



STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

INTEROFFICE MEMORANDUM

DATE: November 18, 2016
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. 2016-195, Secure Detention Center Services and Selected Administrative Activities*

In May 2016, the Auditor General (AG) released Report Number 2016-195, *Secure Detention Center Services and Selected Administrative Activities Operational Audit*. This report focused on the administration of secure detention center services and selected administrative activities, as well as the status of corrective actions regarding selected audit findings included in the Auditor General's previous Report Number 2014-015. 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 November 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
Dixie Fosler, Assistant Secretary of Detention
Amy Johnson, Director of Program Accountability
Dennis Hollingsworth, Director of Management Information Systems
Kedra Lewis, Interim Bureau Chief of Finance and Accounting
Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
Sherrill F. Norman, Auditor General
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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.

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 Status of Corrective Actions
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Juvenile Justice Secure Detention Center Services		
Finding 1: The Department did not timely update administrative rules and other guidance for the provision of secure detention center services.		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Department management should ensure that Department rules for secure detention center services are appropriately maintained and that detailed guidance reflecting current Department rules is provided to staff.</p>	<p>We concur with the finding. The Detention Rules is the guiding document for detention services. Following the promulgation of the revised Secure Detention Rule in August 2015, a standardized set of Facility Operating Procedures went into effect. These policies are located on the Department’s website and provide detention centers specific guidance on implementing what is contained in the rule.</p> <p>The Detention Services Manual has been removed from the Department’s web page, and the revised Secure Detention Rule and the standardized Facility Operating Procedures are both posted on the Department’s website.</p>	<p>Our follow-up review indicated that Detention Services revised and implemented their standardized facility operating procedures (FOPs) effective July 1, 2016. The FOPs provide detention centers specific guidance on implementing the Detention Rule and are located on the Department’s website.</p>
Finding 2: The Department had not established a standard checklist or Department-wide procedures for conducting quarterly security audits of secure detention centers. In addition, regional office security audit checklists did not include uniform audit criteria that addressed security requirements specified by Department rules.		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Department should establish a standard security audit checklist that incorporates all applicable safety and security criteria. In addition, the Department should establish Department-wide procedures to ensure security audits are uniformly conducted.</p>	<p>We concur with the finding. Detention Services has since standardized the Security-Safety Audit tool. Additionally, Detention Services has now appointed a safety officer in each center, who is required to complete two of the four quarterly security audits (the other two quarterly security audits are conducted by Detention regional offices). Detention Services has also designated a headquarters’ safety officer, who is responsible for a number of areas, including the receipt, review, and follow-up on regional security audits conducted quarterly at each center.</p>	<p>Our review indicated that Detention Services implemented a standardized “Security/Safety Quarterly Facility Inspection” checklist to be completed by management in each facility and appointed a safety officer in each Detention Center to ensure checklist are timely completed and submitted. The Security/Safety Facility Inspection reports are submitted to the headquarters’ safety officer on a quarterly basis.</p> <p>Facility Operating Procedure 1.12 requires Facility Superintendents to develop and maintain any applicable Outcome-Based Corrective Action Plans, identified in the Security/Safety Facility Inspection reports, in the</p>

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		<p>Performance and Monitoring Management System when indicated. The Actions Plans are to be reviewed and updated at least quarterly.</p>
<p>Finding 3: The Department did not always ensure that quarterly security audits of secure detention centers were appropriately conducted and documented. In addition, Department records did not always demonstrate that appropriate and timely actions were taken to communicate and follow-up on the results of the audits.</p>		
<p>Auditor General Recommendations</p> <p>The Department should ensure that required security audits are appropriately documented and security audit checklists demonstrate that all applicable criteria are evaluated. We also recommend that Department management enhance security audit policies and procedures to address the preparation and submission of CAPs and follow-up on deficiencies noted during security audits.</p>	<p>Agency Response</p> <p>We concur with the finding. Corrective actions have been taken as indicated in response to Finding No. 2.</p>	<p>Status of Implementation</p> <p>See Status of Implementation for Finding 2.</p>
<p>Finding 4: Department annual compliance monitoring of secure detention centers needed improvement.</p>		
<p>Auditor General Recommendations</p> <p>The Department management should ensure that the completion of all applicable annual compliance monitoring review activities is sufficiently documented.</p>	<p>Agency Response</p> <p>We partially concur with the finding. The Bureau of Monitoring and Quality Improvement will continue working each year to ensure the Department completes all applicable annual compliance monitoring review activities and that documentation sufficiently addresses the findings.</p> <p>Although the Department believes that all required elements of each program were monitored (as evidenced by the final Quality Improvement Report), some of the Regional Monitors and Peer Reviewers did not fully complete, or answer, all of the questions contained in the Detention Services work papers. To address, and prevent this issue in the future, the Bureau of Monitoring and Quality Improvement will provide additional training to our Regional Monitors and Peer Reviewers with a renewed focus on fully documenting our on-</p>	<p>Status of Implementation</p> <p>Our review indicated that the Bureau of Monitoring and Quality Improvement updated the annual compliance monitoring work papers to include an option of “not applicable” in all monitored programs, including Detention Services. The updated work papers were implemented effective July 1, 2016, at the start of the 2016-2017 Fiscal Year Annual Compliance Review Cycle.</p> <p>Effective July 1, 2016, the Lead Reviewer Checklist was implemented. The Lead Reviewer Checklist requires each Lead Reviewer to sign a form indicating they have reviewed all work papers associated with the annual compliance review and verified all documents are completed in their entirety.</p>

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	<p>site annual compliance monitoring visits.</p> <p>Additionally, the Department will be adding an option of “not applicable” or “N/A” on all work papers, for all program types, effective July 1, 2016.</p> <p>Further, prior to submitting the final work papers from reviews, Detention’s Lead Reviewers will be required to sign each set of work papers indicating they were fully completed by our Regional Monitors and Peer Reviewers.</p>	<p>Additionally, the Bureau of Monitoring and Quality Improvement developed and implemented both a monitor training plan and a peer reviewer certification training course. The Certified Peer Reviewer training was held on October 11-12, 2016. Two additional training sessions for monitors and peer reviewers are scheduled for October and November 2016.</p>
Finding 5: Department records did not adequately demonstrate that secure detention staff successfully completed the training specified by Department rules for Juvenile Justice Detention Officer certification. In addition, the training topics did not appear to have been developed and approved in full considerations of the requirements established in Department rules.		
Auditor General Recommendations	Agency Response	Status of Implementation
<p>The Department management should maintain appropriate documentation demonstrating that all secure detention staff complete, within 180 days of being hired, the training specified by Department rules for Juvenile Justice Detention Officer certification.</p>	<p>We concur with the finding. Detention Services is now tasking each Facility Training Coordinator (FTCs) to oversee the training file and ensure that all required documentations are properly maintained. It should be noted that other training issues identified in the audit may require rule or policy changes to remedy. Detention Services will work with Staff Development and the General Counsel’s Office to address these changes.</p>	<p>Our review indicated that all FTC position descriptions have been updated to incorporate the following language: “Serves as the facility training coordinator(FTC) and ensures comprehensive, timely delivery of all pre-service certification and in-service training requirements pursuant to the formalized on-the-job FTC training program.”</p> <p>Training to educate FTCs on maintaining appropriate / required documentation in staff training files was conducted on April 26-27, 2016.</p> <p>Detention Services has held several meetings with Staff Development and Training. Another meeting is scheduled for November 2016 to begin addressing the inconsistencies in course titles and learning paths for secure detention staff.</p> <p>Additionally, Detention Services is working with Staff Development and Training to implement the use of Tableau, a software package that will interface with</p>

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		SkillPro, the Department’s training database, permitting Detention Services to produce relevant reports for tracking staff training needs across the state. Detention Services anticipates having this software implemented by December 31, 2106.
Finding 6: Department records did not always adequately demonstrate that secure detention staff completed the annual in-service training required by Department rules.		
Auditor General Recommendations The Department management should maintain appropriate documentation to evidence that secure detention staff timely complete the annual in-service training required by Department rules.	Agency Response We concur with the finding. Corrective actions are taken as indicated in response to Finding No. 5.	Status of Implementation As noted in the “Status of Implementation” for Finding 5, Detention Services anticipates implementation of the software Tableau by December 31, 2016. This software will interface with the Department’s training database, SkillPro, and enable management to standardize the tracking of detention staff training. Each Region (North, Central, and South) has an assigned staff person responsible for tracking staff training and a Government Analyst II has been tasked within headquarters to provide oversight.
Selected Administrative Activities		
Finding 7: As similarly noted in our report No. 2014-015, the Department did not always timely cancel purchasing cards upon a cardholder’s separation from Department employment.		
Auditor General Recommendations The Department management should promptly cancel purchasing cards upon a cardholder’s separation from Department employment.	Agency Response We concur with the finding. The Department will continue to ensure adequate training is provided to the staff on the Separation Notification System (SNS) and ensure that the Finance and Accounting staff is aware of the importance of timely cancellation of the Purchasing Cards. The Department will also generate the People First termination report weekly instead of monthly in order to be in compliance	Status of Implementation Our review indicated that the Department’s Purchasing Card Administrator has received training in SNS and has received user access permission to ensure timely cancellation of purchasing cards. The Department’s backup Purchasing Card Administrator is scheduled to receive SNS training in November 2016. Additionally, Finance and Accounting Staff are

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	with the 1-2 workday cancellation requirement.		generating People First termination reports on a weekly basis in order to ensure timely cancellation of purchasing cards for separated employees. The downloaded People First termination reports are maintained on the Department’s “K” drive.
Finding 8: The Department did not always document that surplus information technology equipment with data storage capabilities had been properly sanitized to remove confidential and sensitive data prior to disposal. A similar finding was noted in our report No. 2014-015.			
Auditor General Recommendations			
The Department management should document that confidential and sensitive information is sanitized from all items with data storage capabilities prior to disposal.	<p>We concur with the finding. The Department revised the Data Storage Media Sanitization / Destruction Form and the updated form was implemented in September 2015. The information Security Manager created training sessions for all MIS staff in the proper handling and expectations for sanitizing, record keeping, disposal, and surplus property procedures. The training sessions were mandatory and were offered at multiple intervals via webinar in July 2015. Rosters were kept of attendance to ensure all staff received the training. The Information Security Manager will conduct on-going training at bi-annual intervals for all MIS staff as a refresher.</p> <p>Additionally, the Department is now utilizing an on-site media destruction firm to ensure hard drives and storage media was securely destroyed. The media is destroyed on the Department’s premises. The process MIS staff are required to follow is to remove the hard drive or media from the device, and use software if possible and applicable to securely wipe the media. The media is then physically secured in a locked area until the media destruction firm is scheduled for on-site destruction.</p>	<p>As noted in the Agency Response, the Department implemented the revised the Data Storage Media Sanitization / Destruction Form in September 2015.</p> <p>In November 2015, Management Information Systems (MIS) contracted with Gilmore Services, an onsite hard drive destruction vendor to dispose of 1,188 computer hard drives.</p> <p>Additionally, MIS revised and implemented Media Sanitization / Disposal of Data Storage Media training for staff. The most recent training occurred on October 26, 2016.</p>	Status of Implementation
Finding 9: As similarly noted in prior audit reports, most recently in our report No. 2014-15, Department contract monitoring activities continue to need improvement.			
Auditor General Recommendations			
The Department management should ensure that the required administrative and programmatic	We partially concur with the finding. Effective August 2014, the Department consolidated all monitoring functions under		Our review indicated that the Department continued to follow FDJJ Policy No. 2000 that addresses limited
Status of Implementation			

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<p>monitoring of contracts is completed in accordance with established policies and procedures.</p>	<p>the Office of Program Accountability. This included Department-wide use of the Program Management and Monitoring System, an automated workflow system that enables manager to track the status of all monitoring activities. This also includes a risk assessment for all contracts, which allows the Department’s monitoring resources to be utilized where they are most needed. The audit period for this report included a review of contract monitoring activities prior to the implementation.</p> <p>FDJJ Policy No. 2000 does address limited scope monitoring. Section II.1.5.J. Reads:</p> <p>Limited Scope Monitoring Some groups of contracts may be excluded from consideration for on-site monitoring. Criteria for exclusions will be identified at the beginning of each fiscal year by the Chief of Monitoring and Quality Improvement and/or the Chief of Contract Management.</p> <ol style="list-style-type: none"> 1. Exclusions may include contracts under a certain dollar value or exclusions for contracts of a certain type. Examples include but are not limited to rate agreements and Residential miscellaneous service contracts. 2. The goal of the exclusion is to devote resources to the most valuable oversight activities. 3. Using good judgement, common sense, and risk assessment data the Chief of Monitoring and Quality Improvement, Chief of Contract Management, or the program area Assistant Secretary may determine that an excluded contract should be monitored either on-site or by a desk review and include the contract in the yearly schedule. 	<p>scope monitoring. However, this policy is currently under revision to incorporate the following language: “The Department shall conduct annual programmatic compliance reviews of all state-operated and contract provider programs and units at least once each fiscal year using approved standards unless the service being provided is defined as limited scope on the contract inventory list. Contracts identified as limited scope may include services such as comprehensive evaluations, mental health and substance abuse, sex offender, and counseling services. Limited scope contracts may not receive an annual programmatic compliance review but will receive an administrative compliance review as outlined above. The contract inventory list and limited scope determinations will be reviewed annually by the Director of Program Accountability. New programs shall not be eligible for review for a period of at least six months following the admission of the first youth. Existing programs that are transferred to a different contract provider shall not be eligible for review for a period of at least six months following the execution of the initial contract.”</p> <p>Additionally, Department management has identified all contracts that will be excluded from on-site visits for the current Fiscal Year 2016-17.</p>
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