

DEPARTMENT OF JUVENILE JUSTICE

QUALITY ASSURANCE

CENTRAL COMMUNICATIONS CENTER

ADMINISTRATIVE REVIEW UNIT

SELECTED ADMINISTRATIVE ACTIVITIES

PRIOR AUDIT FOLLOW-UP

Operational Audit



SECRETARY OF THE DEPARTMENT OF JUVENILE JUSTICE

The Department of Juvenile Justice is created by Section 20.316, Florida Statutes. The head of the Department is the Secretary of Juvenile Justice who is appointed by the Governor and serves at the pleasure of the Governor. During the period of our audit, the following individuals served as Secretary:

Wansley Walters

From February 2011

Frank Peterman, Jr.

February 2008 to January 2011

The audit team leader was Susan Walthall, CPA, and the audit was supervised by Cheryl Jones, CPA. Please address inquiries regarding this report to Jane Flowers, CPA, Audit Manager, by e-mail at janeflowers@aud.state.fl.us or by telephone at (850) 487-9136.

This report and other reports prepared by the Auditor General can be obtained on our Web site at www.myflorida.com/audgen; by telephone at (850) 487-9175; or by mail at G74 Claude Pepper Building, 111 West Madison Street, Tallahassee, Florida 32399-1450.

DEPARTMENT OF JUVENILE JUSTICE

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

SUMMARY

This operational audit of the Department of Juvenile Justice (Department) 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. Our audit disclosed the following:

QUALITY ASSURANCE

Finding No. 1: The Bureau of Quality Assurance did not always document that peer reviewers met the minimum qualifications for training, education, and work experience.

Finding No. 2: The Bureau of Quality Assurance did not require all peer reviewers to sign conflict of interest statements.

CENTRAL COMMUNICATIONS CENTER

Finding No. 3: Improvements were needed in the recording and communication of reportable incidents.

ADMINISTRATIVE REVIEW UNIT (ARU)

Finding No. 4: Procedures for monitoring the status of the incident reviews assigned to the ARU required enhancement.

SELECTED ADMINISTRATIVE ACTIVITIES

Finding No. 5: A significant number of the Department's vehicles had been underutilized. Our audit also disclosed that Department staff did not routinely perform a reconciliation of the vehicles identified in its master vehicle records to the vehicles shown by Florida Accounting Information Resource Subsystem (FLAIR) property records.

Finding No. 6: Improvements were needed in the Department's administration of its responsibilities under the Florida Single Audit Act.

PRIOR AUDIT FOLLOW-UP

Finding No. 7: The Department's contract monitoring activities continue to need improvement.

BACKGROUND

The Department is responsible for planning, coordinating, and managing the delivery of all programs and services within the juvenile justice continuum.¹ To deliver these programs and services, the Department is organized into five functions, including Administration and four program areas: Prevention and Victim Services, Detention Services, Residential and Correctional Facilities, and Probation and Community Corrections. Each of the four program areas is headed by an Assistant Secretary and the Chief of Staff is responsible for Administration. The four program areas are administered through three regions (North, Central, and South), which are further divided according to judicial circuit.

¹ Section 20.316, Florida Statutes, defines juvenile justice continuum as all children-in-need-of-services programs; families-in-need-of-services programs; other prevention, early intervention, and diversion programs; detention centers and related programs and facilities; community-based residential commitment and nonresidential programs; and delinquency institutions provided or funded by the Department.

FINDINGS AND RECOMMENDATIONS

Quality Assurance Program

Pursuant to Florida law,² the Department established a quality assurance (QA) system for each program area operated by the Department or operated by a provider under contract with the Department. The law requires that for each program component, the QA system shall include criteria and specific data elements, standardized terminology and procedures, and establishment of minimum thresholds to be applied during program reviews in order to evaluate programs delivering juvenile justice services. These program reviews are to be conducted by teams of individuals that are to include regional QA staff and reviewers. Reviewers consist of staff from Department programs or providers under contract with the Department. Our tests included examination of the documentation for 46 of the 310 program reviews conducted during the period July 1, 2009, through February 28, 2011.

Finding No. 1: Reviewer Qualifications

In order to qualify as a QA reviewer, the individual must successfully complete training conducted by the Bureau of Quality Assurance (Bureau) and, for reviews after July 1, 2010,³ meet minimum qualifications including the possession of a bachelor's degree from an accredited university and a minimum of two years of work experience in juvenile justice programs. Documentation of reviewer training and education was to be recorded in the Bureau's QA database. Our review of the database and other supporting documentation regarding training, experience, and education for 108 reviewers assigned to 46 QA program reviews, disclosed that the Bureau did not maintain sufficient documentation to demonstrate that all reviewers met the minimum qualifications. Specifically:

- In assembling QA teams, the Bureau did not consider the work experience of reviewers. As a consequence, the Bureau could not readily demonstrate that reviewers met the work experience requirement. Bureau personnel indicated that they had generally relied on providers and Department administrators to make qualified, experienced staff available as reviewers.
- For 12 reviewers, the Bureau's database did not show that the reviewers had completed the reviewer training course or had met the educational requirement. While records for the 12 reviewers were located in the database, the training and educational fields were blank or incomplete. Bureau personnel stated that some of these reviewers were trained in years prior to the creation of the QA database, and this training information had not been input into the database. Also, for 8 other reviewers, the Department could not readily demonstrate whether the reviewer had met the educational requirement or had completed reviewer training, as records for these individuals could not be located in the QA database.

Without Bureau assurance that QA program reviews are conducted by qualified individuals, the likelihood is increased that a reviewer may not timely and properly identify failures to meet quality assurance standards.

Recommendation: We recommend that the Bureau 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, we recommend that the Bureau ensure that all reviewers and their credentials are recorded in the QA database.

² Section 985.632(5), Florida Statutes.

³ Although not final, the Bureau of Quality Assurance applied as Department policy, effective July 1, 2010, proposed Department of Juvenile Justice Rule 63L-2, Florida Administrative Code. The proposed rule requires that QA reviewers meet minimum qualifications including the possession of a bachelor's degree from an accredited university and a minimum of two years of work experience in juvenile justice programs.

Finding No. 2: Conflict of Interest Statements

As part of the QA review process, reviewers assigned to a review are provided with a document⁴ that includes a conflict of interest statement and outlines the ethical responsibilities and rules of conduct expected of the reviewer. By signing this document, the reviewer attests that no conflict of interest exists with respect to the provider organization or program for which the review is being conducted.

Our audit tests disclosed that no signed document was available for 40 of the 108 reviewers. Upon inquiry, Bureau personnel stated that conflict of interest statements were required for Department program staff and provider staff assigned as reviewers, but not for Department QA reviewers. We noted that 26 of the 40 reviewers who had not completed a conflict of interest statement were Department QA reviewers.

The completion of the conflict of interest statement by all reviewers taking part in a QA review would provide greater assurance of the fairness and objectivity of the reviewers.

Recommendation: We recommend that the Bureau amend its procedures to require all personnel participating in QA reviews complete a conflict of interest statement.

Central Communications Center

The Central Communications Center (CCC) is a call center established to collect and disseminate information regarding incidents and events involving youth under the Department's jurisdiction, in order to protect and ensure the youth's care, safety, and humane treatment. Youth under the Department's jurisdiction include those in Department custody (whether in a Department or provider facility) and those under Department supervision (for example, youth living at home and attending public school or a nonresidential program).

The CCC is available 365 days a year and the information received from callers is to be evaluated by CCC staff to determine whether it is a reportable incident, as defined in Department policy⁵ and rule.⁶ A reportable incident is defined as any incident or event that involves State-run facilities, staff, contracted facilities, contracted programs, contracted staff, youth placed under community supervision, volunteers, or visitors, and that disrupts or has the potential to disrupt the normal operation of the facility or program; any illness or medical condition or injury which causes or has the potential to cause grave harm or death to an individual youth or group of youths; any other occurrence which causes or has the potential to cause grave harm or death to an individual youth or group of youths; allegations of fraud, abuse, and deficiencies relating to programs and operations administered or financed by the Department; events that may bring public attention to the Department; or other occurrences which are required to be documented or reported to the Department under its rules.

Reportable incidents are to be entered into the CCC data system. Daily reports of all reportable incidents received during the previous 24-hour period are to be distributed via e-mail to the Secretary and the Executive Leadership Team. During the 2010 calendar year, according to the *Total Number of Incidents Summary Report*, there were 3,890 reportable incidents. During the 2011 calendar year, there were 3,835 reportable incidents.

⁴ Conflict of Interest Statement, Code of Ethics, Peer Guidelines.

⁵ FDJJ-8000, Central Communications Center, effective through October 10, 2010.

⁶ Department of Juvenile Justice Rule 63F-11, Florida Administrative Code, Central Communications Center, effective October 11, 2010.

Finding No. 3: Recording and Communication of Reportable Incidents

When a call is received by the CCC, a duty officer is to enter into the CCC data system information, such as the date and time of the incident, a description of the incident, any action taken by the facility staff, names of youth and staff involved, and agencies and other individuals notified (for example, parents, guardians, and law enforcement).

Duty officers are also to categorize and classify each reportable incident. Reportable incidents are first assigned a category, such as, for example, incidents involving program disruption, escape/abscond, medical sickness or injury, or complaints against staff. Then, the incident is to be further delineated within these categories into classifications. Classifications, for example, within the medical incidents category include, but are not limited to, contagious disease and youth injury. The duty officer is also to select the appropriate management and program area personnel to be notified based on the category and classification of the incident. The CCC data system is to then automatically send an e-mail notifying the identified personnel of the incident.

Pursuant to rule,⁷ a daily report of all reportable incidents for the prior 24-hour period is to be created and reviewed by a duty officer or CCC supervisor. After the report is compiled, the CCC supervisor is to attach it to an e-mail and send it to the Secretary, with copies to all other appropriate management and program area personnel.

Our audit tests of records related to 40 reportable incidents occurring during the period July 1, 2009, through February 28, 2011, disclosed errors in the incident records. Specifically:

- For 3 reportable incidents, all of the required information was either not entered into the system or not properly recorded. For example, parent or guardian information was not entered, the medical information of a youth was not entered, and the classifications of an incident involving several youths were not consistent throughout the report. Two of these related to medical incidents. The third involved the battery of a youth by other youth and the battery of a staff member.
- For 3 reportable incidents, the incident was not properly categorized or classified according to Department policy and rule. In one instance, an applicable incident category and its corresponding classification were omitted from the report. In the second instance, an applicable incident category was omitted from the report, and in the third instance, the classification field was blank.
- For 6 reportable incidents, the incident was not communicated to appropriate management and program area personnel as required. In 1 incident involving a youth injury, no e-mails were sent to the required recipients. In another incident involving youth-on-youth battery and youth battery on staff, the incident report stated that the required e-mails had been sent; however, upon our review of the report identifying those notified, we found that the Secretary's office was not included as required. In the remaining 4 incidents, we noted that not all personnel required to be notified, received notification. For example, in one of these instances, which involved a sexual misconduct complaint against a staff member, e-mails should have been, but were not sent to the Secretary's Office and the Department's offices of the Inspector General, Communications, and Health Services.

While our review disclosed evidence that some daily reports were distributed, the Department could not provide for 25 of the 40 reportable incidents that we reviewed, the e-mails documenting the distribution of the applicable 24 daily reports. According to Department personnel, the corresponding e-mails used to distribute the daily reports were not saved in the system, or they had been deleted.

Department staff indicated that the accuracy of the record of reportable incidents is reviewed. However, as reflected in the instances noted above, the Department's review process did not identify a significant number of data entry and reporting errors.

⁷ Department of Juvenile Justice Rule 63F-11.006(1), Florida Administrative Code, Central Communications Center.

Additionally, our review of available daily reports found no evidence of supervisory review, although required by rule,⁸ prior to their distribution to management and program area personnel. According to Department personnel, the report was reviewed by the CCC supervisor prior to its distribution; however, no evidence was provided to us to document that such reviews were performed.

Without accurately recording an incident and subsequent communication of the incident to all appropriate management and program area personnel, necessary corrective actions may be delayed, resulting in an increased risk to the safety and welfare of the youth and staff involved.

Recommendation: We recommend that the Department strengthen the incident review process to ensure that reported incidents are accurately and completely recorded, reported, and timely communicated to all appropriate management and program area personnel. In addition, we recommend that the Department enhance the CCC data system by including a field to evidence supervisory review of the CCC daily report, or establish an alternative process to evidence the supervisory review.

Administrative Review Unit

The Administrative Review Unit (ARU) was established within the Office of Program Accountability to provide consistent, uniform, and expeditious reviews of reportable incidents. Reportable incidents are assigned to the ARU by the four program areas identified in the **BACKGROUND** section of this report. An administrative review is to gather additional details for incidents that are not otherwise investigated by the four program areas or do not rise to the level of requiring an investigation by the Office of the Inspector General. The incidents subject to administrative review are not deemed to be strictly programmatic issues, but can involve the actions of youth, employees, and providers which interrupt normal procedure or precipitate a crisis. The ARU had established ARU Guidelines (*Guidelines*) for the completion of administrative reviews. In accordance with the *Guidelines*, reportable incidents are assigned by the ARU Manager (ARM) to the administrative review specialists (ARS) who are to complete the administrative review within 30 days of assignment.

Finding No. 4: Administrative Reviews of Reportable Incidents

Our review of 40 administrative reviews conducted during the period July 1, 2009, through February 28, 2011, disclosed the following:

- In accordance with the *Guidelines*, administrative reviews of incidents are to be completed and the results input into the CCC data system within 30 days of ARM assignment to an ARS. For 15 administrative reviews, the reviews were completed 7 to 260 days past the 30-day time frame and averaged 133 days late. Six of these reviews were reassigned to another ARS, taking 6 to 86 days for reassignment thereby contributing to the delays.
- The *Guidelines* authorize extensions to the 30-day time period with prior approval of the ARM. For the 15 administrative reviews noted above, requests for extensions were not documented for 11 reviews. For the remaining 4 reviews, extensions were requested; however, we could not determine whether the extension was requested prior to the end of the initial 30-day time frame.
- The *Guidelines* specify that the ARM establish a tracking and reporting system for all administrative reviews, and ARU management used a weekly tracking log to monitor the status of open cases. The lead ARS is to compile a weekly tracking log for the ARM based on information obtained from all ARS. Our review of administrative reviews disclosed that 5 reviews were not submitted in a timely manner to the lead ARS for

⁸ Department of Juvenile Justice Rule 63F-11, Florida Administrative Code, Central Communications Center, effective October 11, 2010.

inclusion in the weekly tracking log. The length of time for inclusion in the weekly tracking log ranged from 15 to 30 days.

Delays in the completion of administrative reviews could result in an increased risk to the safety and welfare of youth and staff. In addition, absent effective and timely monitoring of administrative reviews, the likelihood of the timely completion of these reviews and any related corrective actions may be reduced.

Recommendation: We recommend that the ARU enhance its procedures to ensure that all administrative reviews are monitored, are completed within the 30-day time frame prescribed in the *Guidelines*, and when appropriate, document authorized extensions to the 30-day review period.

Selected Administrative Activities

Finding No. 5: Motor Vehicles

According to Department records, as of February 28, 2011, the Department maintained 656 vehicles with acquisition costs totaling \$12,181,389, for use by its employees and employees of providers. Vehicles were assigned as either pool vehicles, which were to be available for general use, or for mission support. Mission support vehicles included, for example, vans that carry youth and are assigned to detention centers.

Our audit disclosed that a significant number of the Department's vehicles had been underutilized. Our review of the Equipment Management Information System (EMIS)⁹ Equipment Costs Utilization Summary report for the period July 2009 through June 2010, disclosed that of the 577 vehicles assigned to locations with 2 or more vehicles of a given model type (for example, sedan, van, or truck), 105 vehicles were idle 274 days or longer during the year.

Our audit also disclosed that Department staff did not routinely perform a reconciliation of the EMIS Motor Vehicle Inventory to the Florida Accounting Information Resource Subsystem (FLAIR) property records. Absent completion of reconciliations of these two records, the Department had reduced assurance of the accuracy and completeness of both its motor vehicles inventory and EMIS.

Upon our inquiry, Department personnel responded that many of these vehicles have now been surplus or have been approved for surplus through the Department of Management Services. In addition, Department personnel stated that they will amend the current vehicle policy and procedures to include guidelines for rotating underutilized vehicles and for performing annual reconciliations.

Recommendation: We recommend that the Department ensure that motor vehicles are accounted for and efficiently assigned and utilized.

Finding No. 6: Florida Single Audit Act

State Financial Assistance (SFA) is financial assistance provided from State resources to non-State entities to carry out a State project. The Department's State projects include those relating to, for example, sexual offender treatment services, juvenile assessment centers, diversion services, and delinquency prevention programs and services. The

⁹ EMIS was maintained and operated by the Department of Management Services (DMS) to assist State agencies in the management of motor vehicles. Subsequent to our fieldwork, DMS replaced the EMIS system with the Florida Electronic Equipment Tracking (FLEET) system for management of the State's motor vehicles. The Department transitioned to this system, effective January 11, 2012.

Department provided approximately \$142 million in SFA to 206 entities during the 2009-10 fiscal year and approximately \$115 million in SFA during the 2010-11 fiscal year.

SFA is to be administered in accordance with the Florida Single Audit Act (FSAA).¹⁰ The FSAA requires each non-State entity that expends \$500,000 or more of SFA in any fiscal year to obtain from an independent auditor, a State single audit (audit of the financial statements and SFA administration) or a project-specific audit. The FSAA also requires the provision of audited information (i.e., financial reporting package [FRP]) to the State. The FRP is to include the non-State entity's financial statements and supplemental schedule of State financial assistance and the auditor's reports thereon, as well as reports on legal compliance and internal controls and a schedule of findings and recommendations. The FRPs are to be used by the Department to assist in the monitoring of the performance of non-State entities grantees. FRPs are to be submitted to the Department by no later than 9 months for non-governmental entities, and no later than 12 months for governmental entities, after the end of the entity's fiscal year.

To ensure FRPs are timely received, appropriately reviewed, corrective actions are taken, and reliable information is available for future program funding and policy decisions, an effective FRP review process is required. Such a function includes certain attributes, such as written policies and guidelines for reviewing FRPs, a method to track the receipt and review of FRPs, maintenance of documentation of Department actions to obtain FRPs not received, and follow-up on noncompliance or other noted deficiencies.

Our review of Department procedures and documentation disclosed the following:

- The Department had established an FSAA system to track when FRPs were due, received, and reviewed. Our review of this tracking system disclosed that of 38 FRPs due during the 2009-10 fiscal year, 18 FRPs had not been received as of March 21, 2011, resulting in their being from 172 to 356 days past due, and an additional 3 FRPs that were received 51 to 64 days after their due dates. Although Department procedures required staff to contact entities that had not submitted FRPs by their due dates, Department personnel stated they had not contacted the entities regarding their failure to submit the FRPs. As of April 30, 2012, we noted that 8 of the 18 FRPs had not been received by the Department, and 10 FRPs were received between 175 and 666 days after their due date, averaging 399 days late.
- Department procedures required the FRPs be reviewed within 45 calendar days of receipt, and Department personnel stated that initial FRP reviews were completed for all FRPs within a week of receipt. However, the completion date of this initial review was not recorded on the checklist used to document the review and Department personnel could not provide the dates of the completion of the initial reviews. According to Department personnel, a date was recorded on the review checklist, but this date reflected the date that all information had been received in response to questions raised by the initial review. For 5 FRPs received by the Department during the period July 1, 2009, through February 28, 2011, the dates shown by the checklists ranged from 56 to 195 days after the date of FRP receipt. Staff indicated that the review checklist would be revised to include both the date of the initial review completion and the date the checklist is finalized.

Absent effective SFA procedures, the Department has reduced assurance that State project funds have been properly administered by SFA recipients.

Recommendation: To ensure effective oversight, we recommend that the Department follow established procedures and timely review FRPs received and follow-up with those entities that have not timely submitted FRPs to the Department.

¹⁰ Section 215.97, Florida Statutes.

Prior Audit Follow-Up

Finding No. 7: Contract Monitoring

Contract monitoring provides observations and data on how well services are being provided in relation to contract terms, and whether the desired service outcomes are being achieved. Effective contract monitoring also provides an opportunity to identify performance problems so that corrective action may be timely initiated.

The Department performs both administrative and programmatic monitoring of contracts. Administrative monitoring focuses on accountability for fiscal resources. Programmatic monitoring aids management in ensuring that contract providers operate in an efficient and effective manner that is conducive to achieving program goals and objectives. Programmatic monitoring is in addition to and does not duplicate the work associated with the Quality Assurance reviews discussed earlier in this report. Monitoring activities are to be performed by each of the five Department functions described in the **BACKGROUND** section of this report. As of February 28, 2011, the Department had 326 contracts totaling approximately \$1.27 billion within the 4 program areas (Prevention and Victim Services, Detention Services, Residential and Correctional Facilities, and Probation and Community Corrections).

For 45 contracts active during the period July 1, 2009, through February 28, 2011, totaling approximately \$172.3 million, our review of each area’s monitoring instruments and documentation disclosed:

- Administrative monitoring of Detention contracts was to be conducted on an annual basis. For 11 of the 15 Detention contracts included in our tests and totaling approximately \$3.8 million, we noted that administrative monitoring was not conducted.
- Programmatic monitoring of Detention contracts was to be conducted on a quarterly basis. However, our review disclosed that for 3 of the 15 Detention contracts included in our tests and totaling approximately \$1.8 million, monitoring was not completed for one quarter. For 1 of the 15 Detention contracts included in our tests and totaling approximately \$1.5 million, the Department could not locate documentation of programmatic monitoring.

Without conducting required monitoring activities, the Department has reduced assurance that service providers operated in compliance with contract terms and conditions. We disclosed similar issues in audit report No. 2010-091.

Recommendation: We again recommend that the Department’s contract monitoring processes and procedures be followed and that monitoring be conducted to ensure that providers fulfill the terms and conditions of contracts.

PRIOR AUDIT FOLLOW-UP

Except as discussed in the preceding paragraphs, the Department had taken corrective actions for the findings included in our report No. 2010-091.

OBJECTIVES, SCOPE, AND METHODOLOGY

The Auditor General conducts operational audits of governmental entities to provide the Legislature, Florida’s citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted this operational audit from January 2011 to August 2011 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient,

appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This operational audit focused on the Department's operation and management of the Quality Assurance Program, the Central Communications Center, the Administrative Review Unit, and selected administrative activities, and included a follow-up on prior audit findings. The overall objectives of the audit were:

- To evaluate the effectiveness of established internal controls in achieving management's control objectives in the categories of compliance with controlling laws, administrative rules, and other guidelines; the economic, efficient, and effective operation of State government; the relevance and reliability of records and reports; and the safeguarding of assets.
- To evaluate management's performance in achieving compliance with controlling laws, administrative rules, and other guidelines; the economic, efficient, and effective operation of State government; the relevance and reliability of records and reports; and the safeguarding of assets.
- To determine whether management had corrected, or was in the process of correcting, all applicable deficiencies disclosed in audit report No. 2010-091.
- To identify statutory and fiscal changes that may be recommended to the Legislature pursuant to Section 11.45(7)(h), Florida Statutes.

Our audit also included steps to determine whether management had corrected, or was in the process of correcting, all deficiencies disclosed in audit report No. 2010-091.

In conducting our audit we:

- Interviewed selected Department personnel.
- Obtained an understanding of internal controls and tested the effectiveness of selected processes and procedures related to areas within the scope of the audit.
- Obtained an understanding of information technology (IT) controls, assessed the risks of those controls, evaluated whether selected general and application IT controls were in place, and tested the effectiveness of the controls.
- Examined evidence related to 46 QA reviews to determine whether peer reviewers met the training, education, and experience requirements; all programs were evaluated; appropriate program standards were applied; and provider contracts included quality assurance provisions.
- Examined records for 108 peer reviewers to determine whether conflict of interest statements were completed and on file with the Department.
- Examined records related to 40 CCC reportable incidents to determine whether pertinent information was properly entered into the tracking system by authorized employees, supervisory review was performed for incident reports, and that incident reports were promptly communicated to appropriate management and program personnel. In addition, we reviewed selected daily reports of incidents.
- Examined documentation related to 40 of the 902 ARUs conducted to determine their timeliness and compliance with ARU Guidelines, and to determine whether ARU staff were provided training and evaluated on work performance.
- Examined selected records and performed analytical procedures related to motor vehicles, including the examination of 27 motor vehicle usage logs. Of these, 12 were used to corroborate vehicle utilization as indicated on the 2009-10 fiscal year EMIS Summary.
- Reviewed the Department's procedures and processes for administering the Florida Single Audit Act and examined five FSAA checklists to determine whether the associated FRPs were timely received and reviewed.

- Examined documentation related to 45 active contracts to determine whether programmatic and administrative monitoring was performed.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.
- Communicated on an interim basis with applicable Department officials to ensure the timely resolution of issues involving controls and noncompliance.
- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe those matters requiring corrective actions.

AUTHORITY

Section 11.45, Florida Statutes, requires that the Auditor General conduct an operational audit of each State agency on a periodic basis. Pursuant to the provisions of Section 11.45, Florida Statutes, I have directed that this report be prepared to present the results of our operational audit.



David W. Martin, CPA
Auditor General

MANAGEMENT'S RESPONSE

In a response letter dated June 19, 2012, the Secretary of the Department concurred with our audit findings and recommendations. The Department's response is included as **EXHIBIT A**.

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EXHIBIT A
MANAGEMENT'S RESPONSE



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Wansley Walters, Secretary

June 19, 2012

Mr. David W. Martin, Auditor General
State of Florida
Claude Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450

Dear Mr. Martin:

Enclosed is our response to the list of preliminary and tentative audit findings and recommendations for the operational audit of the Department of Juvenile Justice – Quality Assurance, Central Communications Center, Administrative Review Unit, Selected Administrative Activities, and Prior Audit Follow-Up for the period July 1, 2009 through February 28, 2011.

Pursuant to Section 11.45(4)(d), Florida Statutes, enclosed is a written statement of explanation concerning each of the findings, including our actual or proposed corrective actions.

Per your request, this response is being submitted electronically to flaudgen_audrpt_SGA@aud.state.fl.us. If you have any questions regarding this submission or need additional information, please contact Amy Johnson, Director of Program Accountability, at 414-6248.

Sincerely,

Wansley Walters
Secretary

/lje

Enclosure

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850
<http://www.djj.state.fl.us>

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.

EXHIBIT A
MANAGEMENT'S RESPONSE (CONTINUED)

**The Department of Juvenile Justice's Response to the
Auditor General's Preliminary and Tentative Findings**

The Office of the Auditor General conducted an operational audit for the Department of Juvenile Justice focused on Quality Assurance, Central Communications Center, Administrative Review Unit, selected administrative activities, and follow-up of prior audit findings disclosed in report No. 2010-091 (February 9, 2010).

In the letter from the Auditor General dated May 23, 2012, a list of seven preliminary and tentative audit findings and recommendations was provided to the Department.

As requested, the following is a written statement of explanation concerning all of the findings, including the actual or proposed corrective actions.

QUALITY ASSURANCE

Finding No. 1: Reviewer Qualifications: The Bureau of Quality Assurance did not always document that peer reviewers met the minimum qualifications for training, education, and work experience.

AG Recommendation: We recommend that the Bureau adds 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, we recommend that the Bureau ensure that the reviewers and their credentials are records in the QA database.

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. Additional fields have been added to the certified reviewer status forms to collect data relating to the number of years' experience a reviewer has with juvenile justice programs. This data has been added into the QA database. Starting fiscal year 2012-2013, all active certified reviewers will attend Quality Assurance Certified Reviewer Orientation Training and at this one-day training will be required to complete the reviewer status form to ensure accuracy of the reviewer's education and work experience. This updated information will then be entered into the database.

Beginning July 2012, reviewers not meeting minimum requirements for QA Certified Reviewer status will be required to complete and submit a waiver for consideration by the Bureau Chief. This information will also be reflected on the reviewer's information form in the database.

Finding No. 2: Conflict of Interest Statements: The Bureau of Quality Assurance did not require all peer reviewers to sign conflict of interest statements.

AG Recommendation: We recommend that the Bureau amend its procedures to require all personnel participating in QA reviews complete a conflict of interest statement.

EXHIBIT A
MANAGEMENT'S RESPONSE (CONTINUED)

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. As of October 2011, all team members are required 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.

CENTRAL COMMUNICATIONS CENTER

Finding No. 3: Recording and Communication of Reportable Incidents: Improvements were needed in the recording and communication of reportable incidents.

AG Recommendation: We recommend that the Department strengthen the incident review process to ensure that reported incidents are accurately and completely recorded, reported, and timely communicated to all appropriate management and program area personnel. In addition, we recommend that the Department enhance the CCC data system by including a field to evidence supervisory review of the CCC daily report, or establish an alternative process to evidence the supervisory review.

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. 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 Officers. 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.

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.

ADMINISTRATIVE REVIEW UNIT (ARU)

Finding No. 4: Administrative Review of Reportable Incidents: Procedures for monitoring the status of the incident reviews assigned to the ARU required enhancement.

EXHIBIT A
MANAGEMENT'S RESPONSE (CONTINUED)

AG Recommendation: We recommend that the ARU enhance its procedures to ensure that all administrative reviews are monitored, are completed within the 30-day time frame prescribed in the *Guidelines* and when appropriate, document authorized extensions to the 30-day review period.

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. 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, FDJJ 2020, allows 40-days for the completion of an Administrative Review. Any reports not completed within 40-days are reviewed for extensions by the Administrative Review Unit Manager (ARM). Extensions, if necessary, are granted with prior approval of the ARM.

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.

SELECTED ADMINISTRATIVE ACTIVITIES

Finding No. 5: Motor Vehicles: A significant number of the Department's vehicles had been underutilized. Our audit also disclosed that 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.

AG Recommendation: We recommend that the Department ensure that motor vehicles are accounted for and efficiently assigned and utilized.

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. 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 under-utilization 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.

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.

EXHIBIT A
MANAGEMENT'S RESPONSE (CONTINUED)

Finding No. 6: Florida Single Audit Act: Improvements were needed in the Department's administration of its responsibilities under the Florida Single Audit Act.

AG Recommendation: To ensure effective oversight, we recommend that the Department follow established procedures and timely review of FRPs received and follow-up with those entities that have not timely submitted FRPs to the Department.

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. We 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.

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.

PRIOR AUDIT FOLLOW-UP

Finding No. 7: Contract Monitoring: The Department's contract monitoring activities continue to need improvement.

AG Recommendation: We again recommend that the Department's contract monitoring processes and procedures be followed and that monitoring be conducted to ensure that providers fulfill the terms and conditions of contracts.

DJJ Statement of Explanation/Corrective Action: The Department concurs with this finding and recommendation. The Department is developing and implementing an oversight process to ensure active contracts are compliant with the monitoring requirements. The anticipated completion date is June 2012.

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 released 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.

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.

