



**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**INTEROFFICE MEMORANDUM**

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**DATE:** June 28, 2018  
**TO:** Christina K. Daly, Secretary  
**FROM:** Robert A. Munson, Inspector General *RAM*  
**SUBJECT:** Internal Audit's Six-Month Follow-Up Report – *Auditor General's Operational Audit No. 2018-084, Residential Services and Selected Administrative Activities*

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In January 2018, the Auditor General (AG) released Report Number 2018-084, *Residential Services and Selected Administrative Activities Operational Audit*. This report focused on the administration of residential services and selected administrative activities. Florida statute requires that the Office of the Inspector General conduct six-month follow-up reports for all Auditor General Reports. The statute also requires that a copy of the six-month follow up be filed with the Joint Legislative Auditing Committee (JLAC).

In June 2016, the Bureau of Internal Audit conducted six-month follow-up activities for the aforementioned audit. Based on our follow-up review, the Department has implemented most of the corrective action plans. A copy of the Status of Implementation is attached for your review.

As all issues have been either fully addressed or progress has been made in developing controls and implementing corrective action plans, we determined no further follow-up is necessary. If you have any questions, please feel free to contact Michael Yu, Audit Director at 717-2468.

RM/my/km

Attachment

Cc: Fred Schuknecht, Chief of Staff  
Tim Niermann, Deputy Secretary  
Laura Moneyham, Assistant Secretary of Residential Services  
Amy Johnson, Director of Program Accountability  
Libby Grimes, Bureau Chief of Finance and Accounting  
Cina Wilson-Johnson, Director of Staff Development & Training  
Eric Miller, Chief Inspector General, Executive Office of the Governor  
Sherrill F. Norman, Auditor General  
Kathy DuBose, Director, Legislative Auditing Committee.

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Rick Scott, Governor

Christina K. Daly, Secretary

*The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.*

Department of Juvenile Justice  
 OIG Bureau of Internal Audit  
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 “Residential Services and Selected Administrative Activities Operational Audit”  
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<b>Juvenile Justice Residential Services</b>		
<b>Finding 1: Annual Compliance Monitoring of Residential Commitment Programs</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management ensure the documented completion of all applicable annual compliance monitoring activities; and ensure that critical deficiencies noted during monitoring are timely communicated to residential commitment program providers.</p>	<p>We concur with the finding and recommendation. The Okaloosa Youth Development Center Annual Compliance Report (on-site visit 1/5/16 – 1/8/16) was completed and posted on May 9, 2016. In the email posting the report, the Prioritization and Planning Team (P&amp;P) always copy the appropriate Monitoring and Quality Improvement (MQI) Regional Monitoring Supervisor and the MQI Lead Regional Monitor. The Lead Regional Monitors were expected to review the report and if necessary, update the PMM deficiency information. In the case of Okaloosa Youth Development Center, this step was missed. Due to the program having a new provider (Youth Opportunity International, LLC.), the previous provider (Gulf Coast Youth Services) information was closed out in PMM, which prevents us from going back in to add the deficiency.</p> <p>Moving forward, in addition to the email posting the report on-line and always copying the appropriate MQI Regional Monitoring Supervisor and the MQI Lead Regional Monitor, the P&amp;P Team is also sending a second, separate email to the MQI Regional Monitoring Supervisor and the MQI Lead Regional Monitor instructing them to review the rating changes in the report and if necessary, update PMM deficiency information. We are also adding another step (a secondary back-up) for the MQI Regional Monitoring Supervisor to notify the P&amp;P Team once the deficiency information has been updated in PMM. Combined, the steps outlined above should prevent this issue from occurring in the future.</p>	<p>Since the conclusion of the audit, the Bureau of Monitoring and Quality Improvement has been sending a separate email to the MQI Lead Reviewer and the appropriate MQI Regional Monitoring Supervisor, in addition to the email posting the final annual compliance report. This additional email instructs the Lead Reviewer and the Regional Monitoring Supervisor to review the rating changes in the report and update the PMM deficiency information.</p> <p>In lieu of the secondary back-up process, noted in the Agency’s original response, the Department has established a more efficient way of ensuring the PMM deficiency information is updated timely. Under the new guidelines, when the P&amp;P Team sends the email to the Regional Monitoring Supervisors, they track and follow-up with Lead Reviewer to verify the PMM deficiency information has been updated. This process has effectively eliminated the need for a redundant email back to the P&amp;P Team.</p>

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**Finding 2: Annual Administrative Compliance Reviews**

<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management ensure that monitoring activities are sufficient and documented; Department records evidence that noted deficiencies are communicated to and corrected by providers; and Conflict of Interest Questionnaires are completed by contract managers for all assigned contracts. We also recommend that Department management ensure that administrative compliance reviews are performed based on the contract risk assessment or otherwise document the basis for the type of review conducted.</p>	<p>We concur with the finding and the recommendation. The Bureau of Contract Management has recently completed a thorough review of its administrative review process and tools. What was formally two separate review tools (checklist and desk/on-site tool) have now been combined into one, streamlining the process and clarifying which parts of the tool are required to be completed for each type review. In addition, a guidebook has been developed which provides detailed instructions on how to conduct reviews and complete the form. The guidelines state any deficiency identified during the review requires the deficiency be entered in the PMM summary and verification monitoring must be done to ensure the deficiency is corrected.</p> <p>The FY 17-18 Monitoring Prioritization Tool listing for administrative reviews has been updated to include comments about any program/contract whose initial score from the assessment was revised due to management interests. The Bureau of Contract Management is conducting a review of all active contracts to ensure a conflict of interest questionnaire form is on file for the current contract manager. In addition, the conflict of interest questionnaire form has been updated to include the signature of the contract manager’s immediate supervisor. This update provides the supervisor with a mechanism to monitor ensuring forms are completed when contract managers under their supervision are assigned contracts.</p>	<p>The updated review tool and guidebook have been implemented and are being used on all administrative reviews conducted during this fiscal year. The guidebook provides specific instructions regarding identified deficiencies and monitoring/follow-up on corrective actions.</p> <p>The Department has also implemented a process step on the prioritization tool, to document and identify all additional review activities escalated by management, that are not listed on the annual contract risk assessment.</p> <p>Conflict of Interest forms now include a supervisor’s signature. Currently, a yearend review is being completed to ensure a COI was completed for each contract signed during FY 2017-18.</p>

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<b>Finding 3: Weekly Security Audits and Safety Inspections</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management strengthen monitoring procedures to ensure that required security audits and safety inspections are conducted and appropriately documented and work with providers to enhance facility operating procedures to timely address follow-up on deficiencies noted during security audits and safety inspections.</p>	<p>We concur with the finding and the recommendation. The Department recently hired two staff to provide oversight and technical assistance in the area of facility safety and security. One is currently assigned to the North Region and another in the South Region. The Department is currently in the process of identifying another position for the Central Region.</p> <p>The Safety and Security Specialist will:</p> <ul style="list-style-type: none"> <li>• Ensure weekly safety and security audits are completed, documented accurately and retained as outlined in the program’s facility operating procedure(s).</li> <li>• Ensure the provider develops and implements appropriate corrective actions in a timely manner to address safety deficiencies that are identified during the weekly audits.</li> <li>• Provide needed technical assistance and work in collaboration with the program to proactively address concerns.</li> <li>• Ensure the programs operating procedures outline the weekly audit process including the timely correction of noted deficiencies.</li> </ul>	<p>The Department has established and implemented the following:</p> <ul style="list-style-type: none"> <li>• Auditing tracking logs to ensure weekly safety and security audits are completed for each residential commitment program.</li> <li>• Auditing instruments, created by a workgroup, that focus on key components and items, ensuring consistency of duties throughout the state.</li> <li>• Weekly tracking of residential program audits and weekly tracking logs are completed for each identified issue. Each issue is tracked until verification of completion. The outcomes are discussed with regional leadership, operations staff, and general services liaisons.</li> </ul> <p>The Department currently employs two Safety and Security Specialists. The one in the North Region is currently responsible for 18 residential programs, with two additional programs expected to be added by the end of this year. The other Safety and Security Specialist, located in the South Region, is responsible for 14 residential programs.</p> <p>These positions are responsible for conducting site visits at all residential program. While on-site they observe safety &amp; security practices in real-time and via video review; provide technical assistance; review the programs safety and security auditing process(s); collaborate with commitment management staff to address any placement concerns that could pose a risk to safety and security; utilize Department owned cell phone towers for detection of contraband; review internal</p>

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		<p>processes/procedures for effectiveness; and review areas of concern with program administration.</p> <p>The Safety and Security Specialists are also able to provide immediate feedback to Regional leadership when critical issues are identified and provide technical assistance with the development of corrective action plans when issues are identified during site visits.</p>
<p><b>Finding 4: Residential Commitment Program Provider Staff Pre-Service Training.</b></p>		
<p><b>Auditor General Recommendations</b></p> <p>We recommend that Department management ensure that SkillPro evidences that all residential commitment program provider staff complete, within 180 days of being hired, the pre-training specified by Department rules.</p>	<p><b>Agency Response</b></p> <p>We concur with the finding and recommendation. The Office of Residential Services is working in collaboration with the Office of Monitoring and Quality Improvement and Office of Staff Development and Training to address the approval and tracking of pre-service training. The residential providers are currently audited annually and deficiencies related to incomplete training is documented in the annual compliance report and deficiencies are entered into the Department of Juvenile Justice Information System (JJIS). Deficiencies must be verified as corrected by DJJ staff prior to closure.</p>	<p><b>Status of Implementation</b></p> <p>The Bureau of Monitoring and Quality Improvement (MQI) continues to review and evaluate residential providers' pre-service training, as required by the Department's Residential Standards. Any deficiencies identified by MQI are documented in the Juvenile Justice Information System (JJIS).</p> <p>Additionally, the Office of Residential Services in collaboration with residential commitment providers and the Department's Office of Staff Development and Training (SD&amp;T) worked to develop recommendations for revising the pre-service training requirements for all newly hired staff.</p> <p>At present, the workgroup recommendations have been submitted to SD&amp;T managers; and SD&amp;T is preparing to incorporate the recommended changes in the Department's administrative rule.</p> <p>The recommended changes are expected to establish consistency with respect to training course names; and clarity concerning appropriate management of training records in SkillPro.</p>

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<b>Finding 5. Residential Commitment Program Staff Annual In-Service Training</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management ensure that SkillPro evidences that all Department and residential commitment program provider staff complete the annual in-service training required by Department rules and policies and procedures.</p>	<p>We concur with the finding and recommendation. The Office of Residential Services has put internal processes in place to ensure all State residential staff complete the required annual in-service training. The Department has verified all in-service training for internal residential staff will be completed by December 31, 2017, as required.</p> <p>SkillPro Training Coordinators will ensure:</p> <ul style="list-style-type: none"> <li>• Coordination with identified headquarters training coordinator to verify all annual in-service training is completed and documented appropriately in SkillPro by December 1st of each calendar year. Training Coordinators will also review training quarterly and update leadership on progress towards training completion</li> </ul>	<p>The Bureau of Monitoring and Quality Improvement (MQI) continues to review and evaluate residential providers' in-service training, as required by the Department's Residential Standards. Any deficiencies identified by MQI are documented in the Juvenile Justice Information System (JJIS).</p> <p>Additionally, Residential's regional training coordinators have collaborated with Headquarters and verified that all department staff have completed their annual in-service training requirements for 2017.</p>
<b>Finding 6: Security Controls – User Authentication and Access</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management strengthen certain SkillPro security controls related to user authentication and access to promote the integrity and availability of SkillPro data and related IT resources.</p>	<p>We concur with the finding and recommendation. The Office of Staff Development and Training is working with IT to address the security controls of the Department's Learning Management System, SkillPro. This will include authentication and promote the security, integrity, and availability of SkillPro data and related IT resources.</p>	<p>The following SkillPro security upgrades are in progress and expected to be deployed to production effective July 2018:</p> <ul style="list-style-type: none"> <li>• Inactive account policies:             <ul style="list-style-type: none"> <li>○ 30 days of inactivity will trigger soft-lock of account.</li> <li>▪ Account may be unlocked by the user upon answering security questions.</li> <li>▪ New email notifications will be sent 5 days prior to account being locked to email</li> </ul> </li> </ul>

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	<p>addresses located within active positions.</p> <ul style="list-style-type: none"> <li>○ 120 days of inactivity will trigger hard-lock of account. <ul style="list-style-type: none"> <li>▪ User must contact support to have their account manually unlocked.</li> </ul> </li> <li>● Removal of default password</li> <li>○ Modify process for first log in of new users. <ul style="list-style-type: none"> <li>▪ New users will need to enter their username and date of birth instead of a default password.</li> <li>▪ New users will be prompted to create a password and security questions.</li> </ul> </li> <li>○ Modify User Admin password reset <ul style="list-style-type: none"> <li>▪ Upon resetting user’s password, a random password string will be generated.</li> </ul> </li> <li>● The generated temporary password will be displayed once to the administrator.</li> <li>● The generated temporary password will also be sent to the email address(es) associated with the user’s active position(s).</li> </ul>
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**Finding 7: Incident Reporting and Reviews**

<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management continue efforts to ensure that incidents are timely reported and incident reviews are timely completed and subjected to management review.</p> <p>We also recommend that Department management strengthen procedures for ensuring that residential commitment program providers maintain adequate incident records, including logbooks, and such records are returned to the Department in accordance with provider contract terms and conditions.</p>	<p>We concur with the finding and the recommendations. The current residential administrative rule requires the program maintain an internal tracking and documentation system for incidents. The review of Failure to Report incidents is captured in the annual compliance report and applicable deficiencies are noted in JJIS. The substantiated incidents of Failure to Report are identified during Program/Management reviews or Office of Inspector General Investigations. The substantiated incidents of failing to report an incident do have a negative impact on the contract's past performance scoring, which is considered during the contract renewal process. The Office of Residential Services is working with the Office of Monitoring and Quality Improvement to improve the information being reviewed in the annual compliance review and residential review standards to ensure incidents are reported timely to the Central Communications Center (CCC), as required.</p> <p>The implementation of the new CCC system will assist in the tracking and timely review of incidents. The Office of Residential Services has transitioned staff to ensure the initial classification/assignment of incidents is completed in a more efficient manner.</p>	<p>The Department continues to identify incidents of Failure to Report through Program/Management Reviews and Office of Inspector General Investigations. The Office of Residential Services is continuing to work with the Office of Monitoring and Quality Improvement to enhance the standards utilized to measure and ensure the residential program's compliance with reporting incidents to the CCC.</p> <p>Additionally, Residential staff responsible for reviewing/handling CCC incidents have been cross-trained to further ensure timely submission of the incident reports.</p>



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<b>Selected Administrative Activities</b>		
<b>Finding 8: FLAIR Access Controls</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>We recommend that Department management strengthen procedures to ensure that FLAIR access privileges are timely deactivated upon an employee’s separation from Department employment.</p>	<p>We concur with the finding and recommendation. A review of the 3 employee separation notices in question revealed that for two employees, the separation notification was issued in a timely manner and it appears that the Finance and Accounting staff neglected to separate the employee timely due to oversight. The remaining employee separation notice was never completed by the manager and the Finance and Accounting staff failed to capture this on the Weekly People First Termination report.</p> <p>In 2015 three members of the Finance and Accounting staff, the Assistant Bureau Chief, Travel Unit Supervisor and the Access Control Custodian were granted permission to access People First and download the termination report for the department on a weekly basis. This extra safeguard was put in place to assist with the timely cancellation of employee’s FLAIR Access, in cases where the use of the notification system was neglected.</p> <p>We will continue to work with the Access Custodian to ensure the timely cancellation of employee FLAIR Access.</p>	<p>Finance and Accounting continues to monitor the separation notices, as well as the separation report from the People First system. In addition, Finance and Accounting continues to distribute the quarterly FLAIR User Access Report to the Fiscal Liaisons, as a back-up precaution. The liaisons are required to notify Finance and Accounting, within 5 calendar days, of any discrepancies.</p>