



STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

\*\*

INTEROFFICE MEMORANDUM

**DATE:** February 4, 2013  
**TO:** Wansley Walters, Secretary  
**FROM:** Robert A. Munson, Inspector General *RAM*  
**SUBJECT:** Internal Audit's Six-Month Follow-Up Report – Auditor General's Operational Audit No. 2012-183, Quality Assurance, Central Communications Center, Administrative Review Unit, Selected Administrative Activities, and Prior Audit Follow-up

In June 2012, the Auditor General (AG) released Report Number 2012-183, *Quality Assurance, Central Communications Center, administrative Review Unit, Selected Administrative Activities, and Prior Audit Follow-up*. This report focused on the Quality Assurance Program, the Central Communications Center, the Administrative Review Unit, selected administrative activities, and a follow-up on prior audit findings included in report No. 2010-091. 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 January 2013, 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 few corrective action plans are pending implementation. 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 921-5698.

RM/km

Attachment

Cc: Christy Daly, Deputy Secretary  
Alex Kelly, Chief of Staff  
Amy Johnson, Director of Program Accountability  
Fred Schuknecht, Director of Administration  
Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor  
David W. Martin, CPA, Auditor General  
Kathy DuBose, Director, Legislative Auditing Committee.

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Rick Scott, Governor

Wansley Walters, 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

Follow-Up On Auditor General Operational Audit Number 2012-183

“Quality Assurance, Central Communications Center, Administrative Review Unit, Selected Administrative Activities, and Prior Audit Follow-up”

Status of Corrective Actions

As of January 31, 2013

Quality Assurance		
Finding 1: The Bureau of Quality Assurance did not adequately document that peer reviewers met the minimum qualifications for training, educations, and work experience.		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Bureau should add fields to the QA database or implement alternative procedures to track and document Bureau verification that reviewers meet the minimum work experience requirement. In addition, the Bureau should ensure the reviewers and their credentials are recorded in the QA database.</p>	<p>The Department concurs and the Bureau has already taken steps to add fields to the certified reviewer status forms to collect data relating to the number of years' experience a reviewer has with juvenile justice programs, which will be maintained in the QA database. Starting fiscal year 2012-2013, all active certified reviewers will attend Quality Assurance Certified Reviewer Orientation Training, a one-day training. Attendees will be required to complete the reviewer status form to ensure accuracy of the reviewer's education and work experience. Updated information will be entered and maintained in the QA database.</p>	<p>The Bureau delivered the Certified Reviewer Re-Certification Training to all current Certified Reviewers during summer 2012. Updated information for reviewer's status is maintained in the QA database.</p>
Finding 2: The Bureau of Quality Assurance did not require all peer reviewers to sign conflict of interest statements.		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Bureau should amend its procedures to require all personnel participating in QA reviews complete a conflict of interest statement.</p>	<p>The Department concurs and has already taken steps requiring all team members to complete the Code of Ethics packet, which includes the conflict of interest statements. Initial signature fields have also been added to each page of the Code of Ethics document as an additional measure of ensuring reviewers have read the entire document. A change was made to the Pre-Review Meeting checklist to state that all reviewers sign the form during this meeting, including QA staff. Starting fiscal year 2012-2013, all completed Code of Ethics packets will be scanned and saved into the QA electronic statewide folder.</p>	<p>Bureau of Quality Improvement Head Quarters personnel confirmed that all Code of Ethics documents are submitted electronically at the conclusion of each QI review for all certified reviewers.</p>

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<b>Central Communications Center</b>		
<b>Finding 3: Improvements were needed in the recording and communication of reportable incidents.</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	<b>Status of Implementation</b>
<p>The Department should strengthen the incident review process to ensure that reported incidents are accurately and completely recorded, reported, and communicated in a timely manner to all appropriate management and program area personnel. Additionally, the Department should enhance the CCC data system by including a field to evidence for supervisory review of the CCC daily report, or establish an alternative process to evidence for the supervisory review.</p>	<p>The Department concurs and by June 30, 2012, additional training will be provided to all Duty Officers on completing each step of the data entry process as well as proper staff notifications. The CCC Supervisor and/or designee are still responsible for checking all incidents for any spelling and grammatical errors and content accuracy. A review of the recordings is conducted on a daily basis to ensure the accuracy of the information that was reported and entered into the CCC database system by the Duty Officer. The CCC Supervisor and/or designee are also responsible for reviewing the incidents on a daily basis to include searching for and entering any missing information and making corrections in the incident reports entered by the Duty Officers. All daily report email notifications will be archived.</p> <p>The CCC Supervisor is currently working with MIS to modify the CCC database adding a supervisory review option checkbox on the completion screen (step 7) that will document the review of the CCC daily report. A separate queue will be established for the supervisory review, allowing the CCC Supervisor and/or designee to access and complete the supervisory review. A user request was submitted to MIS on June 7, 2012 to enhance the CCC database and add a supervisory review process. The completion date for any system enhancements is dependent upon MIS allocation of resources to this project request.</p>	<p>Training is on-going. Since June 30, 2012, individualized, verbal training pertaining to completion of each data entry step is conducted daily with Duty Officers that submit reports with missing or incomplete information.</p> <p>CCC daily reports are being archived and stored on the Department's "K" drive.</p> <p>Enhancements to the CCC database for reflecting supervisory review of CCC daily reports were approved for funding by the MIS Steering Committee on January 17, 2013.</p>

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Administrative Review Unit (ARU)	Finding 4: Procedures for monitoring the status of the incident reviews assigned to the ARU required improvement.	
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The ARU should enhance its procedures to ensure that all administrative reviews are monitored, are completed within the 30-day time frame prescribed in the <i>Guidelines</i> and when appropriate, document authorized extensions to the 30-day review period.</p>	<p>The Department concurs and notes that at the time of the AG audit, the ARU was operating under a draft policy and draft rule. The rule allowed 40-days for the completion of a review, while the policy allowed only 30-days for the completion of a review. Presently, the ARU is operating under the 40-day requirement that is built into the CCC system. The draft rule is no longer operational and an updated draft policy is under review. This new draft policy, FDJJ2020 allows 40-days for the completion of an Administrative Review. Any reports not completed with 40-days are reviewed for extensions by the Administrative Review Unit Manager (ARM). Extensions, if necessary, are granted with prior approval of the ARM.</p> <p>The need for extensions is monitored and tracked three times a week: on Mondays and Fridays through e-mail correspondence and on Wednesdays during the submission of a Weekly Caseload Tracking form. All extensions are approved by the ARM or designee via e-mail and noted in the CCC system (step 3) by the ARS at the time the extension is granted.</p>	<p>The Administrative Review Unit (ARU) continues to monitor the need and amount of days required for extensions on the Central Communications Center (CCC) database. The system is monitored and tracked at least three times a week on the CCC database utilizing the “ASSIGNMENT STATUS REPORT BY PERSON.” On the first working day of the week, an e-mail is forwarded to all Administrative Review Specialists (ARS) advising them of cases due during the work week. On Wednesdays, an ARS CASELOAD TRACKING FORM is forwarded to the Lead (or designee) by the ARS at which time the data is consolidated into one report. On the morning of the last day of the week, the Lead (or designee) forwards another e-mail to all ARS’s as a reminder of any required extensions due prior to the following Monday. All extensions are approved by management via e-mail. At the time the extension is granted, the respective ARS updates the CCC (step 6) and provides notification to management that the extension has been completed.</p> <p>Additionally, at the time the Administrative Review has been officially completed and submitted for approval to the Lead/Operations Director (Assistant ARM), the CCC database is reviewed a final time to ensure compliance with entering and updating extensions in the CCC system. To date, no deficiencies / discrepancies have been noted.</p> <p>The ARU has requested and been approved by the Executive Leadership Team for an amended completion date of sixty (60) days. However, until the draft policy is approved and/or the CCC database is modified, the ARU will continue to work under the current requirement of forty (40) days (calendar) completion timeframe.</p>

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Selected Administrative Activities		
<b>Finding 5: A significant number of the Department’s vehicles had been underutilized. Additionally, Department staff did not routinely perform a reconciliation of the vehicles identified in its master vehicle usage records to the vehicles shown by Florida Accounting Information Resource Subsystem (FLAIR) property records.</b>		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Department should ensure that motor vehicles are accounted for and efficiently assigned and utilized.</p>	<p>The Department concurs and since February 2011, the Department has continued to reduce the total number of vehicles in the fleet which both eliminates older, less efficient vehicles but also addresses the underutilization issues. Current total fleet count is 572 vehicles, a 13% reduction from a year ago. General Services is in the process of amending the current vehicle policy and procedures to include guidelines for proper vehicle rotation to prevent excessive idle time.</p> <p>A reconciliation of EMIS and FLAIR was conducted in September 2011 and the result indicated a two (2) vehicle variance and was promptly corrected. The Department of Management Services has since discontinued the EMIS system and is currently moving all agencies to the FLEET (Florida Electronic Equipment Tracking) system. Most of the start-up issues have now been worked through and the Bureau of General Services will conduct a new reconciliation between the FLEET system and FLAIR. An annual reconciliation of these two systems will be mandated in the amended vehicle policy and procedures.</p>	<p>The proposed Department of Juvenile Justice Vehicle Operations Procedures “FDJJ-1306P” pending approval reflects that General Services will perform an annual audit of idle time for all fleet vehicles and prepare recommendations for transfer or surplus of under-utilized vehicles.</p> <p>Additionally, “FDJJ-1306P” provides for annual reconciliation between the FLEET system and FLAIR.</p>
<b>Finding 6: Improvements were needed in the Department’s administration of its responsibilities under the Florida Single Audit Act.</b>		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Department should follow established procedures and timely review of FRPs received and follow-up with those entities that have not timely submitted FRPs to the Department.</p>	<p>The Department concurs and will closely monitor Financial Reporting Packages due to the Department and communicate with those providers that have not submitted their Financial Reporting Packages in accordance with Department policies and procedures.</p> <p>All reports were reviewed within a week of receipt for compliance with Department policies and procedures. We have changed our tracking sheet to indicate the date of the initial review.</p>	<p>Based on State Financial Assistance sent to providers during Fiscal Year 2010-11, the Office of Inspector General / Bureau of Internal Audit (BIA) has reviewed all FRPs submitted to the Department in a timely manner; in addition, BIA followed-up with those entities that did not timely submit their FRPs to the Department.</p>

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<b>Prior Audit Follow-Up</b>		<b>Status of Implementation</b>
<b>Finding 7: Department's contract monitoring activities continue to need improvement.</b>		
<b>Auditor General Recommendations</b>	<b>Agency Response</b>	
<p>Again, the Department's contract monitoring processes and procedures should be followed and monitoring should be conducted to ensure that providers fulfill the terms and conditions of contracts.</p>	<p>The Department concurs and is developing and implementing an oversight process to ensure active contracts are compliant with the monitoring requirements. The anticipated completion date is June 2012.</p> <p>The Department is developing a process to ensure that all active contracts receive timely monitoring. A key component of this process is the ability to produce periodic reports for management that identify contracts with outstanding monitoring visits, corrective action plans, and verification visits. To address this need, the Department is developing an interim manual process for tracking and reporting this information until the new Program Monitoring and Management (PMM) system is release in July 2012. Second, the Department is updating the current RSMS module to add the program areas of Prevention, Detention, and Executive Direction, which is scheduled to be completed in October 2012. Finally, the Department is developing an agency-wide report within the new PMM system that is able to produce the reports described above, which is scheduled to be completed in October 2012.</p> <p>Additionally, the Department is updating the existing contract and grant policy and guidelines to include the aforementioned changes. The anticipated completion date is July 2012.</p>	<p>The Program Monitoring and Management policy DJJ2000 was updated in December 2012 to incorporate various process changes.</p> <p>Administrative monitoring for most contracts is tracked via a spreadsheet maintained by the Fiscal Monitoring Team in F&amp;A. Program monitoring is being tracked in the RSMS system for Probation and Residential contracts.</p> <p>The Department has not updated the current RSMS system to add the areas of Prevention, Detention, and Executive Direction.</p> <p>The Department is developing an agency wide system titled Program Management and Monitoring. It is scheduled for release July 1, 2013. This new system will be used by all program areas and will track both administrative as well as programmatic monitoring for all contracts.</p> <p>Updates to the existing contract and grant policy and guidelines were approved effective December 14, 2012. Program Accountability's Program Monitoring Policy 2000 may be viewed on the Agency's Internet under Department Policies and Procedures for Program Accountability.</p>