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DEPARTMENT OF JUVENILE JUSTICE

Secure Detention Center Services
and Selected Administrative Activities



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Auditor General

Secretary of the Department of Juvenile Justice

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

Christina K. Daly	From July 4, 2014
Christina K. Daly, Interim	July 1, 2014, through July 3, 2014
Wansley Walters	Through June 30, 2014

The team leader was Barry Bell, CPA, and the audit was supervised by David R. Vick, CPA.

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DEPARTMENT OF JUVENILE JUSTICE

Secure Detention Center Services and Selected Administrative Activities

SUMMARY

This operational audit of the Department of Juvenile Justice (Department) focused on the administration of secure detention center services and selected administrative activities. Our audit also included a follow-up on selected findings noted in our report No. 2014-015. Our audit disclosed the following:

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.

Finding 2: The Department had not established a standard checklist or Departmentwide procedures for conducting quarterly security audits of secure detention centers. In addition, regional office security audit checklists did not include uniform audit criteria or always include criteria that addressed security requirements specified by Department rules.

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.

Finding 4: Department annual compliance monitoring of secure detention centers needed improvement.

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 consideration of the requirements established in Department rules.

Finding 6: Department records did not always adequately demonstrate that secure detention staff completed the annual in-service training required by Department rules.

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.

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.

Finding 9: As similarly noted in prior audit reports, most recently in our report No. 2014-015, Department contract monitoring activities continue to need improvement.

BACKGROUND

The mission of the Department of Juvenile Justice (Department) is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services. Pursuant to State law,¹ the Department is responsible for planning, coordinating, and managing the delivery of all programs and services within the juvenile justice continuum. To deliver these programs and services, State law² establishes the following programs within the Department: Prevention and Victim Services, Intake and Detention, Residential and Correctional Facilities, Probation and Community Corrections, and Administration. For the 2014-15 fiscal year, the Legislature appropriated approximately \$551 million to the Department and authorized 3,265.5 positions.

FINDINGS AND RECOMMENDATIONS

SECURE DETENTION CENTER SERVICES

State law³ specifies that the Department is to operate a Statewide, regionally administered system of detention services for children which includes secure detention centers and nonsecure detention programs. The Department is responsible for determining whether youths under the age of 18 who are taken into custody by law enforcement are to be detained in a secure detention center. Department staff utilize a standard risk assessment instrument to conduct detention screening, and all youth assessed as a risk to public safety are to be placed in a secure detention center while awaiting court proceedings. The Department operates 21 secure detention centers in the State through three regional offices (North, Central, and South). Each secure detention center is administered by a Superintendent who reports to the applicable Regional Office Director.

Finding 1: Secure Detention Center Rules and Guidance

State law⁴ requires the Department to adopt rules prescribing standards and requirements for the provision of secure detention center services. Pursuant to State law, the Department has promulgated rules⁵ that prescribe standards and requirements for, among other things, the construction, equipping, maintenance, staffing, programming, and operation of secure detention centers, as well as the disciplinary treatment, training, and education of confined youths.

As part of our audit, we evaluated Department processes for updating secure detention center services rules and related guidance and noted that, to better ensure the consistent and appropriate provision of secure detention services, improvements were needed. Specifically, we found that:

- Although the Department initiated rule revisions in March 2011, the revision and final rule promulgation process was not completed until August 2015. As a result, during the intervening

¹ Section 20.316(1)(b), Florida Statutes.

² Section 20.316(2), Florida Statutes.

³ Section 985.601(9)(a), Florida Statutes.

⁴ Section 985.601(9)(b), Florida Statutes.

⁵ Department Rules, Chapter 63G-2, Florida Administrative Code.

period, the Department and its 21 secure detention centers were subject to four draft Department rules for secure detention center services.

- As of February 16, 2016, the Department's *Detention Services Manual*, which was designed to assist staff in complying with juvenile justice laws and implementing Department policies, had not been updated or revised since September 11, 2006, although the *Manual* was still available on the Department's Web site for public viewing and detention center staff reference. Consequently, the *Detention Services Manual* included provisions that were inconsistent with the Department's final secure detention services rules promulgated in August 2015.

In response to our audit inquiry, Department management acknowledged that the rule promulgation process can be lengthy. In addition, on April 7, 2016, Department management indicated that the *Detention Services Manual* was no longer in use. Notwithstanding Department management's response, to ensure the consistent and appropriate provision of secure detention center services, it is important that the Department timely update administrative rules and provide detailed guidance to staff for implementing the standards and requirements established in the updated rules.

Recommendation: We recommend that Department management ensure that Department rules for secure detention center services are appropriately maintained and that detailed guidance reflecting current Department rules is provided to staff.

Finding 2: Quarterly Security Audit Checklists

To maintain appropriate security within each secure detention center, Department rules⁶ require Superintendents to ensure that quarterly audits of secure detention center security systems, devices, and procedures are conducted and documented. As part of our audit, we evaluated Department policies, procedures, and processes for ensuring that required quarterly security audits were appropriately performed and documented during the period July 2013 through March 2015. Our audit procedures found that, although Department rules required quarterly security audits, Department management had not established a standard checklist or Departmentwide procedures for staff to use when conducting security audits. Instead, each of the Department's three regional offices developed a security audit checklist that was to be completed during quarterly security audits.

Our examination of the regional office checklists disclosed that the checklists did not ensure the appropriate and consistent conduct of security audits as the checklists did not include uniform audit criteria or always include criteria that addressed security requirements specified by Department rules. Specifically, we found that:

- While the checklists generally included similar safety and security audit measures, the checklists did not include consistent audit criteria for evaluating compliance with the measures. For example, the North Region's checklist included 15 audit criteria for evaluating the control of facility tools, while the South Region's checklist included only 2 audit criteria. Among the criteria not included, the South Region's checklist did not address the conduct of daily itemized inventories of all culinary equipment, including kitchen knives and other hazardous implements, by kitchen staff upon arrival and departure.
- The South Region's checklist did not include audit criteria for evaluating the control of facility keys. Department rules⁷ require secure detention center Superintendents to outline a system of key

⁶ Department Rule 63G-2.019(1)(a), Florida Administrative Code.

⁷ Department Rule 63G-2.019(5), Florida Administrative Code.

control that addresses the assignment, tracking, storage, and disposal or replacement of lost or damaged keys, including vehicle keys.

- None of the regions' security audit checklists included criteria for evaluating firearms and weapons control. Department rules⁸ require secure detention center Superintendents to ensure that staff and youths do not possess firearms or other weapons on facility property.

Establishment of a standard security audit checklist that includes all applicable safety and security criteria and Departmentwide procedures for the conduct of security audits would provide management greater assurance that secure detention center security audits are appropriately and consistently conducted Statewide.

Recommendation: We recommend that, for use in conducting quarterly security audits of secure detention centers, Department management establish a standard security audit checklist that incorporates all applicable safety and security criteria. In addition, the Department should establish Departmentwide procedures to ensure security audits are uniformly conducted.

Finding 3: Documentation of Quarterly Security Audits

Department rules⁹ and the *Detention Services Manual* require each secure detention center Superintendent to submit the results of quarterly security audits to the applicable Regional Director within 10 business days of the completion of the audit. As part of our audit, we evaluated Department quarterly security audit rules and policies and procedures and requested from the Department documentation related to 20 quarterly security audits required to be conducted at ten secure detention centers¹⁰ during the period July 2013 through March 2015. Our audit procedures disclosed that:

- The Department was unable to provide documentation demonstrating that 3 of the 20 required quarterly security audits (involving 3 centers) had been conducted.
- Security audit checklists were not always appropriately completed. Specifically:
 - o For 6 security audits of five centers, Department staff did not address all the criteria included on the security audit checklists. The criteria not addressed included, for example, controls related to suicide prevention and observation and alerts, mock drills and medical emergencies, the movement of youth in centers, and access to emergency keys.
 - o For 3 security audits of three centers, Department staff completed a "Visits Checklist" instead of the region's security audit checklist. Our examination of the "Visits Checklist" disclosed that the Checklist did not include all safety and security audit criteria required by Department rules, such as criteria for the control of facility tools, physical plant safety inspections, vehicle equipment and inspections, and mock drills and medical emergencies.
- The Department was unable to provide documentation demonstrating that the results of 10 security audits (involving seven centers) had been communicated to the applicable Regional Director.
- While Department rules and the *Detention Services Manual* require Superintendents to develop and submit corrective action plans (CAPs) in response to quarterly security audit findings, neither Department rules nor the *Manual* address how CAPs are to be prepared, the time frame in which CAPs are to be submitted, or how deficiencies noted during quarterly security audits are to be followed up on to evaluate the extent to which appropriate corrective actions have been taken.

⁸ Department Rule 63G-2.019(17), Florida Administrative Code.

⁹ Department Rule 63G-2.019(1), Florida Administrative Code.

¹⁰ Four North Region centers and three centers each from the Central and South Regions.

These deficiencies may have contributed to the lack of evidence in Department records regarding appropriate actions taken to address quarterly security audit findings. Specifically:

- o The Department was unable to provide documentation evidencing that a CAP had been prepared for 5 audits of four centers.
- o The CAP for 1 audit had not been timely prepared. The CAP was prepared 111 days after the security audit results had been communicated to regional office staff.
- o The CAP for 1 audit had not been submitted to the Regional Director for review.
- o The CAP for 1 audit did not address all deficiencies noted during the security audit.
- o For the 8 quarterly security audits (involving six centers) which disclosed deficiencies, the Department was unable to provide documentation demonstrating that the Department had conducted follow-up procedures to determine whether appropriate corrective actions had been taken.

In response to our audit inquiry, Department management indicated that the security audit deficiencies were due to various factors, such as staff shortages, turnover, and the absence of current, Departmentwide policies and procedures for the security audit process.

Adequate documentation, including completed security audit checklists addressing all applicable criteria, for security monitoring activities performed would better demonstrate the sufficiency of those activities. In addition, detailed staff guidance, such as policies and procedures that address the preparation of CAPs, the time frame in which CAPs are to be submitted, and how deficiencies noted during quarterly security audits are to be followed up on, would provide Department management greater assurance that deficiencies, if any, are timely and appropriately corrected. The development of policies and procedures addressing CAPs is especially important given that Department rules do not address the correction of deficiencies noted during security audits.

Recommendation: We recommend that Department management 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.

Finding 4: Annual Compliance Monitoring of Secure Detention Centers

The Office of Program Accountability, Bureau of Monitoring and Quality Improvement, was responsible for conducting annual monitoring of secure detention centers to ensure that the centers operated in compliance with applicable laws, rules, and Department policies and procedures. The Department's *Monitoring and Quality Improvement Standards for Detention Programs* included five standards: Management Accountability, Youth Management, Mental Health and Substance Abuse Services, Health Services, and Safety and Security. For each standard, the Department identified various compliance indicators based on applicable laws, rules, and Department policies and procedures. For each indicator, a secure detention center was to be given a compliance rating of Satisfactory, Limited, or Failed during the annual monitoring review and the results of the review were to be recorded on monitoring programs.

As part of our audit, we examined Department monitoring records for the 2013-14 and 2014-15 fiscal years for ten secure detention centers to determine whether the Department conducted adequate monitoring in accordance with established policies and procedures. For the 20 annual compliance monitoring reviews, our audit procedures disclosed that Department staff did not appropriately complete all applicable portions of the monitoring programs for the 20 monitoring reviews. In response to our audit inquiry, Department management indicated that monitoring programs were not always properly completed due to Department oversight.

Absent sufficient documentation of the completion of all applicable monitoring activities in accordance with Department rules, Department management cannot adequately demonstrate that sufficient annual compliance monitoring of secure detention centers was performed.

Recommendation: We recommend that Department management ensure that the completion of all applicable annual compliance monitoring review activities is sufficiently documented.

Finding 5: Detention Staff Certification and Training

State law¹¹ requires the Department to ensure that personnel responsible for the care, supervision, and individualized treatment of children are appropriately educated regarding juvenile justice laws and trained in accordance with standards established by Department rules. Accordingly, Department rules¹² require detention staff to be certified as Juvenile Justice Detention Officers within 180 days of employment and outline the requirements for certification.

As part of the certification process, detention staff were required to complete both computer-based and instructor-led training that was divided into two 120-hour phases. Phase One was to encompass workplace training and Phase Two, academy training. Each phase was to incorporate specified training topics and Detention staff were required to score at least 70 percent on all computer-based certification courses and at least 75 percent on the Juvenile Justice Detention Officer certification examination. All training was developed and approved by the Department.

The Department hired 611 secure detention staff during the period July 1, 2013, through October 2, 2014. As part of our audit, we examined Department records for 15 secure detention staff to determine whether the staff had completed Juvenile Justice Detention Officer training and were certified within the time frame required by Department rules. As shown in Table 1, our audit procedures disclosed that, for all 15 secure detention staff, the Department was unable to provide sufficient documentation demonstrating that the staff, although certified, had successfully completed all Juvenile Justice Detention Officer training requirements. In addition, based on our audit procedures, it did not appear that the Phase One and Two training topics had been developed and approved in full consideration of the training requirements established in Department rules.

¹¹ Section 985.601(8), Florida Statutes.

¹² Department Rule 63H-2.007(1) and (2), Florida Administrative Code.

Table 1
Secure Detention Staff Completion of
Training Requirements Not Sufficiently Documented

Training Topics Specified in Department Rule	Number of Staff Without Sufficient Documentation of Completion
<i>Phase One: Workplace Training</i>	
Orientation	15
Information security awareness	11
Facility operations	9
Protective Action Response (PAR)	10
CPR and first aid	4
Mental health and substance abuse services	-
Safety, security, and supervision	9
Legal	15
Department organization	15
Gang awareness	-
Interpersonal and communication skills	9
Detainee behavior and consequences	9
<i>Phase Two: Academy Training</i>	
Restorative justice	-
Professionalism and ethics	-
Adolescent behavior	-
Health care	-
Effective written communication	-
Mental health	-
Suicide recognition, prevention, and intervention	15
Human diversity	-
Interpersonal and communication skills	15

Source: Department training records.

In response to our audit inquiry, Department management indicated that, for computer-based training, test scores were posted in the Department's training systems and that the Department also relied upon other information input into the systems to document the completion of instructor-led training. However, we noted that Department training system records did not always agree with, or were not always supported by, other Department training records. For example, Department training system records indicated that 1 of the 15 secure detention staff was PAR-certified; however, training attendance rosters indicated that the staff member had only completed 32 of the required 40 hours of PAR training. In response to our audit request for evidence demonstrating that this staff member had successfully completed all training requirements (e.g., additional training attendance rosters, completed tests, certifications, evaluation forms), Department management indicated that, while secure detention centers utilized training attendance rosters to document instructor-led training, training rosters were not always available to verify the accuracy of the information maintained in the Department's training systems.

Absent sufficient documentation demonstrating that all secure detention staff complete the training specified by Department rules for Juvenile Justice Detention Officer certification, the Department has limited assurance that the staff responsible for the care, supervision, and individualized treatment of juveniles are effectively educated regarding juvenile justice laws and appropriately trained.

Recommendation: We recommend that Department management 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.

Finding 6: Detention Staff Annual In-Service Training

Department rules¹³ require secure detention staff to complete annual in-service training addressing the following topics: PAR update, CPR and automated external defibrillator (AED), first aid, suicide prevention, and professionalism and ethics. While Department rules specify that most mandatory in-service training is required once per calendar year, the rules require 8 hours of PAR training once every 12 months. In addition, secure detention staff who have obtained a multi-year certification in first aid are only required to complete training as required by the certification.

The Department employed 1,795 secure detention staff during the period July 1, 2013, through April 9, 2015. As part of our audit, we examined Department records for 25 secure detention staff to determine whether the staff members satisfied the mandatory annual in-service training requirements during the 2013 and 2014 calendar years, and the 2015 calendar year through April 9, 2015. Our examination disclosed that the Department was unable to provide sufficient documentation, such as training attendance rosters, completed tests, certifications, or evaluation forms, demonstrating that the detention staff had completed all required mandatory annual in-service training. As similarly noted in Finding 5, we found that, while Department training system records reflected the completion of some required training, the records did not always agree with, or were not always supported by, other Department training documentation such as training attendance rosters or completed tests.

Table 2 summarizes, by mandatory annual in-service training topic, the number of secure detention staff included in our tests who were required to complete training and the number of those staff for whom sufficient documentation demonstrating completion of the training was not provided in response to our audit requests.

¹³ Department Rule 63H-2.007(9), Florida Administrative Code.

Table 2
Annual In-Service Training Not Sufficiently Documented

Training Topic	Number of Selected Staff for Whom Sufficient Documentation Not Provided			Number of Selected Staff Required to Complete Training Topic		
	2013	2014	2015	2013 ^a	2014 ^a	2015 ^b
PAR	8	4	1	23	23	4
CPR and AED	10	4	-	23	22	14
First aid	10	4	-	23	22	14
Suicide prevention	12	5	-	23	20	1
Professionalism and ethics	22	1	-	23	21	1

^a The totals for each annual in-service training topic does not equal 25 due to the timing of secure detention staff hire and separation dates.

^b The totals for each annual in-service training topic does not equal 25 because our evaluation of annual in-service training documentation for 2015 was limited to training required to be completed through April 9, 2015.

Source: Department training records.

In response to our audit inquiry, Department management indicated that, while secure detention centers utilized training attendance rosters to document instructor-led training, training rosters were not always available to verify the accuracy of the information maintained in the Department's training systems. Additionally, Department management indicated that for computer-based training, test scores were posted in the Department's training systems, but additional evidence of test completion, such as a copy of the completed test, was not retained. The Department indicated that instructor-led training is manually entered into the Department's training systems, and as a result, human error may have contributed to some training information not being appropriately recorded in the Department's training systems.

Sufficient documentation evidencing that all secure detention staff timely complete required annual in-service training is necessary to demonstrate that staff have received the training specified by Department rules.

Recommendation: We recommend that Department management maintain appropriate documentation to evidence that secure detention staff timely complete the annual in-service training required by Department rules.

SELECTED ADMINISTRATIVE ACTIVITIES

As part of our audit, we also evaluated selected Department administrative activities and controls, including those related to purchasing cards, surplus information technology (IT) equipment, and contract monitoring.

Finding 7: Purchasing Card Cancellations

As a participant in the State's purchasing card program, the Department is responsible for the implementation of key controls, including the timely cancellation of purchasing cards upon a cardholder's separation from Department employment. Department procedures¹⁴ specified that supervisors were to alert the Department's Purchasing Card Program Administrator (PCPA), through the Separation Notification System, of the effective date of a cardholder's separation from Department employment. Department supervisors were also to collect the purchasing cards from the employees and immediately destroy the cards. The PCPA was responsible for the prompt cancellation of purchasing cards.

In our report No. 2014-015 (finding No. 6), we noted that the Department did not always timely cancel purchasing cards upon a cardholder's separation from Department employment. Our audit follow-up procedures included comparing Department employee separation dates recorded in People First, the State's human resource information system, to purchasing card cancellation dates recorded in Florida Accounting Information Resource Subsystem (FLAIR) purchasing card records. We identified 190 cardholders who separated from Department employment during the period April 11, 2014, through February 28, 2015, and noted that 15 of the employees' purchasing cards had not been timely canceled. Specifically, we found that the employees' purchasing cards were canceled from 3 to 51 business days (an average of 16 business days) after the employees' separation dates.

In response to our audit inquiry, Department management indicated that the delays in canceling purchasing cards were due to supervisors not notifying, or not timely notifying, the PCPA when employees separated from Department employment, and PCPA oversights.

Although our audit tests did not disclose any charges incurred subsequent to the 15 cardholders' separation from Department employment, timely cancellation of purchasing cards upon a cardholder's separation from Department employment reduces the risk that unauthorized purchases will be made.

Recommendation: We again recommend that Department management promptly cancel purchasing cards upon a cardholder's separation from Department employment.

Finding 8: Disposition of Surplus IT Equipment

Effective IT security controls include procedures to prevent access to confidential and sensitive information and software on surplus IT equipment (i.e., computers, disks, servers, and other equipment or media) when these items are disposed of or transferred to another user. Such procedures ensure that data deleted from equipment to be disposed of cannot be retrieved by any internal or third party. Effective IT security controls also include documenting the sanitization and disposition of surplus IT equipment to demonstrate that appropriate actions were taken to prevent inappropriate or unauthorized access to confidential or sensitive information.

In performing their assigned duties, Department employees routinely access confidential and sensitive data, such as identifying information and criminal history records for juveniles. Consequently,

¹⁴ Department Procedure FDJJ-1407.05P, *Purchasing Card Procedures*.

Department procedures¹⁵ required that records be maintained to document that confidential and sensitive information was removed from surplus IT equipment prior to disposal. IT data storage media sanitization was to be performed using one of the following methods:

- Using software to overwrite data.
- Degaussing.¹⁶
- Reformatting.
- Physically destroying the media.

To document that confidential and sensitive data had been removed from surplus IT equipment prior to disposal, the Department required that a *Surplus Certification of State Property* form and a *Data Storage Media Sanitization or Destruction* form be completed. For all surplus property, the *Surplus Certification of State Property* form was to be completed by the Department's General Services liaison, Property liaison, or applicable contract manager and be approved by the Bureau of Management Information Systems (MIS) regional leader or field staff. For surplus IT equipment with data storage capabilities, the *Data Storage Media Sanitization or Destruction* form was also to be completed and signed by the authorizing supervisor and by MIS staff, certifying that the equipment had been sanitized or destroyed.

According to Department records, during the period September 20, 2013, through February 28, 2015, the Department disposed of approximately 1,750 items identified as surplus IT equipment with potential data storage capabilities. These items had been assigned to various organizational areas within the Department and included computers, printers, scanners, Ethernet switches, and servers. As part of our audit, we examined Department records for 17 of the items identified as surplus IT equipment to determine whether the Department had adequately documented that surplus IT equipment had been sanitized prior to disposal. As similarly noted in our report No. 2014-015 (finding No. 7), our audit tests disclosed that:

- The Department could not provide a *Data Storage Media Sanitization or Destruction* form, a *Surplus Certification of State Property* form, or other documentation demonstrating the sanitization of confidential and sensitive data from one computer prior to disposal.
- The *Data Storage Media Sanitization or Destruction* form for another computer was signed and dated by applicable Department personnel subsequent to our request for the form. In addition, the *Surplus Certification of State Property* form did not evidence the date the computer had been sanitized or the applicable MIS staff who certified that the sanitization had been performed.

In response to our audit inquiry, Department management indicated that staff oversight and unclear policies and procedures had contributed to the deficiencies noted.

To sufficiently safeguard confidential and sensitive information, it is critical that organizations properly identify IT equipment with data storage capabilities and, prior to disposing of such IT equipment, document the sanitization of any stored data.

¹⁵ Department Procedures FDJJ-1312P, *Property Management and Control Procedures*, and FDJJ-1260P, *Security Requirements for Office Machines with Data Storage Capability Procedures*.

¹⁶ Degaussing is the process of eliminating a magnetic field (i.e., data) stored on IT data storage media.

Recommendation: We again recommend that Department management document that confidential and sensitive information is sanitized from all items with data storage capabilities prior to disposal.

Finding 9: Contract Monitoring

Pursuant to State law,¹⁷ State agencies are responsible for enforcing the terms and conditions of all contractual services contracts and ensuring that contract deliverables are appropriately satisfied. As part of these responsibilities, the Department is to perform contract monitoring to evaluate whether desired service outcomes are being achieved and to identify performance problems as early as possible so that corrective action may be timely initiated.

The Department utilizes contract providers to deliver a range of services, including detention, executive direction, delinquency prevention, probation, and residential facility. Department policies and procedures¹⁸ required both administrative and programmatic monitoring of contracts be completed at least annually. Administrative monitoring was to focus on accountability for fiscal resources, while programmatic monitoring was to evaluate the efficiency and effectiveness of contract providers in meeting program goals and objectives. The Department had 421 contracts active during the period July 2013 through February 2015.

We examined Department records for 25 contracts, totaling approximately \$94.4 million, that were active during the period July 2013 through February 2015. Our examination disclosed that the Department did not always conduct administrative and programmatic monitoring as specified by Department policies and procedures. Specifically, during the period July 2013 through February 2015, the Department had not completed administrative monitoring for 8 contracts, totaling approximately \$15 million, and programmatic monitoring for 2 contracts, totaling approximately \$5.6 million. For 2 additional contracts, totaling approximately \$1.4 million, neither administrative nor programmatic monitoring had been completed. We have noted similar issues in prior audit reports, most recently in our report No. 2014-015 (finding No. 8).

Prior to August 2014, the Department had not established a central tracking mechanism which contributed to the required administrative monitoring not always being completed and appropriately documented. In addition, in response to our audit inquiry, Department management indicated that, for the noted contracts, programmatic monitoring was not required by Department policy. Contracts for which programmatic monitoring had not been completed included contracts to provide comprehensive youth evaluations, substance abuse, mental health, and sex offender counseling, vocational programs, and functional family therapy programs. Our review of Department policies and procedures did not find that contracts for these types of services were exempt from programmatic monitoring.

Absent completion of the required monitoring activities, the Department has reduced assurance that contract providers operated in compliance with contract terms and conditions and that the desired service outcomes were achieved.

¹⁷ Section 287.057(14), Florida Statutes.

¹⁸ Department Policy FDJJ-2000, *Contract Management and Program Monitoring and Quality Improvement*, and Department Procedure, *Contract Management and Program Monitoring Guidelines*.

Recommendation: We again recommend that Department management ensure that the required administrative and programmatic monitoring of contracts is completed in accordance with established policies and procedures.

PRIOR AUDIT FOLLOW-UP

As discussed in the preceding paragraphs, the Department had not taken actions to fully correct finding Nos. 6, 7, and 8 included in our report No. 2014-015. Finding Nos. 1 through 5 were included within the scope of our report No. 2015-190.

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 February 2015 through September 2015 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 of the Department of Juvenile Justice (Department) focused on the administration of secure detention center services and selected administrative activities. The overall objectives of the audit were:

- To evaluate management's performance in establishing and maintaining internal controls, including controls designed to prevent and detect fraud, waste, and abuse, and in administering assigned responsibilities in accordance with applicable laws, administrative rules, contracts, grant agreements, and guidelines.
- To examine internal controls designed and placed in operation to promote and encourage the achievement of management's control objectives in the categories of compliance, economic and efficient operations, the reliability of records and reports, and the safeguarding of assets, and identify weaknesses in those internal controls.
- 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, selected findings included in our report No. 2014-015.

This audit was designed to identify, for those programs, activities, or functions included within the scope of the audit, deficiencies in management's internal controls, instances of noncompliance with applicable governing laws, rules, or contracts, and instances of inefficient or ineffective operational policies, procedures, or practices. The focus of this audit was to identify problems so that they may be corrected in such a way as to improve government accountability and efficiency and the stewardship of management. Professional judgment has been used in determining significance and audit risk and in selecting the particular transactions, legal compliance matters, records, and controls considered.

As described in more detail below, for those programs, activities, and functions included within the scope of our audit, our audit work included, but was not limited to, communicating to management and those charged with governance the scope, objectives, timing, overall methodology, and reporting of our audit; obtaining an understanding of the program, activity, or function; exercising professional judgment in considering significance and audit risk in the design and execution of the research, interviews, tests, analyses, and other procedures included in the audit methodology; obtaining reasonable assurance of the overall sufficiency and appropriateness of the evidence gathered in support of our audit's findings and conclusions; and reporting on the results of the audit as required by governing laws and auditing standards.

Our audit included the selection and examination of transactions and records. Unless otherwise indicated in this report, these transactions and records were not selected with the intent of statistically projecting the results, although we have presented for perspective, where practicable, information concerning relevant population value or size and quantifications relative to the items selected for examination.

An audit by its nature, does not include a review of all records and actions of agency management, staff, and vendors, and as a consequence, cannot be relied upon to identify all instances of noncompliance, fraud, abuse, or inefficiency.

In conducting our audit we:

- Reviewed applicable laws, rules, policies and procedures, and other guidelines to gain an understanding of secure detention center services.
- Obtained an understanding of internal controls and evaluated the effectiveness of key processes, policies, and procedures related to secure detention center services.
- Examined Department monitoring records for the 2013-14 and 2014-15 fiscal years for ten secure detention centers (four North Region centers and three centers each from the Central and South Regions) to determine whether the Department conducted adequate monitoring in accordance with established policies and procedures.
- Examined Department records for 20 quarterly security audits required to be conducted at ten secure detention centers (four North Region centers and three centers each from the Central and South Regions) during the period July 2013 through March 2015 to determine whether the required quarterly security audits were conducted, the security audit checklists were adequately designed and appropriately completed, the results of the security audits were timely submitted to the Regional Director for review, corrective action plans were timely and appropriately prepared, and follow up on the cited deficiencies was timely performed.
- From the population of 611 secure detention staff hired during the period July 1, 2013, through October 2, 2014, examined Department training records for 15 staff to determine whether the staff had completed Juvenile Justice Detention Officer training and were appropriately certified within the required time frame.
- From the population of 1,795 detention staff employed in secure detention centers during the period July 1, 2013, through April 9, 2015, examined Department training records for 25 staff to determine whether the staff completed the required annual in-service training.
- From the population of 20,233 juveniles admitted to secure detention centers during the period July 2013 through February 2015, examined Department records for 40 juveniles to determine whether the Department timely and appropriately conducted required mental health and substance abuse screenings, reported screening results to mental health clinical staff, and took appropriate additional actions, as necessary, based on the screening results.

- Reviewed applicable laws, rules, policies and procedures, and other guidelines to gain an understanding of cost-of-care fees.
- Obtained an understanding of internal controls and evaluated the effectiveness of key processes, policies, and procedures related to cost-of-care fees.
- From the population of 89,513 juveniles placed under the supervision or custody of the Department during the period May 2013 through March 2015, examined Department records for 46 juveniles to determine whether cost-of-care fees were correctly calculated, timely invoiced to the parent or guardian, correctly recorded in the Accounts Receivable Maintenance System (ARMS) and the Florida Accounting Information Resource Subsystem (FLAIR), appropriately collected, and if applicable, written off in accordance with applicable laws, rules, and other guidelines.
- From the population of 25,489 cost-of-care fee accounts, totaling \$17,182,898, written off by the Department during the period July 2013 through February 2015, examined Department records for 40 accounts, totaling \$29,395, to determine whether the Department made appropriate collection efforts prior to write-off, the write-off was adequately supported and appropriately approved, the correct amount was written off, and ARMS and FLAIR were timely and accurately updated.
- Performed inquiries of Department staff and analyzed ARMS and FLAIR cost-of-care fee, accounts receivable, and allowance for uncollectibles data for the 2009-10 through 2014-15 fiscal years, and evaluated the reasonableness of fluctuations in amounts and the Department's methodology for calculating accounts receivable and allowance for uncollectibles amounts.
- Examined Department records and FLAIR data to determine whether the amounts recorded in FLAIR for cost-of-care-fee accounts receivable and related allowance for uncollectibles for the 2013-14 fiscal year were accurate, complete, and adequately supported.
- Evaluated Department actions to correct finding Nos. 6, 7, and 8 noted in our report No. 2014-015. Specifically, we:
 - o For the period April 11, 2014, through February 28, 2015, compared Department employee separation dates recorded in People First to purchasing card cancellation dates recorded in FLAIR purchasing card records and identified 15 cardholders whose purchasing card cancellation dates were subsequent to their recorded People First separation dates. Examined Department records for the 15 cardholders to assess the timeliness in which the Department canceled the purchasing cards and to determine whether any charges had been made subsequent to the employees' separation dates.
 - o From the population of 1,750 information technology (IT) equipment items with potential data storage capabilities that were identified in Department records as disposed of during the period September 20, 2013, through February 28, 2015, examined Department records for 17 items to determine whether the Department had adequately documented that surplus IT equipment had been sanitized prior to disposal.
 - o From the population of 421 Department contracts that were active during the period July 2013 through February 2015, examined Department records for 25 contracts, totaling approximately \$94.4 million, to determine whether the Department had performed required programmatic and administrative monitoring.
- Reviewed applicable laws, rules, and other State guidelines to obtain an understanding of the legal framework governing Department operations.
- Observed, documented, and evaluated the effectiveness of selected Department processes and procedures for:
 - o Budgetary and cash management activities.

- o The assignment and use of motor vehicles. As of February 28, 2015, the Department had 565 motor vehicles with recorded acquisition costs totaling \$10,583,558.
- o The management of tangible personal property. During the period July 1, 2013, through February 27, 2015, the Department acquired tangible personal property totaling \$2,192,182.
- o The administration of the requirements of the Florida Single Audit Act. During the period July 2013 through February 2015, the Department expended \$91,688,678 for seven State financial assistance programs.
- Communicated on an interim basis with applicable officials to ensure the timely resolution of issues involving controls and noncompliance.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.
- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe the matters requiring corrective actions. Management's response is included in this report under the heading **MANAGEMENT'S RESPONSE**.

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.



Sherrill F. Norman, CPA
Auditor General

MANAGEMENT'S RESPONSE



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Christina K. Daly, Secretary

May 26, 2016

Sherrill F. Norman, CPA
Auditor General
G74 Claude Pepper Building
111 West Madison Street
Tallahassee, FL 32399-1450

Dear Ms. Norman:

Please find attached the Department's responses to the findings from your recent operational audit of the Department of Juvenile Justice, Secure Detention Center Services and Selected Administrative Activities. Overall, we concur with the findings and have taken the appropriate steps to ensure corrective actions will be or have already been put in place.

I appreciate the professionalism shown by your staff while conducting the audit and feel this audit will enhance the Department's operations.

Sincerely,

A handwritten signature in black ink, appearing to read "Christina K. Daly".

Christina K. Daly
Secretary

cc: Timothy Niermann, Deputy Secretary
Fred Schuknecht, Chief of Staff
Dixie Fosler, Assistant Secretary for Detention
Vickie Harris, Director of Administration
Amy Johnson, Director of Program Accountability

Enclosure

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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
Response to the Audit Findings**

Finding 1: Secure Detention Center Rules and Guidance

The Department did not timely update administrative rules and other guidance for the provision of secure detention center services.

Response

We concur with the finding. Although the Detention Services Manual was still on the Department's website, the Manual was discontinued when Detention Services promulgated a Secure Detention Rule in October 2008. In 2011, Detention Services began the process of revising the existing Secure Detention Rule due to statute and policy changes. During that revision process, the Florida Statutes were amended to include County Operation of Juvenile Detention Centers under DJJ guidance, which were adapted into the rule revision and submitted for review to the Governor's Rule Committee. The Statutes were subsequently amended to remove the requirement of DJJ oversight of County-Operated Juvenile Detention Centers. This required multiple changes in the rule revision that had to be re-approved by the Governor's Rule Committee. The revised Secure Detention Rule was promulgated in August 2015.

The Detention Rule is the guiding document for detention services. Following the promulgation of the revised Secure Detention Rule, 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.

The Detention Services Manual has been removed from the Department's web page, we have a revised Secure Detention Rule and have standardized Facility Operating Procedures, both of which are posted on the Department's website.

Finding 2: Quarterly Security Audit Checklists

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 or always include criteria that addressed security requirements specified by Department rules.

Response

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.

Finding 3: Documentation of Quarterly Security Audits

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.

Response

We concur with the finding. Corrective actions are taken as indicated in response to finding 2.

Finding 4: Annual Compliance Monitoring of Secure Detention Centers

Department annual compliance monitoring of secure detention centers needed improvement.

Response

We partially concur with the finding. The Bureau of Monitoring and Quality Improvement continues working each year to ensure we complete all applicable annual compliance monitoring review activities and sufficiently document our findings. We accomplish this through the use of designated “work papers” for each program type (Detention Services, Probation Services, Residential Services, and Prevention Services). We also utilize documentation such as staff interviews, youth interviews, staff surveys, youth surveys, observation checklists, facility observation checklists, and other supporting documentation to accurately reflect our findings, while on-site.

While 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-site annual compliance monitoring visits.

Some of the blank pages on the work papers are likely the result of not having “not applicable” as an option/answer for each question, and as a result, our Regional Monitors or Peer Reviewers may have left those questions blank. 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.

Additionally, prior to submitting the final work papers from reviews, our Lead Reviewers will be required to sign each set of work papers indicating they were fully completed by our Regional Monitors and Peer Reviewers.

Finding 5: Detention Staff Certification and Training

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 consideration of the requirements established in Department rules.

Response

We concur with the finding. Detention Services is now tasking each Facility Training Coordinator 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.

Finding 6: Detention Staff Annual In-Service Training

Department records did not always adequately demonstrate that secure detention staff completed the annual in-service training required by Department rules.

Response

We concur with the finding. Corrective actions are taken as indicated in response to finding 5.

Finding 7: Purchasing Card Cancellations

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.

Response

We concur with the finding. A review of the previous audit finding in report no. 2014-015 showed that the Department has made significant improvement in timely cancelling purchasing cards upon a cardholder's separation from Department employment. We will continue to ensure adequate training is provided to the staff on the Separation Notification System 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 PeopleFirst termination report weekly instead of monthly in order to be in compliance with the 1-2 workday cancellation requirement.

Finding 8: Disposition of Surplus IT Equipment

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.

Response

We concur with the finding. In response to the inquiry and subsequent questions and issues raised during the audit, the Bureau of MIS surveyed MIS staff in an attempt to gain a better understanding of the deficiencies noted in the finding. Upon examination it was determined that staff were interpreting the Data Storage Media Sanitization / Destruction Form inconsistently.

Several steps were taken to address the issue. The form itself was revised to ensure clarity and purpose, and the draft form was distributed for use. The form was officially updated and posted in September 2015. At the direction of the Chief Information Officer, 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 Department is now utilizing an on-site media destruction firm to ensure hard drives and storage media was securely destroyed. The use of an on-site media destruction service ensures the media is destroyed on the customer's premises, rather than sent off-site for destruction at a later date/time. MIS and the vendor documented approximately 2,000 hard drives and media components destroyed with this service beginning in November 2015. The media destruction service scans / records the barcode information of the media (if available) and provides proof of destruction to the Department.

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. Due to the aforementioned inconsistent use of the previous version of the sanitization form, the workstation, laptop, or device which contained the storage media wasn't always recorded on the form, thereby creating the inability to trace the media back to the device it was removed from. This issue was an integral topic of the training, and the Department believes it is remediated.

The Information Security Manager will conduct on-going training at bi-annual intervals for all MIS staff as a refresher. This will ensure ongoing monitoring and awareness to mitigate future occurrences.

Finding 9: Contract Monitoring

As similarly noted in prior audit reports, most recently in our report No. 2014-015, Department contract monitoring activities continue to need improvement.

Response

We partially concur with the finding. Effective August 2014, the Department consolidated all monitoring functions under the Office of Program Accountability. This included Department-wide use of the Program Management and Monitoring System, an automated workflow system that enables managers 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.

FDJJ Policy #2000 does address limited scope monitoring. Section II.I.5.J reads:

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.

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 process is to devote resources to the most valuable oversight activities.
3. Using good judgment, 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.