



**Office of**

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**Pasco County Clerk & Comptroller**

**CCC Evidence Audit  
(Sensitive and Non-Sensitive)  
Report No. 2021-09**

Department of  
Inspector General  
December 8, 2023

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## Office of Pasco County Clerk & Comptroller

### INTRAOFFICE MEMORANDUM

**DATE:** December 8, 2023

**TO:** Nikki Alvarez-Sowles Esq., Clerk & Comptroller

**FROM:** Patrice M. McBride, Inspector General *pmc*

**DEPARTMENT:** Department of Inspector General

**SUBJECT:** Audit Report #2021-09 CCC Evidence (Sensitive and Non-Sensitive)

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The Department of Inspector General conducted an audit of evidence in the custody of the Clerk & Comptroller's Office. The purpose of this audit was to provide assurance that evidence was properly accounted for and safeguarded.

The audit background, objectives, scope, methodology, conclusion, and opportunities for improvement are presented in the report. We appreciate the cooperation, professional courtesy, and responsiveness received from the Clerk & Comptroller teams during this audit.

Cc: Heather Grimes, Chief Administrative Officer  
Kimberly Thompson, Chief Operations Officer  
Debbie Gay, Records & Support Services Director  
Leonard Mattison, Criminal Courts Director  
Jerome Jordan, Civil Courts Director  
Tim Jamison, Information Technology Director  
Theresa Olsen, Human Resources & Communications Director

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>    Background Information .....</b>	<b>2</b>
<b>    Definitions .....</b>	<b>3</b>
<b>    Audit Delays .....</b>	<b>4</b>
<b>    Objectives .....</b>	<b>4</b>
<b>    Scope and Methodology .....</b>	<b>5</b>
<b>    Authority, Guidelines &amp; Best Practices .....</b>	<b>7</b>
<b>    Conclusion .....</b>	<b>7</b>
<b>OPPORTUNITIES FOR IMPROVEMENT AND RECOMMENDATIONS .....</b>	<b>9</b>
<b>    Compliance Activities .....</b>	<b>9</b>
<b>    Control Activities .....</b>	<b>14</b>
<b>    Observations .....</b>	<b>27</b>

## EXECUTIVE SUMMARY

### Background Information

As part of the Department of Inspector General (IG) 2021 Annual Audit Plan, the IG conducted an audit of evidence in the custody of the Clerk & Comptroller's Office. The purpose of this audit was to provide assurance that evidence was properly accounted for, inventory records were accurate, and existing policies and procedures related to evidence were being followed. The audit period was March 1, 2021 through February 28, 2022.

Exhibits received as evidence during a court proceeding become the responsibility of the Clerk of the Circuit Court. This exclusive control also carries with it the responsibility of maintaining a chain of custody, storage and the disposition or destruction of evidence pursuant to the Florida Statutes and Rules of General Practice and Judicial Administration.

Courtroom Clerks documented and recorded evidence received during criminal and civil court proceedings. Evidence items were entered into the TrakMan system<sup>1</sup> for inventory and tracking purposes. TrakMan generated a unique 'object id number' and bar code label to be affixed to each evidence item. A bar code-based evidence tracking system made it easy to retrieve information and track the location of evidence when it was transferred, moved, returned, or checked-in/out.

The West Pasco Judicial Center (WPJC) and Robert Sumner Judicial Center (RSJC) each had an evidence vault (Courthouse Evidence Vault). Civil and Criminal Courtroom Clerks used them to ensure proper custody and control of evidence during court proceedings. New evidence submitted in court, evidence requested for trial, and evidence pending transfer to the Records & Support Services Department (Records) was secured in Courthouse Evidence Vaults. The vaults were restricted to authorized teammates with electronic card (badge) access.

At the conclusion of court proceedings, evidence was transferred to Records, which was the primary custodian responsible for its integrity and proper storage. Records Centers were located on each side of the County. The West Pasco Records Center (WPRC) and East Pasco Records Center (EPRC) each had an evidence room (Evidence Room) which contained an evidence vault (Records Center Evidence Vault). Evidence Rooms contained non-sensitive<sup>2</sup> evidence and most of the biohazard<sup>3</sup> evidence. Biohazard evidence was required to be clearly labeled to ensure evidence items were carefully handled and segregated from other evidence. Sensitive<sup>4</sup> evidence was stored in the Records Center Evidence Vault within the Evidence Room, as an additional layer of security. Sensitive evidence was secured in plastic tamper proof evidence bags or sealed containers with blue evidence tape.

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<sup>1</sup> TrakMan® solution is a comprehensive records and evidence management system. Its classification, tracking, and reporting components complement the manual processes that must be in place to locate and physically move records or evidence from one location to another. <https://csisoft.com/trakman/>

<sup>2</sup> Items such as photos, files, accounting records, and other types of documentation.

<sup>3</sup> Infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans, animals, or the environment. Biohazard evidence must be segregated from regular evidence to prevent contamination.

<sup>4</sup> Evidence of a sensitive nature that requires special handling and dual control when handling, such as: drugs, money, jewelry, and firearms.

Access to the Evidence Rooms and Records Center Evidence Vaults were restricted to authorized teammates. Electronic key card (badge) access was required for entry into Evidence Rooms. Access to Records Center Evidence Vaults were under dual control and required a combination and key for entry.

Documented procedures existed for preserving the chain of custody and protecting the integrity of evidence. Documentation was required to be maintained to support the chain of custody status reflected in TrakMan.

As of February 28, 2022, TrakMan reflected a total of 188,902 items on the *Evidence Report*. This number included evidence in the custody of the Clerk & Comptroller’s Office (available evidence) and evidence that was not in the custody of the Clerk & Comptroller’s Office (returned, refused, disposed, or checked-out evidence). The combined total of 6,419 items that were returned, refused, disposed, or checked-out accounted for the difference between the total number of items and total number of available items on the report.

		Evidence Status in TrakMan				
Location	# Items by Location	Returned	Refused	Disposed	Checked-out	Available
Dade City (DC)	68,678	1,646	3	10	11	67,008
New Port Richey (NPR)	120,224	4,708	2	0	39	115,475
<b>*Totals</b>	<b>188,902</b>	<b>6,354</b>	<b>5</b>	<b>10</b>	<b>50</b>	<b>182,483</b>

\* Source: Evidence Report generated from TrakMan data as of February 28, 2022. Included Courthouse Evidence Vaults and Records Center Evidence Vaults & Evidence Rooms.

### Definitions

**Returned evidence:** Evidence that was returned, by order of the court, to the custody of another agency and no longer the responsibility of the Clerk & Comptroller’s Office. This includes evidence that was returned to any party calling for the evidence prior to its disposition.

**Refused evidence:** Items that were not classified as evidence and therefore did not need to be entered into TrakMan as evidence.

**Disposed evidence:** Evidence that met retention requirements and was eligible for disposal or destruction, in accordance with applicable statutes, rules, and procedures.

**Checked-out evidence:** Evidence released from its designated home location<sup>5</sup> to a requestor (e.g., Court Administration, State Attorney’s Office, Sheriff’s Office, Appellate Courts) outside of the home location, with the expectation the evidence will be returned at a later time.

**Available evidence:** Evidence in the custody of the Clerk & Comptroller’s Office.

<sup>5</sup> The storage location of evidence that identifies actual ownership.

## Audit Delays

Several factors delayed the completion of this audit engagement:

- Scheduling  
Five departments were assigned responsibilities related to evidence and evidence access: Criminal Courts (Criminal), Civil Courts (Civil), Records & Support Services (Records), Human Resources & Communications (HR) and Information Technology (IT).
  - On August 4, 2022, the Chief Administrative Officer requested a meeting with the directors of all departments and the IG to discuss the opportunities for improvement (OFIs) identified during fieldwork testing.
  - The meeting was scheduled for September 30, 2022, due to the availability of directors.
  - On September 26, 2022, the meeting was canceled due to office closures for Hurricane Ian and was rescheduled for October 25, 2022.
- Management Responses to OFIs  
At the request of the Chief Administrative Officer, the IG combined 20 OFIs into one document and sent them to management for responses on November 3, 2022.
  - On January 12, 2023, the Chief Administrative Officer advised the lead auditor that additional time was needed for the directors to provide responses.
  - On March 20, 2023, the IG received management responses to the combined OFIs.
- Audit Priorities  
Projects were reprioritized to meet the needs of County operations.
  - The transfer of the Pasco County Jail from the Pasco Sheriff's Office to the Board of County Commissioners required all IG resources to meet deadlines for a final report.
  - The BCC Development Service's Private Provider Refunds audit required all IG resources to collaborate with BCC management to finalize the report.
  - The BCC Stormwater Management DAVID Contract Attestation required additional IG resources to collaborate with management to resolve OFIs identified during the audit. The attestation was necessary for renewal of the Memorandum of Understanding between the Florida Highway Safety and Motor Vehicles and BCC Stormwater Management.

## Objectives

The audit objectives were to:

- Verify evidence existed and the evidence inventory records agreed with the physical evidence.

- Determine if the internal controls over physical evidence (sensitive and non-sensitive) were effective and teammates operated in compliance with internal policies and procedures.

### Scope and Methodology

The audit period was March 1, 2021 through February 28, 2022. The scope of this audit was limited to physical evidence maintained by Civil, Criminal, and Records. The nature and scope of the audit was intended to evaluate the adequacy and effectiveness of internal controls over evidence, verify the existence of evidence in the possession of the Clerk & Comptroller, and verify the chain of custody records were accurate and complete. The IG did not open sealed evidence bags, physically verify checked-out evidence, or physically verify evidence transferred to other agencies (e.g., Court Administration, State Attorney’s Office, Sherriff’s Office, Appellate Courts, etc.).

The number of items tested for each population of evidence according to status type is shown below:

Evidence Testing*					
Evidence Status in TrakMan	Returned	Refused	Disposed	Checked-out	Available
<b>Total # of Items</b>	6,354	5	10	50	182,483
<b>Total # of Items Tested</b>	<b>20</b>	<b>5</b>	<b>4</b>	<b>50</b>	<b>131</b>

\*Details of the sample selections are included below.

Although the IG exercised due professional care in the performance of this audit, this does not mean unreported noncompliance and/or irregularities did not exist. The deterrence of fraud and employee abuse was the responsibility of management. The audit procedures alone, even when carried out with professional care, could not guarantee that fraud, waste, or abuse were detected.

The audit was neither designed nor intended to be a detailed study of every relevant system, procedure, or transaction. This report provided an independent, objective analysis, recommendations, and information concerning the activities reviewed. It was not an appraisal or rating of management.

This audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*, and accordingly, included such tests of records and other auditing procedures as considered necessary in the circumstances. The IG planned and performed the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the conclusion based on the audit objectives. The evidence and documentation obtained during the audit process provided this reasonable basis.

To achieve the objectives, the procedures performed included, but were not limited to, the following:

- Reviewed internal policies and procedures related to safeguarding, maintaining, and oversight of evidence received and recorded in TrakMan.
- Observed evidence rooms and vaults to determine if evidence was stored in an orderly manner, clearly marked, and properly secured and safeguarded.
- Observed weekly and monthly evidence inventory audits performed by Criminal, Civil, and Records teammates, respectively. Compared observations to documented policies and procedures to identify internal control weaknesses, inconsistencies, or non-compliance.
- Observed the transfer of evidence from Courthouse Evidence Vaults to Records Center Evidence Rooms and Evidence Vaults. Compared observations to documented policies and procedures to identify internal control weaknesses, inconsistencies, or non-compliance.
- Obtained, reviewed, and analyzed the *Evidence Report* generated from TrakMan data.
- Test samples were randomly and judgmentally selected from the *Evidence Report*.

Evidence Status: Available

- Ninety-six (96) items were selected using the statistical random sample method, based on a 95% confidence level and 10% margin of error.
- Thirty-five (35) items were judgmentally selected to ensure that the sample included an item from each location, each type of sensitive evidence, and biohazard evidence.
- For each item in the samples, the IG tested that the evidence was physically present and that the case number, location, and description were accurately recorded. The IG also examined evidence bags that contained sensitive evidence to verify that the package was not opened, and the seal was not broken.

Evidence Status: Returned, Refused, Disposed or Checked-out

- Seventy-nine (79) items were judgmentally selected to ensure the sample included an item from each evidence status for returned, refused, disposed, and checked-out. For returned evidence, the sample was selected from items with a sensitive class type.
- For each item in the sample, the IG tested that proper chain of custody documentation existed (e.g., court order, signed evidence transfer receipt, signed receipt for returned evidence, evidence sheet prepared by the Courtroom Clerk).
- Obtained and reviewed documentation to verify checked-out evidence (more than 15 days) was regularly monitored.
- Verified Courthouse Evidence Vault logs were completed when evidence was placed in, or retrieved from, the Courthouse Evidence Vaults.

- Obtained and reviewed access reports to identify teammates having authorized access to evidence.
- Obtained and reviewed the *Evidence Permission Report* generated from TrakMan. Identified teammates with permission to delete evidence and verified their permission was appropriate.
- Obtained, reviewed, and analyzed the *Deleted Evidence Report* generated from TrakMan. Judgmentally selected a sample of 13 deleted items. Verified that deletions were performed by authorized teammates and were properly approved and documented.
- Verified a completed *Key/Combination Request & Issuance Form* was on file for teammates with access to the evidence vaults.
- Verified a signed *Certificate of Receipt* for the *Evidence Procedure Manual* was on file for teammates with access to the evidence rooms and vaults.

### **Authority, Guidelines & Best Practices**

To conduct this audit, the IG relied on the following criteria:

- Chapter 218.33(3), Florida Statutes – *Local governmental entities; establishment of uniform fiscal years and accounting practices and procedures*
- *International Association for Property and Evidence, Inc. Professional Standards*, revised January 2019
- Florida Clerk & Comptroller Best Practices: *Evidence Storage and Destruction*, dated September 23, 2020
- *Evidence Procedure Manual*, revised November 27, 2018
- *Biohazard Evidence Storage and Handling Procedures*, revised June 2019
- CR-CC156 – *Evidence Audit Procedures*, revised March 17, 2022
- *Key/Combination Request and Issuance Form*, revised July 1, 2019

### **Conclusion**

The IG identified opportunities for improvement related to compliance with the *Evidence Procedure Manual* and internal controls over safeguarding and monitoring evidence. Strengthening internal controls will ensure the integrity and chain of custody of evidence.

Evidence procedures were not always followed, followed consistently, or did not reflect internal controls. Documented policies and procedures needed updating to reflect current practices and did not include some evidence-handling activities.

Recommendations made in this report were offered to strengthen the internal control environment. Opportunities for improvement and recommendations were discussed with management and their verbatim responses were included. Minor observations that were

communicated to management and/or corrected during the audit were not included in this report. The IG commends Civil, Criminal, Records, HR, and IT for their professionalism, cooperation, and responsiveness during this audit and would like to recognize the following:

- Civil, Criminal, and Records teammates were knowledgeable, well-versed on internal policies and procedures, and demonstrated proficiency. Management was working on a total revision of the *Evidence Procedure Manual*.
- Management was in the process of conducting a full inventory audit for evidence maintained by Records. At the completion of the full inventory audit, evidence eligible for destruction will be destroyed.
- In recent years, improvements were made to better organize evidence maintained in the Records Center Evidence Rooms. Evidence was arranged in a more orderly manner, which allowed for additional storage space. The evidence rooms were also climate controlled and equipped with a fire suppression system.
- Best practices for segregating biohazard evidence from non-biohazard evidence were implemented.

Based on documentation reviewed and audit procedures performed, the IG identified 19 opportunities for improvement:

Opportunities for Improvement		
	Compliance	Page
1.	Approvals for evidence deletions in TrakMan.	9
2.	Labeling and segregating biohazard evidence.	11
3.	Handling biohazard evidence.	11
4.	Transferring and processing evidence at Records Center.	12
5.	A. Documenting weekly evidence audits.	12
	B. Checking out evidence in TrakMan.	13
6.	Performing monthly evidence inventory audits.	13
7.	Maintaining <i>Certificates of Receipt</i> for the <i>Evidence Procedure Manual</i> .	14

Opportunities for Improvement		
	Control	Page
8.	Procedures for checked-out evidence that cannot be located.	14
9.	Monitoring the status of checked-out evidence.	16
10.	Documenting chain of custody.	17
11.	Storing perishable evidence.	18
12.	Accuracy of TrakMan data related to evidence location, description, and marked dates.	19
13.	Documenting authorized access to evidence vaults.	20
14.	Reviewing and updating teammate access to evidence rooms and evidence vaults.	21
15.	Reviewing and updating TrakMan user permissions for deleting evidence.	23
16.	Improving existing procedures for performing weekly and monthly evidence audits.	24
17.	Consistency in procedures for evidence deletions in TrakMan.	26
18.	Consistency in procedures for <i>Certificates of Receipt</i> for the <i>Evidence Procedure Manual</i> .	26
	Observations	Page
19.	Securing unattended workstations.	27

## OPPORTUNITIES FOR IMPROVEMENT AND RECOMMENDATIONS

**Compliance Activities:** Compliance is adhering to approved policies and procedures, agreements, contracts, laws, rules, and regulations. Listed below were comments that represent instances of noncompliance with these requirements.

### 1. Approvals for evidence deletions in TrakMan.

According to the *Evidence Procedure Manual*, any deletion of evidence must be performed by authorized<sup>6</sup> personnel. Approval was required prior to the deletion of evidence by contacting a supervisor, who obtained approval for the deletion from a director. A total of 36 items were deleted by Civil and Criminal teammates during the audit period.

The IG tested six of 27 items deleted by Civil teammates. Three did not have documentation to support the deletion was properly requested and approved. Two deletions were performed by unauthorized teammates.

<sup>6</sup> Authorized personnel included teammates having assigned permissions in TrakMan to delete evidence.

The IG tested three of nine items deleted by Criminal teammates. None had documentation to support the deletion was properly requested and approved. Two deletions were performed by unauthorized teammates.

**Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

**Civil Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Teammate permissions in Trakman were immediately reviewed and identified for update or removal. A request will be submitted to IT to remove the delete ability from the civil clerk user group.*
- *Management will reiterate strict compliance to ensure evidence is not deleted without Director's approval.*
- *A risk mitigation process request has been submitted to IT and a procedure update request has been submitted to Records for inclusion into the Evidence Manual.*

**Target Implementation Date:**

- *Permission updates and notifications to teammates completed March 2022*
- *Permissions review protocol implementation completed in March 2022*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Teammate permissions in Trakman were immediately reviewed and identified for update or removal. A request will be submitted to IT to remove the delete ability from the criminal clerk user group.*
- *Management will reiterate strict compliance to ensure evidence is not deleted without Director's approval.*
- *A risk mitigation process request has been submitted to IT and a procedure update request has been submitted to Records for inclusion into the Evidence Manual.*

**Target Implementation Date:**

- *Permission updates and notifications to teammates completed March 2022.*
- *Permissions review protocol implementation completed in March 2022.*

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *Records will take ownership of updating the language in the Evidence Manual to define "authorized personnel" as part of the scope of Action Plan #359*

**Target Implementation Date:**

- *September 2023.*

**IT Management Response:**

- *IT was contacted to help develop a solution to assist with user permission.*

**Corrective Action Plan:**

- *IT will create a risk mitigation process to assist the departments with monitoring access.*
- *It will include monthly reports that the directors will use to review access.*
- *IT will provide information to update the evidence manual regarding the process.*

**Target Implementation Date:**

- *September 2023.*

**2. Labeling and segregating biohazard evidence.**

According to the *Evidence Procedure Manual*, biohazard materials must be:

- Separated from the rest of the evidence and placed in a box. They are not to be placed with the other evidence received. If they are placed together for any reason, everything will be considered biohazard and will be placed in a box.
- Labeled with a biohazard sticker on the outside of the evidence containing biohazard materials from the seizing agency. If not, place a biohazard sticker on each bag or envelope and on the outside of the box.

On March 3, 2022, the IG observed two biohazard evidence items in the RSJC Courthouse Evidence Vault that did not have a biohazard sticker affixed to the evidence envelope. In addition, a biohazard sticker was not affixed to the outside of the evidence box. The Courtroom Clerk stated she was not aware of the biohazard evidence. In the presence of the IG, the courtroom clerk properly affixed biohazard stickers to both evidence envelopes and the evidence box.

**Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Teammate will be provided a reminder on proper marking and handling of biohazard evidence.*

**Target Implementation Date:**

- *Completed August 26, 2022.*

**3. Handling biohazard evidence.**

According to the *Evidence Procedure Manual*, gloves were to be worn at all times when handling biohazard materials. On March 7, 2022, during evidence testing at EPRC, the IG observed that teammates did not always wear gloves when handling biohazard evidence.

**Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *The team was sent a reminder of proper biohazard handling.*

**Target Implementation Date:**

- *Completed August 8, 2022.*

**4. Transferring and processing evidence at Records Center.**

According to the *Evidence Procedure Manual*, upon return to the Records Center, evidence must be immediately placed in the Evidence Room or Evidence Vault and entered on the *Monthly Evidence Log*. In addition, evidence movement must be performed under dual control.

On March 9, 2022, the IG observed evidence transfer procedures. Upon return to the WPRC the evidence was placed on a Records teammate's desk to complete the task of processing the transfer. A second teammate did not participate in moving the home location, completing the evidence log, and physically moving evidence to the home location inside the Evidence Room.

**Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *A – JARC will request a laptop for use in the evidence room to process inventory.*
- *B – We will update the evidence manual to clarify the dual-control requirement during part two of the process as part of the scope of Action Plan # 359.*

**Target Implementation Date:**

- *A – Completed December 2022.*
- *B – September 2023.*

**5. A. Documenting weekly evidence audits.**

Management's responses to an internal control questionnaire indicated that Courtroom Evidence Vaults were audited weekly. According to Criminal's *Evidence Audit Procedure*, the audits were required to be performed by two teammates who compared two reports to verify each piece of evidence was on both reports. The procedure directed teammates to staple the reports together and initial and date the top report.

On March 4, 2022, the IG observed the weekly audit of the RSJC Courthouse Evidence Vault. The teammates who performed the weekly audit initialed the top report but did not date it.

### **B. Checking out evidence in TrakMan.**

According to the *Evidence Procedure Manual*, the movement of evidence must be entered into the TrakMan system. To ensure proper custody and control during proceedings, evidence must be checked-in or checked-out in TrakMan before placing it in or removing it from the Courthouse Evidence Vault.

On March 11, 2022, the IG observed the weekly audit of the Courthouse Evidence Vault at the WPJC. Evidence for one case reflected on the *Evidence Report* was not in the vault. According to the evidence log, it was removed from the vault by a Courtroom Clerk for trial. However, the evidence was not checked-out in TrakMan.

#### **Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

#### **Criminal Management Response:**

- *Acknowledge.*

#### **Corrective Action Plan:**

- *A. – Audit procedures will be written and provided to teammates performing Courtroom Clerk’s evidence room audits.*
- *B. – Reminder bulletin will be provided to all teammates who handle evidence clarifying requirement to properly track the movement of evidence in trackman.*

#### **Target Implementation Date:**

- *A. – September 2023.*
- *B. – September 2023.*

## **6. Performing monthly evidence inventory audits.**

The *Evidence Procedure Manual* reflected that Records performed monthly inventory audits for a sample of cases with new evidence items added. The evidence was pulled from its storage location and was compared to the evidence logbooks and transfer sheets to verify that all evidence was properly accounted for and reflected on the TrakMan inventory for the case.

On April 7, 2022, the IG observed the monthly evidence audit at the WPRC. The audit included new evidence added to inventory for the prior two months (February 2022 and March 2022). The IG noted that monthly audits were not documented for a period of three months (November 2021 through January 2022).

#### **Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

#### **Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Documentation was located, and pending audits were completed. Future monthly audits will be completed within the required timeframe.*

**Target Implementation Date:**

- *Completed August 3, 2022.*

**7. Maintaining Certificates of Receipt for the Evidence Procedure Manual.**

The *Evidence Procedure Manual* included a *Certificate of Receipt* to be signed and dated by teammates to document they received and read a copy of the manual. *Certificates of Receipt* were not maintained for Civil and Criminal teammates who handled evidence and had access to the Courthouse Evidence Vaults.

**Recommendation:**

Since compliance with agreements, contracts, laws, rules, regulations, policies, procedures, and administrative directives was required; a recommendation was not provided.

**Civil Management Response:**

- *Acknowledge*

**Corrective Action Plan:**

- *All teammates who handle evidence will review the current manual. Acknowledgement will be in line with the acknowledgement, practices, and workflow in NEOGOV.*
- *Changes will be communicated by Records via bulletins.*

**Target Implementation Date:**

- *September 2023.*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *All teammates who handle evidence will review the current manual. Acknowledgement will be in line with the acknowledgement, practices, and workflow in NEOGOV.*
- *Changes will be communicated by Records via bulletins.*

**Target Implementation Date:**

- *September 2023.*

<p><b>Control Activities:</b> Listed below were comments that represented opportunities to strengthen the internal controls. For each comment, a recommendation was included.</p>
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**8. Procedures for checked-out evidence that cannot be located.**

Formal written policies and procedures did not address checked-out evidence that cannot be located. Fifteen items that TrakMan reflected as checked-out to Court Administration could not be located. Management provided emails to IG that indicated Court

Administration did not have custody of the evidence, which included:

- Seven (7) evidence items checked-out from Criminal between July 16, 2010 and November 8, 2018.
- Eight (8) evidence items checked-out from Civil on February 16, 2021.

Prior to the completion of this audit, the IG contacted the Directors of Criminal and Civil and requested an update on the status of these 15 checked-out items. On July 24, 2023, Criminal responded that the items were not located. On July 26, 2023, Civil responded that the items were located in the west side Evidence Room. The IG verified all eight Civil items were checked-in and physically observed the evidence on July 28, 2023.

**Recommendation:**

- Consult with the Clerk & Comptroller's legal counsel to determine the next appropriate steps and actions when checked-out evidence cannot be located.
- Create a policy and procedure that provides guidance for addressing, reporting, and documenting evidence items that cannot be located. If possible, add notes to TrakMan indicating the issue and actions taken.

**Civil Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual. A procedure will be added to the evidence manual by Records that provides guidance for addressing, reporting, and documenting evidence items that cannot be located, following the guidance of legal counsel.*

**Target Implementation Date:**

- *September 2023.*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *A procedure will be added to the evidence manual by Records that provides guidance for addressing, reporting, and documenting evidence items that cannot be located, following the guidance of legal counsel.*

**Target Implementation Date:**

- *September 2023.*

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *A procedure will be added to the evidence manual by Records that provides guidance for addressing, reporting, and documenting evidence items that cannot be located, following the guidance of legal counsel as part of the scope of action plan #359.*

**Target Implementation Date:**

- *September 2023.*

**9. Monitoring the status of checked-out evidence.**

Formal written policies and procedures did not include monitoring evidence checked-out to other agencies (e.g., Court Administration, State Attorney's Office, Sheriff's Office, Appellate Courts, etc.). Records indicated they did review checked-out evidence using TrakMan to run an *Active Items Report* and sent emails to the requestors. However, the IG identified three items checked-out between 2008 and 2009 from Records without documented follow up.

**Recommendation:**

Create a documented policy and procedure that provides guidance for monitoring and following up on checked-out evidence. Require a review to be documented and performed on a regular basis.

**Civil Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *An automated report has been created to identify evidence check out to the court for over two weeks.*
- *A procedure will be added to the evidence manual by Records to ensure proper and timely monitoring of evidence checked out from the department to the courts.*
- *Civil will ensure compliance with procedure for evidence with Civil ownership.*

**Target Implementation Date:**

- *September 2023.*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *An automated report has been created to identify evidence check out to the court for over two weeks.*
- *A procedure will be added to the evidence manual by Records to ensure proper and timely monitoring of evidence checked out from the department to the courts.*
- *Criminal will ensure compliance with procedure for evidence with Criminal ownership.*

**Target Implementation Date:**

- *September 2023.*

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *An automated report has been created to identify evidence checked out to the court for over two weeks.*

- *A procedure will be added to the evidence manual by Records to ensure proper and timely monitoring of evidence checked out from the department to the courts as part of action plan #359.*

**Target Implementation Date:**

- *September 2023.*

**10. Documenting chain of custody.**

The IG tested a total of 79 evidence items for proper chain of custody documentation. Thirty-six of 79 did not have proper chain of custody documentation. The following was noted:

- The IG tested four disposed and five refused items. All nine items did not have complete or accurate chain of custody documentation. Additional information was not available.
- The IG tested 20 returned items that were sensitive evidence (a class type of jewelry, drugs, money, firearms, explosives, or weapons). Five did not have proper chain of custody documentation.
  - Orders to release the evidence were provided for two items, but they did not have a signed and dated receipt for returned evidence in the case file.
  - For two items, management indicated that the case files were purged that contained the receipts for returned evidence.
  - For one item, the receipt for returned evidence was in the case file, however it was not signed and dated by the person receiving the evidence.
- The IG tested 50 checked-out items. Twenty-two did not have proper chain of custody documentation.
  - 21 items did not have a signed and dated *Evidence Transfer Receipt*<sup>7</sup> in the case file.
  - One item did have a signed and dated *Evidence Transfer Receipt* in the case file. However, the name on the receipt did not agree with the name of person it was checked-out to in TrakMan.

**Recommendation:**

- For all evidence checked-out; disposed; returned; or refused, review documentation to ensure the proper signed receipt or supporting documentation is on file.
- Consult with the Clerk & Comptroller's legal counsel to determine the next appropriate steps and actions when documentation to support evidence status in TrakMan cannot be located.

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<sup>7</sup> A receipt that is printed from Trakman when evidence is transferred, moved, or checked in/out, that contains the case number and object identification number. This is signed, clock stamped, docketed, and placed in the case file.

- Create a policy and procedure that provides guidance for addressing, reporting, and documenting evidence items disposed, checked-out, returned, or refused that do not have proper documentation on file or cannot be located. When possible, add notes to TrakMan indicating issues and actions taken.

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *In the process of completing 100% audit through action plan #212 and will consult with legal to determine next steps for those items we are unable to resolve upon completion of the audit.*
- *A procedure will be added to the evidence manual as part of the scope of action plan #359 that provides guidance for addressing, reporting, and documenting evidence items disposed, checked out, returned, or refused that do not have proper documentation on file or cannot be located.*

**Target Implementation Date:**

- *January 2024.*

**11. Storing perishable evidence.**

During the audit, the Courthouse Evidence Vault at WPJC was the only location that had a refrigerator and freezer for storing evidence that needed to be refrigerated or kept frozen. Additionally, the *Evidence Procedure Manual* did not provide guidance for storing perishable evidence. The IG observed inconsistent practices for storing perishable evidence by Criminal and Records teammates.

At the RSJC, the IG observed one evidence item with a 'refrigerate' sticker affixed to the evidence bag. However, it was not refrigerated. Management stated the evidence was not refrigerated when it was received during court. Since the court did not instruct the evidence to be refrigerated, the evidence was stored in the same manner as it was received. At the WPJC, if a 'refrigerate' sticker was affixed to the evidence, the practice was to place it in the refrigerator regardless of how it was received during court. At the EPRC, the IG observed biohazard evidence with a 'refrigerate' sticker affixed to the evidence bag. However, the item was not refrigerated and was stored inside a box located on a biohazard shelf in the Evidence Room.

According to the *International Association for Property and Evidence, Inc. (IAPE)*, best practices for cold storage include that evidence should be placed in a respective refrigerator or freezer designated for evidence storage only, depending upon the requirements of the type of evidence and the crime lab's recommendation. Given the importance of temperature control when storing biological evidence, the refrigerator/freezer unit should be equipped with an alarm system to indicate if there is a change in temperature or an equipment malfunction. The alarm should be monitored.

**Recommendation:**

- Purchase a dedicated refrigerator and freezer with lockable compartments or doors to be maintained on the east side. This will eliminate the need to transfer perishable evidence from the east side to the west side.

- Create a documented policy and procedure that provides guidance for storing and maintaining perishable evidence items, including evidence containing 'refrigerate' stickers.
- Require policy and procedure to include evaluation criteria to ensure only evidence that requires refrigeration or freezing is being stored in the designated locations. If necessary, consult with the lab to determine if evidence can be stored in a room temperature-controlled environment.

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *A procedure will be added to the evidence manual by Records that provides guidance for storing and maintaining perishable evidence items, including evidence containing 'refrigerate' stickers, to include evaluation criteria to ensure only evidence that require refrigeration or freezing are being stored in the designation locations.*

**Target Implementation Date:**

- *September 2023 to purchase refrigerator/freezer.*
- *September 2023 to update Evidence Manual.*

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *Purchase a dedicated refrigerator/freezer with lockable compartments or doors to be maintained on the east side OR move the fridge / freezer into the EPRC vault in lieu of lockable doors on the fridge.*
- *A procedure will be added to the evidence manual as part of the scope of action plan #359 that provides guidance for storing and maintaining perishable evidence items, including evidence containing 'refrigerate' stickers, to include evaluation criteria to ensure only evidence that require refrigeration or freezing are being stored in the designation locations.*

**Target Implementation Date:**

- *September 2023 to update Evidence Manual.*
- *September 2023 to purchase/transfer refrigerator/freezer.*

**12. Accuracy of TrakMan data related to evidence location, description, and marked date<sup>8</sup>.**

The IG tested a sample of evidence with 'available' status to verify it was in the location reflected on the *Evidence Report*, and that the description on the evidence label matched the description on the *Evidence Report*. Packages containing sensitive evidence were inspected to verify that the seal was not broken. The following was noted:

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<sup>8</sup> Marked date is the date when the exhibit was admitted as evidence to the Court during a hearing or trial.

- Ten items had marked dates or descriptions that did not agree with the data reflected in TrakMan.
- One item could not be located. The item was a photo associated with a felony case. As of September 20, 2023, management indicated that Records was in the process of concluding a full inventory audit of evidence (Action Plan #212) and would have a status update for this item upon completion of its audit.
- The seal was loose on a package of sensitive evidence containing cash. The IG and Operations Supervisor counted and verified the total amount was present and resealed the evidence on March 24, 2022.

Formal documented policies and procedures for addressing and documenting evidence that cannot be located did not exist. In addition, the *Evidence Procedure Manual* did not include inspecting the packaging of sensitive evidence during semi-annual inventories to ensure that it remained properly sealed.

**Recommendation:**

- Create documented policies and procedures that provide guidance for conducting the ongoing 100% evidence inventory, including procedures for discrepancies identified. This will help ensure corrective action is taken in a timely manner. Require documentation (electronic or manual) of teammates who performed the inventory and date when inventory was conducted.
- Create a policy and procedure that provides guidance for addressing and documenting evidence items that cannot be located. Add notes to TrakMan indicating issues and actions taken.
- Update policies and procedures to require all sensitive evidence to be inspected during semi-annual inventories to ensure evidence tape or seal are not loose.

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *Action Plan # 359, Evidence Manual rewrite, a procedure will be added to the evidence manual by Records to establish a guideline on performing the evidence room audits.*

**Target Implementation Date:**

- *September 2023.*

**13. Documenting authorized access to evidence vaults.**

The *Key/Combination Request & Issuance Form* was used to document requesting and issuing evidence vault keys and combinations to teammates. However, the forms were not always maintained, complete, or updated. In addition, information reflected on the form was vague and needed more detail to clearly identify the specific location for authorized access. For six of the 13 Records teammates having access to the evidence vaults, either the form did not have all required signatures, did not clearly identify access, was not on file, or was not updated.

**Recommendation:**

- Update *Key/Combination Request & Issuance Forms* to reflect the current key/combination status for the appropriate teammates.
- Develop a key management policy and procedure that clearly defines the roles and responsibilities for monitoring evidence vault access and updating the *Key/Combination Request & Issuance Forms*.
- Review and update the *Key/Combination & Issuance Form* to ensure information is recorded consistently and clearly identifies what location the key or combination access was authorized.

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

*Records will work with Human Resources to ensure the Key/Combination Forms are correct and submitted through and approved by the Records Director and Chief Administrative Officer.*

*Records will work with HR to update the forms to reflect that the vault key and combination work on both sides.*

*Records will submit a proposed updated key /combination form for HR review.*

**Target Implementation Date:**

*September 2023*

**Human Resources Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *A Key Management Guideline to clarify proper procedures will be created as part of action plan #357.*

- *A review of the evidence vault key and combo security is underway to ensure that only authorized personnel have access to the vault and appropriate documentation exists for their access.*

**Target Implementation Date:**

- *September 2023.*

**14. Reviewing and updating teammate access to evidence rooms and evidence vaults.**

The *Reader Assignments to Cardholders Report* was provided to IG by HR and included all teammates with authorized access to evidence. It reflected 88 teammates had access to evidence rooms and evidence vaults. Formal documented policies and procedures for reviewing and updating access to evidence rooms and vaults did not exist. As a result, 20 of 88 teammates' access to evidence was not applicable to their position, was not appropriate, or was no longer needed. This increased the risk for unauthorized access to evidence and could compromise the integrity of evidence.

**Recommendation:**

- Develop and implement a policy and procedure that requires access to evidence rooms and vaults to be reviewed and monitored on a regular basis. Require the review to be documented.
- Update access for all teammates to reflect the correct evidence room or vault access permissions.
- Work with HR to develop a standardized form for requesting and removing a teammate's access to the evidence rooms and vaults.

**Civil Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *The Civil department will review the teammate access reports to be provided by Human Resources monthly and update the access accordingly.*
- *For the 13 teammates whose access was not appropriate or no longer needed, said access has been removed.*

**Target Implementation Date:**

*September 2023 to implement monthly reports by Human Resources.*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *The Criminal department will review the teammate access reports to be provided by Human Resources monthly.*
- *Access list was immediately reviewed and updated to remove improper or invalid access after initial findings.*

**Target Implementation Date:**

- *September 2023 to implement monthly reports by Human Resources.*
- *Correction to invalid and incorrect access from audit was completed March 2022.*

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *The Records department will review the teammate access reports to be provided by Human Resources monthly.*

**Target Implementation Date:**

- *September 2023 to implement monthly reports by Human Resources.*

**Human Resources Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Human Resources will provide monthly access reports to each department.*
- *Human Resources will create and implement guidelines to ensure accurate and*

*timely updates to evidence access.*

**Target Implementation Date:**

- *September 2023.*

**15. Reviewing and updating TrakMan user permissions for deleting evidence.**

IT provided IG with a spreadsheet that included active and inactive TrakMan users, and the various permissions associated with evidence. A report of all deleted evidence for the audit period was also obtained from IT.

The evidence permission spreadsheet was filtered to determine positions with the ‘*delete*’ or ‘*all*’ operations and ‘*administrator*’ permission profiles. There was a total of 61 active users with permission to delete evidence in TrakMan. The IG performed an employee inquiry in Munis and verified the position and employment status (as of March 28, 2022) for each active user.

A list of teammates with evidence deletion permission was emailed to Civil, Criminal, and Records management for review to verify whether this role was applicable and appropriate for their position. Records management identified a system limitation in TrakMan that required the permission profile for deleting evidence so that the teammate could purge files. According to management, the ability to purge files was only available with the delete permission in TrakMan.

Formal documented policies and procedures for reviewing and updating TrakMan user permissions for deleting evidence did not exist. As a result, for 33 of 61 teammates permission to delete evidence in TrakMan was not applicable to their position, was not appropriate, or was no longer needed. This increased the risk of unauthorized and undetected deletion of evidence in TrakMan.

**Recommendation:**

- Create a documented policy and procedure that requires users’ access in TrakMan to be reviewed and monitored on a regular basis. Require reviews to be documented.
- For all users, update access in TrakMan to reflect the correct permission access roles. For Records, if this is not feasible, develop a compensating control to ensure users with the ability to purge cases are also not permitted to delete evidence.

**Civil Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *A procedure will be added to the evidence manual by Records to establish delete permission protocols.*
- *Civil will determine which teammates need which roles. Complete a delete-permission and roles review with Clerk Office stakeholders to determine what roles should have delete permissions.*
- *Implement monthly reviews of permissions reports provided by IT.*

**Target Implementation Date:**

- *September 2023 for delete permission review.*

- *September 2023 for the monthly reviews.*
- *September 2023 for Evidence Manual update.*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *A procedure will be added to the evidence manual by Records to establish delete permission protocols.*
- *Criminal will determine which teammates need which roles. Complete a delete-permission and roles review with Clerk Office stakeholder to determine what roles should have delete permissions.*
- *Implement monthly reviews of permissions reports provided by IT.*

**Target Implementation Date:**

- *September 2023 for delete permission review.*
- *September 2023 for the monthly reviews.*
- *September 2023 for Evidence Manual update.*

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *Action Plan # 359, Evidence Manual rewrite, a procedure will be added to the evidence manual by Records to establish delete permission protocols. Records will determine which teammates need which roles. Complete a delete-permission and roles review with Clerk Office stakeholders to determine what roles should have delete permissions.*
- *Implement monthly reviews of permissions reports provided by IT.*

**Target Implementation Date:**

- *September 2023 for delete permission review.*
- *September 2023 for the monthly reviews.*
- *September 2023 for Evidence Manual update.*

**16. Improving existing procedures for performing weekly and monthly evidence audits.**

The IG observed weekly evidence inventory audits performed by teammates for the RSJC and WPJC Courthouse Evidence Vaults. The following was noted:

- *Two locations assigned to the RSJC Courthouse Evidence Vault (ES Trial Clerk Evidence Holding Area and ES Trial Clerk Relocate to RC) were not included in the Evidence Audit Procedure for selection when running evidence reports for the weekly audits.*
- *The freezer and refrigerator were sealed with evidence tape, locked, and not opened during the weekly audit. Procedures did not include inspecting the freezer and refrigerator to ensure they were working properly.*

The IG observed monthly evidence inventory audits performed by teammates for the EPRC and WPRC. The following was noted:

- Procedures did not provide detailed guidance for selecting the 10% audit sample of cases reflected on the monthly log. At the EPRC, only new cases with evidence were selected.
- Procedures did not require the *Evidence Inventory Reports* to be initialed and dated by teammates performing the monthly audit.
- Procedures did not require audit documentation to be maintained for audit records. As a result, audit documentation for the EPRC was placed in the OSA box and was not available for inspection.

**Recommendation:**

- Update, revise, and make additions to the *Evidence Audit Procedures* that adequately safeguard evidence and promote consistency of the weekly evidence room audits performed. These updates, revisions, and additions must consider all items mentioned above.
- Communicate revisions, updates, and additions in procedures to teammates to ensure they are aware of the changes.

**Civil Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *A procedure will be added to the evidence manual by Records to update, revise, and make additions to the Evidence Audit Procedures that adequately safeguard evidence and promote consistency of the weekly evidence room audits performed. These updates, revisions, and additions will consider all the items mentioned above.*
- *Records will communicate revisions, updates, and additions in procedures to teammates to ensure they are aware of the changes.*
- *Criminal and Civil Department leadership will review key controls to ensure compliance and determine training needs.*

**Target Implementation Date:**

- *September 2023.*

**Criminal Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records is the owner of the Evidence Manual.*
- *A procedure will be added to the evidence manual by Records to update, revise, and make additions to the Evidence Audit Procedures that adequately safeguard evidence and promote consistency of the weekly evidence room audits performed. These updates, revisions, and additions will consider all the items mentioned above.*
- *Records will communicate revisions, updates, and additions in procedures to teammates to ensure they are aware of the changes.*
- *Criminal and Civil Department leadership will review key controls to ensure compliance and determine training needs.*

**Target Implementation Date:**

- *September 2023.*

**Records Management Response:**

- *Acknowledge. Records is the owner of the Evidence Manual.*

**Corrective Action Plan:**

- *Action Plan # 359, Evidence Manual rewrite, a procedure will be added to the evidence manual by Records to update, revise, and make additions to the Evidence Audit Procedures that adequately safeguard evidence and promote consistency of the weekly evidence room audits performed. These updates, revisions, and additions will consider all the items mentioned above.*
- *Records will communicate revisions, updates, and additions in procedures to teammates to ensure they are aware of the changes.*

**Target Implementation Date:**

- *September 2023.*

**17. Consistency in procedures for evidence deletions in TrakMan.**

For Civil and Criminal teammates, the *Evidence Procedure Manual* addressed approvals for the deletion of evidence. Approval was required prior to the deletion of evidence by contacting a supervisor, who obtained approval for the deletion from a director. However, the *Evidence Procedure Manual* did not provide directives regarding approvals for Records teammates prior to deleting evidence in TrakMan. A total of 169 evidence deletions were performed by Records teammates during the audit period.

Procedures for obtaining and documenting approvals is an internal control that strengthens management oversight and reduces the risk of unauthorized deletions of records.

**Recommendation:**

Establish a documented policy and procedure that provides guidance for requesting, reviewing, approval, and monitoring of deleted evidence. Require the request, review, and approval/denial of evidence corrections to be documented in writing.

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Records will implement a process for evidence deletion into the evidence procedural manual as part of the scope of action plan #359, evidence manual rewrite.*

**Target Implementation Date:**

- *September 2023.*

**18. Consistency in procedures for *Certificates of Receipt for the Evidence Procedure Manual.***

The *Evidence Procedure Manual* included a *Certificate of Receipt* to document that teammates received and read the manual. The IG requested signed *Certificates of Receipt* for all teammates who handle evidence and have access to evidence. Based on responses received from management, there was confusion regarding which teammates were required to complete and submit a *Certificate of Receipt*.

The purpose of an acknowledgment receipt is for the recipient to formally recognize they

have reviewed and understood the policies in place. All teammates that have responsibilities related to evidence handling and access to evidence should have a documented acknowledgment receipt on file. This will ensure that teammates are informed and will aid in compliance efforts for evidence procedures.

**Recommendation:**

Revise the *Evidence Procedure Manual* to require the *Certificates of Receipt* be completed by teammates in all departments that handle and process evidence.

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *Once the Evidence Procedure Manual is completed (action plan #359), Records team members will read and sign certificate of acknowledgement.*

**Target Implementation Date:**

- *September 2023.*

**Observations:** Observations were items noted during the audit that were outside the scope of the audit but were worthy of being brought to the attention of management.

**19. Securing unattended workstations.**

One evidence deletion did not reflect the correct teammate who performed the deletion in TrakMan. This was the result of a teammate not properly locking a shared computer before leaving it unattended. Another teammate performed the evidence deletion while the computer was still logged in under the previous user.

**Recommendation:**

Update formal written policies and procedures to require teammates to properly lock computers when unattended.

**Records Management Response:**

- *Acknowledge.*

**Corrective Action Plan:**

- *A request to update the Clerk & Comptroller Internet and Email Usage guideline to lock your workstation when left unattended has been submitted to IT.*

**Target Implementation Date:**

- *September 2023.*

**IT Management Response:**

- *Acknowledge. IT is the owner of the Clerk & Comptroller Internet and Email Usage Guideline*

**Corrective Action Plan:**

- *IT will update the language in the Clerk & Comptroller Internet and Email Usage Guideline to lock your workstation when left unattended.*

**Target Implementation Date:**

- *September 2023.*



For additional information contact the Public Records Liaison.

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