

**To: Commission for Florida Law Enforcement Accreditation, Inc.**  
**From: Lori Van Riper, Team Leader**  
**Date: August 30, 2022**  
**Re: Florida Highway Safety and Motor Vehicles – Office of Inspector General**  
**Full Compliance Assessment Report**  
**August 17-18, 2022**

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**A. Agency/Assessment Information:**

Chief Executive Officer: Mike Stacy  
Accreditation Manager: Sheila Sexton

Standards Manual Version: 2.11

Previous Accreditation Dates: February 2011, September 2013, October 2016, and October 2019

Assessment Team Recommendation: Reaccreditation

**Assessment Team**

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**B. Compliance Tally:**

Status	Mandatory Standards	Other-than-mandatory Standards	Total Standards
In compliance	42	0	42
Not in compliance	0	0	0
Not applicable	3	0	3
Waiver	0	0	0
<b>Total:</b>	45	0	45

**C. Agency Profile:**

Authority is delegated by the executive director to the inspector general. There are 14 investigative and support staff, 10 sworn law enforcement officers and four civilian employees. In addition to the headquarters office in Tallahassee, the Office of Inspector General (OIG) has staffed field offices in Ocala, Lake Worth, Tampa, and Ocoee, Florida.

The Florida Department of Highway Safety and Motor Vehicles (FLHSMV) was created by Chapter 20.24, Florida Statutes. The mission of FLHSMV is "Providing Highway Safety and Security Through Excellence in Service, Education, and Enforcement" by providing services in partnership with county tax collectors and local, state, and federal law enforcement agencies to promote a safe driving environment; facilitate motor vehicle transactions; and provide services related to consumer protection and public safety.

The FLHSMV OIG manages a comprehensive internal auditing program, monitors agency compliance with standards, and conducts investigations relating to allegations of fraud, waste, and abuse. The OIG is the central point for the coordination of, and responsibility for, activities that promote accountability, integrity, and efficiency in the FLHSMV.

The OIG Investigation Unit is responsible for the management and operation of criminal and administrative investigations designed to detect, deter, prevent, and/or eradicate fraud, waste, mismanagement, misconduct, and other abuses involving the FLHSMV's law enforcement and civilian members, as well as contractors or vendors. Investigations are conducted in accordance with the Association of Inspectors General Quality Standards for Investigations.

Inquiries and complaints regarding FLHSMV activity are received from many sources, including the Whistle-blower's Hotline, the Office of Attorney General, the Office of the Chief Inspector General, and the Executive Office of the Governor. Complaints are also received from those who do business with FLHSMV, and from executive leadership and members within the FLHSMV. Some complaints are broad and address entire programs while others may have a limited scope.

A large percentage of OIG investigations involve complaints against sworn members of the Florida Highway Patrol (FHP). These members have significant public contact. They are responsible for providing highway safety and security for millions of Florida residents and visitors, 24 hours a day, seven days a week, every day of the year. While most encounters between patrol members and the public are positive, negative encounters may occur and sometimes result in complaints being made against the troopers involved. The FLHSMV OIG completed 42 administrative investigations and seven criminal investigations in the last fiscal year.

Evidence control and accountability for the OIG is provided by the FHP through an MOU signed by Colonel Gene Spaulding in August 2015. The FHP is accredited through the Commission on Accreditation for Law Enforcement Agencies (CALEA) and the Commission for Florida Law Enforcement Accreditation (CFA). The FLHSMV OIG was originally accredited by CFA in February 2011, and reaccredited in September 2013, October 2016, and October 2019.

#### **D. Assessment Summary:**

Prior to the arrival of Assessors Van Riper, Case, Hodges, and Ruggiero, FLHSMV OIG Accreditation Manager (AM) Sheila Sexton provided them with an assessor packet for review, which included a detailed itinerary and all necessary supporting documentation relative to the scheduled assessment. Team members conversed prior to the assessment where chapter assignments, commission philosophy, and protocols were discussed.

On Wednesday, August 17, 2022, Assessors Van Riper, Case, and CFA observer Kathy Sullivan (Director of Investigations/AM, Office of the Attorney General OIG) were greeted by Inspector General Mike Stacy (IG Stacy), Director of Investigations Bryan Hudson (DOI Hudson), and AM Sexton at the Department of Highway Safety and Motor Vehicles located at 2900 Apalachee Parkway A308, in Tallahassee, Florida. AM Sexton met the team in the lobby after they completed the required building security protocols (sign-in/out, visitor badge issued) and then escorted the team to the FLHSMV OIG third floor office suite, which required secondary security measures and authorized access via proximity card.

During the tour, the assessors made multiple standards-related observations. IG Stacy and AM Sexton escorted the team to their work area and provided information regarding resources in the room and computer access for the electronic assessment. The assessor access to the computer and PowerDMS was flawless.

The FLHSMV OIG suite consisted of offices for IG Stacy, DOI Hudson, AM Sexton, Assistant Director of Investigations Randy Kosec (ADI Kosec), Inspector (Captain) Robert Mixon (Inspector Mixon), Inspector Specialist Molly Papania (IS Papania), Management Analyst II Lorie Wiese (MA Wiese), and Management Analyst I Ximi Harry (MA Harry). Audit staff were located on the opposite side of the exterior hallway. The FLHSMV OIG office space included a large common area, and everything was found to be secured properly, clean, organized, and professional. The assessment team held an entrance

interview with IG Stacy, DOI Hudson, and AM Sexton. IG Stacy, DOI Hudson, and AM Sexton voiced their support and commitment to the accreditation process.

Team Leader Van Riper and Assessor Case briefly discussed the CFA's philosophy and gave a brief description of the team's planned activities. Following the entrance interview, the team members returned to their work area and commenced the assessment, which consisted of interviews and a review of electronic files and standard-related policies.

**Key employee interviews:**

Inspector General Mike Stacy  
Director of Investigations Bryan Hudson  
Assistant Director of Investigations Randy Kosec  
Inspector (Captain) Robert Mixon  
Inspector Specialist Molly Papania  
Management Analyst II Lorie Wiese  
Accreditation Manager Sheila Sexton  
Management Analyst I Ximi Harry

The FLHSMV OIG assessment was completed in a single day and an exit interview was conducted with IG Stacy, DOI Hudson, and AM Sexton in attendance. Based on the team's review of files, interviews of staff, and discussions with IG Stacy and AM Sexton, the team found FLHSMV OIG operating in compliance with all of the 42 applicable mandatory standards. The team also verified three standards as non-applicable by function.

On behalf of the CFA, Team Leader Van Riper thanked everyone in attendance and commended them for their hard work and professionalism. Team Leader Van Riper specifically commended AM Sexton for doing such a fantastic job especially considering this was her first time as the AM in preparation of the on-site assessment.

**E. Standards Noncompliance Discussion:** None

**F. Corrective Action Discussion:**

**4.06M: Documenting Acceptance of Supporting Materials (Assessor DC)**

A written directive establishes a method for documenting the acceptance of case supporting materials.

**I. Bullets**

**II. Proofs of Compliance**

- Written directive addressing elements of the standard. (Qty Initial: 1) (Qty Reaccred: 1)
- Proof of documentation of acceptance. (Qty Initial: 1) (Qty Reaccred: 1)

**III. Required References**

#### **IV. Assessor Guidelines**

#### **V. Accreditation Manager Notes**

The FLHSMV OIG's written directive included a statement that "all relevant case supporting materials to include, in part, Department documents, computer printouts, time sheets and travel vouchers will be included in the investigative file." Although the written directive did not include "establishing a method for documenting the acceptance of case supporting materials," FLHSMV OIG staff confirmed in interviews that they document who they received the supporting materials from and when they received the supporting materials in their case management system. Assessors verified that the FLHSMV OIG's practice includes what the standard statement requires.

When brought to the attention of AM Sexton and IG Stacy, the FLHSMV OIG directive was immediately revised to reflect what staff were already doing in practice and the revised directive was approved and uploaded into PowerDMS while assessors were still on-site.

**G. Standards Elected for Exemption:** None

**H. Standards Verified by the Team as Waiver Applicable:** None

**I. Standards Verified by the Team as Not Applicable to the Agency:**

7.02M	Non-applicable as the FLHSMV OIG is a state agency.
7.04M	Non-applicable as the FLHSMV OIG is a state agency.
7.06M	Non-applicable as the FLHSMV OIG is a state agency.

**J. Standards with a Status Changed by Assessors:** None

**K. Public Information Activities:** None

**L. Exemplary Policies/Projects/Procedures:** None

**M. Chapter Summaries:**

#### **CHAPTER 1: Organization and Governing Principles (Assessor: LVR)**

Pursuant to section 20.055, Florida Statutes, the FLHSMV OIG conducts all its investigations in accordance with state statute to promote accountability, integrity, and efficiency in government. FLHSMV OIG written directives were sufficient and all proofs were provided. The FLHSMV OIG complied with standards concerning authority, mission statement, ethics, organizational chart, independence, confidentiality, notification to officials, written directives, political practices, and notification of assessment. Compliance

was further verified through observation of the posted FLHSMV OIG mission statement and organizational chart, which are posted electronically and found in several offices. Interviews with investigative staff and with their new AM (Sexton) further provided verification of the standards in this section.

There were no areas of non-compliance or corrective action.

## **CHAPTER 2: Personnel Practices (Assessor: DC)**

The FLHSMV OIG has well-written procedures for standards addressing personnel practices and staff qualifications. Proofs demonstrated that new staff members were qualified for the positions they hold, and that staff possessed the necessary skills to complete assigned investigative activities. Proofs also demonstrated that all new investigative staff members timely received and acknowledged their position descriptions and that investigative staff members were informed of their performance expectations at the onset of the evaluation period. Additionally, assessors confirmed through documentation and staff interviews with IS Papania and Inspector Mixon that supervisors review and discuss evaluations with staff. As required, assessors verified that IG Stacy reviews all staff members' performance evaluations.

There were no areas of non-compliance or corrective action.

## **CHAPTER 3: Training (Assessor: LVR)**

FLHSMV OIG written procedures were satisfactory and all proofs were provided. The FLHSMV OIG complied with all training standards, including new investigative staff training, continuing education, lethal and less-lethal weapons training, as well as first aid training.

Compliance was further verified through interviews with MA Harry (new staff member), DOI Hudson, and ADI Kosec. AM Sexton uploaded numerous examples of training records, lesson plans, and rosters in their proofs and the documents were further confirmed through interviews with ADI Kosec. FLHSMV OIG continues to provide their members with more continuing education than is required by CFA standards. FHP provides lethal and less-lethal weapons training to all of the sworn FLHSMV OIG members, and this was verified with ADI Kosec.

There were no areas of non-compliance or corrective action.

## **CHAPTER 4: Investigation Process (Assessor: DC)**

The FLHSMV OIG has clear and concise written procedures that address reviewing and processing complaints, conducting investigations, and preparing investigative reports. Assessors verified that complaint tracking documentation includes the required elements of receipt, categorization, disposition, and notification of disposition to complainants, as required. The FLHSMV OIG also has detailed procedures in place to ensure that

investigations contain required elements and that case plans are completed and reviewed in accordance with standards. DOI Hudson confirmed that all case plans are reviewed and approved by both he and ADI Kosec to ensure appropriate steps are documented and that pertinent policy violations have been identified. Applicable proofs demonstrated that complainant, witness, and subject interviews are conducted and that interviews are taken under oath and recorded or documented. Interviews and proofs confirmed that IG Stacy goes above and beyond to ensure that investigative evidence is relevant, consistent with facts, sufficient to support investigative conclusions, and has logical and sensible connection to the allegations. DOI Hudson and IG Stacy, separately and consistently, described the investigative legal review process. IS Papania and Inspector Mixon were very knowledgeable of the procedures for completing Other Investigative Activities.

There were no areas of non-compliance.

#### **CHAPTER 5: Case Supporting Materials and Evidence (Assessor: LVR)**

The FLHSMV OIG complied with standards concerning security of records, chain of custody, security of evidence, and evidence control. The FLHSMV OIG has policies and procedures in place to ensure the privacy and security of materials gathered by the OIG investigations function. The FLHSMV OIG suite is secured by a locked door requiring key card access and files are maintained in a secure electronic database. Access to the FLHSMV OIG electronic database is secured and limited to the use by OIG staff members. Interviews with AM Harry, ADI Kosec, and AM Sexton supported the proofs found in the files.

There were no areas of non-compliance or corrective action.

#### **CHAPTER 6: Whistle-blower's Act (Assessor: DC)**

The FLHSMV OIG has thorough policies and procedures in place to ensure that all complaints are reviewed for applicability to the provisions of the Whistle-blower's Act. Additionally, FLHSMV OIG has detailed procedures for meeting the requirements of confidentiality, statutory timeframes, and notification to whistle-blowers that they may provide comments on final investigative reports. The FLHSMV OIG provided available, applicable proofs demonstrating that staff follow procedures as written and that complaints are appropriately and properly assessed. The FLHSMV OIG, through a memorandum signed by IG Stacy, confirmed that no whistle-blower investigations were conducted during the accreditation cycle.

There were no areas of non-compliance or corrective action.

#### **CHAPTER 7: Notification Process (Assessor: LVR)**

The FLHSMV OIG complied with Standards 7.01M, 7.03M, and 7.05M. The FLHSMV OIG demonstrated written directives that fully address how the agency notifies contracted entities and individuals substantially affected by the findings, conclusions, and

recommendations of the OIG investigative reports and the opportunity to respond to final investigative reports. Additionally, there are solid written directives that make appropriate notifications within their organizations when complaints are received from contracted entities and individuals substantially affected by the findings, conclusions, and recommendations of an Office of Inspector General investigative report.

The FLHSMV OIG policies and procedures addressing complaints against FLHSMV OIG staff were detailed and sufficient. The FLHSMV OIG properly addressed and documented their one proof for the investigations regarding contracted entities or substantially affected individuals, and proofs for Standards 7.03M and 7.05M were properly reviewed and documented according to their policies and procedures.

There were no areas of non-compliance or corrective action.

Standards 7.02M, 7.04M, and 7.06M were verified as non-applicable as the FLHSMV OIG is a state agency.

#### **CHAPTER 8: Case Management (Assessor: DC)**

The FLHSMV OIG's written procedures were very concise and addressed requirements for establishing a case tracking system, ensuring that case files include referenced elements, and that staff complied with directives for the appropriate storage, receipt, and archival of case file materials. MA Harry demonstrated the FLHSMV OIG's Administrative Investigations Management (AIM) case system which captured all requirements outlined in Standard 8.01M to include the type of case; assigned investigator; date assigned; summary or listing of allegations; and the current case status. Proofs and interviews confirmed that case files included the specified elements outlined in Standard 8.02M. Additionally, MA Harry provided an outstanding overview of the records destruction governance for investigative records and the uploaded proofs confirmed that FLHSMV OIG is complying with statutory and procedural requirements.

There were no areas of non-compliance or corrective action.

#### **CHAPTER 9: Final Reporting Processes (Assessor: LVR)**

The FLHSMV OIG complied with standards concerning conclusions of fact, final report distribution, post-investigative responses, and law enforcement notification. FLHSMV OIG written directives were sufficient and all applicable proofs were provided and properly documented according to their procedures and the standards. Compliance was further verified through interviews with IG Stacy, ADI Kosec, and AM Sexton.

There were no areas of non-compliance or corrective action.



## Field Operations Reviews:

An on-site assessment of two FLHSMV OIG Field Offices was conducted on August 17, 2022, and August 18, 2022.

### FLHSMV OIG Field Office - 11305 N. McKinley Drive, Tampa, FL (August 17, 2022)

On Wednesday, August 17, 2022, Assessor Ruggiero arrived at the Tampa field office of the FLHSMV OIG. Assessor Ruggiero was greeted by Inspector Frank Troffo (Inspector Troffo) and Lieutenant Tim Burgess (LT Burgess). Assessor Ruggiero was offered a tour of the building and escorted to the main office of the OIG section. This area is secured with the only other person having a key is FHP Troop C Major Anthony Sapp. Inspector Troffo and LT Burgess were informed of the CFA philosophy and the scope of this field assessment. Both were professional, knowledgeable, and expressed their commitment to the accreditation process. The following standards were evaluated for compliance at the field office:

1.02M	3.01M	4.05M	6.01M
1.03M	3.02M	4.07M	8.01M
1.04M	3.03M	4.09M	8.02M
1.05M	3.04M	4.10M	8.03M
1.07M	3.05M	5.01M	9.01M
1.09M	4.01M	5.02M	9.02M
2.02M	4.03M	5.03M	9.03M
2.04M	4.04M	5.04M	9.04M

While conducting the interviews to verify compliance with the above noted standards, both LT Burgess and Inspector Troffo were extremely knowledgeable with policy and procedures relating to accreditation. All required observables were present and legible.

All policies are distributed through PowerDMS, as well as the annual Code of Ethics and other statewide issued training bulletins. LT Burgess and Inspector Troffo stated that they complete an annual attestation of independence from impairments as required in Standard 1.05M. LT Burgess and Inspector Troffo also stated that they receive performance evaluations every six months, which exceeds the requirement of annually in Standard 2.04M.

LT Burgess has joined the OIG office from the FHP in April 2022; through interview it was determined that LT Burgess has received all the required training listed in 3.01M. LT Burgess and Inspector Troffo confirmed that they receive all in-service training as required in 3.03M, 3.04M, and 3.05M, and LT Burgess exceeds the required training as he does it more frequently with the FHP.

LT Burgess and Inspector Troffo proved that security of all files was shown to be following related standards in Chapter 4. All written case plans are completed and submitted

electronically, and all interviews are conducted as required in 4.05M. All reports are prepared properly as required in Standards 4.07M, 4.09M, and 4.10M.

All evidence was proved to comply with Chapter 5, as the OIG evidence is placed into the FHP's property/evidence room, and they are following CFA standards. The secured areas were observed, and the OIG evidence is kept separately in the evidence room but is also inventoried, audited, and inspected as required by standards. Packaging areas were clean and stocked, and once entered into the system, only the OIG personnel can see what items are and the cases associated with them.

Case management was also found to be compliant with all required standards in Chapter 8. The OIG in the Tampa Field Office does not release any information, distribute the final reports, or purge cases in accordance with Florida Statutes; this is completed by other personnel in the Tallahassee office.

LT Burgess and Inspector Troffo are both very knowledgeable and professional, while representing the Tampa Field Office in a very positive manner. Both did an excellent job during this assessment and never had to look for answers. It is apparent that they both are very well versed with their responsibilities and the accreditation standards.

#### **FLHSMV OIG Field Office – 600 SE 25th Avenue, Ocala, FL (August 18, 2022)**

On Thursday, August 18, 2022, Assessor Lafayette Hodges visited the FLHSMV OIG field office located at 600 SE 25th Avenue, Ocala. Assessor Hodges was met at the reception area by Lieutenant William Jackson (LT Jackson) who conducted a brief guided tour of the facilities for orientation purposes. The building was secure and required key card access to gain entry. LT Jackson has his own office within the FHP building; however, he reports to the OIG located at headquarters in Tallahassee. LT Jackson has been working with the FHP since 1989. In his current role at the OIG, he is responsible for receiving and processing complaints in accordance with the Whistle-blower's Act.

LT Jackson reported that he is assigned citizen and agency complaints from the Tallahassee office. Once received, he initiates a case plan which is reviewed and approved by a supervisor. LT Jackson advised that his job is to fact find. An investigation can take many months to complete. At the conclusion of an investigation, policy violations are determined and reviewed by the IG in Tallahassee. LT Jackson works from a T-Drive, and as a result there were no paper files to review or observe. Any working copies of files are uploaded to an administrative case location work folder and destroyed once the case is closed. All record copies are maintained in Tallahassee.

Training files are maintained in Tallahassee and were not observed during this visit; however, LT Jackson was able to confirm he has received the required high liability training to include defensive tactics, vehicle operations, first aid, and firearms training. He also advised that he continuously receives a plethora of training on various topics as assigned.

LT Jackson provided an overview of procedures for chain of custody and evidence handling. Evidence is placed into the temporary storage lockers located within the Ocala FHP facility and is collected by the evidence custodian located in Lake City. LT Jackson confirmed that there is a memorandum of understanding (MOU) on file with the FHP, who is accredited through CFA and CALEA. They are responsible for the maintenance, storage, and safekeeping of evidence.

The FLHSMV OIG's Code of Ethics and mission statement are accessible on the department's webpage. LT Jackson acknowledged submitting a Code of Ethics and an annual Attestation of Independence from Impairments form. Assessor Hodges found LT Jackson to be very professional, knowledgeable, and well organized. It is evident that the OIG embraces accreditation and is dedicated to the process. There were no areas of non-compliance or corrective action.

**N. Summary and Recommendation:**

The FLHSMV OIG exemplifies the spirit of accreditation in all aspects. The FLHSMV OIG staff were prepared, professional, organized, and knowledgeable of standards, procedures, and practices. It was evident that FLHSMV OIG staff are fully engaged in the accreditation process and committed to ensuring that they are compliant with all standards.

The assessment team recommends the Florida Department of Highway Safety and Motor Vehicles, Office of Inspector General, be approved for reaccreditation status by the Commission for Florida Law Enforcement Accreditation at the next commission meeting.

Submitted by Lori Van Riper  
Team Leader