



**Department of Environmental Protection  
Office of Inspector General  
Annual Report Fiscal Year 2023-2024**

**Candie M. Fuller  
Inspector General**

**Shawn Hamilton  
Secretary**



# FLORIDA DEPARTMENT OF Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, FL 32399

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Secretary

September 25, 2024

Melinda Miguel, Chief Inspector General  
Executive Office of the Governor  
The Capitol  
Tallahassee, FL 32399-0001

Shawn Hamilton, Secretary  
Department of Environmental Protection  
3900 Commonwealth Boulevard  
Tallahassee, FL 32399-3000

Dear Chief Inspector General Miguel and Secretary Hamilton:

I am pleased to present the Office of Inspector General's Annual Report for Fiscal Year 2023-2024. This report, which was prepared in accordance with Section 20.055(8), Florida Statutes, summarizes the activities performed by the Office of Inspector General based on its statutory responsibilities. This report highlights the accomplishments, findings, and recommendations of significant audit and investigative activities completed during Fiscal Year 2023-2024.

On behalf of the Office of Inspector General staff, I would like to thank you for your continued support, as well as all Department Managers and staff for their assistance and cooperation throughout the year.

The Office of Inspector General remains committed to promoting efficiency, accountability and integrity in our efforts to detect and prevent fraud, waste, abuse, and mismanagement in Department programs.

Sincerely,

Candie M. Fuller  
M. Fuller

Digitally signed by  
Candie M. Fuller  
Date: 2024.09.25  
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Candie M. Fuller  
Inspector General

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## **EXECUTIVE SUMMARY**

The Department of Environmental Protection's (Department), Office of Inspector General's (OIG) Annual Report highlights the investigations, audits, and reviews completed during the prior fiscal year, in accordance with Section 20.055(8), Florida Statutes (F.S.). Consistent with these duties, the following activities demonstrate significant efforts of the Department's OIG staff during Fiscal Year (FY) 2023-2024.

- ❖ Conducted 24 audits containing 113 recommendations, which were agreed to by management.
- ❖ Performed liaison and coordination activities for seven external projects.
- ❖ Reviewed and processed 386 single audit reports.
- ❖ Opened 343 investigative cases or other investigative activity.
- ❖ Closed 341 investigative cases or other investigative activity, with 25 of those cases containing Sustained allegations.
- ❖ Assisted the Office of the Chief Inspector General with multiple projects.

## **PURPOSE OF THIS REPORT**

This report, required by Section 20.055(8), F.S., summarizes the activities and accomplishments of the OIG, during FY 2023-2024. This report includes, but is not limited to the following:

- ❖ A description of activities relating to the development, assessment, and validation of performance measures.
- ❖ A description of significant abuses and deficiencies relating to the administration of the Department's programs and operations disclosed by investigations, audits, reviews, or other activities during the reporting period.
- ❖ A description of the recommendations for corrective action made by the OIG during the reporting period, with respect to significant problems, abuses, or deficiencies identified.
- ❖ The identification of each significant recommendation described in previous annual reports of which corrective action has not been completed.
- ❖ A summary of each audit and investigation completed during the reporting period.

## DEPARTMENT BACKGROUND



The Department is the state's lead agency for environmental management and stewardship, protecting our air, water, and land. The Department is one of the more diverse agencies in State government with more than 4,000 Department employees serving the people of Florida. The Department is divided into three primary areas:

- ❖ Land and Recreation programs acquire and protect lands for preservation and recreation. The Department oversees 175 state parks and trails and more than 12 million acres of public lands and 4 million acres of coastal uplands and submerged lands.
- ❖ Regulatory programs safeguard natural resources by overseeing permitting and compliance activities that protect air and water quality and manage waste cleanups.
- ❖ Ecosystems Restoration programs protect and improve water quality and aquatic resources including Everglades, springs and coastal resources. The Department works with communities, local governments, and other agencies to protect and restore water quality and supply and to provide funding assistance for water restoration and infrastructure projects, as well as coordinates the protection of Florida's submerged lands and coastal areas.

## DEPARTMENT MISSION - VISION - VALUES



The Department's mission is *to protect, conserve and manage the state's natural resources and enforce its environmental laws*. The Department's vision is *to advance Florida's position as a world leader in protecting natural resources while growing the state's economy*. The Department's values are leadership, integrity, accountability, communication, innovation and service.

## OIG MISSION STATEMENT

The OIG's mission is to promote integrity, accountability, and efficiency within the Department. The OIG conducts independent and objective audits, reviews, and investigations of Department issues and programs, in order to assist in protecting, conserving, and managing Florida's environmental and natural resources.

## DUTIES AND RESPONSIBILITIES OF THE INSPECTOR GENERAL

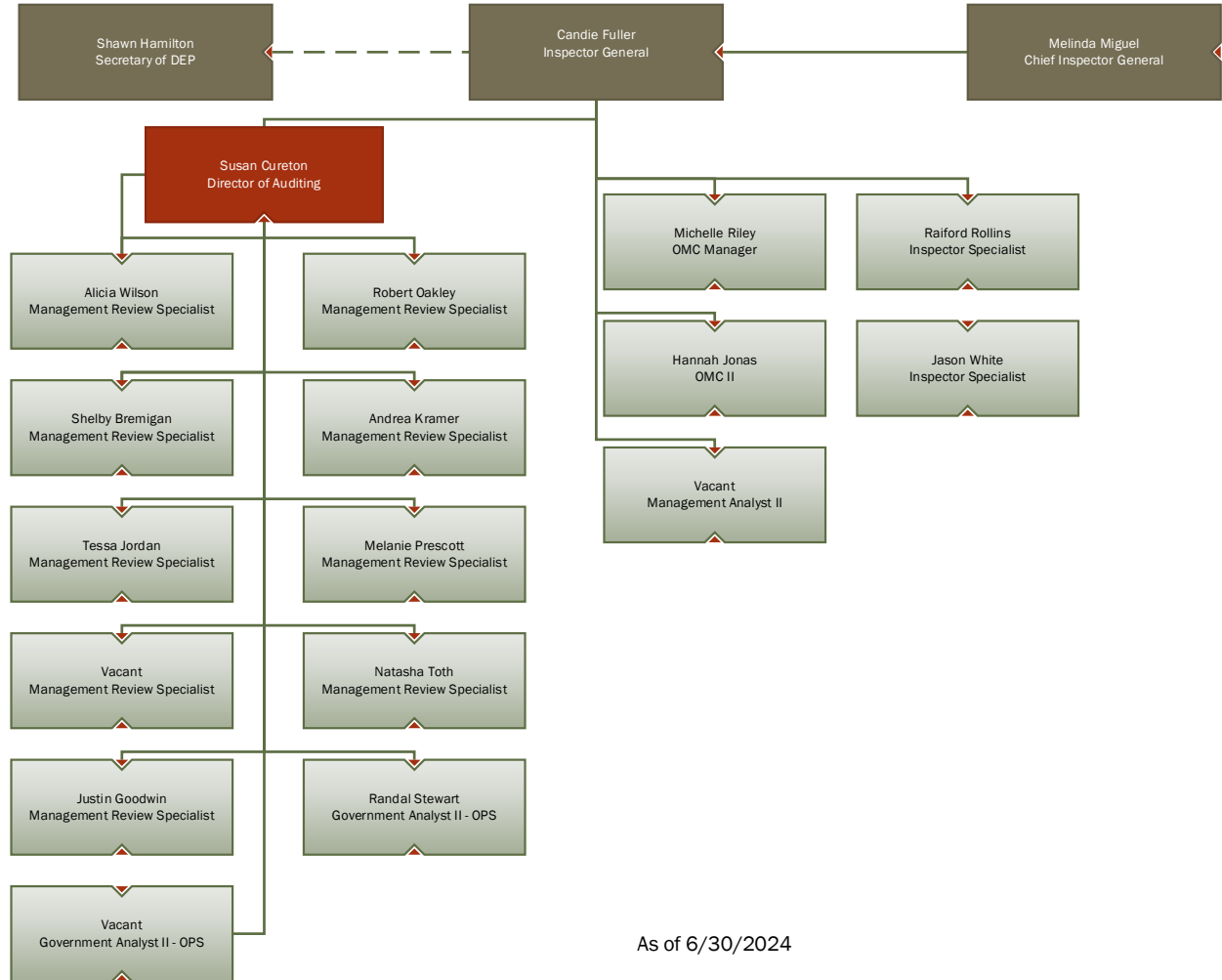
Per Section 20.055(2), F.S., the Office of Inspector General is established in each State agency to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government. It is the duty and responsibility of each Inspector General to:

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- ❖ Advise in the development of performance measures, standards, and procedures for evaluating Department programs.
- ❖ Assess the reliability and validity of the information provided by the Department on performance measures and standards, and make recommendations for improvement, if necessary, before submission of such information pursuant to 216.1827, F.S.
- ❖ Review the actions taken by the Department to improve program performance and meet program standards, while making recommendations for improvement, if necessary.
- ❖ Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to the Department's operations.
- ❖ Conduct, supervise, and coordinate other activities carried out or financed by the Department for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in its programs and operations.
- ❖ Keep the Secretary and Chief Inspector General informed concerning fraud, abuses and deficiencies related to programs and operations administered or financed by the Department, recommend corrective action concerning fraud, abuses and deficiencies, and report on the progress made in implementing corrective action.
- ❖ Ensure effective coordination and cooperation between the Auditor General, Federal auditors and other governmental bodies, with a view toward avoiding duplication.
- ❖ Review, as appropriate, rules relating to the programs and operations of the Department and make recommendations concerning their impact.
- ❖ Comply with the General Principles and Standards for Offices of Inspector General, as published and revised by the Association of Inspectors General.

**ORGANIZATIONAL CHART**

The OIG is under the direction of the Inspector General, who per Section 20.055, F.S., is under the general supervision of the Department’s Secretary and reports to the Chief Inspector General. As of June 30, 2024, the OIG consisted of eighteen budgeted positions. This included sixteen full-time equivalency (FTE) positions and two Other Personal Services (OPS) positions. The distribution of the OIG positions is described in the below chart:



## PROFESSIONAL DEVELOPMENT



During FY 2023-2024, OIG staff received the benefit from trainings which included but were not limited to:

- ❖ Association of Certified Fraud Examiners/Institute of Internal Auditors Joint Fraud Conference
- ❖ Incident Response, Recovery, and Report Training
- ❖ Ethics
- ❖ Global Internal Audit Standards
- ❖ Cybersecurity
- ❖ Improve Equity in Government Programs and Services
- ❖ Key Internal Controls for Fraud Detection and Prevention
- ❖ Risk and Compliance: Content, Data and Technology
- ❖ The Rise of Governance in Information Technology Compliance
- ❖ Fraud, Who Commits it and Why Does it Occur
- ❖ The Role of Internal Controls in the Fight Against Fraud
- ❖ Interpersonal Behavior and Communication Skills

These opportunities were afforded through trainings sponsored by the Institute of Internal Auditors, Association of Inspectors General, Hall Consulting, Inc., National White Collar Crime Center, Association of Certified Fraud Examiners, Association of Governmental Accountants, AuditBoard, Checkpoint Learning, Connsci, and others.

## PROFESSIONAL QUALIFICATIONS AND AFFILIATIONS



Staff within the OIG are highly qualified and bring a diversity of background experience and expertise to the Department. Staff have experience in auditing, accounting, program evaluation and monitoring, budgeting, personnel management, investigations, contract and grant administration, and local and State agencies' activities. OIG staff continually seek to enhance their abilities and contributions to the OIG and the Department. Many staff members

have obtained certifications that demonstrate their knowledge, motivation, and commitment to the profession. Professional certifications held by OIG staff include:

- ❖ Certified Inspector General
- ❖ Certified Inspector General Auditor
- ❖ Certified Inspector General Investigator
- ❖ Certified Internal Auditor
- ❖ Certified Fraud Examiner
- ❖ Certified Governmental Auditing Professional
- ❖ Certification of Risk Management Assurance
- ❖ Florida Certified Contract Manager



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OIG staff are affiliated with the following professional organizations:

- ❖ Association of Certified Fraud Examiners
- ❖ Institute of Internal Auditors
- ❖ National & Florida Chapter of the Association of Inspectors General
- ❖ Commission for Florida Law Enforcement Accreditation
- ❖ Information Systems Audit and Control Association

### INTERNAL AUDIT SECTION



The authority of the Internal Audit Section is established under Section 20.055, F.S., the Internal Audit Charter, and Department Administrative Policy ADM 260. The responsibility of the Internal Audit Section is to promote accountability, integrity, and efficiency within the Department. The Inspector General reports to the Chief Inspector General and maintains organizational independence of the internal audit activity. The purpose of the Internal Audit Section is to perform independent audits, reviews, and examinations to identify, report, and recommend corrective action for control deficiencies or non-compliance with laws, directives, policies, or agreements. Internal controls are evaluated as necessary to assist with Department fiscal accountability.

The Director of Auditing coordinates the development of an Annual Audit Plan, which identifies areas within the Department scheduled for review, using risk assessment criteria. Both a long-range plan and a one-year plan are included in the Annual Audit Plan. In the development of the Annual Audit Plan, the Internal Audit Section conducts a risk assessment to identify issues of concern to management, risks pertaining to fraud and misuse of funds, and other governance issues including information technology, ethical climate, and proper financial and performance reporting. The FY 2024-2025 Annual Audit Plan includes projects pertaining to Water Policy and Ecosystems Restoration, Recreation and Parks, State Lands, Regulatory Programs and Cybersecurity. Additionally, the plan includes administrative projects and participation in multi-agency Enterprise-wide audit projects. The Department's Inspector General and Secretary approved the FY 2024-2025 Annual Audit Plan.

Audits are conducted in conformance with the Code of Ethics and the *International Standards for the Professional Practice of Internal Auditing* (Standards), published by the Institute of Internal Auditors. Where appropriate, the Internal Audit Section adheres to the standards developed by the Comptroller General of the United States and codified in the *Government Auditing Standards*. Financial-related audits may be subject to the standards promulgated by the American Institute of Certified Public Accountants, which are referred to as *Generally Accepted Auditing Procedures and Generally Accepted Auditing Standards*. Audit reports issued by the Internal Audit Section contain a statement that the audit was conducted pursuant to the appropriate standards. These reports are prepared and distributed to senior management, other applicable Department management, the Auditor General, and the Chief Inspector General.

The Internal Audit Section provides a variety of services in addition to audits. These include, but are not limited to, investigative assistance, reviews, research, technical

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assistance, management advisory and performance measure assessments. Services provided are tracked with a project number and culminate in a written product, which is disseminated to the Program Area and other appropriate parties.

In addition, the Internal Audit Section assists the Department by coordinating audits and reviews of reports completed by the Office of Program Policy Analysis and Government Accountability, the Auditor General, and other oversight agencies. The Internal Audit Section reports on the status of the recommendations included in these reports, as required by Section 20.055, F.S.

### QUALITY ASSURANCE AND IMPROVEMENT PROGRAM



The Internal Audit Section has established quality assurance processes in conformance with the Standards. This includes both internal and external quality assurance assessments of internal audit activities. Ongoing monitoring is an integral part of the supervision, review, and measurement of internal audit activities. Continuous monitoring activities have been established through engagement planning, supervision, and review, as well as standardized procedures and approvals. An internal assessment of the Internal Audit Section is conducted by the Director of Auditing annually. The internal assessment is submitted to the Inspector General for review and approval. An external assessment of the Internal Audit Section is conducted by the Auditor General in accordance with Section 11.45(2)(i), F.S., once every three years.

The OIG conducted an internal assessment of the Internal Audit Section activities during FY 2023-2024 to evaluate conformance with the Code of Ethics and the Standards. Based on the internal assessment results, during FY 2023-2024, the Internal Audit Section has fully implemented the requirements specified under the Standards.

The most recent external Quality Assurance Review of the Internal Audit Section by the Auditor General was conducted October 2021 (Report 2022-077).

### FEDERAL AND STATE SINGLE AUDIT ACT RESPONSIBILITIES

The Department provides funding and resources from State and Federal funding sources to Florida Counties, Cities, Towns, Districts, and many other non-profit organizations within the State. Because of the Department's relationship with these entities, the OIG provided technical assistance to support and improve the operations of those entities. Section 215.97, F.S., states, *each non-State entity that expends a total amount of State financial assistance equal to or in excess of \$750,000 in any fiscal year, of such non-State entity shall be required to have a State single audit, or a project-specific audit, for such fiscal year in accordance with the requirements of this Section.* The Catalog of State Financial Assistance includes for each listed State project: the responsible State agency, standard State project number identifier, official title, legal authorization, and description of the State project, including objectives, restrictions, application, and awarding procedures, and other relevant information determined necessary. Federal pass-through Grants administered by the Department are subject to

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Office of Management and Budget 2 Code of Federal Regulations 200, subpart F requirements, provided the entity has expended \$750,000 in Federal financial assistance in its fiscal year. Each year, the OIG reviews single audit reports submitted by entities that meet the requirements listed in Florida Statutes, as well as the audit requirements listed in the 2 Code of Federal Regulations 200. During FY 2023-2024, our office reviewed 386 single audit reports.

### **AUDIT WORK PLANS AND RISK ASSESSMENTS**

The OIG conducts an annual risk assessment in the development of the Annual Audit Plan. This assessment is based on program responsibilities, key areas of risk, budgets, management of contracts and grants, past audit activity, staffing levels, and internal control structure. Discussions are held with Department leadership team members, Division Directors, and other management staff to identify areas of risk and concern to Managers. In conducting the risk assessment, the OIG evaluates risk factors of Department programs and functions to assess the associated risks of operating those programs and functions. Factors considered in the assessment include:

- ❖ Value of the financial resources applicable to the program or function.
- ❖ Dollar amount of program expenditures.
- ❖ Statutes, rules, internal controls, procedures, and monitoring tools applicable to the program or function, concerns of management, impact on the public safety, health, and welfare.
- ❖ Complexity and/or volume of activity in the program or function.
- ❖ Previous audits performed; and
- ❖ Identified areas of internal control concern or susceptibility to fraud.

Program and function areas of risk are evaluated based upon these factors, then prioritized to determine the most efficient audit schedule, given the resources available.

### **PRIOR YEARS AUDIT FOLLOW UP**

The OIG monitored the implementation of prior audit findings six months after completion and biannually as necessary to resolution. The OIG provided a six-month status update to the Joint Legislative Auditing Committee, the Department Secretary and the Chief Inspector General for two audits issued by the Auditor General. Those reports were Report No. 2023-114, *Selected Administrative Activities and Prior Audit Follow-Up*, dated February 2023 and Report No. 2023-196, *Local Government Financial Reporting System*, dated June 2023.

Of the 18 internal projects reported in the FY 2021-2022 Annual Report, one project had recommendations in which corrective action was being monitored as of the end of FY 2023-2024. The audit findings and recommendations for corrective action related to this audit are considered confidential and/or exempt from disclosure. Of the 13 internal projects reported in the FY 2022-2023 Annual Report, four projects had recommendations in which corrective action was being monitored as of the end of FY 2023-2024 and are listed below.

**A-2122DEP-009 Enterprise Audit of Cybersecurity Continuous Monitoring**

Any audit findings and recommendations for corrective action related to this engagement are considered confidential and/or exempt from disclosure.

**A-2122DEP-007 Audit of Dr. Von D. Mizell-Eula Johnson State Park**

**Recommendations:**

We recommended the Division of Recreation and Parks (Division) work with the Dr. Von D. Mizell-Eula Johnson State Park (Park) in documenting the reason for overages or shortages on the Daily Worksheets (DRP-082), as required in Chapter 1.8 of the Division's Operations Manual. We also recommended the Division work with the Park to ensure staff are properly trained to maintain required purchasing documentation and procurement practices for purchases \$2,500 or greater to ensure they are in accordance with the Department's Purchasing Card (P-Card) Policy. Additionally, we recommended the Division work with the Park to ensure property identification numbers are affixed to State property in accordance with the Department's Property Policy ADM 320 and Rule 69I-72.004, Florida Administrative Code (F.A.C.) We further recommended the Division work with the Park to ensure the process of administering Volunteers and maintaining Volunteer records are in compliance with the requirements of the Operations Manual.

**Actions Taken:**

The Division concurred with the recommendations and worked with the Park to take corrective actions. Park management has ensured the shift operator has completed the Overage/Shortage Report of the Daily Worksheet for all overages and shortages that occurred during the employee's shift that are greater than 1% of the shift total or \$10.00, as stated in Chapter 1.8 of the Operations Manual. Park staff have been retrained to maintain the required purchasing documentation and procurement practices for purchases \$2,500 or greater to ensure they are in accordance with the Department's P-Card Policy. Additionally, Park staff have ensured property identification numbers are affixed to State property, in accordance with Policy ADM 320 and Rule 69I-72.004, F.A.C. The Park recently conducted a review of certification reports for active Volunteers to ensure accuracy and completeness. While most documentation was current, they identified three individual Volunteers with expired or incomplete training, making them temporarily ineligible to volunteer until their training is successfully completed. Based on management's response, documentation provided, and a review of Volunteer records reported in the Volunteer Management System (V Sys), corrective actions have been taken for this finding. However, the review of Volunteer records noted that they were not maintained in V Sys as required by the Operation Manual.

**A-2122DEP-016 Audit of Agreements CA-0315 and CA-0415 with Coral Reef Park Company at John Pennekamp and Bahia Honda State Parks**

**Recommendations:**

We recommended the Division of Recreation and Parks (Division) work with the Coral Reef Park Company (Concessionaire) to ensure sales slips contain all information required in the Agreements CA-0315 and CA-0415 (Agreements). We also recommended the Division work with the Concessionaire to ensure records supporting all refund transactions with customer signed sales slips indicating the receipt and reason for the refund are maintained as required in the Agreements. We further recommended the Division work with the Concessionaire to ensure bank accounts are used as required by the Agreements. We recommended the Division work with Park management to ensure pre-approvals are obtained and Maintenance and Repair Plans, Environmental Protection Plans, and Safety Plans meet the Division's expectations as required. We also recommended the Division work with the Park Manager and Concessionaire to ensure required services outlined in the Agreements are being provided. If the Division has determined these services are no longer required, the Agreement should be amended to reflect updated service requirements. Further, we recommended the Division work with the Park Manager and the Concessionaire to ensure the Concessionaire is invoiced for the correct number of vending machines as required. We also recommended the Division work with the Park Manager to determine the amount owed for vending machine fees due to incorrect billing by the Park and collect the amount due. We further recommended the Division work with Park management and the Concessionaire to ensure admission fees are collected and the full amount is submitted to the Department as required, and to determine and collect admission fees owed to the Department. We recommended the Division work with Park management and the Concessionaire to ensure Monroe County Surcharge requirements are being followed as required by Florida Statutes. In addition, the Division should ensure the surcharge collected is submitted to the Department in order for the surcharge collections to be provided to Monroe County. We recommended the Division work with Park management and the Concessionaire to ensure extensions are granted, as required by both Agreements. We also recommended the Division work with Park management and the Concessionaire to ensure E-Verify Employment Eligibility Verification and Sexual Predator and Offender searches are completed as required. Finally, we recommended the Division work with the Park Manager to ensure the Concessionaire's Quarterly Evaluations are completed with accurate information to support the actual performance and compliance of the Concessionaire.

**Actions Taken:**

The Division concurred with the recommendations and the Agreement Managers at both John Pennekamp and Bahia Honda State Parks have obtained samples of current sales receipts. The receipts state the attraction, rental or service purchased. The Concessionaire will utilize the Refund Slip, which will be completed at the time of the refund request and will capture all information as required by the Agreement, which includes obtaining the customer's signature. The Park Manager will continue to monitor

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the Concessionaire's compliance with this requirement. The Division will work with the Concessionaire to ensure bank accounts are used as required by the Agreements. The Bureau of Operational Services has developed an onboarding checklist to be completed at the initiation of each new agreement going forward. The Bureau of Operational Services, in coordination with District and park staff, will use this tool to assure adequate oversight of the Maintenance and Repair and Environmental Protection Plans to ensure that written approvals are obtained for plans and documentation to support approvals are retained in the park's file as required. The Division is working with the Concessionaire to determine current service needs at both parks. The Agreement Managers are consulting with District 5 leadership and will request an amendment to the Agreements to revise services as appropriate. The Agreement Manager has confirmed that the Park is now billing the Concessionaire for vending services that are being provided. The Division has collected all back owed vending machine fees owed by the Concessionaire. Upon further review, the Division has determined that neither Agreement held by the Concessionaire authorizes the collection of park admission fees. Further, each Park Manager has affirmed the Concessionaire is not currently and has not collected admission fees on behalf of either park. Based on follow-up with Park management, the Concessionaire had collected admission fees in the past and had no way to decipher the fees based on the way they were recorded in the cash register as a sale and not an admission fee. The Park Manager confirmed the Concessionaire is no longer collecting admission fees and the Park was provided with a QR Code which will be placed in the Marina area that can be used by boat-day-use visitors. The Division is consulting with the Office of General Counsel and the Monroe County Land Authority to clarify understanding of Monroe County's Surcharge requirements. As part of the amendment to the Agreements previously referenced, the Agreement Managers will work with the Concessionaire, while consulting with District 5 leadership and the Bureau of Design and Construction, to create a conceptual Capital Improvement Plan. Exhibit B of the Agreements will be updated with revised Capital Improvements. Project completion dates will be amended as well, based on anticipated timelines of agreed upon projects. The Assistant Director of Field Operations sent an email to all Park Managers highlighting the importance of verifying that Sexual Predator and Offender searches are conducted by the Concessionaire and outlining specific inspection requirements. He also noted the importance of accurately completing quarterly reports, which E-Verify review is a part of. The Division will continue to support Park Managers in assuring that sexual predator and offender search requirements are met and Concessionaire Quarterly Evaluations are completed with accurate information to support the actual performance and compliance of the Concessionaire.

### **A-2122DEP-019 Audit of Agreement with the Olustee Battlefield Citizens Support Organization, Inc.**

#### **Recommendations:**

We recommended the Division of Recreation and Parks (Division) work with the Olustee Battlefield Historic State Park (Park) to provide additional oversight of the Citizen Support Organization's (CSO) fiscal activities and ensure funds have been properly expended and documented. We also recommended the Division work with the Park and

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CSO to ensure the CSO establishes a financial policy that outlines fiscal controls and responsibilities for all areas of cash collections and expenditures, consistent with standards in the Division's Operations Manual and CSO Handbook. In addition, we recommended the Division and Park work with the CSO to ensure the CSO complies with the Payment Card Industry (PCI) standards and annually completes a PCI Self-Assessment Questionnaire and Attestation of Compliance, sales tax is collected and paid to the Department of Revenue on revenue generated through the CSO's online merchandise sales, and revenue generated from the CSO's online sales are timely deposited into the CSO's primary depository. Regarding publicity for CSO events, we recommended the Division and Park work with the CSO to ensure that all event publicity is approved in writing by the Park Manager prior to release of the publicity, as required by the Operations Manual. Additionally, we recommended the Division and Park work with the CSO to ensure compliance with its Bylaws regarding CSO membership. This includes establishing written guidelines and procedures regarding memberships, particularly dues, categories, and reinstatement, either in their Bylaws or in a separate stand-alone policy. Further, we recommended the Division and Park work with the CSO to ensure all Volunteer Agreements and background searches are completed prior to start of the Volunteer's service at the Park, including special events. Additionally, all Volunteer records, including individual and group Volunteer Agreements, background searches, completed trainings, and hours of service, are to be maintained in VSys as required. In addition, we recommended the Division work with the District, Park, and CSO to ensure that a management review of the CSO is scheduled and conducted every four years, in accordance with the Division's CSO Handbook and Operations Manual. Further, we recommended the Division revise the CSO Handbook to remove outdated information to reflect current Division policies and requirements. Finally, we recommended the Division work with the Park and CSO to ensure the Agreement is also updated to be consistent with current Division requirements.

### **Actions Taken:**

The Division concurred with the recommendations and the CSO and Park management worked together to draft a financial policy to address revenue collection and expenditures. In addition, annual attestation of PCI compliance will be tracked by the Park Manager, along with oversight of financial policy compliance once adopted. The current Treasurer has obtained access to the PayPal account and will ensure timely deposits of all sales revenue and payment of sales tax in accordance with the financial management policy. Park Manager approvals for event marketing are now documented during Board Meetings. These have also been added to the Annual Program Plan. It was verified on March 23, 2024, that receipts were provided for those that paid the membership fees. Language was also added to the drafted financial policy clarifying the requirement for issuing receipts. The District will continue to audit Volunteer program compliance, including Volunteer Agreements and required background searches in VSys. The District is coordinating an audit with the CSO to ensure a management review is conducted every four years, in accordance with the CSO Handbook and Operations Manual. The CSO Handbook has been updated to remove outdated information and will be sent to the Board to review.

**A-2223DEP-009 Audit of Agreement CA-0219 with Caladesi Island Connection, Inc.**

**Recommendations:**

We recommended the Division of Recreation and Parks (Division) work with Caladesi Island Connection, Inc. (Concessionaire) to ensure point-of-sale transactions are documented and accurately reported to the Division and source documents are retained in accordance with Agreement CA-0219 (Agreement), in order to determine the accuracy of gross sales. We further recommended the Division work with the Concessionaire to ensure cash handling and employee supervision meets the Minimum Accounting Requirements, as specified in the Agreement, including daily cash register totals are verified and reconciled by a person not having access to cash, daily cash sales are verified prior to being deposited by a person not having access to cash, and a General Manager is designated if duties cannot be assigned to different employees. We also recommended the Division work with the Concessionaire to ensure cash receipts are stored in a secure manner until deposited, and daily cash receipts over \$2,000 are deposited daily, as required by the Agreement. We further recommended the Division work with the Concessionaire to ensure customer receipts meet all the requirements specified in the Agreement, and a record copy of receipts are retained, as required by the Agreement. Additionally, we recommended the Division work with the Concessionaire to ensure refunds are processed in accordance with the Agreement, including all refunds are reported to the Department, refunds are recorded in the daily ledger or register, refunded tickets are not resold, and refund documentation is retained pursuant to the Agreement. We recommended the Division work with the Office of General Counsel to ensure contractual changes to agreements are executed properly with a Contract Amendment as appropriate. We also recommended the Division work with the Park Manager and the Concessionaire to ensure pre-approvals and plan approvals are obtained and the Accessibility and Inclusion (A&I) Policy is available and posted in all required areas, as required in the Agreement. We further recommended the Division work with the Park Manager and the Concessionaire to ensure sexual predator and offender searches are completed, as required in the Agreement. Additionally, we recommended the Division work with the Park Manager to ensure the Concessionaire's Quarterly Evaluations are completed quarterly, and accurately document the performance of the Concessionaire. Finally, we recommended the Division work with the Park Manager and the Concessionaire to ensure Capital Improvement goals are established, as required by the Agreement.

**Actions Taken:**

The Division concurred with the recommendations and the Concessionaire has implemented a new Point of Sale System. The system processes and stores all sales transactions. Sales receipts are sequentially numbered, include the transaction date and time, service purchased, amount of sale, total collected and identifies the cashier making the transaction. The new system also provides the ability to reprint receipts and generate reports. Daily receipts are verified at the end of the day by the General Manager. Before the bank deposit is made, it is reviewed and signed off by the



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company President. The Concessionaire has adopted a daily bank deposit policy that conforms to the requirements of the contract. When daily cash receipts are over \$2,000, staff complete a deposit slip and cash is deposited via night drop at the Concessionaire's bank. Staff return to the bank the following day to obtain a deposit receipt. Undeposited funds (less than \$2,000) are secured onsite in a properly installed safe. The new system allows for refund reports to be generated and reported accurately to the Department. The Concessionaire also utilizes a "Ticket Refund" form that captures all required information. On September 25, 2023, the Division amended Agreement CA-0218 that included an update to when the Monthly Report of Concessionaire's Total Gross Sales report is due to the Division, based on current policy. The Bureau of Operational Services has developed an onboarding checklist to be completed at the initiation of each new agreement going forward. The Bureau of Operational Services, in coordination with District and Park staff, will use this tool to assure adequate oversight of the Maintenance and Repair, as well as Environmental Protection Plans. This will ensure that written approvals are obtained for plans and documentation to support approvals are retained in the park file as required. The Park Manager has verified that the Concessionaire's A&I Policy has been posted in all required areas. The Assistant Director of Field Operations sent an email to all Park Managers highlighting the importance of verifying that sexual predator and offender searches are conducted by the Concessionaire and outlining specific inspection requirements. The email also highlighted the importance of accurately completing quarterly reports. The Division will continue to support Park Managers in ensuring that Concessionaire Quarterly Evaluations are completed with accurate information to support the actual performance and compliance of the Concessionaire. In July 2023, the Park Manager met with the Concessionaire to identify annual Capital Improvement goals.

### PERFORMANCE MEASURES



In accordance with Section 20.055(2)(b), F.S., the OIG assessed performance measures for inclusion in the FY 2024-2025 Long-Range Program Plan. Of the 24 performance measures included in the FY 2023-2024 Long-Range Program Plan, 22 were measures which had been reviewed in prior years and were determined to be valid and reliable. In the performance measure assessment conducted in 2020, one Division of State Lands' measure was reviewed. This measure had previously been reviewed over five years ago. The assessment determined the measure to be neither valid nor reliable. In response to the assessment, the Division of State Lands requested that the measure be deleted in the FY 2022-2023 and FY 2023-2024 Long-Range Program Plan. The Bureau of Budget and Planning is in the process of preparing a Budget Amendment to request the performance measure be deleted. In addition, the measure for the Division of Law Enforcement was determined to be reliable but not valid during the FY 2021-2022 performance measure assessment. We communicated those results to the Division of Law Enforcement with a recommendation that the Division address the appropriateness of the measure for the purpose of measuring Division performance. In

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addition, we recommended the Division consider revising the measure to reflect outcomes of investigative performance, such as investigation completion or resolution. The Division is moving forward to delete the measure and establish a new measure.

### **EXTERNAL AUDITS**

#### **Auditor General – State of Florida – Compliance and Internal Controls over Financial Reporting and Federal Awards 2024-174**

There were no findings related to the Department.

#### **Auditor General Operational Audit Report 2024-038**

The Auditor General conducted an operational audit of the Department of Environmental Protection (Department) which focused on the Department's administration of State land acquisitions and dispositions. The audit also included a follow-up on the findings noted in report No. 2018-122.

##### **Results of Audit:**

The audit did not disclose any reportable conditions regarding the Department's administration of State land acquisitions and dispositions. Nothing came to their attention through their audit procedures to indicate that Department controls, as designed and implemented, were not adequate to ensure that the Department properly administered State land acquisitions and dispositions in accordance with State law, Board rules, applicable appraisal standards, and other guidelines, as such, they did not make any recommendations. Based on prior audit follow-up, the Department had taken corrective actions for the findings included in report No. 2018-122.

### **INTERNAL AUDIT SUMMARY REPORTS BY PROGRAM AREA**

#### **DEPARTMENT WIDE**

##### **A-2324DEP-001 Audit of Department Fleet**

The scope of the audit included all vehicles (Fleet) owned by the Department and all documentation associated with the Fleet regarding maintenance and usage during the period of January 1, 2022, to the present.

##### **Results of Audit:**

Based on our review, we found that routine maintenance and vehicle repairs were not always conducted, documented, or reported in compliance with Department policy. Additionally, we found that documentation and reporting of Fleet usage was not always completed in accordance with Department policy. We also found that the Department's fuel card (WEX Card) procedures were not always followed in compliance with Department policy. Furthermore, we found that Fleet vehicles were not at the locations identified by the property location codes assigned in the Statewide Fleet management

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information system (FleetWave) and were assigned to employees without following Florida Statutes and Department policy. We also found that Department policy could be strengthened regarding assigned responsibilities and oversight; as well as expanded regarding adequate security for Fleet assets and consistent guidance Department wide. As a result, we found areas where accountability, oversight, and policy could be strengthened regarding the overall management of the Department's Fleet.

### **Recommendations:**

Based on our findings, we recommended the Department ensure that routine maintenance and Fleet repairs are conducted, documented, and reported by each Program Area in accordance with Department policy. We also recommended the Department ensure that each Program Area completes documentation and reporting of Fleet vehicle usage in accordance with Department policy. Additionally, we recommended the Department ensure that each employee follows WEX Card procedures in compliance with Department policy. Furthermore, we recommended the Department ensure that Fleet vehicle locations are accurately reported in FleetWave, and vehicles are stationed at the appropriately assigned location. Also, we recommended the Department ensure that Program Areas assign Fleet vehicles to employees in accordance with the requirements of Florida Statutes, Florida Administrative Code and Department policy. We further recommended that Department policy is strengthened regarding implementation and enforcement of assigned responsibilities and oversight of Fleet Custodians. Finally, we recommended that Department policy is expanded to include security of Fleet assets and consistent guidance to ensure Fleet Custodians' responsibilities are performed.

### **Actions Taken:**

The Department concurred with the recommendations and will work to complete the corrective actions mentioned above.

## **DIVISION OF ADMINISTRATIVE SERVICES**

### **A-2223DEP-013 Review of Department Controls Regarding Surplus Property**

The scope of the audit included the Department's attractive property and surplus attractive property, and the related surplus and disposal process from July 1, 2021, to the present.

### **Results of Audit:**

Based on our review, the Department's Property Custodians generally complete and submit the required surplus documentation to the Finance and Accounting Surplus Property Review Board for laptops and computers. During our review, we noted internal control weaknesses in the areas of surplus documentation retention for individual property records, securing Information Technology equipment pending sanitization, and the surplus and disposition of mobile devices.

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### Recommendations:

We recommended the Department ensure the form, DEP 55-406, includes all the information required to be maintained in accordance with Rule 69I-72.005, F.A.C., and is complete prior to approval of the Surplus Property Review Board. We also recommended the Department establish a sanitization and disposal procedure for mobile devices. We further recommended the Department provide adequate training and resources to Cell Phone Representatives to ensure they understand their responsibilities to safeguard surplus mobile devices in the process of being sanitized. We recommended the Department work with the Property Custodians and Cell Phone Representatives to ensure they are aware of their responsibility to safeguard laptops, computers, and mobile devices in the process of being sanitized. We also recommended the Department work with the Bureau of Finance and Accounting Property Section to develop a process to catalog missing hard drives, prior to approving the Department Certification of Surplus. Further, we recommended the Department work with the Finance and Accounting Property Section to ensure surplus documentation is uploaded to OCULUS<sup>1</sup> as required. We also recommended the Department work with Property Custodians to ensure property transfer documentation is accurate and complete as required. We recommended the Department work with the Office of Technology and Information Services (OTIS) to ensure Hard Drive Sanitization/Wiping Labels are completed and affixed to hard drives in the Common (Tallahassee) Area, as required, and also consider revising the Hard Drive Sanitation and Disposition Policy to ensure sanitation procedures are consistent Statewide. We recommended the Department work with Property Custodians to ensure they are aware of property within their custody that has been acquired with Federal funding, and reviews of Federal Grant Agreements are conducted to determine if there are additional conditions required for surplus. Finally, we recommended the Department work with the Finance and Accounting Property Section to ensure employees signing property surplus forms are a properly designated Property Custodian prior to approving an item to be certified as surplus.

### Actions Taken:

The Division of Administrative Services (Division) and OTIS concurred with the recommendations. The surplus process is undergoing workflow development within the Electronic Forms & Flows (ELFF) System. The planned workflow updates to DEP 55-406 ensure the required information gathered is in accordance with Rule 69I-72.005, F.A.C., and will be required to be completed prior to approval of the Surplus Property Review Board. Policies and procedures are being revised in anticipation of implementation of the new form. Policy ADM 320 is being updated to add mobile devices as attractive items. DEP 55-406 will be required for surplus of mobile devices, to include proper sanitization prior to disposal. The Bureau of Finance & Accounting is in the process of assigning property numbers, tags and adding mobile devices to the

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<sup>1</sup> The Department's Document Management System.

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FLAIR property master file. OTIS has drafted an updated Hard Drive Sanitation and Disposition Policy (renamed to “Hard Drive Sanitization and Disposition Procedure”), which incorporates the sanitization of mobile devices and certification from the Cell Phone Representative related to mobile devices. The sanitization process will be updated to include requirements to document that the hard drive has been wiped or destroyed and if missing, justification and explanation is mandatory. The Bureau of Finance & Accounting continues to document missing hard drives until the surplus process is moved to production in the ELFF system. The surplus process utilizing the ELFF system will ensure that the documentation will automatically upload to OCULUS upon completion of the process. In the meantime, the Bureau of Finance & Accounting continues to manually upload documentation into OCULUS. OTIS Desktop Support staff have been reminded of the importance of printing out clear labels and affixing them properly. Additionally, DEP 55-407 has been implemented to ensure the Department consistently certifies the sanitization of electronic devices prior to disposal. The DEP 55-406 in ELFF will be updated to include an indicator of items acquired with Federal Grant funding. If so, confirmation is required to ensure they have reviewed the Grant Agreement for additional conditions for disposal.

### **DIVISION OF RECREATION AND PARKS**

#### **A-2122DEP-018 Audit of Agreement with Florida State Park Foundation, Inc.**

The scope of the audit included Florida State Park Foundation Inc., Citizen Support Organization (CSO) activities and financial records for the period beginning January 1, 2021, to May 31, 2022.

#### **Results of Audit:**

The CSO was established and operates in compliance with Section 258.015, F.S. We observed that continuous communication was demonstrated between the CSO and Division of Recreation and Parks (Division) management. However, we noted control weaknesses in the areas of adherence to CSO Financial Policy, completeness of the Annual Program Plan, CSO Board membership, Volunteer coordination, and record retention of Board Committee meeting minutes. Further, we identified opportunities for management to strengthen some of its internal controls as well as some areas where new monitoring controls could be established and implemented to ensure compliance with Agreement terms and Division requirements.

#### **Recommendations:**

We recommended the Division provide additional oversight to ensure compliance with the established CSO Financial Policy. The CSO should adhere to the established Financial Policy that outlines adequate internal controls and responsibilities for all areas of cash collections and expenditures consistent with standards in the Division’s Operations Manual and CSO Handbook. We also recommended the Division work with the CSO to ensure compliance with its established Bylaws regarding CSO membership and to discontinue practices that misrepresent CSO membership payments. In addition, we recommended the CSO establish written guidelines and procedures regarding

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memberships, particularly dues, categories, and reinstatement, either in their Bylaws or in a separate stand-alone policy. We further recommended the Division work with the CSO to develop a process for tracking and ensuring that all voting Board Members are in good standing. We recommended the Division work with the CSO to ensure the Annual Program Plan is completed on form DRP-052, as required. We also recommended the Division work with the CSO to ensure accurate records of meeting minutes, actions taken by the Members or Board of Directors without a meeting, and a record of all actions taken by a committee of the Board of Directors on behalf of the corporation are created and stored for the appropriate amount of time as listed in Section 617, F.S. We recommended that the Division work with the CSO to ensure that Volunteer Agreements are signed and submitted to the Division and Volunteer training is completed annually, as required. We also recommended that the Division work with the CSO to accurately document Board Members' Volunteer hours. We recommended the Division revise the CSO Handbook to remove outdated information to reflect current Division policies and requirements. We also recommended the Division Director provide and maintain written approval for all grant proposals submitted by the CSO. We also recommended the Division revise the CSO Handbook to remove the deleted Department Directive 150 reference and update to include the requirement for prior Division Director or designee approval for all grant proposals submitted by the CSO.

### **Actions Taken:**

The Division concurred with the recommendations and the CSO established a CSO Financial Policy, updated the Bylaws to address CSO membership practices and developed a process for tracking and ensuring that all voting Board Members are in good standing. The Division provided a spreadsheet indicating that membership dues are being paid. The Division updated its internal Annual Program Plan form and provided the 2024 Annual Program Plan. The Division provided the meeting minutes for 2023 and Q1 of 2024. The Division uploaded the required documents for CSO Board Members to VSys. The Division updated the CSO Handbook to remove outdated information to reflect current Division policies and requirements. The Division and CSO instituted a written approval process for all grant proposals.

### **A-2223DEP-002 Audit of Citizen Support Organization Agreement with Friends of Lovers Key, Inc.**

The scope of the audit included activities for the Agreement with the Friends of Lovers Key (CSO) for the period beginning on January 1, 2021, to the present.

### **Results of Audit:**

Based on our audit, the CSO was established and operates in accordance with Section 258.015, F.S. During our review, we noted internal control weaknesses in the areas of adherence to CSO Financial Policy and Bylaws, Volunteer coordination and recordkeeping, and membership tracking. Additionally, we identified opportunities for management to strengthen oversight and monitoring controls to ensure compliance with the Agreement and Division requirements.

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### Recommendations:

We recommended the Division provide additional oversight to ensure compliance with the established CSO Financial Policy. We also recommended the Division and Lovers Key State Park (Park) work with the CSO to ensure Volunteer profiles and records are completed and maintained in VSys as required. We further recommended the Division and the Park ensure CSO event documentation and entrance fee reimbursement are received and maintained. We recommended the Division and Park work with the CSO to ensure PCI standards and self-assessments are completed as required. We also recommended the Department and Park work with the CSO to ensure grant proposals are submitted and approved as required. We further recommended the Division revise and update the CSO Handbook to reflect current Division policies and requirements. We recommended the Department and Park work with the CSO to ensure membership records are maintained and the Membership Coordinator position is filled. We finally recommended the Department and Park work with the CSO to ensure their Bylaws do not conflict with Division policies.

### Actions Taken:

The Division concurred with the findings and recommendations in the report. A Finance Committee has been established and the CSO's Board Financial Policies were revised as recommended. The CSO is now ensuring checks over \$500 are consistently signed by two designated officers as required. The required information is being uploaded into VSys for the current CSO board. The Park Manager has created an event documentation checklist to ensure all items are completed and received prior to a CSO event and is now storing all files electronically. Additionally, it was confirmed that the CSO did not remit entrance fees for the CSO 2022 Gala event at a fee of \$2 per person. An invoice was submitted to the CSO and entrance fees were remitted. The CSO also completed the PCI Self-Assessment Questionnaire and Attestation of Compliance, as required. The membership coordinator role in the CSO Bylaws was updated and a new database was created, and all data has been transferred. Lastly, the Division CSO Handbook was also updated.

### **A-2223DEP-011 Audit of Agreement CN541 with Charles Perry Partners, Inc. for Boathouse Replacement at Ellie Schiller Homosassa Springs Wildlife State Park**

The scope of this audit included a review of the Bureau of Design and Construction (BDC) contract for the completion of the Boathouse Replacement project at the Ellie Schiller Homosassa Springs Wildlife State Park (Park).

### Results of the Audit:

Based on our review, Charles Perry Partners, Inc. (Contractor) appears to have completed the Project as described in Contract CN541 (Contract) and associated documents. Our review noted some areas where internal controls could be strengthened to ensure compliance with the requirements of the Contract; including, management oversight over frequency of Pay Requests/submissions, Change Orders, and bid document requirements.

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### Recommendations:

We recommended that the BDC ensure contractors submit Pay Requests and are paid by the Department no more frequently than allowed under the terms specified in the contract. We also recommended that BDC ensure that the Contractors' Pay Requests are submitted with the appropriate supporting documentation as specified in the contract. Additionally, we recommended the BDC ensure Final Completion occurred within the timeframe specified in the contract, or the contractor would pay to the Department liquidated damages in accordance with the terms of the contract.

Furthermore, we recommended the BDC ensure that modifications of work to a contract would not be completed without a properly executed Amendment, Change Order, or Change Directive, as required by the contract. We also recommended the BDC ensure that additional compensation is not approved for damage caused by a contractor. In addition, we recommended the BDC ensure all bids are submitted accurately and include all documentation outlined in the bid documents. Finally, we recommended the BDC ensure all steps required to award bids are followed and all documentation is retained.

### Actions Taken:

The Division concurred with the recommendations and is working with the Office of General Counsel to update the standard construction contract language to clarify the contractor payment expectations. The recommendation to ensure that Final Completion occurs within the contract, or the Contractor will be assessed Liquidated Damages in accordance with the contract has been reviewed and discussed during the BDC staff meetings. In addition, these requirements have been outlined in Chapter 2.2 Design and Construction (Section 8.4) of the Division's Operations Manual. The recommendation to ensure that modifications to the contract are not completed without a properly executed Amendment, Change Order, or Change Directive, in accordance with the Contract and that BDC Project Managers do not approve additional compensation for any damage caused by a contractor have also been reviewed and discussed during the BDC staff meetings to ensure that Project Managers are following proper steps during all phases of the construction process regarding change of the work and any damage directly caused by the contractor. In addition, this process is outlined in Chapter 2.2 Design and Construction (Section 8.3) of the Division's Operations Manual. Finally, the recommendation to ensure that all responsive bids are submitted accurately and include all documentation outlined in the bid documents, all steps required to award bids are followed and all documentation is retained in accordance with all procurement laws, and the Department's policies and procedures have been reviewed and discussed during the BDC staff meetings. The BDC Contracts team has also incorporated these requirements into its Contracts Procedures desk reference.

### **A-2223DEP-014 Audit of Anastasia State Park**

The scope of this audit included select activities and financial transactions of Anastasia State Park (Park) for the period of July 1, 2021, through June 30, 2022, as well as current activities and records as necessary.



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### Results of Audit:

Based on our review, the Park was generally in compliance with Division requirements regarding revenue collection and reporting processes, expenditures, attendance reporting, property management, annual reviews, employee sexual predators and offender's registration searches and housing requirements. However, our review noted some areas where controls could be strengthened regarding Volunteer records.

### Recommendations:

We recommended the Division work with the Park to ensure background searches and Volunteer Agreements are completed prior to the start of Volunteer service at the Park, and all Volunteer records, including individual and group Volunteer Agreements, sexual predators and offenders' registration searches, completed trainings, and hours of service, are maintained in VSys as required.

### Actions Taken:

The Division concurred with the recommendations. The Park's Volunteer Manager uses a checklist to verify and update each new Volunteer's profile. The Volunteer Manager also conducts monthly reviews of active Volunteer profiles to identify any expired or soon-to-expire items.

### **A-2223DEP-015 Audit of Agreement RP900 with Ashbrit, Inc.**

The scope of the audit focused on all activities performed by AshBritt, Inc. (Contractor) under Agreement RP900 (Agreement) for Upland Debris Removal and Emergency Services with the Department from March 12, 2021, through the duration of the audit. Activities relating to the procurement of the Agreement were also evaluated.

### Results of Audit:

Based on our review, the Contractor appeared to have generally completed the removal and disposal of debris pursuant to the Agreement. However, we noted sufficient documentation of approval of deliverables was not maintained by the Division.

### Recommendations:

We recommended the Division implement stronger internal controls to ensure Contract Managers maintain sufficient documentation showing receipt and review of deliverables, and written acceptance of deliverables, as required by the Agreement.

### Actions Taken:

The Division concurred with the recommendations. The Bureau of Natural and Cultural Resources' (BNCR) new Contract Manager gave the Contractor notice of the Manager change on March 11, 2024. No Department entities have utilized the Agreement since the audit took place. To date, the Division has not utilized the Agreement. This was not intentional as it was originally procured with the expectation of intermittent use, and these services have not been needed recently. Should the Agreement be utilized again,

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the Division's Contract Manager will follow all the requirements specified in the Agreement, document the necessary actions, and save all files for future reference. The Office of Resilience and Coastal Protection staff will ensure that appropriate coordination with the BNCR Contract Manager is maintained and that all requirements of the contract/task assignment are followed.

### **A-2324DEP-012 Audit of Florida Caverns State Park**

The scope of the audit included the evaluation of select activities and financial transactions of the Florida Caverns State Park (Park) during FY 2022-2023, as well as current records and activities.

#### **Results of Audit:**

Based on our review, the Park complied with some requirements in the Operations Manual regarding revenue collection and attendance reporting. However, we noted several areas of non-compliance and weak internal controls regarding revenue verification procedures, firearm use and ammunition accountability, Volunteer services oversight, overall documentation, and property management.

#### **Recommendations:**

We recommended the Division work with the Park to ensure the revenue verification process is accurately followed in accordance with the Operations Manual. We also recommended the Division work with the Park to ensure all required documentation is maintained and uploaded into the Department's databases timely, in accordance with the Operations Manual and the Park Revenue Collection Procedures. We further recommended the Division work with the Park to ensure the Firearm Activity Logs are completed and maintained and Park staff are appropriately trained and certified to use Park firearms in accordance with the Department's Firearm Use Standard and the Department's Health and Safety Manual. We recommended the Division work with the Park to ensure approval request memos are executed timely and firearm usage does not fall outside of those approvals. We also recommended the Division work with the Park to ensure ammunition purchases are tracked, all usage is accurately documented, and ammunition is stored according to the Department's Firearm Use Standard and the Department's Health and Safety Manual. We further recommended the Division work with the Park to ensure background searches and Volunteer Agreements are completed prior to the start of Volunteer service at the Park, and all Volunteer records, including individual and group Volunteer Agreements, sexual predators and offenders registration searches, completed trainings, and hours of service, are completed and maintained in VSys as required. We recommended the Division work with the Park to ensure property tags are affixed to Park property items and inventory is conducted in accordance with Department procedures. We also recommended the Division work with the Park to ensure property is properly accounted for in accordance with Department procedures. We further recommended the Division work with the Park to ensure fuel purchases are completed, documented, and maintained in accordance with the Operations Manual and Department procedures. We recommended the Division work with the Park to ensure purchases for the Park are made in accordance with State guidelines and the PCard

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policy. We also recommended the Division work with the Park to review payments made to contractors for repairs and maintenance to buildings which fall under the responsibility of the Concessionaire and seek reimbursement for any amount determined to be owed to the Department. We recommended the Division ensure all required Housing and Pet Approval Agreements for Park staff residing in the Park are properly executed in accordance with the Operations Manual. We also recommended the Division ensure annual park inspections are completed and documented in accordance with the Operations Manual.

### **Actions Taken:**

The Division concurred with the recommendations and will work with Park staff to ensure all revenue verification processes are followed in accordance with the Operations Manual. The Division will also work with the Park to ensure all required documentation is maintained in accordance with the Operations Manual and the Park Revenue Collection Procedures. The Division will further work with the Park to ensure the Firearm Activity Logs are completed and maintained and Park staff are appropriately trained and certified to use Park firearms in accordance with the Department's Firearm Use Standard and the Department's Health and Safety Manual. The Division will work with the Park to ensure approval request memos are executed timely and firearm usage does not fall outside of those approvals. The Division will work with the Park to ensure ammunition purchases are tracked, all usage is accurately documented, and ammunition is stored according to the Department's Firearm Use Standard and the Department's Health and Safety Manual. The Division will work with the Park to ensure background searches and Volunteer Agreements are completed prior to the start of Volunteer service at the Park, and all Volunteer records, including individual and group Volunteer Agreements, sexual predators and offenders registration searches, completed trainings, and hours of service, are completed and maintained in VSys as required. The Division will work with the Park to ensure property tags are affixed to Park property items and inventory is conducted in accordance with Department procedures. The Division will also work with the Park to ensure property is properly accounted for in accordance with Department procedures. The Division will further work with the Park to ensure fuel purchases are completed, documented, and maintained in accordance with the Operations Manual and Department procedures. The Division will work with the Park to ensure purchases for the Park are made in accordance with State guidelines and the PCard policy. The Division will also work with the Park/Concessionaire to review payments made to contractors for repairs and maintenance to buildings and seek reimbursement for any amount determined to be owed to the Department. The Division will ensure all required Housing and Pet Approval Agreements for Park staff residing in the Park are properly executed in accordance with the Operations Manual. The Division will also ensure annual park inspections are completed and documented in accordance with the Operations Manual.

## DIVISION OF STATE LANDS

### **A-2223DEP-007 Audit of Florida Communities Trust Agreement F2115 with Hillsborough County**

The scope of the audit included the activities, records, and disbursements associated with the Grant Agreement F2115 (Agreement) between the Florida Communities Trust (FCT) and Hillsborough County (Grantee) from April 22, 2022, to the present.

#### **Results of the Audit:**

Our review found internal controls and oversight regarding the review and approval of deliverables could be improved. Although the Grantee appears to have generally completed the Management and Project Plan requirements, our review found some reimbursements were for ineligible expenditures or lacked documentation required by the Agreement.

#### **Recommendations:**

We recommended the Department work with Grant Managers to ensure required documentation is received and reviewed prior to approval of reimbursement, as required by the Agreement. We also recommended the Division review payments made to the Grantee to determine whether the Grantee received payment for any ineligible expenditures, and request reimbursement for any amount determined to be owed to the Department.

#### **Actions Taken:**

The Division concurred with the recommendations and implemented management reviews of the project plan and reconciliation statement prior to submittal for approval. The Division also reviewed the project file and requested additional clarification from the Grantee regarding the allocation of eligible project costs. Upon further review, the Division determined that the Grantee does not owe any repayment. The eligible project costs attributed to the acquired parcels are greater than the award amount that was paid.

## DIVISION OF WASTE MANAGEMENT

### **A-2223DEP-008 Audit of Petroleum Restoration Program Agency Term Contract Purchase Order B54CE6 for Remedial Action Construction and Post Active Remediation Monitoring Activities with Jim Stidham & Associates**

The scope of this audit included activities and financial records associated with Purchase Order B54CE6 (Purchase Order), related purchase orders, and activities for Facility ID #8631117, S&S #332 (Facility).

#### **Results of Audit:**

Based on our review of documentation, discussions with Petroleum Restoration Program (PRP) staff, and the activities and financial records associated with the

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Purchase Order, it appears Jim Stidham & Associates (Contractor) generally completed the Scope of Work in the Purchase Order. However, our review determined management oversight of the Purchase Order could be improved regarding the forfeiture of retainage and documentation for Schedule of Pay Items (SPIs).

### **Recommendations:**

We recommended the Division of Waste Management (Division) work with PRP Site Managers to ensure Contractors are notified in writing of the Department's intent to withhold retainage as required by the Agency Term Contract (ATC), and to ensure retainage amounts forfeited are calculated correctly. We also recommended the Division work with PRP and the Site Managers to review payments made for the questioned SPI costs, and request reimbursement for the SPI costs where required documentation was not provided.

### **Actions Taken:**

The Division concurred with the recommendations and provided training on retainage through a PRP Teleconference on June 8, 2023, and distributed notes from the meeting to all Site Managers. Training on the evaluation of required items for invoicing was also provided through a PRP Teleconference on November 15, 2022, with notes from the Teleconference distributed to the Site Managers. In both instances, the Division requested reimbursement from the Contractor associated with the retainage and SPI. The Division provided documentation to support the reimbursement.

### **A-2223DEP-016 Audit of Contract GC895 with Orange County for Petroleum Contaminated Cleanup Site Management Activities**

The scope of this audit included overall contract compliance and activities funded under Task Assignment 7 from July 1, 2022, through January 31, 2023.

### **Results of Audit:**

Based on our review of Contract GC895 (Contract) with Orange County (County), the County complied with the Contract with several noted exceptions. Our review noted where controls could be strengthened.

### **Recommendations:**

We recommended the Division work with PRP to train Local Program Site Managers on contractual requirements to include assignment of sites, documentation using the Communication Log, and Agency Term Contractors subcontracting requirements and procedures.

### **Actions Taken:**

The Division concurred with the recommendation and PRP provided training on the evaluation of required items for invoicing and subcontractor evaluation in the December 14, 2023, Program Teleconference. PRP followed up with notes from the Teleconference which were distributed to all Site Managers. PRP also met with the

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Local Program Managers on December 14, 2023, and reminded them of the contractual requirements regarding the number of sites assigned to staff for management.

### **A-2223DEP-018 Audit of Petroleum Restoration Program Agency Term Contract Purchase Order BA12F1 for Source Removal Activities with Groundwater & Environmental Services, Inc.**

The scope of the audit included activities and financial records associated with the Purchase Order BA12F1 (Purchase Order) for source removal at Mikes Bait & Tackle (Facility). The Purchase Order was assigned to Groundwater and Environmental Services, Inc (Contractor).

#### **Results of Audit:**

Based on our review of documentation, discussions with the PRP staff, and the activities and financial records associated with the Purchase Order, it appears the Contractor generally completed the Scope of Work in the Purchase Order. However, our review revealed management oversight of the Purchase Order could be improved regarding SPI documentation and field note requirements.

#### **Recommendations:**

We recommended the Division work with PRP and the Site Manager to review payments made for the questioned SPI costs and request reimbursement for the SPI costs where required documentation was not provided. We further recommended the Division to work with PRP and Site Managers to ensure field notes are adequately reviewed and contain all required components as required by PRP guidance and the ATC.

#### **Actions Taken:**

The Division concurred with the recommendations. PRP provided training after this instance on the evaluation of required items for Invoicing in the November 15, 2022, Program Teleconference and PRP also revisited this topic in the September 14, 2023, Program Teleconference. In both instances PRP followed up with notes from the Teleconference which were distributed to all Site Managers. Reimbursement of the \$1,455 associated with these items was requested from the Contractor on September 15, 2023. PRP sent correspondence to all Agency Term Contractors instructing them to assure that field teams are familiar with and following the PRP Field Notes Guidance and that the employee's names on site and dates must match the submitted travel vouchers to be approved and paid. The Division provided documentation to support the reimbursement.

### **A-2324DEP-003 Audit of Purchase Order C03AF5/BB0B67 for Site Assessment Activities with Fourtune 4**

The scope of this audit included activities and financial records associated with Purchase Orders C03AF5/BB0B67 (Purchase Orders) for Site Assessment at Don L

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Motors (Facility ID 138943161). The Purchase Orders were assigned to Fourtune 4, Inc. d/b/a Environmental Assessment & Consulting (Contractor).

### Results of the Audit:

Based on our review of documentation, discussions with PRP staff, and the activities and financial records associated with the Purchase Orders, it appears that the Contractor generally completed the Scope of Work in the Purchase Orders. However, our review noted some areas where controls could be strengthened related to supporting documentation and management oversight.

### Recommendations:

We recommended the Division request reimbursement for the \$4,607.50 paid where required documentation was not provided. Our review noted that when Investigative Derived Waste (IDW) is characterized using laboratory analysis pay items, the required documentation could not be met, and we therefore recommended that updates be made to accommodate this requirement. We also recommended that the Division work with PRP, Site Managers, and Agency Term Contractors regarding the requirements surrounding invoice submissions, OCULUS uploads, and subcontractor utilization, approval, and reporting.

### Actions Taken:

The Division agreed with the recommendations and requested reimbursement in the recommended amount and provided training and reminders to address the other recommendations. One of these trainings occurred on February 21, 2024, where Local Program Managers were reminded of the importance of ensuring that the required documentation be reviewed and verified prior to payment, as well as the requirements for invoice submission and OCULUS uploads. Regarding the required documentation for laboratory analysis pay items, the Division adjusted the required documentation associated with the characterization of IDW effective March 11, 2024. To address the requirements of invoice submission and timeframes, PRP emailed Agency Term Contractors on March 5, 2024. PRP trained on subcontracting requirements in the December 14, 2023, Program Teleconference and reminded contractors of subcontracting procedures via the December 2023 PRP Post.

### **A-2324DEP-016 Audit of Purchase Order B9DF31 with E.R. Albert Enterprises, Inc.**

The scope of this audit included activities and financial records associated with Purchase Order B9DF31 (Purchase Order), issued for covering the costs of replacement of petroleum storage tanks, integral piping, or ancillary equipment damaged, or subject to damage, by the storage of fuels blended with ethanol or biodiesel. The Purchase Order was awarded to the Facility Owner for the Prime Stop Food Store #1006, Facility ID 108503304 (Facility), with Advanced Environmental Technologies performing the work as the Pollutant Storage System Contractor (PSSC).

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### Results of Audit:

Based on our review of documentation, discussions with the Ethanol/Biodiesel Program (Program Area) staff, and the activities and financial records associated with the Purchase Order, we noted areas where Division oversight and internal controls could be strengthened in the areas of payment compliance, reviewing supporting documentation, and application review timelines.

### Recommendations:

We recommended the Division work with the Program Area to ensure payment requirements are adequately reviewed prior to approving payments. We also recommended that payment made under this Purchase Order be reviewed and reimbursement sought for payment made after the Purchase Order was statutorily void. We further recommended the Program Area review payments made and seek reimbursement for unsupported charges under this Purchase Order, and more broadly work to ensure sufficient supporting documentation is received prior to payment approval for all purchase orders. We also recommended the Division work with the Program Area to ensure that applications are reviewed in a timely manner in accordance with Florida Statutes.

### Actions Taken:

The Division agreed with the recommendations. Since the time of the Purchase Order issuance, the Program Area has developed and added new language to all Ethanol/Biodiesel purchase orders that more specifically list required invoicing documentation. In addition, the Program Area now conducts multi-person reviews to ensure the Scope of Work was completed and all invoices are screened for timely purchase order completion. The Program Area made their tracking system more comprehensive to better review pending tasks, helping eliminate delayed review and response to applications. Regarding the lack of supporting invoicing documentation in this Purchase Order, the Program Area will discuss with the Office of General Counsel (OGC) and request reimbursement for payment made for unsupported charges.

## **OFFICE OF RESILIENCE AND COASTAL PROTECTION**

### **A-2122DEP-014 Audit of Agreements with the University of South Florida for the Statewide Ecosystem Assessment of Coastal and Aquatic Resources Data Discovery Interface and Interactive Website**

The scope of this audit of Agreements ES005, CM07M, and CM841 (Agreements) included Agreement deliverables, invoices, and Office of Resilience and Coastal Protection (ORCP) management activities associated with the Agreements.

### Results of Audit:

Based on our review, most deliverables were completed as required by the Agreements. All payments were made timely once deliverable documentation was approved by the Contract Manager. There were considerable delays in submission for



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certain deliverables due partially to outside parties. Our review noted some areas where controls could be strengthened.

### **Recommendations:**

We recommended the Department ensure deliverables are completed as required by the Agreements, prior to approval. We also recommended the Department implement controls to ensure deliverable due dates are met as required by the Agreements. We further recommended the Department review all contractual language prior to entering into an agreement to ensure there are no conflicts with the purpose of the agreement, and also amend agreements as necessary.

### **Actions Taken:**

The ORCP concurred with the recommendations and the Contract Manager reviewed all deliverables with the Contractor prior to executing the last Amendment to ensure that all deliverables were being met, and the format of deliverables provided the most efficient and accurate data/information possible for this dynamic project. The Division updated the Scope of Work to include updates to the review process for deliverables and tasks. The Contract Manager continues to work with the Contractor to meet deadlines and maintain lines of communication to ensure work is conducted in accordance with the Agreement. The Division has implemented financial consequences in response to late or incomplete deliverables. The Contract Manager and Florida Coastal Management Program (FCMP) staff met with the OGC to review the Agreement language, and the OGC modified the template language in the Standard Terms and Conditions for Noncompetitively Procured and No Cost Contracts to address the language conflicts. The updated templates are posted on the OGC SharePoint site. All active FCMP Agreements with Florida Universities and Colleges were amended to include the new template language.

### **A-2223DEP-012 Audit of Agreement R2232 with the City of Fernandina Beach for the Comprehensive Historic Downtown Resiliency Plan Segment 2**

The scope of this audit included the requirements, oversight, deliverables, and disbursements associated with Grant Agreement R2232 (Agreement).

### **Results of Audit:**

Based on our review, the City of Fernandina Beach (Grantee) appears to have generally completed the overall Comprehensive Historic Downtown Resiliency Plan Segment 2 Project (Project) described in the Agreement; however, we found some deliverables were never submitted by the Grantee and some were not submitted timely.

### **Recommendations:**

We recommended the ORCP work with Grant Managers to ensure deliverables required by the agreements are received and reviewed for completeness prior to approving payment requests.

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### Actions Taken:

The ORCP concurred with the recommendations and Standard Operating Procedures guidance for accepting and approving deliverables were updated on June 20, 2023, as a tool for Grant Managers to use while reviewing and accepting deliverables to ensure that deliverables meet contract Grant Agreement requirements. Also, payment requests will now require that proof of the deliverable receipt is included within the payment request, along with a deliverable acceptance letter. All fiscal documentation will be reviewed by the budget team prior to submitting a payment request into the accounting system. Continuing education curriculum has been developed and is discussed during recurring monthly meetings. These meetings also include discussion related to the process of reviewing deliverables, Grant Manager responsibilities in routing to subject matter expert reviewers, completing the deliverable acceptance letters, and requesting additional information from grantees where needed.

### **A-2223DEP-020 Audit of Purchase Order B97E48 for Coral Research with Nova Southeastern University**

The scope of this audit included the requirements, deliverables, and disbursements associated with Purchase Order B97E48 (Purchase Order) for coral research between the Department and Nova Southeastern University (Vendor), from July 2, 2021, to the present.

### Results of Audit:

Based on our review, the Department approved payment to the Vendor even though some deliverables were never submitted, some deliverables were not submitted timely, invoices did not meet the requirements of the Purchase Order, and we were unable to determine whether the project was completed prior to final disbursement.

### Recommendations:

We recommended the ORCP provide training to Contract Managers to ensure deliverables are submitted, complete, and meet the requirements of the purchase order prior to approving payment, and also to ensure documentation of receipt and approval of deliverables is adequately maintained. We also recommended the ORCP review the deliverables and payments made under this Purchase Order, determine whether or not the Vendor was paid for work not completed, and seek reimbursement for any amount determined to be owed to the Department. We further recommended the ORCP provide training to Contract Managers to ensure invoices submitted are timely and contain itemized details as required by the purchase order. We recommended the ORCP provide training to Contract Managers and ensure deliverables are received from appropriate parties as required. We also recommended the ORCP review payments made for the purchase and installation of equipment for the Vendor's subcontractor, with which the Department had no contractual relationship, and determine under what statutory authority the equipment purchase was made and seek reimbursement for any amount determined to be owed to the Department for ineligible expenditures. We further recommended the ORCP work with Contract Managers to ensure compliance with

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purchase orders. Due to the high dollar amount expended for this Purchase Order and the complexity and nature of the work covered in this Purchase Order, for future awards we recommended the ORCP consider utilizing a formal agreement with the terms and conditions and roles and responsibilities clearly defined.

### **Actions Taken:**

The ORCP concurred with the recommendations and the Coral Protection and Restoration Program has developed training for all Contract Managers that outlines roles, responsibilities, and expectations. The training outlines the need for regular communication, adherence to agreement due dates, evaluation of deliverables for completeness and format, and documentation of approval prior to authorization for payment. All new staff and new Contract Managers will receive this training going forward. The Scope of Work template has been updated to include specific financial consequences for late and incomplete deliverables. Staff will be conducting a site visit to audit the project and document which components were completed consistent with the intent of the Purchase Order. The program will seek reimbursement for deliverables that cannot be verified. Future purchase orders will be developed to ensure that they contain the specificity and clarity for deliverables needed to verify intent of the project.

### **A-2324DEP-005 Audit of Agreement MV433 with the City of Crystal River**

The scope of this audit included the requirements, deliverables, disbursements, and oversight associated with Agreement MV433 (Agreement) between the Department and the City of Crystal River (Grantee) from February 18, 2022, to July 31, 2023.

### **Results of Audit:**

Although the Grantee generally completed the requirements of the Agreement, our review found internal controls and oversight regarding the review and approval of deliverables could be improved.

### **Recommendations:**

We recommended the ORCP implement stronger internal controls to ensure Grant Managers review deliverables for compliance and accept the deliverables in writing, as required by the Agreement. We also recommended the ORCP review payments made to the Grantee to determine whether any ineligible expenses were reimbursed and collect any amount that is determined to be owed to the Department.

### **Actions Taken:**

The ORCP concurred with the recommendations and Clean Vessel Act (CVA) invoices received are reviewed internally to ensure deliverables are complete before approving for reimbursement. Once approved for reimbursement, the grantee is notified when the deliverables are accepted. If not accepted, payment is held until all deliverables are submitted. CVA invoice documentation was reviewed to ensure all transactions occur within the grant award period. The invoice to the Grantee from the supplier for the boat deposit was dated February 14, 2022, on the date the Grantee signed the Agreement.

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The Department did not execute the Agreement until February 18, 2022. The invoice to the supplier was paid in March after the Agreement was fully executed. CVA is aware there could be a misunderstanding of when the grantee believes the project can start. Grant Managers are reinforcing that the project can start when the agreement is fully executed including invoicing for deposits.

### **A-2324DEP-006 Audit of Agreement CZ418 with Town of Lauderdale by the Sea**

The scope of this audit included reviewing the activities, records, and disbursements associated with Agreement CZ418 (Agreement) between the Department and the Town of Lauderdale by the Sea (Grantee), from August 3, 2021, to the present.

#### **Results of Audit:**

Although the Grantee generally completed the tasks and associated deliverables, as required by the Agreement, our review found internal controls and oversight regarding the review and approval of required documentation could be improved.

#### **Recommendations:**

We recommended the ORCP implement stronger internal controls to ensure Grant Managers review agreement requirements and ensure adequate documentation has been provided prior to approving payment. We also recommended the ORCP ensure modifications of work to an agreement are not completed without a properly executed Amendment or Change Order, as required. We further recommended the ORCP seek reimbursement for payments made to the Grantee which were over the allowable amount based on match requirements.

#### **Actions Taken:**

The ORCP concurred with the recommendations and hired an additional Grant Manager to expand program capacity to allow adequate review of deliverables and payment requests thus strengthening their internal controls. Additionally, grant management staff continue to work closely with recipients to ensure mutual understanding of requirements. Finally, grant management staff collaborated with the OGC to address issues and update language in Department and program-specific grant templates, which also led to the implementation of standard grant language for communications with grantees. Specifically, modifying the Attachment 6 Program Specific Requirements to better align with the needs of the program. The Grantee was invoiced \$69,546.75, providing \$30,000 as match. The Grantee was reimbursed \$29,436.55, which meets/exceeds the 1:1 match requirement for the program.

### **A-2324DEP-007 Audit of Agreement 22FRP89 with the Town of Greenville for Southside Flooding Mitigation**

The scope of this audit included the requirements, deliverables, disbursement, and oversight associated with Agreement 22FRP89 (Agreement) between the Department and the Town of Greenville (Grantee) from June 7, 2022, to present.

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### **Results of Audit:**

Based on our review, the Grantee had not completed any of the tasks outlined in the Agreement but had received four interim payments for work completed to date. Our review found that internal controls could be strengthened to ensure the Grantee does not receive cost reimbursement prior to providing all supporting documentation, as required by the Agreement.

### **Recommendations:**

We recommended the ORCP review the cost reimbursement payments made under this Agreement and obtain the backup documentation for all invoices reimbursed to determine whether costs were for eligible expenditures and did not contain any duplicate charges. We also recommended the ORCP work with Grant Managers to ensure payment requests are adequately reviewed and appropriate supporting documentation is received prior to approval of reimbursement, as required by the Agreement.

### **Actions Taken:**

The ORCP agreed with the recommendations. The interim payment request language was removed from the Program's approved Attachment 3 in June 2023. The Deliverables, Performance Measures, and Payment Request Schedule language have been updated in all Program Grant Agreements to require more clear, strong, and strict deliverables, and to only reimburse grantees following the completion of a partial or full formal deliverable. Deliverables are now required to be reviewed by a second-level grant reviewer prior to the Department Grant Manager providing the grantee with a deliverable acceptance or non-acceptance letter. Payment requests are required to be reviewed by two Budget Section staff and two Grants Section staff (a primary and second-level review from each section) prior to processing the payment request. This will ensure that sufficient documentation has been received prior to deliverable acceptance and reimbursement. The Documentary Evidence Requirement for Subcontractor(s) was removed from the Program's approved Attachment 2 in January 2024. The language is no longer included in Program Grant Agreements, and it is also being proactively removed from current Grant Agreements through formal amendments. Further discussion with the Program Administrators and OGC concluded that the language was not necessary as an additional term in the Grant Agreements as it is otherwise provided and sufficiently documented with the relevant grant deliverables and Exhibit C. The Program has also strengthened the grant deliverables, so this additional documentation is not necessary to ensure subcontractor performance. The Program is conducting a review of all deliverables that have been previously approved under Program Grant Agreements to ensure that required documentation was provided by the grantee and that the Department Grant Manager provided the appropriate response. The Program will update the title and messaging (to the grantees) for the contracted staff to ensure transparency on the different roles that contracted staff have in comparison to the Department Grant Managers. This includes providing grantees with a notice of title change, updating the contracted Grant Manager's email signature blocks, updating the Staff Information page on the Resilient Florida Program website, and

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updating all messaging with grantees and stakeholders regarding the contracted Grant Managers role within the Program and the Grant Agreements.

### **A-2324DEP-011 Audit of Agreement 21SL2 with St. Lucie County for Ft. Pierce IMP Implementation**

The scope of this audit included requirements, oversight, deliverables, and disbursements associated with Grant Agreement 21SL2 (Agreement) between the Department of Environmental Protection (Department) and the St. Lucie County Erosion District (Grantee) from July 1, 2020, through December 31, 2023.

#### **Results of Audit:**

This audit had no findings or recommendations.

## **OFFICE OF TECHNOLOGY AND INFORMATION SERVICES**

### **A-2223DEP-017 Cybersecurity Audit of Identity Management, Authentication, and Access Control Pursuant to Rule 60GG-2.003(1), F.A.C.**

Any audit findings and recommendations for corrective action related to this engagement are considered confidential and/or exempt from disclosure.

### **A-2324DEP-002 Cybersecurity Audit of Incident Response and Threat Handling**

Any audit findings and recommendations for corrective action related to this engagement are considered confidential and/or exempt from disclosure.

## **OFFICE OF WATER POLICY AND ECOSYSTEMS RESTORATION**

### **A-2223DEP-019 Audit of Agreement INV15 with Lake St. Charles Community Development District for Lake St. Charles Innovative Algae Control and Phosphorus Abatement**

The scope of this audit included requirements, oversight, deliverables, and disbursements associated with Agreement INV15 (Agreement) between the Department and Lake St. Charles Community Development District (Grantee) from July 1, 2020, to present.

#### **Results of Audit:**

Based on our review of Tasks 1 through 5, we found the Grantee completed Task 1 in compliance with the Agreement; however, some deliverables for Tasks 2, 3, 4, and 5 were not submitted in compliance with the Agreement or prior to the Grantee receiving payment. Our review noted some areas where Division oversight and internal controls could be strengthened to ensure payment is not approved for ineligible costs and incomplete deliverables.

**Recommendations:** We recommended the Office of Water Policy and Ecosystems Restoration (OWPER) work with Grant Managers to ensure required deliverables and

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documentation are reviewed and meet the requirements of the Agreement prior to approval of reimbursement. Additionally, we recommended the OWPER review payments made for any equipment purchase or lease and seek reimbursement from the Grantee for those expenditures, as equipment purchases, nor equipment leases are allowed under the terms of the Agreement.

### Actions Taken:

The OWPER concurred with the recommendations and updated the payment for reimbursement process. Each Grant Manager is to schedule a briefing with the Director and the Budget Coordinator with the OWPER to review the acceptability of deliverables before the grantees are informed that they may submit invoices for reimbursement request. Grant Agreement procedures have been updated to clarify that lease to own agreements are not allowable and all current Grant Managers have been trained to understand the difference. In this particular instance, after working with the Grantee, a decision was made not to seek reimbursement for the equipment or for the equipment to be returned to the Department. This decision was made because the equipment is still in use and providing environmental and human health benefits that are desired by the Department.

## **INTERNAL INVESTIGATIONS SECTION**



The Inspector General is responsible for the management and operation of the Department's Internal Investigations Section. This includes planning, developing, and implementing an internal review system to examine and investigate allegations of misconduct on the part of the Department's employees.

The investigative duties and responsibilities of the Inspector General, as defined in Section 20.055, F.S., include:

- ❖ Conducting, supervising, and coordinating investigations designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses in the Department.
- ❖ Receiving complaints and coordinating all activities of the Department, as required by the Whistle-blower's Act pursuant to Sections 112.3187 – 112.31895, F.S.
- ❖ Receiving and reviewing all other complaints (non-Whistle-blower's Act) and conducting such inquiries and investigations as the Inspector General deems appropriate.
- ❖ Conducting investigations related to alleged employee misconduct or reporting expeditiously to the Florida Department of Law Enforcement or other law enforcement agencies, as deemed appropriate by the Inspector General.
- ❖ Conducting investigations and other inquiries that are free of actual or perceived impairment to the independence of the Inspector General or the staff in the OIG.

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- ❖ Submitting the findings to the subject of each investigation in which the subject is a specific entity contracting with the State or an individual substantially affected, if the investigation is not confidential or otherwise exempt from disclosure by law; the subject shall be advised in writing that they may submit a written response 20 working days after receipt of the findings; the response and the Inspector General's rebuttal, if any, must be included in the final report; and
- ❖ Submitting in a timely fashion, final reports on investigations conducted by the OIG to senior management and applicable Departmental management, except for Whistle-blower investigations, which are conducted and reported pursuant to Section 112.3189, F.S.

The Internal Investigations Section received 343 complaints and closed 341, of which 32 were Investigations. Of the 32 Investigations completed, there were no allegations referred to Law Enforcement.

### **INVESTIGATION SUMMARIES**

#### **II-01-15-2023-128**

Complaint received from management regarding allegations of conduct unbecoming and sexual harassment by an employee. The investigation determined the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained. Further, it was determined the employee's actions did not rise to the level of violating DEP Directive 435 Discrimination, Harassment and Sexual Harassment; therefore, the alleged violation was Not Sustained.

#### **II-01-07-2023-139**

Complaint received from management regarding allegations of conduct unbecoming and sexual harassment by an employee. The investigation determined the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee or DEP Directive 436 Discrimination, Harassment and Sexual Harassment and the alleged violations were Sustained. The investigation identified an ancillary investigative concern where it was determined that the subject owned a local business that is registered with the Department of State; however, the subject does not have a secondary employment application filed with the Department. Consequently, the investigation determined the employee is in violation of the DEP Directive 202 Code of Ethics/Dual Employment and the finding was Sustained.

#### **II-01-26-2023-155**

Complaint received from an employee regarding allegations of verbal assault by a co-worker. The investigation determined the alleged action occurred and the alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee was Sustained.



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**II-01-26-2023-156**

Complaint received from an employee regarding allegations of conduct unbecoming by a co-worker. Based on the investigation, it was determined the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee or DEP Directive 435 F (5) Violation of Law or Department Rules and the alleged violations were Sustained. The investigation also determined an additional alleged violation of the DEP Directive 435 F (5) Violation of Law or Department Rules was Not Sustained.

**II-01-03-2023-171**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming and creating a hostile work environment by a manager. An investigation was conducted to ascertain whether the subject's conduct violated the DEP Directive 435 F (6) Conduct Unbecoming a Public Employee and DEP Directive 436 Discrimination, Harassment and Sexual harassment. The investigation determined the subject's conduct did create an uncomfortable work environment; however, the conduct did not rise to the level of violating the DEP Directive 436 Discrimination, Harassment and Sexual Harassment. Conversely, the subject's conduct did not comport with DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained. The report included concerns that were referred to the Bureau of Human Resource Management for further review and action as deemed appropriate.

**II-01-07-2023-173**

Complaint received from management regarding alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and DEP Directive 420 5. (c) Drug-Free Workplace & Drug Testing by an employee. During the investigation, the subject was dismissed from the Department and the case was closed as Completed.

**II-01-07-2023-182**

Complaint received from a Volunteer regarding an alleged violation of DEP Directive 710 Workplace Safety and Loss Control Management by a manager. Based on the investigation, the alleged violation was Sustained. The report also included concerns that were referred to management to address.

**II-01-07-2023-188**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming and sexual harassment by management. Based on the investigation, alleged violation of the DEP 435 F (6)(a) Conduct Unbecoming a Public Employee was Sustained, and DEP Directive 436 Discrimination, Harassment and Sexual Harassment was Unfounded. Concerns regarding the manager showing favoritism was referred to management to address as deemed appropriate.

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**II-01-14-2023-191**

Complaint received from the Bureau of Human Resource Management regarding alleged violations of the DEP Directive 435 F (5) Violations of Law or Department Rules, DEP Directive 435 F (6) (c) Conduct Unbecoming a Public Employee and DEP Directive 425 7 (a) Recording Attendance and Leave. During the investigation, the subject resigned and the case was closed as Completed.

**II-01-27-2023-202**

Complaint received from the Bureau of Finance and Accounting regarding allegations of conduct unbecoming by an employee. An investigation was conducted and based on the supporting evidence, it was determined the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee; therefore, the alleged violation was Sustained.

**II-01-07-2023-214**

Complaint received from the Bureau of Human Resource Management regarding alleged violation of the DEP Directive 407 Employment of Relatives. Based on the investigation, the alleged violation was Sustained. The investigation identified ancillary investigative concerns and a violation of the DEP Administrative Policy ADM 401 Dual Employment and Dual Compensation, and Employment Outside of State Government was also Sustained.

**II-01-07-2023-221**

Complaint received from management regarding alleged violations of DEP Directive 435 F (5) Violation of Law or Department Rules. Based on documents reviewed and interviews conducted, the alleged violations were Sustained. The investigation identified ancillary investigative concerns of additional alleged violations of the DEP 435 F (5) Violation of Law or Department Rules and DEP Directive 435 F (2) Negligence which were subsequently Sustained, with the exception of one allegation which was determined to be considered a Policy Matter.

**II-01-18-2023-246**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming and misconduct by an employee. Based on sworn interviews conducted, the investigation concluded the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained.

**II-01-07-2023-249**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming by an employee. Based on the sworn interviews, the investigation determined the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was

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Sustained. The investigation identified ancillary investigative concerns of an alleged violation of the DEP Directive 202 Code of Ethics/Dual Employment which was Sustained.

### **II-01-07-2023-272**

Complaint received from management regarding allegations of conduct unbecoming and sexual harassment by an employee. Based on the sworn interviews conducted, it was determined that the employee's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee; however, their conduct did not meet the definition of sexual harassment, as defined in the DEP Directive 436 Discrimination, Harassment, and Sexual Harassment. The investigation further determined that another employee's conduct violated DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee, in addition to that employee providing less than truthful testimony during the sworn investigation. This investigation was completed, and the findings were provided to management for action as deemed appropriate.

### **II-01-19-2023-287**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming and sexual harassment by an employee. Based on the subject refuting the allegations, they culminated into a she said/he said of conflicting statements that were absent of any independent witnesses. Moreover, the subject's alleged behavior did not rise to the level of sexual harassment. Therefore, the alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and DEP 436 Discrimination, Harassment and Sexual Harassment were Not Sustained.

### **II-01-07-2023-304**

Complaint received from the Bureau of Human Resource Management regarding allegations of an employee making inappropriate comments in the workplace that made another employee uncomfortable. Prior to the completion of this investigation, the subject voluntarily separated from the Department. However, the alleged violation of DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee was Not Sustained.

### **II-01-03-2023-305**

Complaint received from the Bureau of Human Resource Management regarding allegations of an employee making inappropriate and racist remarks in the workplace. In addition, during sworn interviews it was determined that the subject also made inappropriate sexual harassment remarks. Based on the substantive information gained during the investigation, alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee was Sustained. Additionally, based on the subject's admission of guilt, a violation of DEP Directive 436 Discrimination, Harassment, and Sexual Harassment was also Sustained.

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**II-01-02-2023-308**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming by an employee. Based on the sworn testimony provided during the investigation, it was determined that the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained.

**II-01-07-2024-005**

Complaint received from a citizen regarding allegations of conduct unbecoming and violation of laws, rules and directives (Federal Americans with Disabilities Act – Discrimination) by an employee. Based on sworn testimonies conducted during the investigation, the alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and DEP Directive 435 F (5) Violation of Law or Department Rules were Unfounded.

**II-01-07-2024-006**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming by an employee. Based on the sworn testimonies conducted, one alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee was Sustained, and a second alleged action was Not Sustained. The allegation related to favoritism was referred back to management in a separate memorandum.

**II-01-14-2024-019**

Complaint received from the Bureau of Human Resource Management regarding allegations of sexual harassment and conduct unbecoming by an employee. Based on sworn testimonies conducted during the investigation, it was determined the subject's conduct did not rise to the level of sexual harassment and the alleged violation of the DEP Directive 436 Discrimination, Harassment, and Sexual Harassment was Not Sustained. Nevertheless, it was determined the subject's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained. This investigation identified ancillary investigative concerns regarding a manager and a violation of the DEP Directive 436 Discrimination, Harassment, and Sexual Harassment was Sustained.

**II-01-26-2024-034**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming and violence in the workplace by an employee. Based on the substantive information gained in the investigation, alleged violations of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee was Sustained, and DEP Directive 421 Violence Free Workplace was Not Sustained.

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**II-01-07-2024-039**

Complaint received from a former employee regarding allegations of conduct unbecoming, smoking in the workplace near buildings and in work vehicles, and unsafe work practices by management. Based on witness testimony, the alleged violations of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee, DEP Administrative Policy 366 Smoking Policy, and DEP Directive 710 Workplace Safety and Loss Control Management Program were Sustained. This investigation identified ancillary investigative concerns and alleged violations of the DEP Directive 435 F (2) Negligence, the Division of Recreation & Parks Operations Manual 6.2.7 Incident Reports, and DEP Directive 436 Discrimination, Harassment, and Sexual Harassment were Sustained. The investigation identified additional concerns that were referred to the Bureau of Human Resource Management and Division management for review as deemed appropriate.

**II-01-29-2024-048**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming by employees. Based on sworn testimony provided during the investigation, alleged violations of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee were Sustained. The investigation identified ancillary investigative concerns that were addressed in a separate memorandum to the Bureau of Human Resource Management and Management.

**II-01-19-2024-054**

Complaint received from management regarding allegations of conduct unbecoming by an employee. During the investigation, the subject was separated from employment with the Department. Based on sworn testimony provided and the subject's admission of guilt, the investigation concluded the subject's behavior did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained. The investigation was closed as Completed.

**II-01-07-2024-062**

Complaint received from the Bureau of Human Resource Management regarding allegations of sexual harassment and conduct unbecoming by employees. Based on sworn testimony provided, it was determined the subjects' conduct did not rise to the level of sexual harassment or conduct unbecoming. Therefore, alleged violations of the DEP Directive 436 Discrimination, Harassment, and Sexual Harassment and DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee were Not Sustained.

**II-01-07-2024-082**

Complaint received from management regarding allegations of conduct unbecoming and creating a hostile work environment by an employee. Based on sworn testimony provided, alleged violations of the DEP Directive 435 (6)(a) Conduct Unbecoming a Public Employee and DEP Directive 436 Discrimination, Harassment and Sexual Harassment were Sustained.

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### **II-01-07-2024-095**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming and workplace violence by an employee. Based on sworn testimony provided, it was determined that the employee's conduct did not rise to the level wherein it could be construed as a violation of the DEP Directive 421 Violence Free Workplace and the alleged violation was Not Sustained. Nonetheless, the employee's conduct did not comport with the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee and the alleged violation was Sustained.

### **II-01-29-2024-122**

Complaint received from the Bureau of Human Resource Management regarding allegations of conduct unbecoming by an employee. Based on the substantive information provided in the sworn interviews, the alleged violation of the DEP Directive 435 F (6)(a) Conduct Unbecoming a Public Employee was Sustained. The investigation identified ancillary investigative concerns of discrimination; however, the alleged violation of the DEP Directive 436 Discrimination, Harassment and Sexual Harassment was Unfounded.

### **II-01-29-2024-123**

Complaint received from the Bureau of Finance and Accounting regarding allegations of ongoing violations and being consistently out of compliance with the State issued PCard responsibilities by an employee. Based on the substantive information provided during the investigation, alleged violations of the DEP Directive 435 F (5) Violation of Law or Department Rules and DEP 435 F (6)(c) Conduct Unbecoming a Public Employee were Sustained.

### **II-01-07-2024-144**

Complaint received from management regarding allegations of an employee electronically recording a co-worker without their permission. Based on the sworn interviews and the subject's admission of guilt, alleged violation of the DEP Directive 435 F (5) Violation of Law or Department Rules, To wit: 934.03 (2)(d), F.S., Interception and Disclosure of Wire, Oral, or Electronic Communications Prohibited was Sustained.

## **RECOMMENDED CORRECTIVE ACTIONS**



Internal Investigations may make recommendations for the purpose of process improvement or corrective action. These recommendations are provided to management and are tracked to completion. There was one program recommendation provided in investigative reports during FY 2023-2024. The recommendation was agreed to and completed by management.

## ACCREDITATION



An accreditation program has long been recognized as a means of maintaining and verifying the highest standards of Investigation. The Commission for Florida Law Enforcement Accreditation (CFA) was formed in 1993, which initially was limited to law enforcement and correctional agencies. In 2009, Offices of Inspectors General were offered the opportunity to also become accredited. The CFA worked closely with Florida’s Inspectors General to develop professional standards for Florida Inspector General Investigative functions.

In October 2009, the Department’s OIG Internal Investigations Section was awarded initial accreditation status by the CFA Commission for a three-year period. Reaccreditation assessments were completed, and the CFA Commission voted to award reaccredited status in September 2012, October 2015, October 2018 and October 2021 respectively.



**Department of Environmental Protection  
Office of Inspector General  
3900 Commonwealth Boulevard, MS 40  
Tallahassee, Florida 32399-3000  
(850)245-3151 (850)245-2994 fax  
<https://floridadep.gov/oig>**