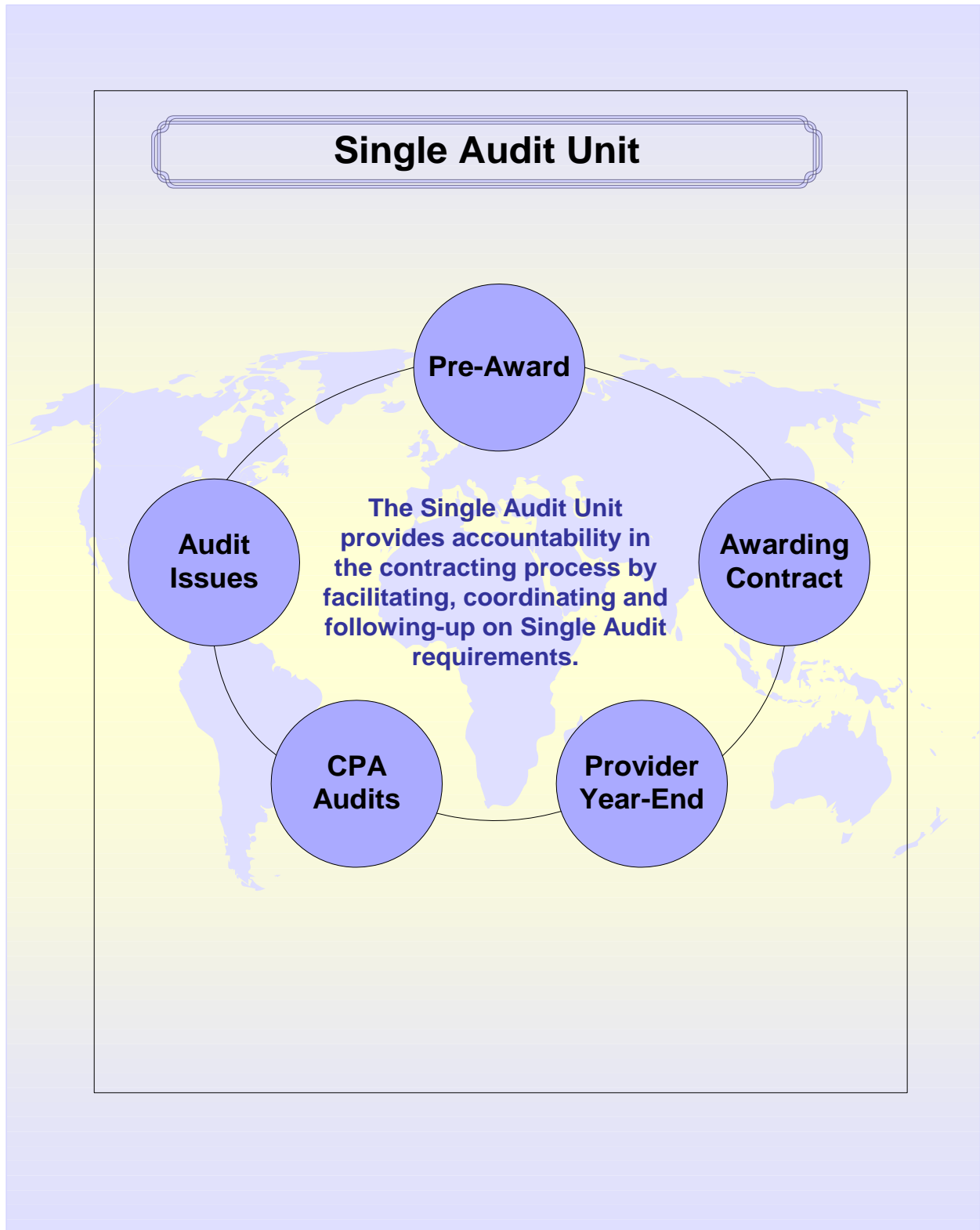


Figure C.2: Office of Inspector General, Single Audit Process

Section C: Internal and Single Audit

Internal Audit Unit (OSIA), as authorized by §20.055, Florida Statutes, encompasses the examination and evaluation of the adequacy and effectiveness of the organization's system of internal controls and the quality of performance. To achieve this mandate, internal auditors ensure:

- ◆ Reliability and integrity of financial and operational information.
- ◆ Compliance with laws, regulations, and contracts.
- ◆ Safeguarding of assets.
- ◆ Resources are employed with economy and efficiency.
- ◆ Established objectives and goals for operations or programs are accomplished.

The Office of Internal Audit (OIA) performs the following activities:

- ◆ Conducts performance, compliance, financial, contract, and information systems audits.
- ◆ Provides consulting services relating to program operations and assesses the reliability and validity of program performance measures.
- ◆ Prepares a Department-wide Risk Assessment and Annual Audit Plan.
- ◆ Coordinates all Department responses to external audits and tracks corrective actions through resolution.
- ◆ Conducts ad hoc assignments from management, Auditor General, Legislature, Federal Auditors, and the Governor's Chief Inspector General.

Internal Audit Staff

During FY 2007-2008, the office had thirteen full-time internal audit positions located in Tallahassee, which included a Director of Auditing, eleven auditors, and one administrative staff support.

All auditors are members of the Institute of Internal Auditors. Staff also participated in various professional organizations and attended training seminars to comply with the continuing education requirements of Government Auditing Standards (at least 80 hours continuing education training every two years) and Standards for the Professional Practice of Internal Auditing.

Revisions to Chapter 20.055, Florida Statutes

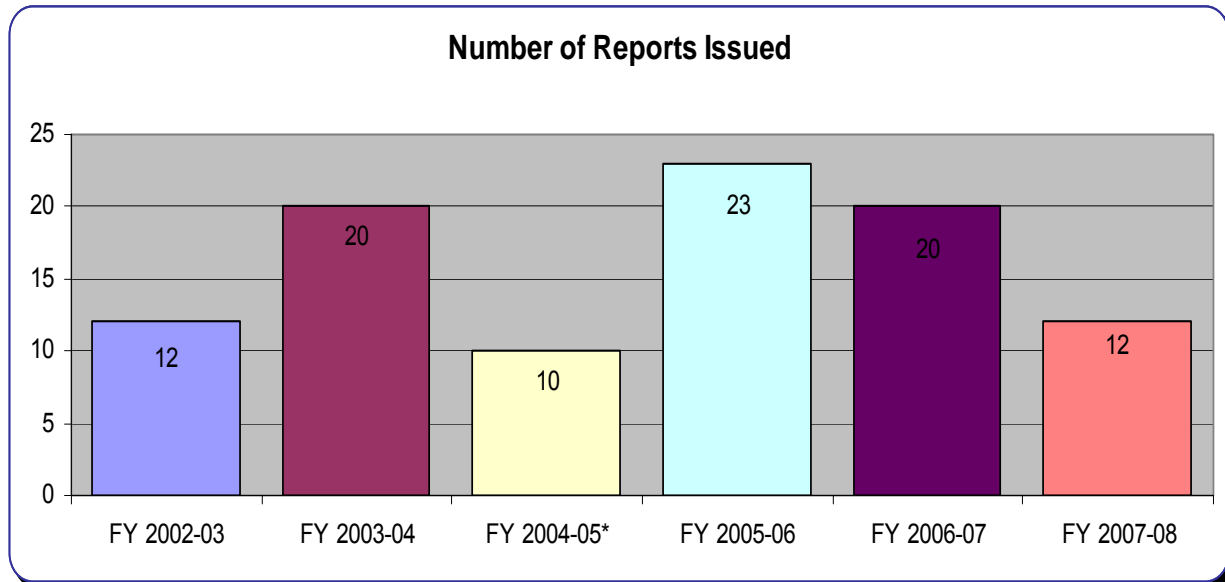
Effective July 1, 2008, Chapter 20.055, Florida Statutes was revised to include a requirement that at the conclusion of an audit in which the subject of the audit is a specific "entity contracting with the state" or an "individual substantially affected", if the audit is not confidential or otherwise exempt from disclosure by law, the inspector general shall, consistent with s. 119.07(1), submit the findings to the entity contracting with the state or the individual substantially affected, who shall be advised in writing that they may submit in written response within twenty working days after receipt of the findings. An "entity contracting with the state" refers to any for-profit or not-for-profit organization that has entered into a relationship with a state agency to provide goods or services. An "individual substantially affected" refers to an employee of a provider or subcontract provider (organization providing community-based child welfare services). Such response and the Inspector General's rebuttal, if any, must be included in the final report.

Internal Audits and Consulting Projects Completed

Audits and consulting projects are conducted in accordance with the International Standards for the Professional Practice of Internal Auditing. Audits completed during FY 2007-2008 were based on requests by management, topics identified during prior audits and investigations, and statutory

Section C: Internal and Single Audit

requirements. A total of 9 audits and 3 consulting projects were completed during FY 2007-2008. OIA identified \$544,730 in questioned costs, duplicate billings, and ineligible costs.



*During FY 2004-2005, audit resources were diverted towards implementation of the Contract Oversight Unit. While under the Office of Inspector General, the Contract Oversight Unit published 114 monitoring reports.

Note: During FY's 2006-2007 and 2007-2008, over 2300 direct audit hours were expended in conjunction with the Department's Sunset Review and less audits were conducted due to budget reductions.

Figure C.3: Shows a comparison of reports completed since FY 2002-2003.

Internal Audit Highlights

The following summarizes significant audits issued during the fiscal year. All audits issued during FY 2007-08 may be viewed at: http://www.dcf.state.fl.us/admin/ig/pubs_ia.shtml

Two audits examined whether the current structure of the community-based care model is adequately designed to ensure accountability in the provision of foster care and related services.

An Overview: The History and Intent of Community-Based Care, and Community Involvement in Child Welfare (A-05-0708-070)

Outsourcing of Child Welfare Services: Has Effective Oversight Been Established? (A-05-0708-260)

The objective of these audits was to begin a dialogue to determine whether the current community-based care model is adequately designed to ensure accountability in the provision of foster care and related services. Internal Audit found that under the Lead Agency Model of community-based care, the Department generally does not have a direct relationship with (i.e., does not contract with or directly oversee) most of the entities that actually provide services to the children. This poses an inherent risk to the Department because it must rely on the lead agency to provide assurances that the Department is in compliance with its legal and fiduciary responsibilities for the care, safety and protection of children. To a

Section C: Internal and Single Audit

certain degree, the success or failure of community-based care is dependent on the personalities of those involved rather than the Lead Agency Model itself. Internal Audit recommended reassessing and clarifying the role of community alliances and improving accountability regarding fund-raising by lead agencies. Department management has agreed to take appropriate follow-up actions with regard to these recommendations.

Sunset Validity Review (O-18-0708-284)

The Department is scheduled for review by July 1, 2010, by the Florida Joint Legislative Sunset Committee. As a component of this review, the Department was required to submit a report to the Legislature that evaluates the Department in 16 areas. Based on the requirements of Section 11.906, F.S., the Office of Internal Audit validated the information and data included in the report. Due to the complexity of the information required for the report, the OIA began the validation process in November 2006 with a review of Department performance measures. The OIA also assisted Department management with coordinating the collection of required information. Each of the 16 components of the draft report were reviewed for validity, reasonableness and completeness. The validation process continued during fiscal years 2006-2007 and 2007-2008, and required over 2,310 OIA staff hours to complete. The report was submitted by Department management to the Committee prior to the July 1, 2008 deadline. During the Sunset review by the Committee, which is expected to continue through fiscal years 2008-2009 and 2009-2010, the Department will be required to respond to requests for additional information by the Committee and OPPAGA. It is anticipated that the OIA will be required to review the information provided in the Department's responses to those requests.

Follow-up Reports

The Internal Audit section also conducted follow-ups on 15 status reports to external audits. Follow-up activities included determining corrective action taken through a six-month status report, Health and Human Services audit resolutions, the Summary Schedule of Prior Audit Findings, and the Legislative Budget Request IX.

Coordination with External Auditors

The Office of Internal Audit is responsible for coordination of efforts with the Office of the Auditor General (AG), Office of Program Policy Analysis and Government Accountability (OPPAGA), and Federal agencies such as the United States Department of Health and Human Services and Agriculture. During FY 2007-2008, the Internal Audit section was responsible for coordinating the Department's responses to 19 external audit reports requiring response and conducted 96 liaison activities to include:

- ◆ Participating in audit entrance and exit conferences.
- ◆ Coordinating, reviewing, and preparing responses to audit recommendations for the Secretary's signature.
- ◆ Monitoring corrective action plans.
- ◆ Preparing six-month status reports.
- ◆ Preparing the annual Summary Schedule of Prior Audit Findings.
- ◆ Preparing the annual Report of Major Audit Findings and Recommendations for Legislative Budget Issues.
- ◆ Preparing the annual US Department of Health and Human Services Audit Resolution status report.

Section C: Internal and Single Audit

- ◆ Preparing follow-up reports to US Department of Health and Human Services pertinent to TANF and CCDF Block Grants.

Single Audit Unit (SAU)

The mission of the **Single Audit Unit (SAU)** is to ensure that the Department complies with both State and Federal single audit requirements. A single audit is a financial and compliance audit of an organization performed by an independent auditor (usually a Certified Public Accountant firm). The single audit will include the independent auditor's evaluation on the entity's compliance with the requirements for the major state projects and/or major federal programs.

Single Audit requirements include:

- Federal Single Audit Act of 1984, as amended;
- Office of Management and Budget Circular A-133;
- Florida Single Audit Act, Chapter 215.97, Florida Statutes;
- Rules of the Auditor General, Chapters 10.550 & 10.650;
- Chapter 27D-1, Florida Administrative Code (FAC), Governor's Rules; and,
- Chapter 69I-5, FAC, Department of Financial Services.

The SAU reviews all single audit reports received by the Department and notifies district personnel of SAU review findings and follow-up actions required of the Department. The contract provider and independent auditor are also notified of reporting deficiencies found in the SAU review.

The SAU maintains the web-based Post Award Notice application used by contract managers to notify contract providers of their state and federal funding and single audit requirements. Single Audit staff:

- Send payment confirmations to the independent auditor with the federal program and state project detail necessary to perform a single audit
- Send delinquent and overdue notices for single audits not received from contract providers within the contractual and statutory deadline for audit submission and
- Provide technical assistance to contract managers and other district personnel regarding single audits, and maintain a web-based database for all single audit activity relating to Department contracts and assist in recording new DCF state projects and related compliance supplements for the independent auditors.

The SAU provides accountability in the contracting process by facilitating, coordinating, and following-up on State and Federal Single Audit requirements. The Single Audit Act, both federal and state, is designed to allow for one independent audit of an entity's financial condition on which all interested parties can rely.

SAU Reports

The SAU reviewed and processed 286 audits and other CPA reports for year 2007-08. Data from Integrated Internal Audit Management System (IIAMS) captures activities and issues on a daily basis.

The following pie chart classifies and quantifies SAU recommendations based upon report reviews conducted during fiscal year end, June 30, 2008.

Section C: Internal and Single Audit

The findings are defined as:

- **Incomplete Audit Reports** – The audit report package was missing a component required by Federal and/or State statute or regulation. In some instances, the component was entirely missing. In others, the component was missing critical elements and did not convey minimal required information. SAU staff obtained the component or a corrected component from the provider or external auditor.
- **Findings Presented to (DCF) Management** – The auditor reported a matter that statute or regulation required Department action on that was significant to the management of Department contracts. When action was required by statute or regulation, SAU staff obtained documentation from management regarding Department action.
- **Technical Errors in Audit Reports** – Identifies instances where reporting errors were made by the external auditor. SAU staff advised the auditor about the deficiency. The Unit asked the auditor to consider the governing professional or regulatory guidance during subsequent audits. This qualitative issue may significantly affect the Department's use of the current report or a future report.
- **Deficiencies in Audit Schedule Presentations** – The provider-prepared schedule of expenditures did not properly identify DCF funding or did not meet regulatory standards. SAU staff advised the provider regarding the deficiency and requested that the schedule be properly prepared in future reports. This qualitative issue may significantly affect the Department's use of the current report or a future report.

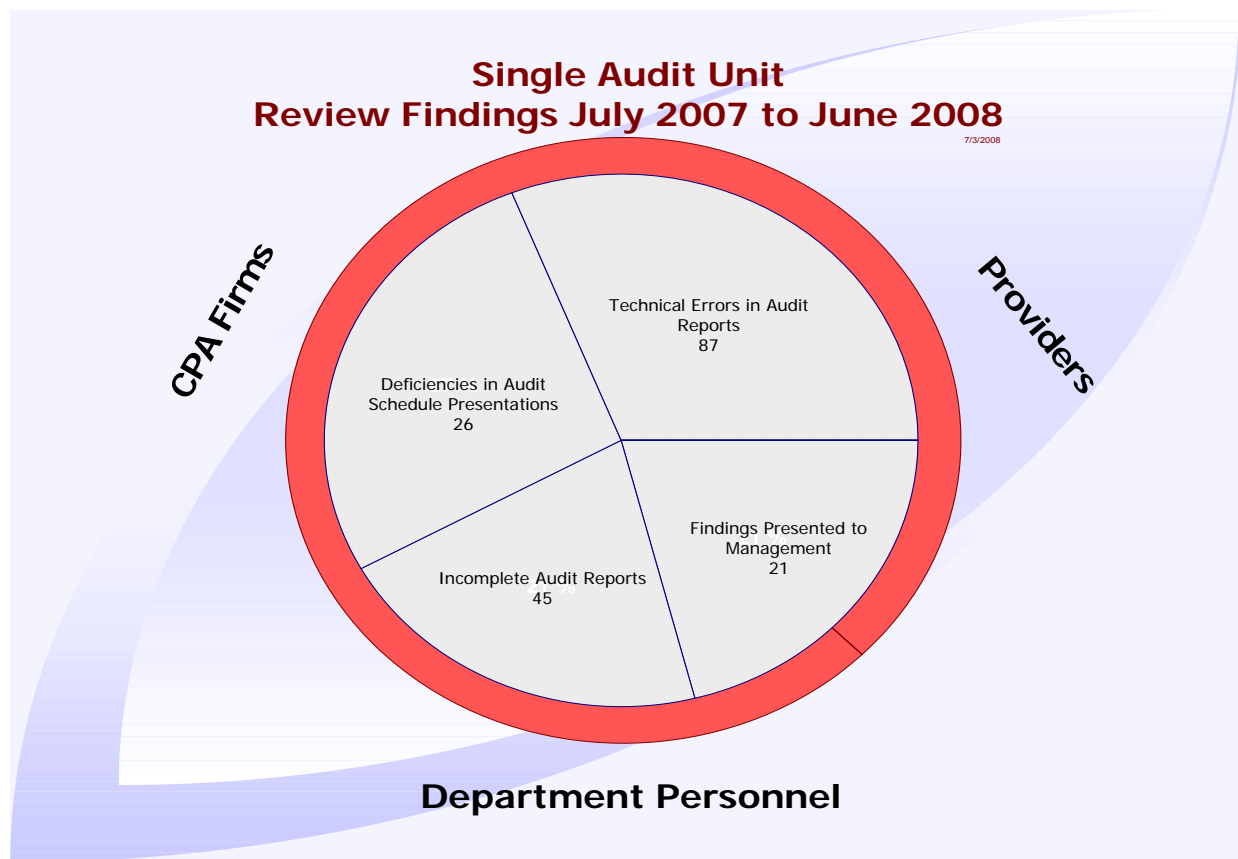


Figure C.4: Single Audit review findings

Section D: Civil Rights

THE CIVIL RIGHTS PROCESS

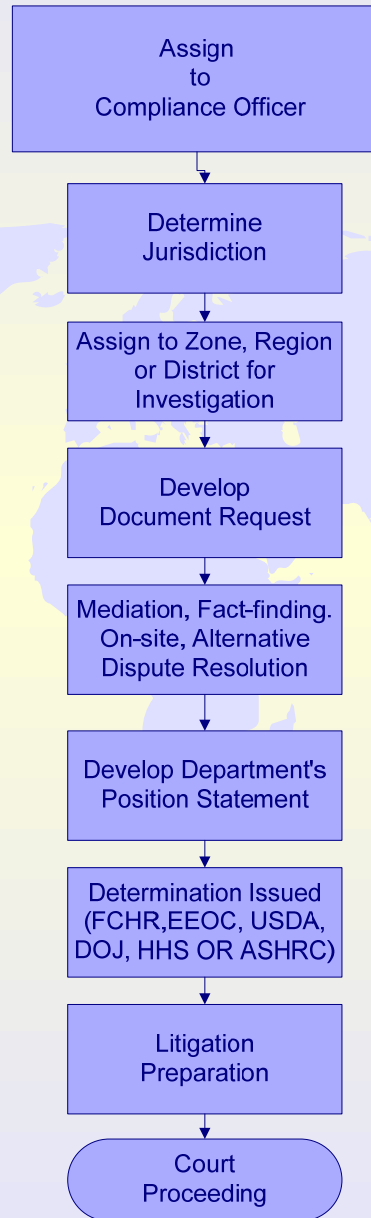


Figure D.1: Office of Inspector General, Civil Rights Process

Section D: Civil Rights

The **Civil Rights Unit (OSICR)** is mandated to ensure full compliance with state and federal laws regarding equal employment opportunity, service delivery, HIPAA, and affirmative action planning.

Complaints are filed by our clients and employees. They are filed with several agencies:

- Florida Commission on Human Relations (Employment and Affirmative Action Issues)
- Equal Employment Opportunity Commission (Employment and Affirmative Action Issues)
- Department of Health and Human Services (Service Delivery Issues)
- Department of Agriculture-Food and Nutrition Services (Service Delivery Issues)
- Department of Justice (Employment and Service Delivery Issues)

Employees and clients may also file complaints with the Office of Civil Rights directly or with their Regional Civil Rights Officer.

Civil Rights Staff

During FY 2007-2008, the office had 10.5 positions located throughout the state. The Assistant Staff Director of Civil Rights, 2 Senior Management Analysts and 1.5 administrative support staff are located in Tallahassee. There are five Civil Rights Officers located in Central, Northeast, Northwest, Southeast and Suncoast Regions and one at Florida State Hospital.

Title VI (Service Delivery)

Title VI of the 1964 Civil Rights Act and its implementing regulation at 45 C.F.R Part 80 prohibits our agency and its service providers from discriminating in federal assisted programs. To ensure this mandate is adhered to, the Office of Civil Rights' responsibility is to make sure that quality services are provided in an equally accessible and effective manner to clients.

For example, hearing impaired clients must be provided sign language interpreters and limited English proficient clients should be provided language interpreters. Each region/circuit and institution has an Auxiliary Aids and Limited English Plan that describes how to access auxiliary aids needed by clients and employees.

OCR has established and implemented a civil rights compliance program through the required Methods of Administration (CFOP 60-16). The Methods of Administration explains our investigative process for Title VI complaints filed by clients, potential clients, and employees. Employees of contract providers and departmental employees may file complaints if they have participated in or opposed any protected activity.

Compliance monitoring and reviews are also conducted yearly. Providers and their sub-recipients are subject to full scope or limited scope compliance reviews once every three years.

During Fiscal Year 2008-2009, the Office of Civil Rights will be involved in completing the requirements of a Corrective Action Plan that is currently being reviewed by the Department of Health and Human Services Office of Civil Rights. The Department will be required to develop policies, conduct trainings, monitor Departmental programs and providers and their sub-recipients, relating to hearing impairments. The office will also conduct onsite Title II/ADA reviews during this time period.

Twenty-six (**26**) Title VI compliance reviews were conducted this fiscal year. Findings revealed the need for a corrective action plan with a subsequent monitoring review that guaranteed accessibility to a

Section D: Civil Rights

substance abuse facility and the need for a total rewrite of an auxiliary aid accessibility plan at a mental health facility.

Title VII (Employment Issues)

Title VII of the Civil Rights Act of 1964 and the Florida Civil Rights Act of 1992 require each agency to maintain an Equal Employment Opportunity Program. Our Equal Employment/Affirmative Action guidelines can be found in CFOP 60-15. This operating procedure establishes protocol procedures to follow if a complaint of discrimination is filed against the Department.

The Office of Civil Rights recommends strategies and solutions to management relating to Title VII civil rights issues, participates in mediation and conciliation discussions, participates in litigation preparation, and provides testimony at Department of Administrative Hearings, federal and state court cases as needed. In addition, the unit responds to interrogatories, subpoenas' and provides testimony in depositions and court proceedings.

The office received **65** new Title VII complaints during Fiscal Year 2007-2008.

Health Insurance Portability and Accountability Act (HIPAA)

45 CFR Subparts 160, 162, and 164 requires the Department to assure the privacy and confidentiality of protected personal health information of clients and patients. Operating procedures 60-17, Chapters 1-5 ensures our compliance. Office of Civil Rights is responsible for investigating privacy complaints as well as conducting required yearly monitoring of our programs.

103 HIPAA compliance monitorings were conducted. Findings of non-compliance involved documented files not signed and dated, staff did not know the agency's HIPAA compliance coordinator; and HIPAA privacy posters were not posted in all facilities. Three investigations were conducted; one resulted in violation.

Outreach

During Fiscal Year 2007-2008, the Office of Civil Rights provided training to assist the Department and its contract providers in an effort to be proactive in the area of compliance. Proactive results allow employees and managers the ability to resolves issues without lengthy investigations, which impede staff in their day-to-day work duties. From a Title VII (employment) and Affirmative Action Planning perspective, it reduces the Department's exposure to lawsuits.

Title VI (Service Delivery) and HIPAA requires ongoing monitoring to ensure all clients are able to benefit from the services offered by the Department and its providers. The Office of Civil Rights workload doubles if noncompliance is cited by any of the federal agencies providing financial assistance. The Office of Civil Rights staff can be mandated to train, rewrite policies, conduct onsite reviews of all programs and providers and their subcontractors within a short timeframe. In addition, the Department's federal financial assistance matching funds can and will be impacted if substantial corrective measures are not made. Prevention also eliminates negative publicity relating to discrimination within the Department and its providers. (Example - The pending corrective action plan submitted to Health and Human Services (HHS) and the composition of the Americans with Disabilities Act (ADA) transition plan.)

The following charts reflect the types of complaints received and areas involved:

Section D: Civil Rights

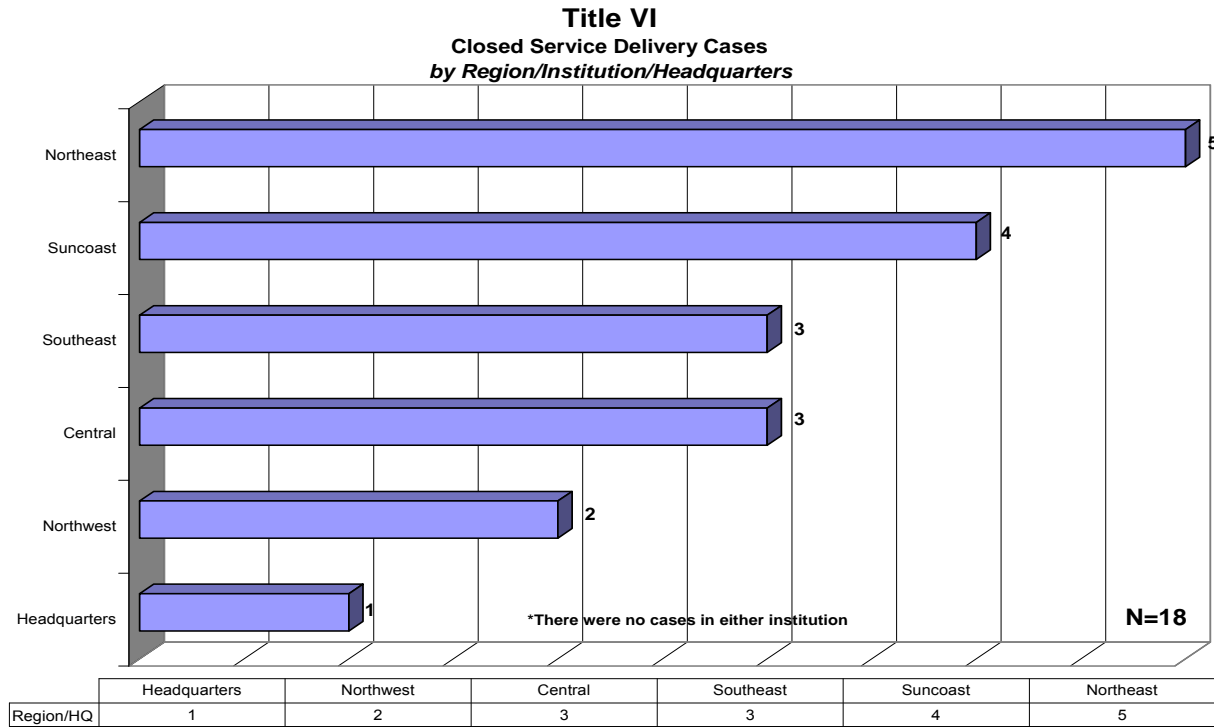


Figure D.2: Closed Service Delivery complaints during FY 2007-2008.

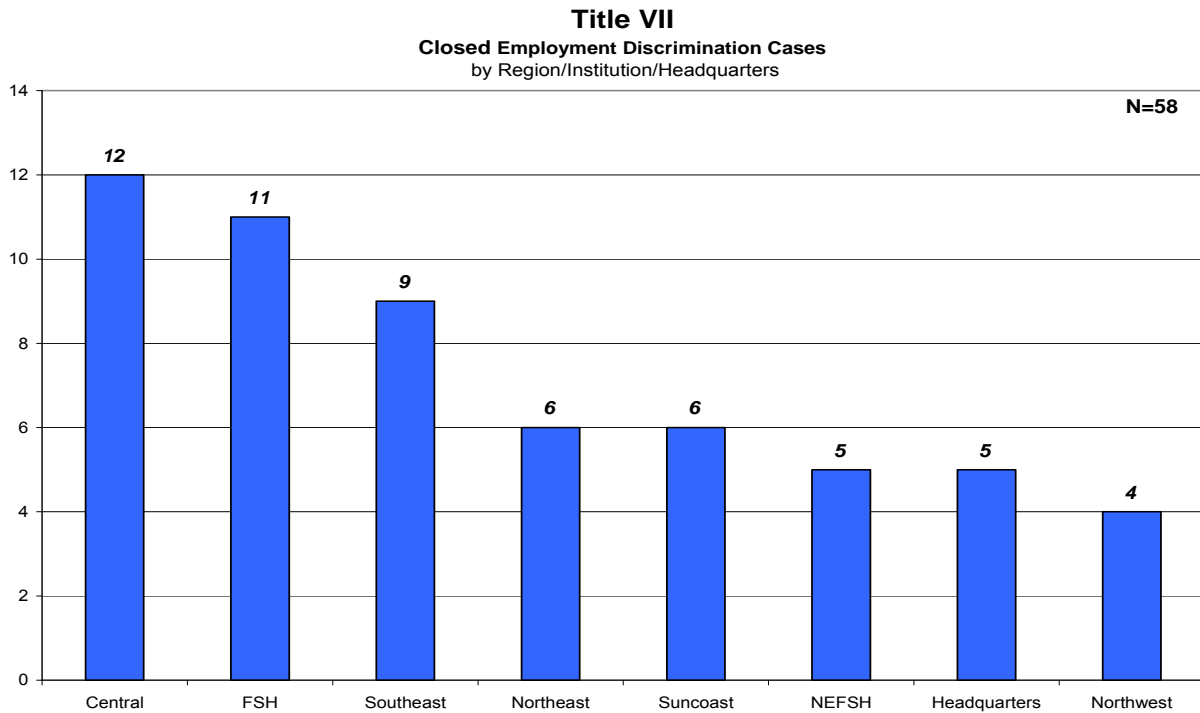


Figure D.3: Employment Discrimination Cases during FY 2007-2008

Section E: Appeal Hearings

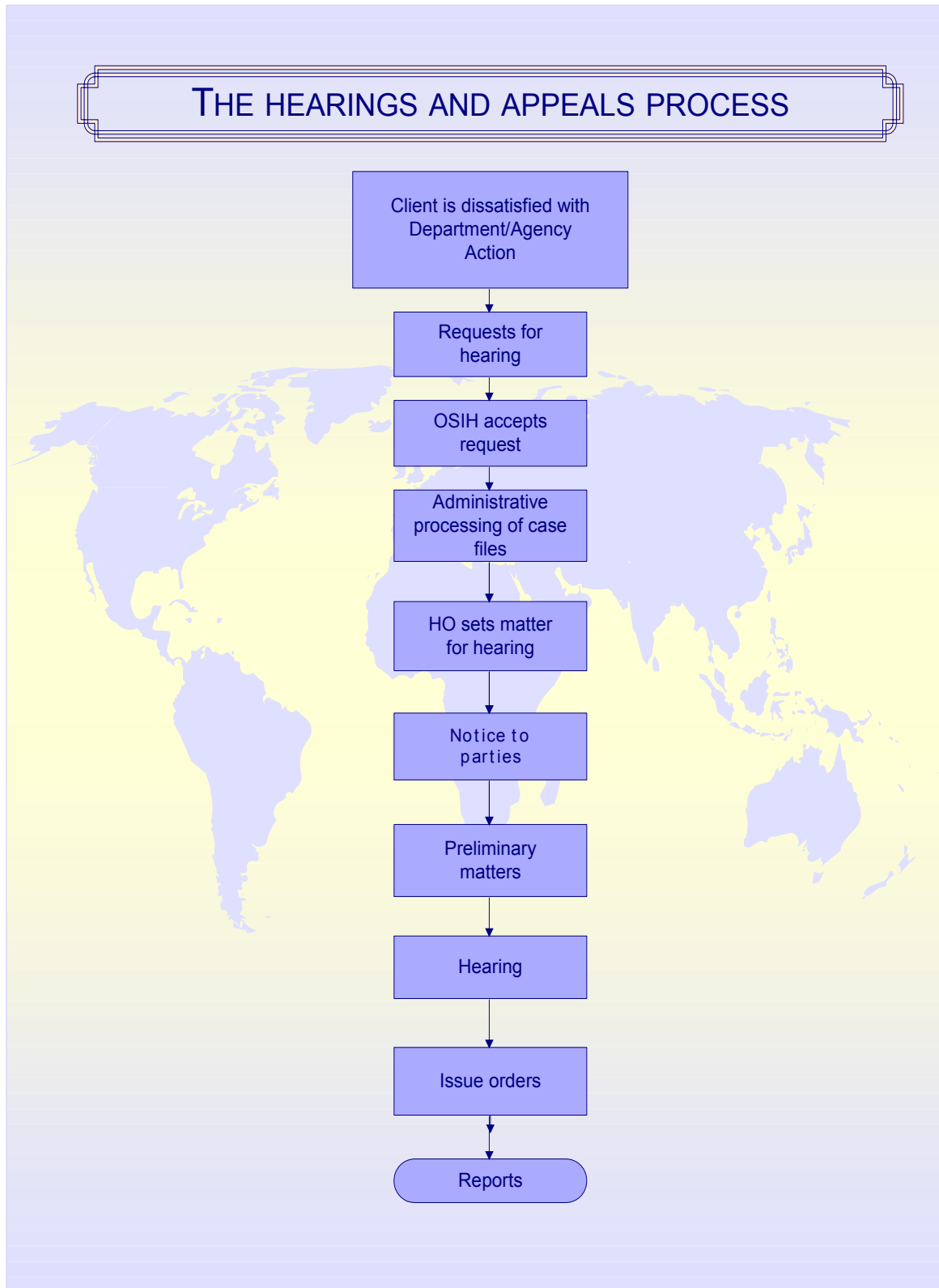


Figure E.1: Office of Inspector General, Appeal Hearings Process

Section E: Appeal Hearings

Appeal Hearings Unit (OSIH) provides administrative hearings for applicants or recipients of public assistance programs and individuals being transferred or discharged from nursing facilities. The office also provides disqualification hearings for individuals believed to have committed intentional program violations.

The office operates pursuant to the following legal authorities:

- Section §409.285, (Florida Statue) F.S., Opportunity for Hearing and Appeal.
- Chapter 120, F.S., the Administrative Procedures Act, §120.80, F.S., Exceptions and special requirements; agencies.
- § 400.0255, F.S., Resident hearings of facility decisions to transfer or discharge.

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

The major controlling federal regulations are:

- Temporary Assistance to Needy Families - Personal Responsibility & Work Reconciliation Act of 1996.
- Medicaid - 42 CFR §431.200, Fair Hearings for Applicants and Recipients.
- Food Stamps - 7 CFR §273.15, Fair Hearings, 7 CFR §237.16, Disqualification for intentional Program violation.

Appeal Hearings Staff

Federal regulations require a hearing officer to be a state-level employee. For FY 2007-08, Appeal Hearings had 22 full-time positions, which included a Chief of Appeal Hearings, 3 Appeal Hearings Supervisors, 14 Appeal Hearings Officers, and 4 administrative staff. In order to deliver services on a statewide basis, in the most efficient and effective manner, hearing officers are located in several geographical areas, which include Fort Lauderdale, Fort Pierce, Gainesville, Jacksonville, Miami, Pensacola, Orlando, Saint Petersburg, Tampa, and West Palm Beach.

All administrative costs for hearings are funded at 50% federal administrative trust funds and 50% general revenue. The average cost to complete a hearing request was \$169.00

Fair Hearings

The Department is required by the federally-funded assistance programs to offer a “fair” hearing prior to an action to terminate assistance which meets basic due process requirements as contained in Goldberg vs. Kelly, (1970). The Administrative Procedures Act, Chapter 120, FS, sets forth the state procedural requirements the Department must meet in resolving issues which affect the substantial interest of individuals. Appeal Hearings has been delegated the authority to complete final agency actions on a variety of issues arising out of most of the federally funded programs.

Section E: Appeal Hearings

Appeal Hearings holds fair hearings for:

Economic Self Sufficiency

- Temporary Assistance to Needy Families (TANF)
- Food Stamps
- Disaster Food Stamp Program
- Medicaid Eligibility
- Refugee Assistance Program
- Institutional Care Program
- Optional State Supplementation

Medicaid Benefits

- Agency for Health Administration

Others

- Special Supplemental Food Program for Women, Infants and Children
- Title IV-E Adoption Assistance, Foster Care Maintenance Payments, and the Independent Living Subsidy
- Certain Child Support Enforcement issues for the Department of Revenue

The office conducts these hearings primarily with the Department as the respondent. In some cases, another Department or Agency may administer the program. The office, by agreement with the Department/Agency, conducts hearings with the Department of Health, Department of Revenue, or Agency for Health Care Administration as the respondent.

Nursing Home Transfer/Discharge Hearings

Appeal Hearings is also required to conduct nursing home hearings to determine whether or not a nursing facility's decision to transfer or discharge a patient was correct. The facility may only discharge an individual based upon conditions set forth in law. These hearings often involve expert medical testimony on complex medical issues. The hearing officer has the authority to prohibit the discharge or require the facility to readmit a resident if he/she has already been discharged.

Administrative Disqualification Hearings

The Department has the authority to disqualify an individual from receiving cash assistance and food stamp benefits when that individual has been found, through the administrative hearing process, to have committed an intentional program violation.

Section E: Appeal Hearings

Workload Performance

Appeal Hearings completed **8,017** fair hearing requests, **230** intentional program violation hearing requests and **212** Nursing Facility Discharge or Transfer hearings. Appeal Hearings completed 98% of the fair hearings within federal time standards. *The target goal for substantial compliance is 95%.*

In addition to disqualification hearing requests, the office tracks cases in which the individual agrees to accept the disqualification penalty and waive the right to a hearing. In FY 2007-08, Appeal Hearings received over **1,963** referrals for disqualification hearings. Appeal hearings further processed 1,733 disqualifications for Temporary Assistance to Needy Families or food stamp benefits based on signed waivers and conducted **230** hearings.

Office Activities

- Received an honorable mention from Davis Productivity for its participation in the ACCESS file scanning process.
- Participated in training activities with ACCESS Integrity staff regarding the disqualification-hearing process. The office also presented training to the Department of Elders Affairs, statewide Long Term Care Ombudsman Counsel regarding the nursing home discharge hearing process.
- Met with the Department of Health, Division of Disability Determinations, to ensure that the information the District Courts of Appeal requires, is put on the record during the fair hearing.
- Met with Florida Legal Services following up on a rule change that included reference to the de nova nature of the hearing as required by Chapter 120 F.S., in the Department's administrative rules. Florida Legal Services requested copies of information used to implement and train hearing staff in the concept. Legal Services had several questions and suggestions. The Department is evaluating how they might be accommodated while complying with federal program requirements.

Many of our ACCESS offices have closed and cases are often processed at a center far from the local community. The parties no longer have the ability to appear at a local office. The office is working on alternatives to face-to-face hearings when appropriate. In accordance with the regulations, the Department will continue to offer a face-to-face hearing when the customer requests such. Office staff has been working with region staff to determine the best locations to conduct those face-to-face hearings.

The following two pages are charts that show office activities for Fiscal Year 2007-2008.

Section E: Appeal Hearings

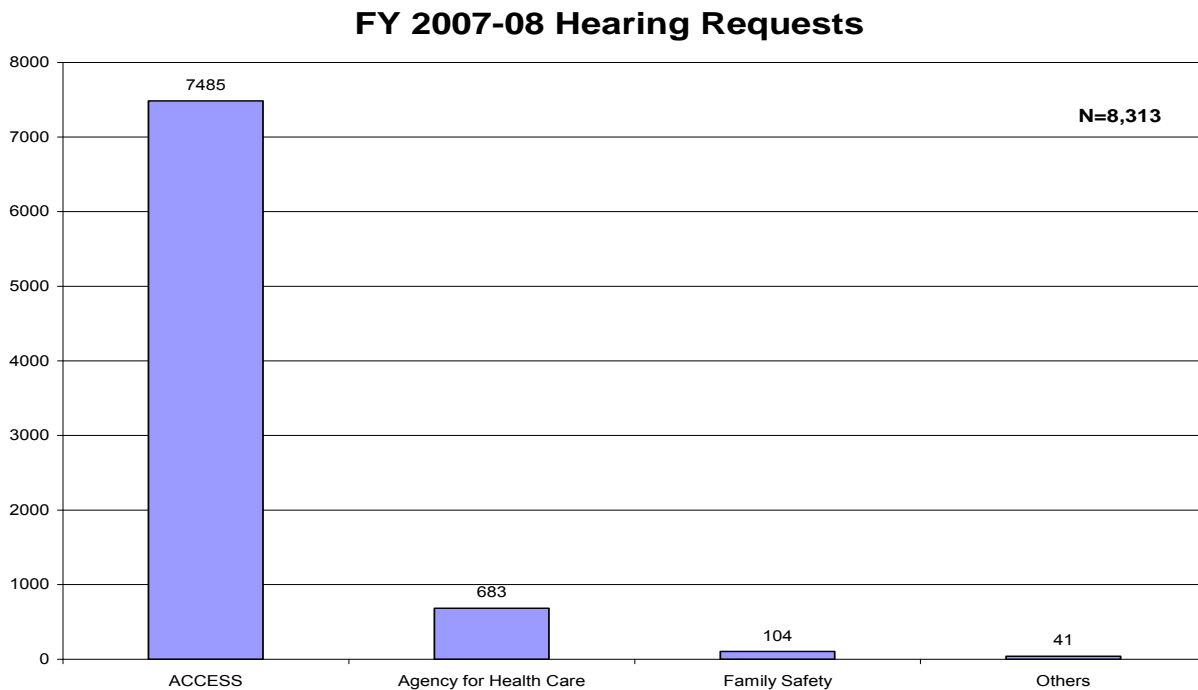
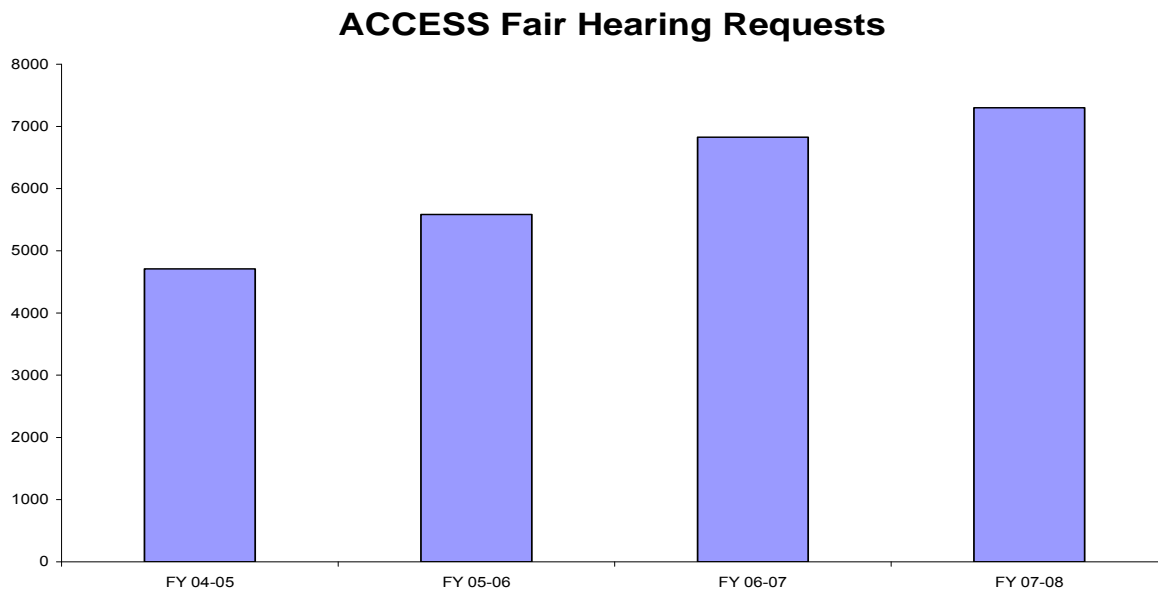


Figure E.2: New hearing requests received by originating program office.



In previous fiscal years the ACCESS hearings had been increasing at approximately 20% per year. Last fiscal year the increase slowed to 7%.

Figure E.3: Increase in ACCESS program related hearings over the past four years. The program staff has worked with customers in efforts to resolve issues that were needlessly going to a hearing. As a result, the increase was lower than in previous years.

Section E: Appeal Hearings

ACCESS Fair Hearing Decisions

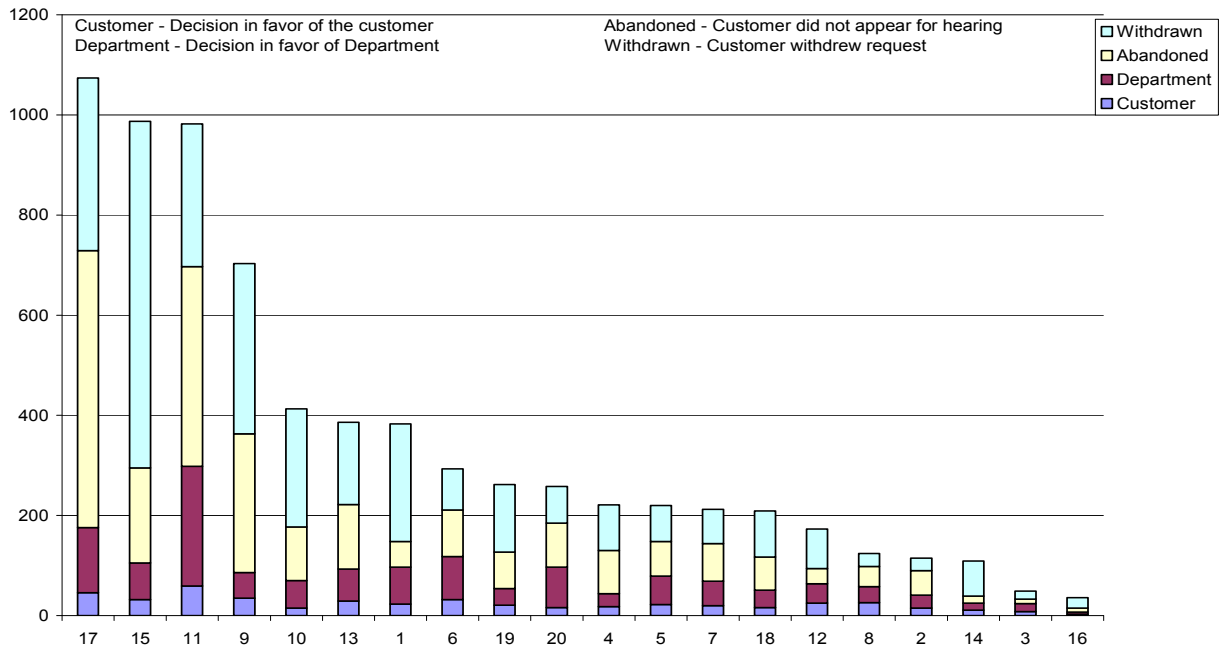


Figure E.4: Disposition of Access Florida Fair Hearing Requests by Circuit.

OIG Appeal Hearings Judicial Review Dispositions

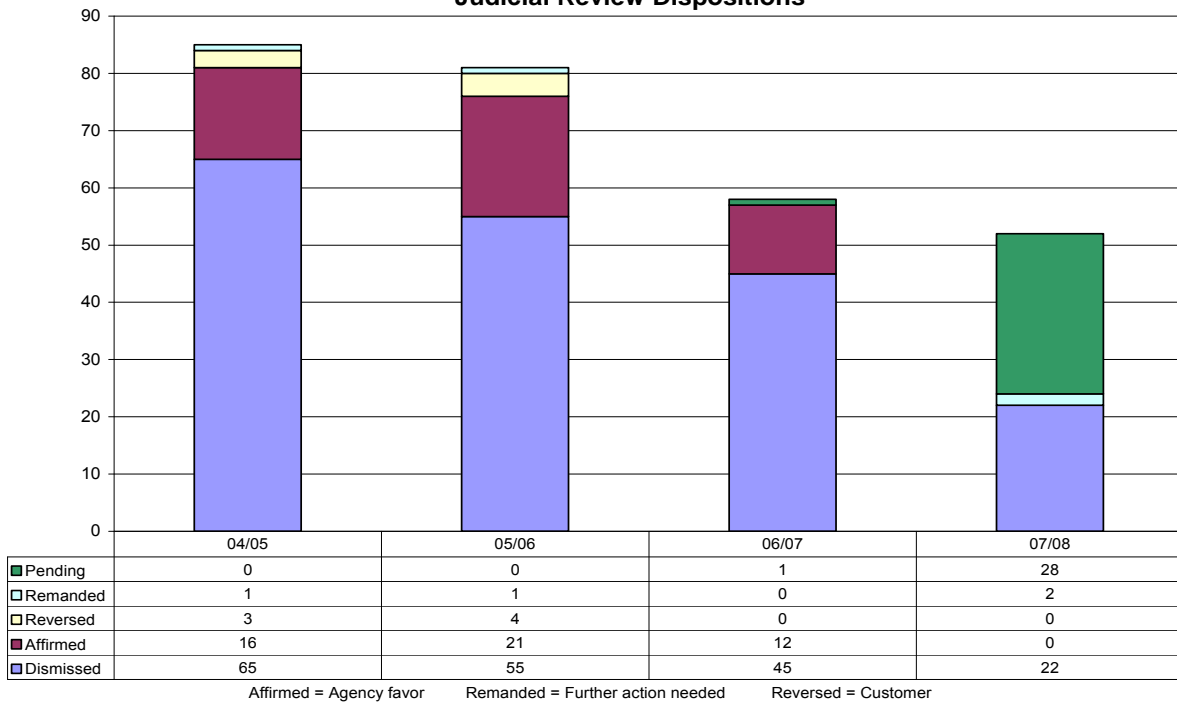


Figure E.5: Judicial review disposition by fiscal year.

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Summary of Investigations Completed During FY 2007-08

Headquarters

1. 2007-0111 Former Director of Refugee Services misused her position and received unlawful reward for official behavior regarding contracting matters from a contracted provider. **Not Supported.**
2. 2008-0022 A former Office of Strategic Planning and Innovation Operations and Management Consultant accessed the Internet and viewed pornographic material utilizing a Department computer during working hours. **Supported.** The former employee accessed the Internet and browsed non-job related websites utilizing a Department computer during working hours. **Supported.** The former employee utilized a personally owned removable hard drive and thumb drive on a Department computer. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.

Circuit 1

1. 2007-0079 A former Family Services Counselor of a contracted provider falsified home visits with caregivers and children. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and a court date is scheduled.
2. 2007-0103 A former Adult Protective Investigator falsified her chronological notes in Florida Safe Families Network (FSFN) concerning a face-to-face visit with a victim. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
3. 2008-0017 A former Child Protective Investigator falsified FSFN chronological notes regarding a home visit with a Department client. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
4. 2008-0023 An employee of a contracted provider accessed a case in FSFN with no legitimate business purpose. **Not Supported.**
Note: The FSFN audit capacity was revised to include the ability to audit records on cases as well as worker activity, including specific screens accessed.

Circuit 2

1. 2007-0033 A former Child Protective Investigator falsified HomeSafenet chronological notes relating to face-to-face visits with Department clients. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and the employee entered into a Deferred Prosecution Agreement and was ordered to complete community service hours.
2. 2007-0078 A former Child Protective Investigator falsified a risk assessment. **Not Supported.** The falsification was covered up by management personnel,

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including the Circuit Administrator. **Not Supported.** Two former Child Protective Investigators failed to make a mandatory abuse report regarding a disabled, vulnerable adult in the same family. **Supported.**

Corrective Action: The former Child Protective Investigators were counseled regarding their responsibility to make mandated abuse reports and training on mandatory reporting was provided. The Circuit implemented training to managerial and supervisory staff in the Family Safety Program Office concerning their responsibility to make abuse reports.

Circuit 3 No investigations were completed in this Circuit during the Fiscal Year.

Circuit 4

1. 2006-0074 A former Child Protective Investigator falsified information in five Child Safety Assessments. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee entered the Pre-Trial Intervention program.
2. 2007-0056 An Economic Self Sufficiency Specialist I viewed public assistance records without authorization. **Supported.** The employee disclosed confidential client information to an unauthorized person to assist the other person in filing a fraudulent income tax return. **Neither Supported nor Refuted.** The employee aided and abetted a personal acquaintance in the commission of public assistance fraud. **Not Supported.** The employee diverted clients' food stamp benefits for the employee's own personal use. **Not Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
3. 2007-0057 A Child Protective Investigator falsified records regarding an interview with a child victim. **Neither Supported nor Refuted.**
4. 2007-0067 A former Family Support Counselor of a Department contracted provider falsified monthly home visits and backdated required forms after having caregivers sign blank forms. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
5. 2007-0082 A former Child Protective Investigator falsified the commencement time of a Child Safety Assessment. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
6. 2007-0097 A Child Protective Investigator falsified a Home Study Report. **Supported.**
Corrective Action: The employee received a one-day suspension and a copy of the report was placed in the employee's personnel file. Training was conducted on the proper completion of home studies at the monthly supervisors' meetings and unit staff meetings.
7. 2007-0120 A Program Manager of a contracted provider falsified a record regarding a client's Supplemental Security Income. **Not Supported.**

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8. 2008-0004 An Economic Self Sufficiency Specialist I fraudulently received Temporary Aid for Needy Families and food stamps by failing to report a change in her employment status. **Not Supported.**
Note: Training was conducted for all service center processors and supervisors regarding reporting timeframes and its impact on benefits. Training was conducted with service center and scanning unit clerical staff in identifying reported changes and forwarding them to the customer call center for processing. Program Administrators now stress active communication between management and staff. All possible resources are researched prior to any investigation into employee cases. All cases that involve employees are now transferred to a supervisor's confidential caseload and supervisors are notified of the transfer. Training was provided to all new employees to notify their supervisors if they receive or begin receiving public assistance from the State of Florida.

Circuit 5

1. 2006-0099 A former Case Manager of a contracted provider falsified home visits with foster children in three cases. **Supported.**
Corrective Action: The employee was suspended and a copy of the report was provided to the contracted provider, reviewed with the lead agency, and placed in the employee's personnel file. In addition, a copy of the report was sent for informational purposes to the executive director of the employee's current employer, which had a current contract with the Department. This case was coordinated with law enforcement and the State Attorney's Office and the employee pled guilty and was ordered to pay a fine.
2. 2007-0012 A former Foster Care Manager of a contracted provider falsified multiple home visits with children in a particular foster home. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
3. 2007-0014 A former Case Manager of a contracted provider falsified information regarding home visits with children in multiple cases. **Supported.**
Corrective Action: The employee was placed on administrative leave pending investigation. The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
4. 2007-0039 A Family Case Manager of a contracted provider gave false testimony about a diligent search for a child's parent and the child's psychological evaluation to a General Magistrate. **Not Supported.**
Note: Each case management agency now identifies a diligent search clerk responsible for the search and an additional staff member is cross-trained to ensure continuity. The contracted provider agency and the Department now conducts in-service trainings, which are provided to the diligent search clerk, staff member to be cross-trained, the supervisor and the director. On-site trainings are now offered by Child Welfare Legal Service (CWLS) at all case management agencies. A representative from CWLS hosts a best practice meeting with the case management agencies on a quarterly basis and attends and trains at the pre-service training, which is mandatory for all managers. A memorandum was sent to all Regional Directors requesting that Family Safety Program and

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Operations staff identify individuals responsible for completing diligent searches and their supervisor, and ensure these individuals have attended a diligent search training class.

5. 2007-0041 A former Family Services Counselor and a former Crime Intelligence Analyst failed to conduct an adequate diligent search, which led to a wrongful termination of parental rights. **Supported.** A former Circuit Administrator and two Senior Attorneys delayed dependency proceedings for a child by engaging in unnecessary and frivolous litigation. **Not Supported.** Another Senior Attorney provided false testimony in a court affidavit regarding a diligent search for the child's parent. **Neither Supported nor Refuted.**
Corrective Action: The Family Services Counselor resigned and the Crime Intelligence Analyst retired. All Department and CBC employees responsible for conducting diligent searches are now required to complete diligent search training two times per year and will be made aware of any updated legislative mandates.
6. 2007-0059 A former Child Protective Investigator falsified child protective investigation records. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. E-mails were sent to Central Region Circuit Administrators from the Central Regional Director and Circuit Operations Manager regarding all supervisors reviewing vicinity mileage trip logs for completeness. This case was coordinated with law enforcement and the State Attorney's Office and the employee was ordered to pay a fine.
7. 2007-0080 A Director (**Not Supported**), Case Manager Supervisor (**Supported**), Case Manager (**Supported**), and Therapist (**Supported**) of a contracted provider and a Department Child Protective Investigator Supervisor (CPIS) (**Not Supported**) failed to make a mandatory child abuse report. The CPIS and Case Manager conducted personal business on state time. **Not Supported.** The CPIS accessed a child abuse report without authorization. **Not Supported.** The CPIS released information from the report to a contractor employee (the child victim's parent). **Not Supported.**
Corrective Action: The CPIS received a final written counseling notice and a copy of the report was placed in the employee's personnel file. A copy of the report was provided to the Chief Executive Officer of the provider agency.
8. 2007-0092 A former Adult Protective Investigator accessed a child protective investigation without authorization. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 6

1. 2007-0002 A former Economic Self-Sufficiency Specialist II falsified entries in the ACCESS Integrity Program database, reflecting that he had obtained Waivers signed by Department clients. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and a trial date is scheduled.
2. 2007-0031 An Economic Self-Sufficiency Specialist I misused her position to obtain confidential child abuse information. **Not Supported.** An unidentified employee

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accessed confidential computer data files without authorization and disclosed confidential child abuse information. **Not Supported.**

3. 2007-0049 A former Case Manager of a contracted provider failed to properly conduct and document a face-to-face home visit. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
4. 2007-0061 The Department, a lead community-based care agency, and a sub-contractor of the lead agency failed to adequately provide for the care, safety, and protection of a missing child and other children identified during the investigation. **Supported.**
Corrective Action: A task force was created to address numerous problems noted as a result of this investigation. The Regional Quality Assurance (QA) model was redesigned to require CBCs and Regions to take immediate action when a gap or problem area is identified and includes a standardized Request for Action process that documents the need and action taken. The three tier QA model was replaced by a Regional QA model for improved oversight. Under the Regional QA model, a random sample of cases is selected each quarter to include a child population of children age 10 and under as of sample date, age 11 and above as of sample date, age 5 and under at the time of admission, and age 6 and above at the time of admission. This method affords an opportunity to review all potential child populations and program components. The CBC resolved the issue of a dual role for a QA Specialist and Point of Contact for missing children by removing the employee from his or her role as QA Specialist. CBCs are currently conducting training related to the proper reporting of children as missing. This training is based upon Florida Administrative Code Rule 65C-30.019 and CFOP 175-85. In May 2008, the Department Missing Child Tracking System (MCTS) was integrated into the Florida Safe Families Network (FSFN) and additional training is being provided on how and when to properly report a child as missing. This is being received as part of standard FSFN training. Numerous resources exist that outline how and when to report a child as missing to include: Missing Children Guide (Version September 2008), Missing Child Quick Reference Guides for both case managers and child abuse investigators, FSFN Missing Child Report How Do I Guide, FSFN Missing Child Report Trainer, and the FSFN Missing Child Report Release 2A Demo. The Department also created the Office of Criminal Justice Services. This group of six local coordinators and a Director are tasked with enhancing coordination, cooperation, and communication between Florida's child welfare system and the criminal justice system with a shared focus on missing, exploited, abused, neglected, and abandoned children. Statewide quarterly conference calls deal with issues relating to preventing, reporting, documenting, and locating missing children. Over the last 13 months, the average daily number of children reported as missing from the care or supervision of the state was reduced from 615 to 371 (40% reduction). The Caregiver Home Study template was revised and built into FSFN Release 2B. Staff were instructed to begin using the draft template to improve quality of studies being conducted prior to its being included into FSFN. Deleting a person from an investigation within FSFN does not require supervisory approval but the action does require the user to enter a reason, and there is now an audit trail. The Quality Management (QM) report indicates the court was advised that case plan tasks included having no new law violations, and maintaining stable housing and income on the part of the mother. The QM report did note that the recommendation of the staffing team to reunify the child with the mother was not in full accord with the CBC's policy. It was determined that the

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decision to not add the second child to the active services case was inappropriate and in violation of Chapter 65C-30.016, F.A.C., CFOP 175-72 and the CBC policy that directs managers to report additional children that are brought into the family.

5. 2007-0070 A former Case Manager of a contracted provider failed to timely report to the Florida Abuse Hotline possible abuse (bruises) observed on a child within protective service. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
6. 2007-0094 A former Case Manager of a contracted provider falsified entries in Florida Safe Families Network for a Protective Service Case and on face-to-face Contact Verification/Functional Assessment forms concerning face-to-face home visits. **Supported.** The former Case Manager falsified entries in FSFN for an additional Protective Service Case and submitted a false face-to-face Contact Verification/Functional Assessment form concerning the face-to-face home visit. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 7

1. 2006-0101 A former Child Protective Investigator falsified child protective investigation records. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and the employee was arrested with a trial date scheduled.
2. 2006-0102 A former Case Manager of a contracted provider falsified information concerning contact with Department clients in HomeSafenet. **Supported.** The former Case Manager provided false testimony during official court proceedings. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
3. 2007-0045 A former Child Protective Investigator falsified child protective investigation records regarding face-to-face contacts with Department clients. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to Pre-Trial Intervention.
4. 2007-0064 A former Adult Protective Investigator Supervisor misused her position with the Department to obtain her own medical records from a private hospital at the state rate and also misused subordinates by having them obtain her personal medical records from a private hospital on state time. **Supported.**
Corrective Action: The employee was terminated and a redacted copy of the report was placed in the employee's personnel file. The subordinate staff received a Memorandum of Counseling.

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5. 2007-0118 An unknown person released confidential information from a child abuse report to the alleged perpetrator. **Not Supported.**
6. 2008-0020 An Adult Protective Investigator Supervisor accessed multiple cases in FSFN with no legitimate business purpose. **Not Supported.**
7. 2008-0044 A Child Protective Investigator (CPI) accessed a child abuse case in FSFN with no legitimate business reason. **Supported.** The CPI accessed four additional child abuse cases in FSFN with no legitimate business reason. **Supported.**
Corrective Action: The employee was suspended for three days without pay. Unit trainings were implemented to address the policy and procedure for accessing FSFN reports without the need to know. Staff were required to sign a security agreement form acknowledging their awareness of this policy.

Circuit 8

1. 2007-0096 A former Child Protective Investigator (CPI) documented a Child Protection Team referral which was never made. **Neither Supported nor Refuted.** The former CPI gave her FSFN User ID and password to another CPI. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. CPIS were reminded to advise their supervisors when caseloads/workloads become unmanageable, the CPI and Child Protective Investigator Supervisor (CPIS) will then determine any action to manage the caseload. The CPIS will immediately discuss concerns with the Operations Program Administrator (OPA), the OPA and CPIS will routinely look at caseload numbers and explore potential action plans. The OPA and Circuit Operations Manager (COM) will discuss caseloads that show an increasing pattern and determine a course of action to correct the situation and determine if it warrants Circuit Administrator involvement. A monthly report will be provided to the COM and Circuit Administrator regarding caseload distribution. Staff were reminded of the requirements of CFOP 175-42 and CPIS and OPAs will monitor case entries within a week of investigations, at second party review, and no less than every 30 days until case closure. Staff were made aware that the sharing of usernames and passwords with trainees or other staff assisting them with work was not an acceptable practice.
2. 2008-0024 A former Adult Services Word Processing Systems Operator accessed a child abuse investigation with no legitimate business purpose. **Supported.** The employee also released confidential child abuse information to an unauthorized person. **Not Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 9

1. 2007-0051 A former Family Case Manager Supervisor of a contracted provider falsified a child protective supervision record. **Neither Supported nor Refuted.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file and a notation was made indicating she was under investigation at the time of her termination.
2. 2007-0066 A former Economic Self Sufficiency Specialist I accessed a public assistance record without authorization. **Supported.** The employee also disclosed confidential client information to an unauthorized person. **Supported.**

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- Corrective Action:** The employee was terminated and a copy of the report was placed in the employee's personnel file.
3. 2007-0069 A former Support Services Director fraudulently used his State of Florida Purchasing Card (P-Card) for his own personal benefit and failed to reimburse the State of Florida for the charges. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. Central Region employees were required to review P-Card guidelines and signed new Cardholder Agreement forms and Traveler Agreement forms. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution.
4. 2007-0075 A former Operations Manager used his State of Florida Purchasing Card (P-Card) to buy parts and services for his personal vehicle at the State of Florida discounted rate. **Supported.** A Press Secretary used his P-Card to make personal purchases while on official state travel. **Supported.** An Operations and Management Consultant I used her P-Card to make personal purchases while on official state travel. **Not Supported.** A Family Safety Program Administrator used her P-Card to make personal purchases while on official state travel. **Supported.**
Corrective Action: The Operations Manager resigned, a copy of the report was placed in his personnel file, and he was advised to reimburse Goodyear Auto Service \$227.81 for the goods and services for which he was not properly charged. The Press Secretary received a verbal reprimand, attended P-Card training, a review of his P-Card transaction record was conducted, and all appropriate reimbursements were verified.
5. 2007-0083 A former Family Services Counselor Supervisor used his Department computer to access Internet websites containing prohibited (gambling) material. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
6. 2007-0114 A former Child Protective Investigator falsified child protective investigation records concerning investigation commencement times. **Neither Supported nor Refuted.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. Revisions to 65C-30.001(65), Florida Administrative Code (F.A.C.) concerning "immediate" commencement cases were communicated to the Program Administrators and Supervisors and reiterated at the Program Administrator and Supervisor meetings. The Circuit now tracks immediate commencements on a weekly basis. The Community-Based Care agency training Department implemented the revisions to 65C-30.001(65), F.A.C. into new employee training.
7. 2008-0002 A Child Protective Investigator (CPI) used his Department computer to access Internet websites containing prohibited (adult) material. **Not Supported.** The CPI connected unauthorized hardware and software to his Department computer. **Supported.** The CPI downloaded personal photographs to his Department computer. **Supported.**
Corrective Action: The employee received a counseling memorandum regarding his actions and a copy of the report was placed in his personnel file. The Central Regional Director issued a reminder via email to all staff to familiarize themselves with all Department Systems Management directives in

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- CFOPs 50-2, 50-4, 50-6, and 50-13. A web-based Breeze training was developed and is now required for all staff regarding all computer security related issues.
8. 2008-0003 A former Case Manager of a contracted provider falsified child protective supervision records. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and a trial date is scheduled.
9. 2008-0007 A former Child Protective Investigator falsified travel and attendance records. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
10. 2008-0010 A former Contract Manager did not exercise due care by using a personal flash drive containing inappropriate content on a contracted provider's computer. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. CFOP 50-2 was modified to include Department and contractor equipment rather than just Department equipment.
11. 2008-0026 Three Child Protective Investigators (CPIs) accessed and viewed cases in FSFN with no legitimate business reason. **Neither Supported nor Refuted.**
Corrective Action: An e-mail was sent to the Circuit Program Administrators reminding staff of the Inspector General Advisory and accessing cases which do not pertain to them. Two of the CPIs received a memorandum of counseling regarding accessing cases not assigned to them.
12. 2008-0036 An Interviewing Clerk used her Department computer to excessively access Internet websites during unauthorized periods of time. **Supported.**
Corrective Action: A reminder was sent by the Regional Director to all staff about their responsibility regarding use of state equipment, personal use of computer equipment, and internet access. A PowerPoint training was developed for all Circuit staff covering the appropriate use of equipment and identifying revisions to the Department's internet and e-mail usage policy.
13. 2008-0043 A former Secretary of a contracted provider accessed a child abuse report with no legitimate business purpose. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
14. 2008-0046 A Child Protective Investigator falsified information in FSFN. **Not Supported.**

Circuit 10

1. 2006-0098 A former Case Manager of a contracted provider falsified child protective supervision records. **Supported.** The former Case Manager told a client to sign a blank home visit record for a HomeSafenet case. **Supported.** The former Case Manager provided a false statement in connection with a Child Safety Assessment. **Neither Supported nor Refuted.**

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- Corrective Action:** The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
2. 2007-0023 A former Case Manager of a contracted provider falsified entries in HomeSafenet concerning home visits. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in their personnel file. This case was coordinated with law enforcement and the State Attorney's Office and the employee received probation, community service hours, and ordered to pay a fine.
3. 2007-0052 A former Case Manager of a contracted provider attempted to circumvent child placement procedures by trying to have a child placed with a personal friend, who was not an approved non-relative caregiver. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
4. 2007-0053 A former Child Protective Investigator improperly documented that he completed a home visit in child abuse investigation records. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. Supervisory staff reviewed and reiterated the proper protocol for secondary contacts and secondary investigators, specifically that prior supervisory approval is required.
5. 2007-0065 A former Family Case Manager of a contracted provider falsified entries in Florida Safe Families Network for Protective Service Cases concerning face-to-face home visits. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
6. 2007-0072 A Case Manager of a contracted provider failed to accurately report the living conditions of a family receiving protective service and attempted to impede a child abuse investigation request. **Supported.** The Case Manager failed to document a home visit. **Supported.**
Corrective Action: A copy of the report and a written warning were placed in the employee's personnel file. The employee was trained on properly conducting and documenting a home study.
7. 2007-0076 A Child Protective Investigator disclosed confidential child abuse reporter information to unauthorized people. **Supported.**
Corrective Action: All Protective Investigators and Attorneys received remedial training on confidentiality. The employee received a written notice of confidentiality pertaining to Chapter 39, Florida Statutes, which was included in the employee's personnel file and working file.
8. 2007-0087 A former Client Transporter falsified entries in the Adult Services case record of a Department client by creating eight Case Narrative Notes pertaining to non-existent medical appointments. **Supported.** The former Client Transporter was paid a salary for hours allegedly worked while conducting business related travel that never occurred, which allowed her to receive salary payments to which she was not legally entitled. **Supported.** The former Client Transporter falsified

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Vicinity Mileage Trip Logs and submitted fraudulent Vouchers For Reimbursement of Travel Expenses by claiming mileage not traveled, which allowed her to receive excessive travel reimbursement to which she was not legally entitled. **Supported.**

Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and is pending prosecution.

9. 2007-0108 A Child Protective Investigator (**Not Supported**) and a Case Manager of a contracted provider (**Not Supported**) received free auto repair service from a Department client.

10. 2007-0119 A former Case Manager of a contracted provider falsified an entry in FSFN concerning a face-to-face home visit with a child. **Supported.**

Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 11

1. 2007-0029 Two Child Protective Investigator Supervisors (**1-Neither Supported Nor Refuted** and **1-Not Supported**) failed to reimburse the State of Florida for personal calls made on a Department issued cellular phone. A Child Protective Investigator Supervisor carried a concealed firearm on state property. **Not Supported.** A Child Protective Investigator Supervisor accessed his supervisor's e-mail without permission. **Not Supported.**

Corrective Action: All Circuit cellular telephone bills are handled by phone account administrators who receive and distribute the telephone bills to identified staff. A tracking log was added to ensure that staff certify and pay for personal calls. Supervisors are now required to sign and verify that employees have identified and paid their personal telephone calls. In addition, CFOP 70-6 was distributed to all Circuit staff, notifying them of the Department's procedure on the unauthorized use of state owned or leased cellular telephones. CFOP 50-6 concerning computer system security was re-distributed to all Circuit 11 staff. The computer security recertification for all staff was reviewed and staff who had not recertified were required to complete the security training in order to retain access to all data systems.

2. 2007-0034 A former General Services Property Administrator took Department inventory for personal use. **Not Supported.** The former employee also falsified property inventory and reconciliation for fiscal year 2005-2006. **Supported.**

Corrective Action: The employee is no longer in General Services or functioning as a Property Administrator. CFOP 45-6 concerning physical inventories was reviewed and it was determined that the General Services and Information Technology (IT) staff were in compliance. The proper inventory process was used while conducting the Fiscal Year 2006-2007 property inventory and reconciliation. IT staff conducted an inventory of all property inventory items by location and the IT Manager mandated that the process continue every six months. IT staff were directed to scan all items for proper reporting and recording. IT and General Services embraced a closer working relationship as it relates to the inventory process to include the proper tagging of new items, processing surplus items, processing items for transfers, and removing items from the pending file in a timely manner. Circuit 11 employees were informed of the importance to record the movement of all IT equipment from one location to another. Regional Directors statewide were provided with a memorandum

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- containing CFOP 80-2 (Property Management) and General Services FY 2006-07 Property Inventory and Reconciliation Instructions, and were required to review all areas to ensure compliance.
3. 2007-0036 A former Family Safety Support Worker misused state equipment by retaining a state vehicle for personal use without the knowledge of the Department. **Supported.** The former Family Safety Support Worker misused state funds by purchasing gasoline for his personal use with a charge card issued to the Department. **Supported.** A former Clerk Typist Specialist was negligent in his duties as Property Administrator. **Supported.**
Corrective Action: The former Clerk Typist Specialist is no longer in General Services or functioning as a Property Administrator. The General Services Specialist, under the supervision of the General Services Manager, is now responsible for fleet management and oversight and all activity is reviewed by the General Services Manager on a monthly basis. Circuit 11 Legal Counsel sought recoupment from the former Family Safety Support Worker in the amount of \$3,302.51 for unauthorized use of the Department vehicle. This case was coordinated with the State Attorney's Office for possible criminal prosecution.
4. 2007-0046 A former Family Case Manager of a contracted provider falsified HomeSafenet records and the provider's Visitation Report Summary forms. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with the State Attorney's Office for possible criminal prosecution.
5. 2007-0048 A Case Manager of a contracted provider failed to complete the required criminal background checks prior to submitting a home study to the court. **Supported.**
Corrective Action: A copy of the report was placed in the employee's personnel file. All contracted providers are now using the established Home Study template with supporting documentation. The Emergency Home Study is completed by the Protective Investigator (PI). If the PI has the case 30 days or more and the staffing has not yet occurred, the PI completes the Adoption Quality Home Study and Home Study Summary. If at the time of the staffing the Adoption Quality Home Study and Home Study Summary have not been completed, the provider agency will complete such. The Home Study Addendum is completed every six months and is filed with the original Adoption Quality Home Study. The Community-Based Care agency tied complete and accurate home studies to the performance incentives of their subcontract providers.
6. 2007-0054 A Child Protective Investigator failed to disclose a criminal history in his application for employment. **Not Supported.** The Child Protective Investigator was negligent in the performance of his duties. **Not Supported.**
7. 2007-0060 An Economic Self-Sufficiency Specialist Supervisor accessed the FLORIDA system with the User ID and password assigned to another employee. **Not Supported.**
Note: A copy of the report was placed in the employee's personnel file. Circuits 11, 15, and 17 ACCESS staff were reminded of the requirements of CFOP 50-6 (Computer System Security).

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8. 2007-0062 A Storekeeper II falsified her employee timesheets. **Supported.** An Other Personnel Service (OPS) Storekeeper I knowingly falsified State of Florida Employment Applications. **Supported.**
Corrective Action: The Storekeeper II received a written reprimand for falsification of her time and attendance records, and was counseled by her immediate supervisor regarding the necessity of accurately recording actual hours worked. The Storekeeper II is now required to notify her immediate supervisor if she will be arriving late for work on a daily basis, is required to notify her immediate supervisor by e-mail of her arrival at the workplace, is not permitted to flex her work hours without prior approval, and must post leave for all hours used for which prior approval was not given. The employment of the OPS Storekeeper I was terminated.
9. 2007-0063 A former Child Protective Investigator was negligent in her official duties by improperly releasing a recovered runaway foster child to the child's sister. **Supported.** A former Crime Scene Intelligence Technician (**Supported**) and Program Operations Administrator (**Supported**) were negligent in their official duties, resulting in the improper release of a recovered runaway foster child.
Corrective Action: The Child Protective Investigator resigned, the Crime Scene Intelligence Technician was terminated, and a copy of the report was placed in their personnel files. A protocol was developed to ensure all Child Protective Investigations staff check FSN to identify that a child is a Department client. The Child Protective Investigator's supervisor admitted that he failed to search HomeSafenet and allowed the Child Protective Investigator to release the child to a relative inappropriately. A Final Counseling Notice was issued to that supervisor as a result.
10. 2007-0073
(Whistle-blower) Three Child Protective Investigator Supervisors and a Child Protective Investigator inappropriately closed cases using the closure categories of "No Jurisdiction" and "Duplicate" in order to manipulate performance statistics. **Supported.** A former District Operations Administrator and Program Administrator directed staff to inappropriately close cases for the purpose of manipulating performance statistics. **Not Supported.**
Corrective Action: A memorandum was sent to all Regional Directors and Circuit Administrators outlining a new policy directive regarding the closing of cases as either "No Jurisdiction" or "Duplicate" to address the problem of the incorrect closing designations. In conjunction with revised training being developed by the Family Safety Program Office, an e-mail was sent to staff indicating that a "Special Bulletin" detailing this issue was placed on every users' desktop (10,000 active users - including Department, Sheriff's Offices, CBC Lead Agencies, and Case Management Organization staff). In addition to the new policy on third level reviews prior to closing, the Quality Assurance team continues their monthly sampling of cases to ensure at least four levels of review on these case closures.
11. 2007-0084 A former Senior Human Services Program Specialist failed to disclose secondary employment and accepted work, which conflicted with regularly scheduled Department work hours. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. Through a weekly newsletter, the Regional Director addressed proper use of front-end fraud databases and agreements, and that the investigation of employee wrongdoing, not involving public assistance applicants, should be referred to the Office of Inspector General in accordance with CFOP 180-4.

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12. 2007-0116 A Child Protective Investigator engaged in inappropriate conduct with a parent of Department clients. **Not Supported.** It should be noted that the Southern Regional Family Safety Quality Assurance Unit conducted a review of the child protective investigations to assess adherence to investigative policies and procedures.
13. 2007-0121 A former Case Manager of a contracted provider falsified FSFN records relating to face-to-face contacts with children. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 12

1. 2007-0104 The Director of Operations of a contracted provider placed restrictions on a former Case Management Coordinator II for reporting abuse or neglect to the Florida Abuse Hotline. **Not Supported.**

Circuit 13

1. 2006-0095 A former Case Manager of a contracted provider falsified records in HomeSafenet concerning face-to-face visits. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. The lead Community-Based Care agency revised its policy regarding face-to-face visitation to contain safeguards that the contact sheet is properly completed, reviewed, and placed in the case file. This case was coordinated with law enforcement and the State Attorney's Office. The employee was arrested and charged with 33 counts of falsification. A trial date is scheduled.
2. 2007-0032 A former Case Manager Supervisor of a contracted provider falsified records in HSn concerning monthly supervisory reviews. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
3. 2007-0058 A former Case Manager of a contracted provider failed to properly conduct and document face-to-face home visits for Protective Service Cases. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. Training was provided by the Office of Inspector General for supervisors of the contracted provider to help them identify signs of falsification and the procedures to follow once falsification is identified.
4. 2007-0077 A former Dependency Case Manager Trainee of a contracted provider falsified a Child Safety Assessment Update by documenting a face-to-face home visit with a child, when in fact the child was not seen. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
5. 2007-0102 A former Adoption Case Manager of a contracted provider deceived another employee in order to gain access to a child abuse record to which she was not entitled. **Supported.**

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Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

6. 2007-0125

A former General Services Other Personnel Service Senior Clerk misused state property by acquiring a Department cell phone without authorization and failed to safeguard both his Department issued cell phone and the unauthorized Department cell phone. **Supported.** The employee also misused state property by placing and/or receiving calls to inappropriate/non-business related numbers on two Department issued cell phones. **Not Supported.**

Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. Certified letters were sent to the employee seeking reimbursement for the \$2,888.80 in unauthorized usage of a Department issued cell phone. This recoupment effort remains pending as no monies have been received.

Circuit 14

1. 2007-0040
(Whistle-Blower)

A Circuit Administrator, three Operations Administrators, a Support Services Director, and an Operations Program Administrator made inappropriate management decisions including inappropriate hiring, promotional, and salary decisions based on personal friendships. **Not Supported.** During a February 2006 Quality Assurance Review, an Operations Review Specialist allowed an Operations Program Administrator to resolve a child safety concern on an unknown case without reporting the finding in the final report, in an effort to protect the Operations Program Administrator from a negative finding. **Not Supported.** An Operations Program Administrator permits Child Protective Investigator Supervisors (CPIs) to take an excessive amount of leave without planning for sufficient supervision of staff. **Not Supported.** Under the supervision of an Operations Program Administrator, child protective staff are not making reasonable efforts to maintain children in their homes. **Supported.** Under the supervision and possible guidance of an Operations Program Administrator, CPIs are using a "standard review" for required 72-hour reviews. **Not Supported.** Under the supervision of an Operations Program Administrator, required 30-day reviews are not being conducted by CPIs in a timely fashion. **Not Supported.** Under the supervision of an Operations Program Administrator, required 30-day reviews are not being conducted and are simply copied and pasted from the initial 72-hour supervisory reviews. **Not Supported.** Under the supervision of an Operations Program Administrator, supervisors are requiring investigators to submit cases for closure by the 45th day, despite not being ready for closure, in an effort to avoid a particular management report. **Not Supported.**

Corrective Action: CPIs were advised on the process of completing supervisory reviews for investigative files within 30 days of the initial (72-hour) review and were retrained on CFOP 175-42(3)(f) concerning supervisory review of case chronological recordings. CPIs were instructed to immediately eliminate the practice of cutting and pasting of the initial supervisory review and were retrained on CFOP 175-42(3)(b)(5) concerning immediate entry of case chronological recordings. The results of the Office of Inspector General survey were reviewed and appropriate personnel action was taken.

2. 2008-0005

An Access Integrity Program Investigator released confidential information to an unauthorized person. **Not Supported.**

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Circuit 15

1. 2007-0071 A former Safety Program Manager failed to disclose employment with the Department while collecting unemployment compensation benefits resulting in an overpayment. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
2. 2007-0074 A former Dependency Case Manager of a contracted provider falsified child protective investigation records. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office and the employee entered the Pre-Trial Intervention program.
3. 2007-0081 A Child Protective Investigator took one hundred dollars from a parent not to place her children in foster care. **Not Supported.**
4. 2007-0088 A former Case Manager of a contracted provider falsified entries in Florida Safe Families Network. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with the State Attorney's Office for possible criminal prosecution, and the employee entered the Pre-Trial Intervention program.
5. 2007-0090 A former Dependency Case Manager of a contracted provider falsified official records relating to children in the care and custody of the Department. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
6. 2007-0123 A former Dependency Case Manager Supervisor of a contracted provider falsified entries in Florida Safe Families Network. **Not Supported.**
7. 2007-0124 A Child Protective Investigator attempted to have an improper personal relationship with a Department client. **Not Supported.**

Circuit 16

No investigations were conducted in this Circuit during the Fiscal Year.

Circuit 17

1. 2007-0044 A former Dependency Case Manager of a contracted provider failed to report suspected child abuse to the Abuse Hotline. **Supported.** A former Child Advocate of a contracted provider failed to report suspected child abuse to the Abuse Hotline. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. The provider agency conducted a mandatory training for all case management staff regarding their responsibilities as mandated reporters of child abuse and neglect. This topic is also addressed in the pre-service training as well as being a part of orientation for new employees. The lead Community-Based Care agency conducted training for all client services staff on its policy of Safety Concerns Identification and Response-Risk Response. A reminder of the responsibilities of reporting abuse and neglect was

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reinforced in this training as noted in the CBC's policy of Mandatory Reporting of abuse and neglect.

2. 2007-0091 An Adult Mental Health Coordinator is related to employees of a contracted provider of the Department. **Not Supported.**
3. 2007-0093 A former Economic Self-Sufficiency Specialist I mishandled a case of a former ACCESS employee. **Supported.**
Corrective Action: The employee resigned his/her position. The policy for personal interest cases and the method of handling such was discussed with all staff. A benefit recovery referral was also made for the \$107 in overissuance to the client, which remains pending.
4. 2007-0095 A former Economic Self-Sufficiency Specialist I altered ACCESS case records to qualify an ineligible client for Medicaid. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with the State Attorney's Office for possible criminal prosecution.
5. 2007-0109 A former Economic Self-Sufficiency Specialist Supervisor created and authorized fraudulent cash auxiliary benefits in the amount of \$1,546,096. **Supported.**
Corrective Action: The employee was terminated. An advisory was sent to all ACCESS personnel addressing the priority of ensuring that computers are secured when an employee leaves his/her office/workstation. An Internal Controls Work Group was established to identify possible system security breaches and to formulate ad hoc reports to identify potential employee fraud activities. A Worker Fraud Taskforce was created and representatives from the Florida Department of Law Enforcement, Office of Inspector General, Information Technology, and ACCESS program office are involved. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution.
6. 2007-0110 A Program Operations Administrator knowingly misrepresented information in her "Food for Florida" Disaster Food Stamp program application. **Not Supported.**
7. 2008-0030 An Accountant III (**Supported**) provided her computer passwords to a Government Analyst I (**Supported**), who used the passwords to access the Department computer network.
Corrective Action: All staff in Circuit 15, Circuit 17, and the Southeast Region were reminded of CFOPs 50-2 (Security of Data and Information Technology Resources) and 50-6 (Computer System Security), specifically that the sharing of any passwords is strictly prohibited. CFOP 180-4 (Mandatory Reporting Requirements to the OIG) was also distributed to all staff in Circuits 15, Circuit 17, and the Southeast Region, specifically reminding them of their obligation to report computer related misconduct.

Circuit 18

1. 2006-0087 A former Economic Self-Sufficiency Specialist I assisted a personal associate in obtaining fraudulent public assistance benefits with no supporting documentation to verify the entitlement. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

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2. 2007-0055 A former Case Manager of a contracted provider falsified child protective supervision records in HomeSafenet. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file. This case was coordinated with law enforcement and the State Attorney's Office for possible criminal prosecution, and the employee entered the Pre-Trial Intervention program.
3. 2008-0016 A former Care Coordinator (**Supported**) and a former Family Partner (**Supported**) of a contracted provider accessed Florida Safe Families Network without authorization. The former Care Coordinator provided confidential information from Florida Safe Families Network to unauthorized persons. **Not Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Circuit 19

1. 2007-0089 A former Child Protective Investigator altered a medical form from his doctor to extend his Family Medical Leave Act. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file.
2. 2007-0105 A former Child Protective Investigator falsified official records in Florida Safe Families Network. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. This case was coordinated with the State Attorney's Office for possible criminal prosecution, and the employee was sentenced to probation.
3. 2007-0107 A former Adult Protective Investigator Supervisor (APIS) falsified a protective supervision referral record pertaining to a vulnerable adult. **Neither Supported nor Refuted.** The APIS backdated supervisory reviews in multiple case files pertaining to vulnerable adults. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.
4. 2007-0122 A Child Protective Investigator Supervisor (CPIS) misused state equipment by taking a Department vehicle for personal use. **Supported.** The CPIS misused her position by accepting loans from subordinate employees. **Supported.** The CPIS intimidated witnesses in an OIG investigation. **Not Supported.**
Corrective Action: The CPIS was demoted. All Circuit 19 employees were reminded of §112.312 and §112.313, Florida Statutes, as well as CFOP 60-5, all concerning ethics. Staff were advised of CFOP 70-6 Chapter 7, concerning the use of Department vehicles for official business only. All employees certifying that they have the proper insurance coverage are now required to attach proof of adequate coverage to their verification forms. All new hires are required at orientation to produce a copy of their valid driver's license and proof of automobile insurance.

Circuit 20

1. 2007-0050 An Adult Protective Investigator Supervisor received an Adult Safety Assessment under her direct supervision and was good friends with the employee and victim,

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and the Adult Safety Assessment remained under her direct supervision until closure. **Supported.**

Corrective Action: Training for all adult protective investigative staff, including supervisors, was conducted on CFOP 60-05 Chapter 3 concerning standards of conduct.

2. 2008-0006 A former Other Personnel Service Secretary Specialist accessed and breached confidential information relating to the case file of a foster child. **Supported.**
Corrective Action: The employee resigned and a copy of the report was placed in the employee's personnel file. Child Welfare Legal Services Regional Directors implemented a number of security measures to secure case files in their facilities.
3. 2008-0011 A Case Manager of a contracted provider provided confidential case file information to a former foster parent without that person's need to know. **Supported.**
Corrective Action: The employee completed an Employee Improvement Plan.
4. 2008-0018 A former Other Personnel Service Crime Intelligence Technician used a Department provided laptop computer to access an Internet website containing prohibited material. **Supported.**
Corrective Action: The employee was terminated and a copy of report was placed in the employee's personnel file. All Information Technology staff have been instructed not to ask staff for their passwords when the worker is unavailable to assist in troubleshooting computer problems. All staff have been instructed to request the Network Administrator to reset the worker's password, perform any necessary changes to the equipment, and leave a note for the worker to contact the Customer Assistance Center for a password reset when they return.
5. 2008-0019 Seven individuals accessed an Intake Report in Florida Safe Families Network with no legitimate business reason. **Not Supported.**
6. 2008-0028 A Government Analyst I installed unauthorized hardware to his Department-issued computer. **Supported.** The Government Analyst I conducted personal business from his Department-issued computer. **Supported.**
Corrective Action: The employee was terminated and a copy of the report was placed in the employee's personnel file.

Northwood Data Centre

1. 2007-0106 The Department Security Manager failed to timely report a security violation at South Florida State Hospital to her supervisor. **Not Supported.** The Department Staff Director for Production Services used information relating to the security violation to his advantage. **Neither Supported nor Refuted.** Five Northwood Data Centre staff members used state-issued GPS devices for personal use. **Supported.** The Network Control Manager authorized staff to use state-issued GPS devices for personal use. **Supported.** A Systems Programming Administrator falsified his timesheets with the knowledge of his supervisor. **Not Supported.**
Corrective Action: All staff involved were counseled. Clarification on the use of state property pursuant to CFOP 80-2 was provided. Quarterly inventory of the property and staff sign-out sheets have been instituted. The Department advised

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South Florida State Hospital of the security management procedures and the activity of staff sharing passwords was discontinued.

Institutions

1. 2008-0008
A former North Florida Evaluation and Treatment Center (NFETC) Unit Treatment and Rehabilitation Specialist engaged in an inappropriate sexual relationship with an NFETC resident. **Not Supported.** An NFETC Treatment and Rehabilitation Specialist failed to report an inappropriate relationship between a staff member and an NFETC resident. **Not Supported.**
Note: The employee received a Final Counseling Notice. NFETC has specific policies addressing appropriate staff-resident relationships and the proper use of cell phones, which is now reviewed during the annual refresher training and discussed during staff meetings.
2. 2007-0115
(Whistle-Blower)
Employees at Northeast Florida State Hospital occupied Psychologist positions and were held out to the public as Psychologists without the required licensure. **Supported.**
Corrective Action: The Director of the Mental Health program office directed the hospital administrator of FSH, NEFSH, and NFETC to inform all staff that individuals not currently licensed cannot be held out to the public as a psychologist confirm that unlicensed individuals in positions that contain "psychologist" or "psychological" do not hold themselves out as a psychologist; and require the co-signature of a licensed psychologist on documents prepared by an unlicensed employee.

FSH, NFETC, and NEFSH now use "working titles" for persons that are not licensed and whose job title has the word "Psychologist" or "Psychological" in it, as the Department does not have authority to create new job titles or classifications. (That authority is held by DMS).

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Summary of Management Reviews Completed During FY 2007-08

Circuit 2

1. 2007-0117 Child Protective Investigators in certain counties claimed 6.5 hours of overtime for weekend on-call regardless of the actual number of hours worked. A Management Review determined that this issue, in fact, existed.

Circuit 3

1. 2007-0042 Child Protective Investigator Supervisors miscoded maltreatments in Child Safety Assessments to meet established deadlines that they actually failed to meet. A Management Review disclosed that certain data was miscoded for statistical purposes.

Circuit 13

1. 2007-0085 A foster parent complained that she was being discriminated against by the Licensing Unit. Upon review, it was found that the issue was not discrimination, but was instead a matter of proper notification to file an appeal of a revocation order. It could not be determined whether or not the foster parent actually received the final order.

Headquarters

1. 2008-0014 The Department Chief of Staff notified the Office of Inspector General (OIG) that a criminal investigation was being conducted by the Office of Attorney General, in coordination with the Florida Department of Law Enforcement, into the actions of the former Department Press Secretary. It was alleged that the former Press Secretary had accessed his web-based e-mail (personal e-mail account) using a Department computer in order to transmit e-mails, as well as possible photographs, related to child pornography. It was also alleged that the employee involved a Department Information Technology employee to perform a computer "wipe" process on a state issued computer. A review of the former Press Secretary's personnel file revealed there was no State of Florida employment application or fingerprint/criminal background verification; personal rather than professional reference checks were conducted; and there was no supervisory reference check or OIG check with respect to a promotion. The OIG initiated a review to analyze all Department policies pertaining to Human Resources and Information Technology.

The Management Review revealed that there were strong policies in place relating to Information Technology and Human Resources. However, when managers were surveyed and given scenarios requiring policy interpretation, results were inconsistent, resulting in the need for policy clarification. Following the former Press Secretary's arrest, the Department took immediate action to initiate a statewide review of all employees (2,627) hired since November 15, 2006, to ensure criminal background and professional reference checks had been conducted and a State of Florida application existed. The review found 211 (8%) employees had not been fingerprinted, 259 (9.9%) personnel files were missing the appropriate professional reference checks, and 37 (1.4%) were missing a State of Florida employment application. These deficiencies were immediately corrected.

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Institution

1. 2008-0025

A Mental Health facility Administrator received numerous complaints from Security Department personnel alleging threats and intimidation by Security Management. The review revealed that in the recent past, staff felt intimidated by their Shift Lieutenants. These individuals retired during the course of the management review. Communication and morale between management and line officers reportedly improved during the course and conclusion of this review.

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Summary of Audits Issued (Internal, Follow-up and External) During FY 2007-2008

1. **C-05-0708-026** **Monitoring of Community-Based Care Fiscal Activities Needs Comprehensive Evaluation and Modification.** This project was initiated as a result of incidents with ChildNet, Inc. involving stolen gift cards, missing inventory, lax physical and IT security, and contract oversight concerns which prompted attention towards fiscal oversight of community-based care (CBC) lead agencies. The report compared the two fiscal monitors the Department contracted with for fiscal monitoring. Internal Audit observations were discussed with management and included the need for separation of consulting and monitoring activities, independence concerns, materiality of findings, lack of professional standards, statewide communication of monitoring results, and the use of alternative fiscal monitoring options. Internal audit continues to work with management on a consulting basis in the reevaluation of fiscal monitoring.
2. **A-15-0708-020** **Interagency Agreements Lack Guidance, Oversight, and Tracking.** This audit assessed how well the Department provided guidance, oversight, and tracking of interagency agreements. Findings included no written procedures and no management system to coordinate, monitor, and track interagency agreements. We recommended and the Department concurred with the creation and implementation of written procedures and that staff explore use of a contract management system.
3. **A-05-0607-292** **Child Welfare Services And The Use of Gift Cards: Have The Risks Been Addressed?** This audit examined gift card necessity and evaluated risks and controls over the process. Internal Audit found that community-based lead agencies needed to finalize written control procedures and external fiscal monitors needed to report on the control and use of gift cards as part of their review of community-based lead agencies. Internal Audit recommended that written procedures be developed and approved and ensure that fiscal monitoring include procedures (service tasks) related to gift cards.
4. **A-09-0607-125** **Opportunities Exist For Ensuring Compliance With Substance Abuse And Mental Health Contract Performance Measures.** This audit assessed Substance Abuse and Mental Health (SAMH) contract performance measurement. We found that overall, the Department had taken appropriate steps for ensuring compliance with contract performance measures; however, some opportunities for improvement existed. We recommended that improvement be made to the contract document review process; that the Program Office ensure performance data systems provide sufficient information for adequately tracking contract performance; that the Department ensure that contract management activities are sufficiently documented and that Contract Oversight Unit monitoring procedures for reporting be revised. The SAMH Program Office implemented the recommendations, and placed greater emphasis on ensuring compliance with contract performance standards.

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5. **A-14-0708-069** **Another Merchant Gift Card Theft...Are Your Internal Controls Adequate And Procedures Finalized?** This audit was initiated as a result of an allegation of gift card theft in the a Family Safety field office. The objective was to determine the effectiveness of controls. Although, the lead agency and the Family Safety office had established controls, an essential “preventive control” was not in place to ensure physical safeguarding. We recommended implementing procedures to include adequate detective and preventive controls. Issued as advisory. No response required.

6. **C-15-0708-073** **Quality Assurance Review Of Investigations Management System.** Internal Audit conducted a quality assurance review of the OIG Office of Investigations’ web-based management system to evaluate efficiency and effectiveness and to assess compliance with Principles and Standards for Offices of Inspector General published by the Association of Inspectors General, the “green book.” We found that staff utilized the system both efficiently and effectively and that the system as designed complies with green book standards.

7. **A-07-0506-053** **Nova Southeastern University Settlement Agreement On Track For Reimbursement Of Billing Errors By December 31, 2007.** This follow-up audit evaluated a Settlement Agreement with Nova Southeastern University (Nova) to determine whether Nova and the Department are in accordance with the agreement. We found that DCF’s contractual relationship with Nova continued to be mismanaged. This resulted in violations regarding hiring practices and inaccurate and improper invoicing. We recommended the Department identify the outstanding balance when the Settlement Agreement expires to include any unallowable costs billed over the course of the Agreement. If a decision is made to modify and extend the Agreement, we recommended that terms of the agreement be closely monitored by Central Office and appropriate oversight maintained. Agreement was not extended.

8. **A-15-0708-115** **Legislatively Mandated Review Of Agency Policies And Procedures For The Assignment Of Motor Vehicles.** We reviewed agency vehicle policies and procedures for the assignment and use of motor vehicles by employees to include efficiency determinations derived from this review. Overall, we found compliance with criteria. If issues were noted, management indicated that they would include language to address issues as procedures are updated. We found potential control weaknesses related to the required “cost-benefit analysis” for using personal vehicles. It was recommended that greater efficiencies may be gained by strengthening controls over reimbursement for the use of personal vehicles.

9. **A-10-0708-034** **Domestic Violence Program Office’s Contract with the Florida Coalition against Domestic Violence.** This audit assessed operational performance and financial compliance of the Department’s Domestic Violence program. Our review found that 99.7 percent of the program’s clients prepared family safety and security plans prior to leaving emergency shelters as required. In addition, we reviewed the program’s fiscal monitoring documentation and found no exception with the Coalition’s monitoring performance.

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10. C-05-0708-070

The Ethical Challenges In Case Management. This audit explored circumstances surrounding Office of Inspector General investigations of employees who falsified statutorily required face-to-face home visits to children under the Department's care. Investigations revealed that information in case files and records in the HomeSafenet data system was misrepresented. We identified issues common to the nature of case management work and some causes that lead to case workers falsifying home visits. They included: high caseloads which can drive turnover, as many case workers/managers are overwhelmed with a large number of cases, case management oversight and training need improvement. We recommended: consideration of alternative options to reduce caseloads, sharing best practices statewide, improved training, the formation of workgroups to address retention and the development of an organization code of ethics. Management concurred and is taking appropriate corrective action. The Department and the Florida Coalition for Children (FCC) are working together to reduce caseloads. Family Safety is currently assessing training delivery modes. The Department sponsored 2007-08 Child Welfare leadership program comprised of 28 CBC and investigations' managers from throughout Florida will analyze the staff recruitment and retention data.

11. A-05-0708-070

An Overview: The History and Intent of Community-Based Care, and Community Involvement in Child Welfare. The objective of this audit was to begin a dialogue to determine whether the current community-based care model is adequately designed to ensure accountability in the provision of foster care and related services. Internal Audit found that under the Lead Agency Model of community-based care that the Department generally does not have a direct relationship with (i.e., does not contract with or directly oversee) most of the entities that actually provide services to the children. This poses an inherent risk to the Department, because it must rely on the lead agency to provide assurances that the Department is in compliance with its legal and fiduciary responsibilities for the care, safety and protection of children. To a certain degree, the success or failure of community-based care is dependent on the personalities of those involved, rather than the Lead Agency Model itself. Internal Audit recommended reassessing and clarifying the role of community alliances, and improving accountability regarding fundraising by lead agencies. Department management has agreed to take appropriate follow-up actions with regard to these recommendations.

12. A-05-0708-260

Outsourcing of Child Welfare Services: Has Effective Oversight Been Established? This audit determined whether the community-based care model ensured adequate oversight in the provision of foster care and related services. We found that community-based care contract managers may need to take a more active oversight role. The Department has taken steps, consistent with the Office of Program Policy Analysis and Government Accountability's recommendations, to strengthen its contract oversight system, including the contract monitoring process and, although the statewide transition to community-based care was completed in April 2005, the Department's quality assurance system continues to go through revision. In light of recent improvements in contract oversight, and to enhance accountability, that at the conclusion of the three-year pilot

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program, we recommended the Department propose to retain responsibility for fiscal and administrative monitoring of all lead agencies. We also recommended that the Department take prompt action by adopting a uniform set of performance measures for outsourced child welfare services which meet Federal requirements, and holding lead agencies contractually accountable for these measures. Department management has agreed to take appropriate follow-up actions with regard to these recommendations.

List of Follow-up Reports Completed During FY 2007-2008

1. E-13-0708-022 Six-Month Status Report: Auditor General Report 2007-076
2. E-14-0607-023 Six-Month Status Report: Auditor General Report 2007-087
3. E-14-0506-099 Six-Month Status Report: Auditor General Report 2007-115
4. E-16-0607-049 Six-Month Status Report: Auditor General Report 2007-146
5. E-20-0607-119 Six-Month Status Report: Auditor General Report 2007-200
6. E-05-0607-002 Six-Month Status Report: OPPAGA Report 06-05
7. E-14-0506-059 Six-Month Status Report: OPPAGA Report 06-016
8. E-05-0405-013 Six-Month Status Report: OPPAGA Report 06-050
9. E-14-0607-124 Six-Month Status Report: OPPAGA Report 06-72
10. E-05-0506-112 Six-Month Status Report: OPPAGA Report 07-03
11. E-05-0607-052 Six-Month Status Report: OPPAGA Report 07-11
12. P-15-0607-039 2008-09 Legislative Budget Request, Schedule IX
13. E-16-0708-031 Summary Schedule of Prior Audit Findings for the Fiscal Year Ended June 30, 2007
14. E-18-0506-115 Audit Resolution CIN 04-07-87908, Report on Compliance and Internal Controls over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2006 (Regarding the Child Care Development Fund)
15. E-18-0607-050 Audit Resolution CIN 04-06-84817, Report on Compliance and Internal Controls over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2005 (Regarding the TANF Transfer to SSBG)

Section F: Appendix II

List of External Audit Reports Issued During FY 2007-2008

Auditor General:

1. 2008-042 Office of Inspector General Internal Audit Activity – Quality Assessment Review
2. 2008-072 Community-Based Care Pilot Program – Fiscal and Administrative Monitoring – Operational
3. 2008-119 Community-Based Care Lead Agencies – Tangible Personal Property and Information Technology Security – Operational
4. 2008-141 State of Florida – Compliance and Internal Controls Over Financial Reporting and Federal Awards.

OPPAGA

5. 07-38 An Aggressive Schedule Set to Complete Implementation of Aging Resource Centers.
6. 08-05 Lead Agencies Structure Their Adoption Programs in a Variety of Ways
7. 08-06 Additional Strategies Would Help Address the Barriers to Successful Adoptions
8. 08-09 Pilot to Outsource CBC Program Oversight Encountered Setbacks; Effectiveness Unknown
9. 08-10 The Delays in Screening Sexually Violent Predators Increase Costs; Treatment Facility Security Enhanced
10. 08-13 ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload
11. 08-14 Statewide Implementation of Aging Resource Center Initiative Is Substantially Complete
12. 08-17 Incompetent to Proceed Adjudications Increasing
13. 08-27 Responsibility for the Education of Exceptional Students in Residential Treatment Facilities Needs Clarification
14. 08-32 Department of Children and Families Has Strengthened Its Contract Oversight System
15. 08-35 The Governance Structure of Florida's Early Education Programs Presents Some Administrative Challenges

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16. 08-39 DCF Improves Contract Oversight of Lead Agencies; Fiscal, Quality, and Performance Assessment Are Undergoing Change

Federal:

17. A-04-06-03509 Review of Refugee Medical Assistance Payments in Florida For the Period July 1, 2002, Through June 30, 2005

18. A-04-06-03510 Review of Refugee Cash Assistance Payments in Florida For The Period July 1, 2002, Through June 30, 2005

19. A-04-08-03034 Medicaid Payments For Services Provided To Beneficiaries With Concurrent Eligibility in Florida and Georgia For July 1, 2005, Through June 30, 2006