

STATE OF FLORIDA AUDITOR GENERAL

Operational Audit

Report No. 2017-214
June 2017

DEPARTMENT OF MANAGEMENT SERVICES AND THE COMMISSION ON HUMAN RELATIONS



Sherrill F. Norman, CPA
Auditor General

Department of Management Services and the Commission on Human Relations

The Department of Management Services (Department) is established by Section 20.22, Florida Statutes. The head of the Department is the Secretary who is appointed by the Governor and subject to confirmation by the Senate. During the period of our audit, the following individuals served as Department Secretary:

Chad Poppell From December 22, 2014

Craig Nichols Through December 16, 2014

The Commission on Human Relations (Commission) is established by Section 760.03, Florida Statutes, and includes 12 members appointed by the Governor and subject to confirmation by the Senate. Commission members are to be appointed for 4-year terms and broadly represent various racial, religious, ethnic, social, economic, political, and professional groups within the State. Pursuant to Section 760.04, Florida Statutes, the Commission is assigned to the Department. However, the Commission is not subject to control, supervision, or direction by the Department. Section 760.03(7), Florida Statutes, provides that the Commission is to appoint and may remove an Executive Director.

During the period of our audit, Michelle Wilson served as Executive Director of the Commission and the following individuals served as Commission members:

Rebecca Steele	From December 31, 2013 Chair from February 16, 2016
Michael Keller	From April 23, 2012, through February 16, 2016 Chair, September 22, 2015, through February 16, 2016
Gilbert Singer	From April 23, 2012 Chair, May 23, 2014, through September 22, 2015
Derick Daniel	From October 29, 2013
Dr. Donna Elam	From March 13, 2009
Onelia Fajardo-Garcia	From April 23, 2012, through May 29, 2015
J. Jeff Graber	From February 19, 2015, through March 25, 2016
Tony Jenkins	From December 31, 2013
Jay Pichard	From June 12, 2015
Billy Whitefox Stall	From March 13, 2009
Sandra Turner	From June 12, 2015

The team leader was Robin Ralston, CPA, and the audit was supervised by Christi Alexander, CPA.

Please address inquiries regarding this report to Christi Alexander, CPA, Audit Manager, by e-mail at christialexander@aud.state.fl.us or by telephone at (850) 412-2786.

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DEPARTMENT OF MANAGEMENT SERVICES AND THE COMMISSION ON HUMAN RELATIONS

SUMMARY

This operational audit of the Department of Management Services (Department) focused on the Department's oversight of Department-managed facilities and included a follow-up on the findings noted in our report No. 2014-030. The audit also focused on selected programs, activities, and functions of the Commission on Human Relations (Commission). Our audit disclosed the following:

Facilities Management

Finding 1: Department practices for monitoring facility operations and maintenance activities need enhancement.

Commission on Human Relations

Finding 2: The Commission was not constituted in accordance with State law.

Finding 3: The Commission did not always investigate or handle employment and public accommodation discrimination complaints or allegations of retaliation against State agency whistle-blowers within the time frames specified by State law.

Finding 4: The Commission had not established a comprehensive information security program in accordance with Agency for State Technology rules.

Finding 5: Certain Case Management System (CMS) user authentication controls and other Commission physical and environmental controls need enhancement to protect the confidentiality, integrity, and availability of Commission data and related information technology resources.

Finding 6: Commission records did not evidence periodic reviews of CMS and network access privileges.

Finding 7: Commission records supporting the authorization of access privileges to the CMS for some employees were incomplete and did not evidence appropriate management approval.

Finding 8: The Commission did not ensure that Commission employees were subject to periodic background screenings as a condition of continued employment.

Selected Administrative Activities

Finding 9: The Department did not always timely cancel purchasing cards upon a cardholder's separation from Department or Commission employment.

BACKGROUND

The Department of Management Services (Department) serves as the business arm of State Government and, as such, provides a variety of centralized services. These services are provided through two major services areas: Business Operations and Workforce Operations. Business Operations consists of State Purchasing, Real Estate Development and Management, Telecommunications, Fleet and Federal Property Management, and Private Prison Monitoring and Workforce Operations includes Human Resource Management and State Group Insurance and Retirement.

Pursuant to State law,¹ the Department is also statutorily assigned the Commission on Human Relations (Commission), whose mission is to prevent unlawful discrimination by ensuring that all people have access to equal opportunities in employment, housing, and public accommodations. While the Commission operates autonomously, the Department provides the Commission certain administrative support services (e.g., financial and human resource management, purchasing, and planning and budgeting).

FINDINGS AND RECOMMENDATIONS

FACILITIES MANAGEMENT

The Department is responsible for the daily operations of Department-managed facilities, including the provision of cost-efficient, accessible, clean, and safe work environments.² The Department, Division of Real Estate Development and Management, Bureau of Operations and Maintenance (Bureau), oversees Department-managed facilities which, as of October 2016, encompassed the operation and maintenance of 110 Florida Facilities Pool (FFP) properties, including the Capitol Center and the Governor's Mansion and grounds.

Finding 1: Facilities Management Oversight

The primary responsibilities of the Bureau included managing FFP properties, overseeing energy management and performance contracting, performing electrical repairs and fire and life safety monitoring, providing building control and environmental services, and ensuring compliance with the Americans with Disabilities Act. As part of our audit, we interviewed Bureau management and staff, reviewed Bureau policies and procedures, and evaluated Bureau processes for monitoring facility operations and maintenance activities and training facility managers and staff. Our audit procedures disclosed that Bureau policies and procedures did not reflect current Bureau practices and that the Bureau's practices for monitoring facility operations and maintenance activities and for providing training needed enhancement. Specifically, we found that:

- Bureau policies and procedures did not reflect current FFP property operations, maintenance, and oversight practices. For example, the Bureau was to consider the facility manager's response time to work orders and customer satisfaction survey responses as part of each facility manager's

¹ Section 760.04, Florida Statutes.

² Sections 255.249 and 272.09, Florida Statutes.

annual evaluation. However, the policies and procedures did not address the process to be used or documentation needed for the Bureau to consider these factors when formulating facility manager annual evaluations. In response to our audit inquiry, Bureau management indicated that existing facility management policies and procedures were either outdated or no longer being followed. Bureau management further indicated that, while many new procedures had been implemented, the procedures had not been reduced to writing due to a limited number of staff.

- The Bureau had not established a comprehensive and documented process to assess the risks associated with FFP facilities, determine commensurate FFP facility monitoring requirements, or schedule facility site visits by Bureau management based on the assessed risk levels and monitoring requirements. Additionally, the Bureau was unable to provide for our audit a comprehensive listing of the facilities visited by Bureau management during the period July 2014 through February 2016. In response to our audit inquiry, Bureau management indicated that, in recent years, the frequency of site visits had been impacted by travel budget constraints, emergencies, fixed capital outlay projects, and staffing transitions.
- Documentation, such as standardized checklists and, reports of deficiencies, monitoring results, and corrective action implementation, was not always maintained to demonstrate Bureau monitoring and review of facilities preventative maintenance activities. In response to our audit inquiry, Bureau management indicated that problems noted during site visits were usually verbally communicated to Bureau and facility management.
- While beginning in January 2016 work orders were to be recorded in TRIRIGA,³ because the system's reporting functionality was not being utilized, the Bureau could not provide a listing of work orders. Additionally, Bureau management indicated that work orders were not always recorded in the former system. Consequently, records were not available to demonstrate that work orders were timely and adequately completed. Bureau management indicated that, as of April 2017, the Bureau had begun to utilize the system's reporting functionality.
- While the Bureau had established a process to coordinate and track safety training for applicable Bureau personnel, it had not established a program to train facility managers and their staff on preventative maintenance testing and related documentation requirements. In response to our audit inquiry, Bureau management indicated that the training of new facility managers was typically completed at the facility with a Deputy Bureau Chief and, when possible, the outgoing facility manager. Division management further indicated that a large portion of the facility manager's training was provided via their peer network, management, and other facility team members.

Bureau policies and procedures that reflect current FFP property management practices are necessary to ensure that facility operations, maintenance, and oversight activities are appropriately and consistently executed in accordance with management's expectations. Additionally, effective management oversight of facility operations and maintenance activities, including a comprehensive and documented process to assess the risks associated with FFP facilities, document monitoring activities and results, and account for all work orders, helps identify problems as early as possible and demonstrates that corrective actions are timely initiated. Further, a Bureau-specific training program that details training requirements and documentation guidelines would increase management's assurances that employees are executing operations and maintenance duties utilizing the most effective and efficient methods.

³ TRIRIGA is a full-suite, Integrated Workplace Management Solution that includes modules designed to accommodate the needs of facilities space management and maintenance, real estate, capital projects, and environmental and energy management within a single software platform.

Recommendation: We recommend that Bureau management:

- **Update policies and procedures to reflect current FFP property operations, maintenance, and oversight practices.**
- **Establish a comprehensive and documented process to assess the risks associated with FFP facilities, determine commensurate FFP facility monitoring requirements, document monitoring activities and results, and account for all work orders.**
- **Implement Bureau-specific facility manager and staff training that details training requirements and documentation guidelines.**

COMMISSION ON HUMAN RELATIONS

State law⁴ establishes the Commission on Human Relations (Commission) to include 12 members appointed by the Governor and subject to confirmation by the Senate. Commission members are to be appointed for 4-year terms, broadly represent various racial, religious, ethnic, social, economic, political, and professional groups within the State, and at least one member is to be 60 years of age or older. In addition, the Commission is to select one of its members to serve as chairperson for a 2-year term. Pursuant to State law,⁵ the Commission is assigned to the Department. However, the Commission is not subject to control, supervision, or direction by the Department.

Pursuant to the Florida Civil Rights Act of 1992⁶ and the Florida Fair Housing Act,⁷ the Commission is to promote and encourage fair treatment of all persons in the State regardless of race, color, religion, sex, national origin, age, disability, and familial or marital status. State law⁸ provides that the Commission is to appoint and may remove an Executive Director who, with the consent of the Commission, may employ the personnel necessary to perform Commission functions. For the 2015-16 fiscal year,⁹ the Legislature appropriated approximately \$4.6 million to the Commission and authorized 51.50 positions.

Finding 2: Commission Composition

As part of our audit, we evaluated the composition of the Commission to determine whether the Commission was constituted in accordance with State law. We found that, as of October 2016, only 8 of the 12 required Commission members were serving and, of the 8 serving members, only 2 Commissioners' terms had not expired. In response to our audit inquiry, Commission management indicated that, although 6 Commissioners' appointments had expired, they continued to participate in Commission activities to maintain a quorum.¹⁰ Commission management also indicated that the Commissioners were either awaiting reappointment or the Commission seat was to be filled by a new member. Commission management noted that, while they did not have the statutory authority to appoint

⁴ Section 760.03, Florida Statutes.

⁵ Section 760.04, Florida Statutes.

⁶ Part I, Chapter 760, Florida Statutes.

⁷ Part II, Chapter 760, Florida Statutes.

⁸ Section 760.03(7), Florida Statutes.

⁹ Chapter 2015-232, Laws of Florida.

¹⁰ Pursuant to Article II, Section 5(b) of the State Constitution, and Section 114.05, Florida Statutes, in situations where a Commissioner's term has expired, but no qualified appointee has been selected to replace the Commissioner, the Commissioner may serve in a "hold over" capacity.

Commission members or dictate their appointment terms, they would continue to make Commissioner appointment recommendations and work with the Executive Office of the Governor to ensure compliance with State law.

Timely appointments of Commission members who broadly represent various racial, religious, ethnic, social, economic, political, and professional groups within the State promote the Commission's mission of preventing unlawful discrimination against all persons in the State.

Recommendation: We recommend that Commission management continue to work with the Executive Office of the Governor to ensure that Commission members are timely appointed in accordance with State law.

Finding 3: Employment, Public Accommodation, and Whistle-Blower Complaint Investigations

Pursuant to State law,¹¹ the Commission is to investigate employment, public accommodation, and housing discrimination complaints, as well as allegations of retaliation against State agency whistle-blowers. State law¹² provides that, within 180 days of the filing of an employment or public accommodation discrimination complaint,¹³ the Commission is to determine whether there was reasonable cause to believe that a discriminatory practice had occurred in violation of the Florida Civil Rights Act of 1992. Within 90 days of receiving a complaint from anyone seeking protection pursuant to the Whistle-blower's Act,¹⁴ the Commission is to investigate the complaint and provide the applicable State agency head and the complainant with a fact-finding report that may include recommendations to the parties or a proposed resolution of the complaint.¹⁵

During the period July 2014 through February 2016, the Commission completed 1,609 investigations of employment and public accommodation discrimination complaints, 284 investigations of housing discrimination complaints, and 131 investigations of whistle-blower complaints. We analyzed Commission records related to employment, public accommodation, and housing discrimination complaint investigations, as well as whistle-blower complaint investigations, to determine whether the Commission complied with the statutory time frames for investigating the complaints. As shown in Table 1, for 571 (35 percent) of the 1,609 employment and public accommodation discrimination complaint investigations, the Commission did not determine within 180 days of the filing of the complaint whether there was reasonable cause to believe that a discriminatory practice had occurred.

¹¹ Chapter 760, Florida Statutes, and Sections 112.31895 and 509.092, Florida Statutes.

¹² Section 760.11(3), Florida Statutes.

¹³ Pursuant to Section 760.11(1), Florida Statutes, the date a complaint is filed with the Commission is the earliest date of filing with the Equal Employment Opportunity Commission, the fair-employment-practice agency, or the Commission.

¹⁴ Sections 112.3187 through 112.31895, Florida Statutes.

¹⁵ Section 112.31895(2)(c), Florida Statutes.

Table 1
Timeliness of Employment and Public Accommodation
Discrimination Complaint Investigations

July 2014 Through February 2016

Number of Days to Make Determination	Number of Investigations	Percentage of Investigations
≤ 180 days	1,038	65%
181 - 240 days	402	25%
241 - 365 days	147	9%
> 365 days	22	1%
Total	<u>1,609</u>	<u>100%</u>

Source: Commission records.

Similarly, as shown in Table 2, for 105 (80 percent) of the 131 whistle-blower complaint investigations, the Commission did not provide the State agency head and the complainant with a fact-finding report within 90 days of receiving the complaint.

Table 2
Timeliness of Whistle-blower Complaint Investigations

July 2014 Through February 2016

Number of Days to Provide Report	Number of Investigations	Percentage of Investigations
≤ 90 days	26	20%
91 - 180 days	66	50%
181 - 365 days	36	28%
> 365 days	3	2%
Total	<u>131</u>	<u>100%</u>

Source: Commission records.

In response to our audit inquiry, Commission management indicated that investigative staff turnover contributed to the Commission not always meeting statutory complaint investigation deadlines.

We also examined Commission records related to 40 complaint investigations (35 employment, 3 whistle-blower, and 2 public accommodation) to determine whether the Commission processed complaints and conducted investigations in accordance with State law. Our examination disclosed that, while State law¹⁶ requires the Commission to mail a copy of the complaint to the person who allegedly committed the violation (respondent) within 5 days of the complaint being filed with the Commission, for 22 of the investigations (19 employment, 2 whistle-blower, and 1 public accommodation), the Commission did not timely provide the respondent a copy of the complaint. Specifically, the Commission sent copies of the complaints to respondents 6 to 69 days (an average of 18 days) after the complaints were filed with the Commission. In response to our audit inquiry, Commission management indicated that delays in receiving complaint investigation cases from the Commission's docketing clerk and the U.S. Equal Employment Opportunity Commission, as well as staff oversights, contributed to the delays.

¹⁶ Section 760.11(1), Florida Statutes.

Conducting employment, public accommodation, and whistle-blower complaint investigations in accordance with statutory time frames furthers the Commission's mission of ensuring that all people have access to equal opportunities in employment and public accommodations and helps protect whistle-blowers from retaliatory actions by agencies and independent contractors.

Recommendation: We recommend that Commission management ensure that employment, public accommodation, and whistle-blower complaints are investigated within the statutory time frames.

Finding 4: Information Security Program

Agency for State Technology rules¹⁷ require State agencies to establish an information security program that includes information security policies and procedures, an information security awareness training program, an information security risk management process, including comprehensive risk assessments, and a disaster recovery program that aligns with the agency's Continuity of Operations Plan (COOP). Effective information security programs promote the confidentiality, integrity, and availability of agency data and IT resources.

For the 2014-15 and 2015-16 fiscal years, the Commission and the Department signed memoranda of understanding pursuant to which the Department was to provide the Commission specified administrative support services. In each memorandum, IT services were specifically identified as being the sole responsibility of the Commission. The Commission utilized the Case Management System (CMS), a Commission-developed and maintained Microsoft Access-based application, to input and manage case file information and track compliance with statutory deadlines for case completion.

As part of our audit, we performed inquiries of Commission management and evaluated Commission policies and procedures and other information security program controls. Our audit procedures disclosed that the Commission had not established a comprehensive information security program in accordance with AST rules. Specifically:

- Although the Commission had adopted general IT policies and procedures, the policies and procedures were last revised in 2010 and did not address items such as systems development and maintenance, configuration and patch management, network security, and separation of duties including, but not limited to, applications programming, quality assurance and testing, change management, and data and network administration. In response to our audit inquiry, Commission management indicated that other Commission priorities inhibited the Commission's ability to update policies and procedures.
- Although the Commission had an ad-hoc process to provide security awareness information to Commission employees, the Commission had not established a security awareness training program in accordance with AST rules¹⁸ that provided employees initial security awareness training within 30 days of employment and, at a minimum, annual security awareness training.
- The Commission had not implemented an information security risk management process, conducted comprehensive risk assessments, or implemented risk mitigation plans to reduce identified risks to Commission IT resources and data.

¹⁷ AST Rule 74-2.002(1)(f)8.c., Florida Administrative Code. Although AST Rules were not effective until March 2016, Agency for Enterprise Technology Rules, Chapter 71A-2, Florida Administrative Code, included similar requirements.

¹⁸ AST Rule 74-2.003(3), Florida Administrative Code.

- The Commission had not developed a COOP, including a documented disaster recovery plan, to provide for the continuation of critical Commission functions in the event of a disaster.

Absent a comprehensive information security program, the risk is increased that the confidentiality, integrity, and availability of Commission data and IT resources may be compromised.

Recommendation: We recommend that Commission management implement a comprehensive information security program that includes:

- Complete and up-to-date IT policies and procedures.
- An information security awareness training program that provides employees security awareness training upon hire and, at a minimum, on an annual basis thereafter.
- An information security risk management process, including comprehensive risk assessments and risk mitigation plans.
- A COOP, including a documented disaster recovery plan.

Finding 5: Security Controls - CMS User Authentication and Physical and Environmental Security

Security controls are intended to protect the confidentiality, integrity, and availability of data and IT resources. Our audit procedures disclosed that certain security controls related to CMS user authentication and physical and environmental security need improvement. We are not disclosing specific details of the issues in this report to avoid the possibility of compromising Commission data and related IT resources. However, we have notified appropriate Commission management of the specific issues.

Without adequate security controls related to CMS user authentication and physical and environmental security, the risk is increased that the confidentiality, integrity, and availability of Commission data and related IT resources may be compromised.

Recommendation: We recommend that Commission management enhance certain security controls related to CMS user authentication and physical and environmental security to ensure the confidentiality, integrity, and availability of Commission data and related IT resources.

Finding 6: CMS and Network User Access Privilege Controls

Effective IT access controls help prevent and detect inappropriate access to IT resources and protect the confidentiality, integrity, and availability of data. Effective access controls include provisions for information owners to periodically review access privileges to IT resources to help ensure that only authorized users have access. As part of our audit, we evaluated Commission CMS and network user access privilege controls and noted that, although Commission policies and procedures required the IT Director to verify on a monthly basis that all employees had the appropriate level of access privileges, Commission records did not evidence periodic reviews of CMS and network user access privileges.

Without documented periodic reviews of CMS and network user access privileges, Commission management has limited assurance that user access privileges are appropriate.

Recommendation: We recommend that Commission management conduct and document periodic reviews of CMS and network user access privileges.

Finding 7: Access Authorization

Effective access authorization practices include the use of access authorization forms to document the user access privileges authorized by management. Additionally, appropriately maintained access authorization documentation facilitates the complete and accurate assignment of user access privileges. Commission policies and procedures specified that managers were to submit to the IT Director requests for CMS user access privileges indicating the level of access requested for the employee. The IT Director was to review the request and, if the access level requested was supervisory level or higher, the IT Director was to obtain the Executive Director's approval. Of the four levels of CMS user groups (staff, supervisor, manager, and administrator), only the staff level did not require Executive Director approval.

To determine whether CMS access privileges granted were authorized and appropriately assigned, we requested for our examination access authorization documentation for 6 of the 46 Commission employees who had CMS access privileges as of February 21, 2016. Our examination disclosed that the authorization forms for 3 employees:

- Did not specify the level of CMS access privileges requested, although our review of CMS records disclosed that the employees were provided manager-level access.
- Did not evidence the Executive Director's approval of the manager-level access granted.

Additionally, for 1 of the 3 employees, the manager-level access granted was to be temporary. However, as of July 18, 2016, the employee had retained manager-level access privileges for 180 business days. Subsequent to our audit inquiry, the employee's access was reduced to staff level.

In response to our audit inquiry, Commission management indicated that the temporary manager-level access privileges had not been revised due to staff oversights. In addition, Commission management indicated that, when a CMS access request was made, IT personnel would verbally confirm with the employee's supervisor the level of access required and obtain verbal approval from the Executive Director.

Complete and appropriately approved access authorization documentation provides management greater assurance that access privileges are authorized and appropriately assigned. Additionally, as noted in Finding 6, absent documented periodic reviews of CMS user access privileges, Commission management has limited assurance that user access privileges remain appropriate.

Recommendation: We recommend that Commission management strengthen controls to ensure that complete and appropriately approved access authorization forms are maintained evidencing that CMS user access privileges are authorized and appropriately assigned.

Finding 8: Background Screenings

Pursuant to State law,¹⁹ each State agency is to designate those positions that, because of the special trust or responsibility or sensitive location, require security background investigations and that all

¹⁹ Section 110.1127(2)(a), Florida Statutes.

employees in positions of special trust are to be subject to level 2 background screenings²⁰ as a condition of employment and continued employment. Pursuant to Commission background screening policies and procedures²¹ all Commission employees who handled or managed sensitive information held designated positions of special trust. According to Commission management, all Commission employees were considered special trust employees and were required to have a level 2 background screening as a condition of employment and continued employment.

We examined the personnel records for the six Commission employees who, as of February 29, 2016, had been employed by the Commission for more than 15 years. Our examination found that, while the employees had received level 2 background screenings in 2009 when the Commission's background screening policies and procedures were approved, none of the employees had been subjected to subsequent rescreenings.

Periodic background screenings of Commission employees, including those with access to sensitive information, provides Commission management greater assurance that only those individuals with appropriate backgrounds are employed and granted access to such information.

Recommendation: We recommend that Commission management update Commission background screening policies and procedures to designate all Commission employees as holding positions of special trust in accordance with current Commission practices. We also recommend that Commission management ensure that all Commission employees are subject to periodic level 2 background screenings as a condition of continued employment.

SELECTED ADMINISTRATIVE ACTIVITIES

As part of our audit, we also evaluated selected Department administrative activities and controls, including those related to purchasing cards.

Finding 9: Purchasing Card Cancellations

As a participant in the State's purchasing card program, the Department is responsible for implementing key controls, including procedures for timely canceling purchasing cards upon a cardholder's separation from Department or Commission employment. In accordance with an annual memorandum of understanding between the Department and the Commission, the Department provided the Commission administrative support and was responsible for administering the Commission's purchasing card program. Department guidelines²² specified that supervisors were responsible for immediately notifying the Department's Purchasing Card Administrator (PCA) if a purchasing card needed to be canceled for any reason, including the cardholder's separation from Department employment, and that the PCA was to timely cancel the purchasing card upon notification.

²⁰ As defined in Section 435.04, Florida Statutes, level 2 background screenings include, but need not be limited to, fingerprinting for Statewide criminal history records checks through the Department of Law Enforcement, national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.

²¹ Commission policies and procedures, *Employee Background Screening*.

²² Department *Purchasing Card Guidelines*.

Our audit procedures included comparing Department and Commission employment separation dates recorded in People First²³ to purchasing card cancellation dates recorded in Florida Accounting Information Resource Subsystem purchasing card records. We identified 136 Department and 16 Commission cardholders who separated from employment during the period July 1, 2014, through February 19, 2016, and noted that 11 Department and 2 Commission employee purchasing cards had not been timely canceled. Specifically, we found that the 11 Department employees' purchasing cards were canceled 2 to 327 business days (an average of 66 business days) after the employees' separation dates and the 2 Commission employees' purchasing cards were canceled 27 and 63 business days, respectively, after the employees' separation dates. In response to our audit inquiry, Department management indicated that the delays in canceling the purchasing cards were due to supervisors not timely notifying the PCA when the employees separated from Department or Commission employment.

Although our audit tests did not disclose any charges incurred subsequent to the 13 cardholders' separation from Department or Commission employment, timely cancellation of purchasing cards upon a cardholder's separation from employment reduces the risk that unauthorized purchases will be made.

Recommendation: We recommend that Department management ensure that purchasing cards are promptly canceled upon a cardholder's separation from Department or Commission employment.

PRIOR AUDIT FOLLOW-UP

The Department had taken corrective actions for the applicable findings included in our report No. 2014-030.

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 April 2016 through January 2017 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 oversight of facilities managed by the Department of Management Services (Department) and selected programs, activities, and functions of the Commission on Human Relations (Commission). 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

²³ People First is the State's Web-based human resource information system.

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 Department management had corrected, or was in the process of correcting, all applicable deficiencies noted in our report No. 2014-030.

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 of the Department we:

- Reviewed applicable laws, rules, Department policies and procedures, and other guidelines, and interviewed Department personnel to gain an understanding of Department facility management controls.
- Reviewed Department policies and procedures and other established guidance and documentation and reporting requirements for facility managers to evaluate the adequacy of the design of Department controls for managing Florida Facilities Pool properties.

- Analyzed Florida Accounting Information Resource Subsystem (FLAIR) data to determine whether facility-related expenditures made by the Bureau of Operations and Maintenance (Bureau) during the period July 2014 through February 2016 were reasonable based on facility use, size, age, and location.
- Obtained an understanding of selected information technology (IT) controls for the Facilities Accountability Communications Tool (FACT), TRIRIGA, and the Department network, assessed the risks related to those controls, evaluated whether selected general IT controls were in place, and tested the effectiveness of the controls.
- Determined whether Bureau expenditures were in the correct amounts and adequately documented, made in accordance with applicable laws, rules, and contract terms, and properly authorized and approved by examining:
 - o Documentation related to 39 selected purchasing card and MyFloridaMarketPlace transactions totaling \$29,013 from the population of 5,548 purchasing card and MyFloridaMarketPlace transactions, totaling \$3,504,381, made during the period July 2014 through February 2016.
 - o Documentation related to 11 selected travel expenditure transactions totaling \$1,796 from the population of 512 travel expenditure transactions, totaling \$79,445, made during the period July 2014 through February 2016.
- Compared Department lists of service maintenance and operations contracts active during the period January 2014 through February 2016 to FLAIR records and contracts listed in the Department of Financial Services Florida Accountability Contract Tracking System to determine whether the Department maintained complete lists of all active service maintenance and operations contracts.
- From the population of 198 active contracts with payments totaling \$32,979,511 during the period July 2014 through February 2016, examined Department records for 9 selected contracts to determine whether Department records evidenced adequate monitoring of contractor compliance with contract requirements and the Department conducted timely follow-up for any noted deficiencies. Additionally, we examined Department records for payments, totaling \$770,481, associated with the 9 selected contracts to determine whether the payments were properly authorized, timely recorded, correctly coded, appropriate in amount, supported by adequate documentation, and made in accordance with applicable laws, rules, contract terms, and other guidelines.
- 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 Fixed capital outlay, settlement agreements, IT user access privileges, and financial reconciliations.
 - o The administration of purchasing cards in accordance with applicable guidelines. As of February 19, 2016, the Department had 267 active purchasing cards.
 - o The acquisition, assignment, and use of wireless devices with related service costs totaling \$128,388 during the period May 2015 through April 2016.
 - o The administration of Department travel in accordance with State law and other applicable guidelines. During the period July 2014 through January 2016, Department travel expenditures totaled \$624,864.
- Interviewed Department management and evaluated Department compliance with applicable statutory requirements for collecting and utilizing individuals' social security numbers.

- Evaluated Department actions to correct the applicable findings noted in our report No. 2014-030. Specifically, we:
 - o Reviewed Department policies and procedures to obtain an understanding of Department controls for monitoring local government retirement plans.
 - o Reviewed the Department's 2015 *Florida Local Government Retirement Systems Annual Report* to determine whether the report was submitted to the Legislature by January 1, 2016, and included the elements required by Section 112.665(1)(d), Florida Statutes.
 - o From the population of the 490 local government retirement plans listed on the Department's Web site as of March 2016, examined Department records for 25 selected plans to determine whether the Actuarial Summary Fact Sheets included the information required by Section 112.665(1)(e), Florida Statutes.
 - o From the population of 203 local government retirement plan reviews received by the Department and entered into the Local Retirement Section Access database during the period August 2015 through April 2016, examined Department records for 20 selected reviews to determine whether the Department complied with relevant laws, rules, and Department policies and procedures related to plan reviews.
 - o From the population of 239 local government plan reviews completed during the period July 2014 through February 2016, examined Department records for 25 selected reviews to determine whether the actuary reviews were completed timely and in accordance with Department policies and procedures and Department records evidenced appropriate supervisory review.
 - o From the population of 39 Department contracts, with payments made during both the 2014-15 and 2015-16 fiscal years and totaling \$8,055,555,833, examined Department records for 7 selected contracts, totaling \$4,015,254,533, to determine whether the Department evaluated the contracts using the present value methodology and discount rate in accordance with Section 287.0572(1), Florida Statutes.

In conducting our audit of the Commission we:

- Reviewed applicable laws, rules, Commission policies and procedures, and other guidelines, and interviewed Commission personnel to gain an understanding of Commission controls for investigative and administrative activities.
- Reviewed Commission policies and procedures for processing complaints and conducting investigations to evaluate the adequacy of the design of Commission controls for managing complaints.
- From the population of the 296 housing discrimination complaints docketed by the Commission during the period July 2014 through February 2016, examined Case Management System (CMS) records for 20 selected housing discrimination complaints to determine whether the Commission appropriately processed complaints in accordance with applicable laws, rules, and other guidelines.
- From the population of the 2,093 employment discrimination complaints docketed by the Commission during the period July 2014 through February 2016, examined CMS records for 20 selected employment discrimination complaints to determine whether the Commission appropriately processed complaints in accordance with applicable laws, rules, and other guidelines.
- From the population of the 1,505 employment discrimination complaint investigations completed during the period July 2014 through February 2016, examined CMS records for 35 selected investigations to determine whether the Commission appropriately conducted and documented the results of the investigations in accordance with applicable laws, rules, and other guidelines.

- From the population of the 104 public accommodation discrimination complaint investigations completed during the period July 2014 through February 2016, examined CMS records for 2 selected investigations to determine whether the Commission appropriately conducted and documented the results of the investigations in accordance with applicable laws, rules, and other guidelines.
- From the population of the 131 whistle-blower complaint investigations completed during the period July 2014 through February 2016, examined CMS records for 3 selected investigations to determine whether the Commission appropriately conducted and documented the results of the investigations in accordance with applicable laws, rules, and other guidelines.
- From the population of the 284 housing discrimination complaint investigations completed during the period July 2014 through February 2016, examined CMS records for 30 selected investigations to determine whether the Commission appropriately conducted and documented the results of the investigations in accordance with applicable laws, rules, and other guidelines.
- Interviewed Commission staff to obtain an understanding of CMS and network access controls, including procedures for granting, changing, and deactivating employee and contractor access privileges.
- Obtained an understanding of selected IT controls for the CMS and the Commission network, assessed the risks related to those controls, evaluated whether selected general IT controls were in place, and tested the effectiveness of the controls.
- From the population of 46 employees with active CMS user accounts as of February 21, 2016, examined Commission records related to the access privileges for 6 user accounts to determine whether the user access privileges were appropriate and supported by approved requests.
- From the population of the 26 employees with CMS and network access privileges who separated from Commission employment during the period July 2014 through February 2016, examined Commission records for 5 former employees to determine whether the employees' access privileges had been timely deactivated and the employees' accounts were used to access the CMS and network subsequent to employment separation.
- Analyzed CMS data to determine whether the Commission completed investigatory activities within the statutory time frames for:
 - o 1,609 employment and public accommodation discrimination complaint investigations completed during the period July 2014 through February 2016.
 - o 284 housing discrimination complaint investigations completed during the period July 2014 through February 2016.
 - o 131 whistle-blower complaint investigations completed during the period July 2014 through February 2016.
- Examined 3 of the 20 CMS monthly backlog reports and report distribution communications for the period July 2014 through February 2016 to determine whether the Commission monitored the status of cases that did not meet statutory deadlines.
- Analyzed CMS data related to employment, public accommodation, and housing discrimination complaint investigations, as well as whistle-blower complaint investigations, completed during the period January 2011 through December 2015 to determine whether the reviewing attorney made a recommendation regarding the final disposition for the investigation within the statutory time frames.
- Examined Commission records related to determine whether Commission Board members were appointed by the Governor and confirmed by the Senate, met the qualifications specified in Section 760.03(2), Florida Statutes, and had terms established in accordance with Section

760.03(3), Florida Statutes, and Department of Management Services (DMS) Rule 60Y-2.003(2), Florida Administrative Code.

- Examined the minutes for 5 of the 18 Commission Board meetings held during the period January 2014 through February 2016 and other Commission records to determine whether:
 - o Proper notice of the meeting was provided in accordance with the Chapter 286, Florida Statutes.
 - o A quorum was present in accordance with Section 760.03(5), Florida Statutes.
 - o Voting members abstained from voting when a voting conflict existed.
 - o Commissioners were compensated at the rate of \$50 per day for each day of actual attendance to Commission duties as required by Section 760.03(6), Florida Statutes.
 - o Commissioners were reimbursed the appropriate per diem and travel expenses for Commission duties as provided in Section 112.061, Florida Statutes.
- Analyzed Commission expenditure and revenue data for the period July 2014 through February 2016 to identify any unusual fluctuations, revenue sources, or expenditures.
- Reconciled Commission expenditure data to amounts included in the 2014-15 and 2015-16 General Appropriations Acts to determine whether Commission expenditures were within appropriated limits.
- Examined Commission tangible personal property records as of May 31, 2016, to determine whether Commission records demonstrated the proper acquisition, assignment, control, and disposition of tangible personal property in accordance with DMS Rules, Chapter 69I-72, Florida Administrative Code.
- Examined Department and Commission records related to the Commission's annual inventory of tangible personal property, performed on November 18, 2015, to determine whether the inventory was conducted in accordance with DMS Rule 69I-72.006, Florida Administrative Code.
- Performed inquiries of Commission personnel and inspected selected documents and records to determine whether the Commission had adequately designed and implemented internal controls, including policies and procedures, for employee education, training, and background screening requirements.
- From the population of the 51 Commission staff employed at any point during the period July 2014 through February 2016, examined Commission records for 12 selected staff to determine whether the Commission ensured that the staff were subjected to required background screenings.
- Examined Commission records for the seven Commission attorneys employed during the period July 2014 through February 2016 to determine whether the employees met the education requirements for their assigned position.
- 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 responses are included in this report under the heading **MANAGEMENT'S RESPONSES**.

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 RESPONSES



4050 Esplanade Way
Tallahassee, FL 32399-0950
Tel: 850-488-2786 | Fax: 850-922-6149

Rick Scott, Governor

Erin Rock, Secretary

June 26, 2017

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

Dear Ms. Norman:

Pursuant to subsection 11.45(4)(d), Florida Statutes, this is our response to your report, ***Operational Audit of the Department of Management Services and the Commission on Human Relations***. Our response corresponds with the finding and recommendation related to the Department of Management Services contained in the preliminary and tentative finding report.

If further information is needed concerning our response, please contact Dawn E. Case, Inspector General, at 488-5285.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Erin Rock'.

Erin Rock
Secretary

ER/nw

Enclosure

cc: David Zeckman, Chief of Staff
Heather Best, Senior Director of Executive Operations
Debra Forbess, Director of Finance & Administration
Tom Berger, Director of Real Estate Development Management
Eric Miller, Chief Inspector General
Dawn Case, Inspector General

Audit Findings Status Update Form				
Status Date		Report No.	Report Title	
6/26/2017		Preliminary & Tentative	Operational Audit of Department of Management Services	
Contact Person		Program/Process	Phone No.	Email Address
Forest Berwick		Real Estate Management and Development- Operations and Maintenance	850-274-9935	Forest.Berwick@DMS.myflorida.com
Activity		Accountability	Schedule	
Oversight		Responsible Unit	Repeat Finding	Anticipated Completion Date
		Facilities Management	No	12/26/2017
Finding		Facilities Management Oversight Department practices for monitoring facility operations and maintenance activities need enhancement. The Bureau management should: • Update policies and procedures to reflect current Florida Facilities Pool (FFP) property operations, maintenance, and oversight practices. • Establish a comprehensive and documented process to assess the risks associated with FFP facilities, determine commensurate FFP facility monitoring requirements, document monitoring activities and results, and account for all work orders. • Implement Bureau-specific facility manager and staff training that details training requirements and documentation guidelines. The Department is in the process of updating policy and procedural guides for internal and external use. We are targeting a Fall 2017 release date. As discussed, "risk" was defined as maintenance gap for the purpose of the audit. To this end the Bureau has recently migrated its work order system and now has the basic ability to track work orders from origination through completion that we did not have during the audit period July 2014-February 2016. Upon release of the new policy and procedural guide, the Bureau intends to develop specific documentation guidelines as needed along with an established training program subject to the availability of funding.		
No.	1			
Date	6/26/2017			
Finding				
Recommendation				
Management/Agency Response				
Status Update-6 months ☐ Open ☐ Management/Agency Assumes Risk ☐ Partially Complete ☐ Complete Pending Verification by OIG ☐ Closed				
Status Update-12 months ☐ Open ☐ Management/Agency Assumes Risk ☐ Partially Complete ☐ Complete Pending Verification by OIG ☐ Closed				
Status Update-18 months ☐ Open ☐ Management/Agency Assumes Risk ☐ Partially Complete ☐ Complete Pending Verification by OIG ☐ Closed				

Audit Findings Status Update Form				
Status Date		Report No.		Report Title
6/26/2017		Preliminary & Tentative		Operational Audit of Department of Management Services
Contact Person		Program/Process		Phone No. Email Address
Heather Shoup		Departmental Purchasing		488-2410 heather.shoup@dms.myflorida.com
Activity		Accountability		Schedule
Purchasing Card		Responsible Unit	Repeat Finding	Anticipated Completion Date
		Purchasing Card	No	9/30/2017
Finding				
No.	9			
Date	6/26/2017			
Finding		The Department did not always timely cancel purchasing cards upon a cardholder's separation from Department or Commission employment.		
Recommendation		Department management should ensure that purchasing cards are promptly canceled upon a cardholder's separation from Department or Commission employment.		
Management/Agency Response		DMS concurs with the above recommendation. Cancellation of purchasing cards ("Pcards") due to a separating employee is triggered by emailing an established distribution list a completed Service Request Form for a Separating Employee, HR 103-F3. DMS' Pcard administrator is on this established distribution list and is responsible for cancelling Pcards. Per DMS' Employee Separation from Employment policy, HR 08-103, the supervisor of the separating employee or HR Liaison is responsible for submitting this form no less than one week in advance for planned employee separations and the same business day for unplanned employee separations. Since learning of this audit finding, DMS' senior leadership team received formal direction from executive leadership regarding the importance of timely routing HR 103-F3. In addition, DMS' HR liaisons were counselled regarding their responsibility of timely submitting the HR 103-F3. Prospectively, a query will be run in FLAIR on a quarterly basis for all active cardholders by the Pcard administrator, and employee identifying information will be shared with HR for reconciliation against a People First generated list of separated employees. Additionally, Departmental Purchasing will ensure an additional backup is identified for the Pcard Administrator at all times. Review of the instances identified during this audit when a Pcard was not cancelled in advance or on the same day of an employee separation, no improper charges were incurred.		
Status Update-6 months				
☐	Open			
☐	Management/Agency Assumes Risk			
☐	Partially Complete			
☐	Complete Pending Verification by OIG			
☐	Closed			
Status Update-12 months				
☐	Open			
☐	Management/Agency Assumes Risk			
☐	Partially Complete			
☐	Complete Pending Verification by OIG			
☐	Closed			
Status Update-18 months				
☐	Open			
☐	Management/Agency Assumes Risk			
☐	Partially Complete			
☐	Complete Pending Verification by OIG			
☐	Closed			



Rick Scott
Governor

State of Florida

Florida Commission on Human Relations

An Equal Opportunity Employer • Affirmative Action Employer

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Rebecca Steele
Chair
Michelle Wilson
Executive Director

June 26, 2017

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

Dear Ms. Norman:

Pursuant to subsection 11.45(4)(d), Florida Statutes, this is our response to your report, ***Department of Management Services- Operational Audit of the Florida Commission on Human Relations***. Our response corresponds with the findings and recommendations related to the Commission contained in the preliminary and tentative findings report.

If further information is needed concerning our response, please contact Dawn E. Case, Department of Management Services' Inspector General, at 488-5285, or me at 907-6784.

Sincerely,

Michelle Wilson
Executive Director

COMMISSIONERS

Derick Daniel
Tallahassee

Latanya Peterson
Fleming Island

Dr. Donna Elam
Orlando

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Winter Springs

Tony Jenkins, Vice Chair
Orlando

Billy Whitefox Stall
Panama City

Audit Status Report Update Form

Status Date	Report No.	Report Title	
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations	
Contact Person	Program/Process	Phone No.	
Michelle Wilson	Commission	850-907-6784	
Activity	Accountability	Schedule	
Commission	Responsible Unit	Repeat Finding	Anticipated Completion Date
	Executive Director	No	On Going
Finding			
No.	2	Commission Composition	
Date	6/26/2017		
Finding	The Commission was not constituted in accordance with State law. As of October 2016, only 8 of the 12 required Commission members were serving and, of the 8 serving members, only 2 Commissioners' terms had not expired. Timely appointments of Commission members who broadly represent various racial, religious, ethnic, social, economic, political, and professional groups within the State promote the Commission's mission of preventing unlawful discrimination against all persons in the State.		
Recommendation	Commission management should continue to work with the Executive Office of the Governor to ensure that Commission members are timely appointed in accordance with State law.		
Response/Action Plan	The Commission will continue to work with the Executive Office of the Governor to ensure that Commission members are timely appointed in accordance with State law.		
Status Update-6mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending verification by OIG ☐ Complete			
Status Update-12mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending verification by OIG ☐ Complete			
Status Update-18mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending verification by OIG ☐ Complete			

Audit Status Report Update Form

Status Date	Report No.	Report Title
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations
Contact Person	Program/Process	Phone No.
Michelle Wilson	Investigations	850-907-6784
Activity	Accountability	Schedule
Employment Investigations	Responsible Unit	Repeat Finding
	Employment Investigations	Anticipated Completion Date
		No
		On Going
Finding		
No.	3	Employment, Public Accommodation, and Whistle-Blower Complaint Investigations
Date	6/26/2017	
Finding	The Commission did not always investigate or handle employment and public accommodation discrimination complaints or allegations of retaliation against State agency whistle-blowers within the time frames specified by State law.	
Recommendation	Commission management should ensure that employment, public accommodation, and whistle-blower complaints are investigated within the statutory time frames.	
Response/Action Plan	Between 2012 and 2015, the Commission experienced high rates of turnover of employees, due in part to low salaries. Trained, productive employees were accepting offers from both private and public sectors at salaries that far exceeded the Commission's ability to compete. Of course, new investigators were hired to fill those vacancies, but it can take up to twelve months to fully train an investigator so that they can independently investigate cases. Whenever an investigator leaves, the cases that employee was working on must be reassigned to another investigator. All investigators were working at capacity, and there were cases sitting idle just waiting for an investigator to be assigned. The Commission requested additional budget authority from the Legislature to increase the salary for investigators and related positions. The 2016-17 GAA authorized the Commission to grant competitive pay adjustments to address retention, pay inequities, or other staffing issues. As a result, the minimum salary for Investigator Specialist I was increased from \$30,006.08 to \$33,006.69, and the minimum salary for Regulatory Specialist I was increased from \$25,479.22 to \$28,027.14. Additionally, current employees received a competitive pay adjustment based upon their years of service in the position class. Depending upon years of service, those employees received an increase that ranged from 10-20%. The Commission has also focused on recruiting qualified individuals and training, developing, and educating those individuals to promote individual success and increase overall value to the Commission. Toward that end, the Commission has been developing a new investigator training program to ensure that proper focus is on following the prescribed investigation timeline and that all new investigators are given every opportunity to succeed. Additional training and mentoring is also available to those needing improvement strategies. Finally, managers are provided with a "Last Action Report" on a bi-weekly basis. This report shows any cases that haven't had a status update in at least 30 days, which allows the managers to ensure that timely activity is being maintained in every case. The Commission is now fully staffed, and many of its investigators have at least one year of training and experience. The investigators were offered the opportunity to work overtime during the third and fourth quarters of FY 2016-17 in order to close most of the cases that had exceeded the statutory timeframes due to the previous staffing issues. Many investigators took advantage of this, and they were able to close a lot of cases. The managers are now able to assign cases to an investigator soon after receipt, so the cases should routinely be closed within the required timeframe, barring some unforeseen circumstances.	
Status Update-6mo		
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete		
Status Update-12mo		
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete		
Status Update-18mo		
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete		

Audit Status Report Update Form

Status Date	Report No.	Report Title
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations
Contact Person	Program/Process	Phone No.
Michelle Wilson	Information Systems Security	850-907-6784
Activity	Accountability	Schedule
Information Security	Responsible Unit	Repeat Finding
	Information Technology	No
		Anticipated Completion Date
		5/31/2018
Finding		
No.	4	Information Security Program
Date	6/26/2017	
Finding		The Commission had not established a comprehensive information security program in accordance with Agency for State Technology rules.
Recommendation		Commission management should implement a comprehensive information security program that includes: - Complete and up-to-date IT policies and procedures. - An information security awareness training program that provides employees security awareness training upon hire and, at a minimum, on an annual basis thereafter. - An information security risk management process, including comprehensive risk assessments and risk mitigation plans. - A COOP, including a documented disaster recovery plan.
Response/Action Plan		The Commission plans to implement a comprehensive information security program by: - Updating standard operating procedures (SOP's) for the Management Information's Systems (MIS) Department and has already established a comprehensive information security program (Kaseya) on April 03, 2017 in accordance with Agency for State Technology rules. Kaseya provides two factor authentication and comprehensive risk assessments. The Commission will provide information security training to new hires upon granting user access and to all staff the first quarter every budget year. This will be implemented by August 31, 2017. - Implementing an information security risk management process, including comprehensive risk assessments and risk mitigation plans. FCHR is currently researching adding a second off-site Back Up and Disaster Recovery plan that meets the physical distances from the Commission headquarters requirement. This security solution program will allow universal restore for recoveries to dissimilar hardware and/or virtual machines. Systems can be completely restored in less than one hour, dramatically minimizing downtime and helping get employees back up and running quickly. Through point in time imaging we can restore our operating systems, business applications, data and user setting. This will be implemented by September 30, 2017. - Implementing a formal COOP, that includes a documented disaster recovery plan. A draft plan is in progress and will be implemented by May 31, 2018.
Status Update-6mo		
☒ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete		
Status Update-12mo		
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete		
Status Update-18mo		
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete		

Audit Status Report Update Form

Status Date	Report No.	Report Title	
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations	
Contact Person	Program/Process	Phone No.	
Michelle Wilson	Information Systems Security	850-907-6784	
Activity	Accountability	Schedule	
Security	Responsible Unit	Repeat Finding	Anticipated Completion Date
	IT	No	5/31/2018
Finding			
No.	5	Security Controls – User Authentication, Physical and Environmental Controls	
Date	6/26/2017		
Finding		Certain Case Management System (CMS) user authentication controls and other Commission physical and environmental controls need enhancement to protect the confidentiality, integrity, and availability of Commission data and related information technology resources.	
Recommendation		Commission management should enhance certain security controls related to CMS user authentication and physical and environmental security to ensure the confidentiality, integrity, and availability of Commission data and related IT resources.	
Response/Action Plan		The Commission will begin migrating to a new CMS in June 2017. The new CMS provides the enhanced security controls which should address this finding.	
Status Update-6mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-12mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-18mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			

Audit Status Report Update Form

Status Date	Report No.	Report Title	
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations	
Contact Person	Program/Process	Phone No.	
Michelle Wilson	Information Systems Security	850-907-6784	
Activity	Accountability	Schedule	
Security	Responsible Unit	Repeat Finding	Anticipated Completion Date
	IT	No	8/31/2017
Finding			
No.	6	CMS and Network User Access Privilege Controls	
Date	6/26/2017		
Finding		Commission records did not evidence periodic reviews of CMS and network access privileges.	
Recommendation		Commission management conduct and document periodic reviews of CMS and network user access privileges.	
Response/Action Plan		The Management Information System (MIS) Department is implementing user access forms to be completed in the Human Resource (HR) Office upon employee hire and separation. This information is currently transmitted via helpdesk ticket. In the new CMS, user access can be locked at any time. Also, a new MIS policy will enforce user computer and network access privileges, revocation immediately after employment separation with source ip address restrictions.	
Status Update-6mo ☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-12mo ☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-18mo ☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			

Audit Status Report Update Form

Status Date	Report No.	Report Title	
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations	
Contact Person	Program/Process	Phone No.	
Michelle Wilson	Information Systems Security	850-907-6784	
Activity	Accountability	Schedule	
Security	Responsible Unit	Repeat Finding	Anticipated Completion Date
	IT	No	8/31/2017
Finding			
No.	7	Access Authorization	
Date	6/26/2017		
Finding		Commission records supporting the authorization of access privileges to the CMS for some employees were incomplete and did not evidence appropriate management approval.	
Recommendation		Commission management should strengthen controls to ensure that complete and appropriately approved access authorization forms are maintained evidencing that CMS user access privileges are authorized and appropriately assigned.	
Response/Action Plan		FCHR will be migrating to a new case management system (CMS) in July 2017. To gain access to FCHR's CMS system, an access form signed by the employee's manager and FCHR Director must be submitted to MIS prior to access being granted. The system access form will describe access level granted in accordance with functionality required to perform duties. User access will be restricted to job-specific modules. Managers will be required to notify MIS of any employee duty changes that may require adjustment of user access levels. HR will be required to contact MIS immediately upon termination of any employee for revocation of system access. This form and its procedures will be fully implemented by September 1, 2017. The new CMS logs and tracks user entries in real-time. MIS and Managers will be able to monitor all user activity. MIS will keep a dated log of user access forms.	
Status Update-6mo ☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-12mo ☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-18mo ☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			

Audit Status Report Update Form

Status Date	Report No.	Report Title															
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations															
Contact Person	Program/Process	Phone No.															
Michelle Wilson	Background Screenings	850-907-6784															
Activity	Accountability	Schedule															
Background Screenings	Accountability	Repeat Finding	Anticipated Completion Date														
	Administration	No	7/15/2017														
Finding																	
No.	8	Background Screenings															
Date	6/26/2017																
Finding	The Commission did not ensure that Commission employees were subject to periodic background screenings as a condition of continued employment.																
Recommendation	Commission management should update Commission background screening policies and procedures to designate all Commission employees as holding positions of special trust in accordance with current Commission practices. We also recommend that Commission management ensure that all Commission employees are subject to periodic level 2 background screenings as a condition of continued employment.																
Response/Action Plan	The Commission has designated all positions as positions of "special trust." Therefore, all employees undergo a Level 2 background screening. However, as indicated in the finding, the Commission did not subject current employees to additional checks as a condition of continued employment. Based on the recommendation of the Auditor General, the Commission has updated the Background Check Policy and Procedures to include the following statement: "For continued employment, each employee, volunteer, or contracted staff in the Department is required to be rescreened at no more than five (5) year intervals following the completion of their initial screening." The updated policy is in final review and scheduled to be communicated to all staff by June 30, 2017. Action Plan: Based on the new requirement to rescreen employees every 5 years, the Commission determined 22 employees needed to be rescreened. These employees will be screened by July 15, 2017. The Commission's HR Office is responsible for ensuring compliance with the upgraded policy and will act as custodians of the process and spreadsheet. Based on the updated policy, the Commission has determined the following employees (based on current staffing levels) would be checked during the next six (6) Fiscal Years (FY). <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">FY</th><th style="text-align: center;"># of Employees</th></tr> </thead> <tbody> <tr><td style="text-align: center;">2016-17</td><td style="text-align: center;">22</td></tr> <tr><td style="text-align: center;">2017-18</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">2018-19</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">2019-20</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">2020-21</td><td style="text-align: center;">11</td></tr> <tr><td style="text-align: center;">2021-22</td><td style="text-align: center;">13</td></tr> </tbody> </table>			FY	# of Employees	2016-17	22	2017-18	2	2018-19	5	2019-20	2	2020-21	11	2021-22	13
FY	# of Employees																
2016-17	22																
2017-18	2																
2018-19	5																
2019-20	2																
2020-21	11																
2021-22	13																
Status Update-6mo																	
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete																	
Status Update-12mo																	
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete																	
Status Update-18mo																	
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete																	

Audit Status Report Update Form

Status Date	Report No.	Report Title	
6/26/2017	Preliminary & Tentative	Operational Audit of Florida Commission on Human Relations	
Contact Person	Program/Process	Phone No.	
Michelle Wilson	Purchase Card Cancellation	850-907-6784	
Activity	Accountability	Schedule	
Purchasing Cards	Responsible Unit	Repeat Finding	Anticipated Completion Date
	Administration	No	6/1/2017
Finding			
No.	9		
Date	6/26/2017		
Finding	The Department did not always timely cancel purchasing cards upon a cardholder's separation from Department or Commission employment.		
Recommendation	Department management ensure that purchasing cards are promptly canceled upon a cardholder's separation from Department or Commission employment.		
Response/Action Plan	Upon notification from the Human Resource Office to the Budget Office of an employee separation, the FCHR Budget Office will perform a review of the active Purchasing Card holders list to determine if the separating employee is a Purchasing Card holder. If they are, the budget office will retrieve the Purchasing Card from the employee prior to separation and notify the DMS Purchasing Card Administrator immediately to cancel the Purchasing Card.		
Status Update-6mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-12mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			
Status Update-18mo			
☐ Open ☐ Management assumes risk ☐ Partially Complete ☐ Complete pending ☐ Complete			