

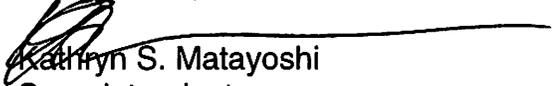


STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

May 3, 2016

TO: The Honorable Lance A. Mizumoto  
Chairperson, Audit Committee

FROM:   
Kathryn S. Matayoshi  
Superintendent

SUBJECT: **Presentation on Department of Education's Internal Audit Plan –  
Quarterly Update through March 31, 2016**

1. DESCRIPTION

Presentation on Department of Education's Internal Audit Plan – Quarterly Update through March 31, 2016.

2. PRESENTATION

Presentation on Department of Education's Internal Audit Plan – Quarterly Update through March 31, 2016.

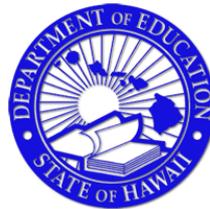
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Attachment

c: Internal Audit Office

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State of Hawaii  
**Department of Education**

INTERNAL AUDIT PLAN  
QUARTERLY UPDATE THROUGH MARCH 31, 2016



FOR AUDIT COMMITTEE MEETING  
May 3, 2016

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*This report is prepared solely for the internal use of the Audit Committee and management of the State of Hawaii, Department of Education.*



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## Executive Summary

### Assurance Projects:

#### *Hiring Practices Review*

- Review began in March 2016. The review is currently in the planning stages.

#### *Baseline Assurance Projects*

- Internal Audit (IA) performed three (3) Student Activity Funds Audits, five (5) School Monitoring Reviews, and provided internal control consultation to various schools/offices during the Quarter.

### Consulting, Fiscal Reviews, and Other Projects:

#### *Monitoring Based on Management Action Plans*

- IA followed-up on management's action plans to the observations noted in the completed reviews. (See Internal Audit Recommendation Status on pages 20 – 65.)

#### *Ethics and Code of Conduct Policy*

- IA followed up with the Office of Human Resources on the status of the Code of Conduct Policy. Currently, a revised draft of the Code of Conduct Policy is out for final consultation with the unions. HSTA has signed off on the Code of Conduct Policy; however, UPW and HGEA has yet to respond.



## Executive Summary (continued)

### Consulting, Fiscal Reviews, and Other Projects (continued):

#### *Fraud and Ethics Hotline – Confidential Reporting Mechanism*

- IA continued to coordinate assignments and monitor allegations received from the Fraud and Ethics Hotline.

#### *Fiscal Reviews*

- IA was involved in several fiscal reviews during the Quarter.

#### *Baseline Monitoring Projects*

- IA performed a **Continuous Auditing Review** on four Appropriated Fund activities which include Casual Hire Employment, Overtime Expenditures, Inventory and Outstanding Deposits. IA issued a “*Continuous Auditing Review - Consolidated Report*” for the period July 1, 2014 – June 30, 2015. In addition, the following reports were issued in February 2016: Fifteen (15) complex area reports were issued to the Complex Area Superintendents; Six (6) individual state office reports were issued to the Superintendent or Assistant Superintendents; One (1) report was issued to the State Public Charter School Commission; and Two (2) reports to each of the Main Center Community School For Adults (McKinley and Waipahu).

#### *Other Matters Impacting the Internal Audit Office during the Quarter*

- IA continued to coordinate and assist N&K CPAs with the “*Annual Financial & Single Audit FYE 6/30/15.*”



## Summary of Proposed Changes to the Audit Plan

Project	Original Timing	Budget Impact	Proposed Change	Reason for Change
<b>Information Security Management Review</b>	Q3 FY 2016	(560)	Move to Q1 FY 2017	Funding
<b>Hiring Practices Review</b>	Q4 FY 2016	560	Move to Q3 FY 2016	To replace the Information Security Management Review
<b>Vendor/Contract Management Review</b>	Q2 FY 2017	560	Move to Q4 FY 2016	To replace the Hiring Practices Review





## Observation Analysis of Completed Reports

Based on previously completed reports, we compiled a listing of common observations. Management is currently in the process of addressing these Department wide gaps.

		Common Observations					
		Lack of Oversight & Monitoring	Lack of Policies	Lack of Procedures	Segregation of Duties	Insufficient Training	Lack of Compliance
Reports Issued	Operational Review of the Special Education Program					X	
	Procurement & Contracting Process Follow-Up Review	X <sup>1</sup>				X	X <sup>1</sup>
	Fixed Assets Management Review	X	X	X		X	X
	Workers' Compensation Review	X					X <sup>1</sup>
	Student Assessment Administrative Review - Phase 1	X					
	Data Access Controls Review	X	X	X		X	
	Equipment and Fleet Maintenance Review	X	X	X			X
	Payroll Review	X					
	Leave Accounting Follow-Up Review	X <sup>1</sup>	X	X	X	X	X <sup>1</sup>
	Student Information Privacy Review						X <sup>1</sup>

<sup>1</sup> Observations were at the school level (not at the state office level).



## Observation Analysis of Completed Reports (continued)

	Common Observations					
	Lack of Oversight & Monitoring	Lack of Policies	Lack of Procedures	Segregation of Duties	Insufficient Training	Lack of Compliance
Consolidated Report of Procurement Card (P-Card) Reviews	X				X	X <sup>1</sup>
eHR Post-Implementation Review	X	X	X	X		
Data Integrity Review - Student Enrollment	X <sup>1</sup>	X	X	X <sup>1</sup>	X	X <sup>1</sup>
Community School for Adults Consolidated Review Report	X <sup>1</sup>	X	X	X <sup>1</sup>	X	X <sup>1</sup>
School Food Services Review	X	X	X	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Casual Hire Personnel Recruitment, Hiring & Payroll Processes Review	X <sup>1</sup>	X	X	X <sup>1</sup>	X	X <sup>1</sup>
Procurement & Contracting Process Review	X <sup>1</sup>				X	X <sup>1</sup>
Leave Data & Timekeeping Process Review	X <sup>1</sup>	X	X	X	X	
Consolidated Report of Audits of Cancelled P-Card	X				X	X <sup>1</sup>
Master Vendor Table Review	X	X				X <sup>1</sup>

<sup>1</sup> Observations were at the school level (not at the state office level).



# Management Action Item Dashboard Summary

## <sup>1</sup> Audit Rating Definitions:

- Acceptable – No significant deficiencies exist, while improvement continues to be appropriate; controls are considered adequate and findings are not significant to the overall unit/department.
- Marginal – Potential for loss to the auditable unit/department and ultimately to the DOE. Indicates a number of observations, more serious in nature related to the control environment. Some improvement is needed to bring the unit to an acceptable status, but if weaknesses continue without attention, it could lead to further deterioration of the rating to an unacceptable status.
- Unacceptable – Significant deficiencies exist which could lead to material financial loss to the auditable unit/department and potentially to the DOE. Corrective action should be a high priority of management and may require significant amounts of time and resources to implement.

## <sup>2</sup> COSO Category Definitions:

- Operational Findings – Audit finding relates to the effective and efficient use of the entity’s resources.
- Financial Findings – Audit finding relates to the preparation of reliable published financial statements.
- Compliance Findings – Audit finding relates to the entity’s compliance with applicable laws and regulations.

## <sup>3</sup> Completion Status Definitions:

- Completed– Audit finding was resolved as stated by management.
- Partially Completed –Audit finding was partially resolved as stated by management.
- Outstanding – Not Overdue – Audit finding has not been resolved but has not passed management’s target date.
- Outstanding – Overdue - Audit finding has not been resolved and has passed management’s target date.



## Management Action Item Dashboard Summary (continued)

The following represents the status of IA observations and recommendations from previous issued reports as reported by management:

Audit	Audit Rating <sup>1</sup>	COSO Category <sup>2</sup>				No. of Findings Ranked "High" Requiring Immediate Management Attention	Completion Status <sup>3</sup>				Contact
		Operational Findings	Financial Findings	Compliance Findings	Total Findings		Outstanding Overdue	Outstanding - Not Overdue	Partially Completed	Completed	
Operational Review of the Special Education Program (Issued January 2016)	Marginal	5	0	0	5	0	0	5	0	Acting Director, SSB	
Procurement & Contracting Process Follow-Up Review (Issued October 2015)	Marginal	1	0	3	4	1	0	4	0	Accounting Director, Director of PBC & Personnel Specialist of RTS	
Fixed Assets Management Review (Issued April 2015)	Marginal	2	1	1	4	1	0	4	0	Accounting Director & Director of SSEPB	
Workers' Compensation Review (Issued April 2015)	Marginal	2	0	1	3	0	0	1	2	Workers' Compensation Supervisor	
Student Assessment Administrative Review - Phase 1 (Issued March 2015)	Marginal	5	0	0	5	0	0	0	5	Director of Assessment and Accountability Branch	
Data Access Controls Review (Issued November 2014)	Marginal	3	0	0	3	1	0	1	2	Director of ESB & Director of ESIB	
Payroll Review (Issued April 2014)	Marginal	3	0	0	3	1	0	2	1	Accounting Operations Specialist	
Leave Accounting Follow-Up Review (Issued January 2014)	Unacceptable	4	0	0	4	3	0	4	0	OHR Personnel Specialist & OFS Accounting Operations Specialist	
Data Integrity Review - Student Enrollment (Issued April 2013)	Marginal	4	0	1	5	4	0	5	0	School Process and Analysis Branch Director	
Leave Data & Timekeeping Process Review (Issued March 2010)	Unacceptable	5	0	0	5	2	0	1	4	Accounting Director	
<b>TOTAL</b>		<b>34</b>	<b>1</b>	<b>6</b>	<b>41</b>	<b>13</b>	<b>0</b>	<b>27</b>	<b>14</b>		

\* See page 7 for definitions on Audit Rating, COSO Category, and Completion Status.



## Audit Observation Rating Scale Definitions

<b>High (1)</b>	<p>1 - The impact of the finding is <i>material</i><sup>1</sup> and the likelihood of loss is probable in one of the following ways:</p> <ul style="list-style-type: none"><li>- A material misstatement of the DOE's financial statements could occur;</li><li>- The DOE's business objectives, processes, financial results, or image could be materially impaired; and</li><li>- The DOE may fail to comply with applicable laws, regulations, or contractual agreements, which could result in fines, sanctions, and/or liabilities that are material to the DOE's financial performance, operations, or image.</li></ul> <p><i>Immediate action is recommended to mitigate the DOE's exposure.</i></p>
<b>Moderate (2)</b>	<p>2 - The impact of the finding is <i>significant</i><sup>1</sup> and the likelihood of loss is possible in one of the following ways:</p> <ul style="list-style-type: none"><li>- A significant misstatement of the DOE's financial statements could occur;</li><li>- The DOE's business objectives, processes, financial performance, or image could be notably impaired; and</li><li>- The DOE may fail to comply with applicable laws, regulations, or contractual agreements, which could result in fines, sanctions and/or liabilities that are significant to the DOE's financial performance, operations, or image.</li></ul> <p><i>Corrective action by management should be prioritized and completed in a timely manner to mitigate any risk exposure.</i></p>
<b>Low (3)</b>	<p>3 - The impact of the finding is moderate and the probability of an event resulting in loss is possible.</p> <p><i>Action is recommended to limit further deterioration of controls.</i></p>

<sup>1</sup>The application of these terms are consistent with the guidelines provided by the Institute of Internal Auditors.



## Management Action Item Dashboard Detail

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
Operational Review of the Special Education Program (Issued January 2016)	1	Moderate	0	0	1	0
	2	Moderate	0	0	1	0
	3	Moderate	0	0	1	0
	4	Low	0	0	1	0
	5	Low	0	0	1	0

**Objectives:**

1. To obtain a general understanding of the design and operating effectiveness of the SPED program and business processes.
2. To review, evaluate and test the design of the internal controls and business processes over the development, implementation, monitoring and reporting processes of the SPED program to ensure policies and procedures are in compliance with Federal and State laws and regulations.
3. To review, evaluate and test the design of the monitoring of third party contracts involved in SPED services.
4. To identify opportunities for efficiency and operational improvements within the administration of SPED.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
Procurement & Contracting Process Follow-Up Review (Issued October 2015)	1	High	0	0	1	0
	2	Moderate	0	0	1	0
	3	Moderate	0	0	1	0
	4	Moderate	0	0	1	0

**Objectives:**

1. To ensure that Management adequately addressed and resolved the audit findings that resulted from the “*Procurement & Contracting Process Review*” issued in July 2012 and the “*Consolidated Report of Procurement Card (“P-Card”) Reviews*” issued in August 2013.
2. To perform detailed test work to determine the operating effectiveness of the procedures put into place to remediate the P-Card findings.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
Fixed Assets Management Review (Issued April 2015)	1	High	0	0	1	0
	2	Moderate	0	0	1	0
	3	Low	0	0	1	0
	4	Low	0	0	1	0

**Objectives:**

1. To obtain a general understanding of the design and operating effectiveness of the fixed assets inventory process.
2. To review, evaluate, and test the operating effectiveness of the fixed assets inventory process to ensure key controls have been adequately put into place and are in compliance with policies and procedures.
3. To determine whether fixed assets are adequately accounted for.
4. To verify fixed assets exist and all assets are properly recorded in “WinFMS.”
5. To provide recommendations based on leading practices for improvement to enhance effectiveness and efficiency of fixed asset management.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING - NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
<b>Workers' Compensation Review (Issued April 2015)</b>	1	Moderate	0	0	0	1
	2	Moderate	0	0	1	0
	3	Low	0	0	0	1

**Objectives:**

1. To evaluate the Department's compliance with policies, procedures and applicable laws and regulations for Workers' Compensation (WC).
2. To ensure that WC information is accurate and reliable.
3. To test the design and operating effectiveness of the Department's internal controls over the WC process.
4. To provide recommendations for improvement to enhance effectiveness & efficiency.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
<b>Student Assessment Admin. Review – Phase 1 (Issued March 2015)</b>	<b>1</b>	<b>Moderate</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
	<b>2</b>	<b>Moderate</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
	<b>3</b>	<b>Moderate</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
	<b>4</b>	<b>Low</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
	<b>5</b>	<b>Low</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

**Objectives:**

1. To obtain a general understanding of the design and operating effectiveness of the administration of student assessments.
2. To review, evaluate and test the design of the administration of student assessments from the point of receiving the test results to publishing the results in various reports, so as to ensure that key controls have been adequately put into place and that processes are in compliance with policies and procedures.
3. To review, evaluate and test the design of the monitoring of third party contracts involved in the student assessment and reporting processes.
4. To review the student assessment process and identify opportunities for efficiency and operational improvements within the administration of student assessments.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
<b>Data Access Controls Review (Issued November 2014)</b>	<b>1</b>	<b>High</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
	<b>2</b>	<b>Moderate</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
	<b>3</b>	<b>Low</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Objectives:</b>						
<ol style="list-style-type: none"> <li>1. To review, evaluate, and test the design and operating effectiveness of the process to revise (i.e. add, change, or remove) employee access privileges.</li> <li>2. To review, evaluate, and test the design and operating effectiveness of the process to monitor user/employee access levels to ensure:               <ol style="list-style-type: none"> <li>a. Employee’s access privileges align with the employee’s job responsibilities;</li> <li>b. Adequate segregation of duties exist; and</li> <li>c. Employee/user IDs are valid.</li> </ol> </li> <li>3. To review, evaluate, and test the design and operating effectiveness of the process to ensure that only authorized employees are assigned ‘administrator’ access and such access is only used to perform authorized activities.</li> </ol>						

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
Payroll Review (Issued April 2014)	1	High	0	0	1	0
	2	Moderate	0	0	1	0
	3	Low	0	0	0	1

**Objectives:**

1. To obtain a general understanding of the design and operating effectiveness of the payroll process.
2. To review, evaluate, and test the operating effectiveness of payroll processing to ensure key controls have been adequately put into place and are in compliance with policies and procedures.
3. To review, evaluate, and test the effectiveness of other payroll processing activities.
4. To determine if personnel and compensation changes are accurate and updated timely in the payroll system.
5. To compare the payroll process to “leading practices” and identify opportunities for efficiency and operational improvements within the payroll process.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
Leave Accounting Follow-Up Review (Issued January 2014)	1	High	0	0	1	0
	2	High	0	0	1	0
	3	High	0	0	1	0
	4	Moderate	0	0	1	0

**Objectives:**

1. To ensure that Management has adequately addressed and resolved the audit findings that resulted from the March 2010 Internal Audit “*Leave Data & Timekeeping Process Review*” and appropriately evaluated and implemented the recommendations from the June 2011 KMH LLP “*Form G-2 Process Improvement Review*.”
2. Test a sample of employees within the selected schools and offices to ensure that data entered into the T&A system is accurate, timely and properly supported and approved.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING – NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
<b>Data Integrity Review – Student Enrollment (Issued April 2013)</b>	1	High	0	0	1	0
	2	High	0	0	1	0
	3	High	0	0	1	0
	4	High	0	0	1	0
	5	Low	0	0	1	0
<b>Objectives:</b>						
<ol style="list-style-type: none"> <li>1. To review, evaluate, and test the design and operating effectiveness of the DOE’s Student Enrollment and Withdrawal process at the DOE schools.</li> <li>2. To ensure that DOE schools are in compliance with the Student Enrollment and Withdrawal policies and procedures:               <ol style="list-style-type: none"> <li>a. Ensure that enrollment and withdrawal forms are properly completed and retained.</li> <li>b. Ensure that student information is properly recorded into the student information system.</li> <li>c. Ensure that information for student enrollment and withdrawals are entered timely into the student information system.</li> </ol> </li> <li>3. To evaluate the controls in place to determine the accountability measure of ensuring that student enrollment data is valid and reliable.</li> <li>4. To determine if Student Enrollment and Withdrawal policies and procedures have been updated and communicated to the field.</li> <li>5. To provide recommendations to improve and enhance the effectiveness and efficiency of the Student Enrollment and Withdrawal processes.</li> </ol>						

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Management Action Item Dashboard Detail (continued)

REPORT NAME	OBSERVATION	AUDIT RATING <sup>1</sup> OF OBSERVATION	OUTSTANDING - OVERDUE	OUTSTANDING - NOT OVERDUE	PARTIALLY COMPLETED	COMPLETED
Leave Data & Timekeeping Process Review (Issued March 2010)	1	High	0	0	0	1
	2	Moderate	0	0	0	1
	3	Moderate	0	0	0	1
	4	High	0	0	0	1
	5	Moderate	0	0	1	0

**Objectives:**

1. Evaluate the design of the internal controls in place surrounding the leave data and timekeeping processes to ensure that the processes:
  - a. are efficient;
  - b. comply with applicable codes, policies, regulations, and contract requirements;
  - c. adequately maintain the integrity of data; and
  - d. mitigate risks associated with access rights and authority limits.
2. Understand and evaluate for clarity, consistency, and completeness; the processes and tools in place that help to ensure personnel have the appropriate skills and training (i.e., communication channels, available resources, etc.) to properly administer employee leave and time.
3. Review the timekeeping process for selected schools and offices to ensure consistency with prescribed procedures. Also, identify any practices for knowledge sharing purposes which are currently in place that may be beneficial to all departments.
4. Test a sample of employees within the selected schools and offices to ensure that data entered into the KRONOS system is accurate, timely and properly supported and approved.

<sup>1</sup> See page 9 for definitions of Audit Ratings.



# Internal Audit Recommendation Status

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Operational Review of the Special Education Program, Issued January 2016</b>		<b>Acting Director, Student Support Branch</b>		
<p><b>1. Lack of Qualified Personnel and Incentives to Recruit and Retain Personnel</b></p> <p><i>IA Recommendations:</i> OCISS to work with OHR to: provide contingency-based financial incentives to recruit and retain employees such as bonuses and relocation reimbursements, aggressively recruit candidates to fill the many vacant positions by actively searching and marketing incentive programs and partnerships using social media, include the promotion of existing stipend and federal teacher loan forgiveness programs available at the universities, find ways to decrease and streamline the hiring process to eliminate delays in processing applicants and giving lists of applicants to the schools and districts, and revisit bargaining unit contracts to offer higher pay to recruit and retain SPED personnel. Continue partnerships with universities to offer SPED programs designed to prepare teachers with little or no experience in SPED with possible mentoring support and instructional strategies as they begin their new career.</p> <p><b>Management's Corrective Action Plan Status:</b></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* OHR has created an online process, centralized screening process for minimum qualifications, and removal of process barriers (i.e. revised interview and selection guidelines).</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* OCISS continues to work with OHR on all recruitment and retention initiatives including:               <ol style="list-style-type: none"> <li>1) revisiting the EA Career Ladder, 2) researching the possibility and feasibility of using national search engines to advertise positions, as well as advertising locally and attending local job fairs and 3) working collaboratively to prepare for negotiations, supplemental pay talks and to determine additional recruitment activities.</li> </ol> </li> <li>* OCISS &amp; OHR are researching ways to enhance outreach and support for SPED teacher recruitment through local institutions of higher education. UH Manoa is providing a dual certification program that has recently been improved to better train teachers. An inclusion training partnership has also been developed.</li> </ul>	(2)	June 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Operational Review of the Special Education Program, Issued January 2016 (continued)</b>		<b>Acting Director, Student Support Branch</b>		
<b>2. Need for More Professional Development and Training</b>				
<p><i><b>IA Recommendations:</b></i> Continue having mandatory monthly meetings with DES, SES and AS Mulcahy to use as a forum to discuss program and/or legal issues to keep consistency throughout the DOE. These meetings should also be used to build the internal capacity of the DES by including professional development that includes training on what is a legal issue and what is a program issue. Offer incentives to schools that create effective SPED tools, training modules, or new processes that can be implemented throughout the DOE. Continue to work on finalizing their "Special Education Guide for Schools: A Resource Handbook." Consider creating professional development training for teachers and principals on how to communicate better with parents.</p> <p><i><b>Management's Corrective Action Plan Status:</b></i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* DES meetings will continue to be ongoing and address both program and legal issues as well as issues for systemic improvement.</li> <li>* OCISS issued an "FAQ - IEP Meetings" memo to assist schools in managing difficult scheduling situations for IEP meetings to thoughtfully address parent(s)/legal guardian(s) participation in meetings.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* OCISS is making final edits to the "Special Education Guide for Schools: A Resource Handbook" and will send it to the Attorney General for review when completed.</li> <li>* OCISS is reviewing their brochure on tips for parents on reading aloud to their children with disabilities.</li> <li>* OCISS will compile and provide data to verify that the number of due process cases have decreased over time from 140 to 70 per year.</li> </ul>	(2)	June 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Operational Review of the Special Education Program, Issued January 2016 (continued)</b>		<b>Acting Director, Student Support Branch</b>		
<p><b>3. Inefficiencies in the Monitoring Process</b></p> <p><i>IA Recommendations:</i> SES should consult with the Attorney General's office (or Procurement and Contracting office) to confirm if they can rely on the vendor to perform the credential verification of their employees and DOE only test a sample of employees when they perform their annual site visitations. SES should continue to finalize lotus notes database and to include a field for "Date Direct Observation Conducted" and "Date Teacher Interviews Conducted" so that management can track that all private school placed students are being monitored. SES to require schools to document in eCSSS that private school placed students' records have been reviewed at least quarterly, direct observation conducted annually and teacher interviews conducted annually.</p> <p><b>Management's Corrective Action Plan Status:</b></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* OCISS will keep the contracted service providers credentialing responsibilities to ensure the safety of all students.</li> <li>* OCISS reissued their 2012 memo regarding the monitoring of private schools.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* OCISS is working with OITS to finalize the "Residential &amp; Private School/Program" Lotus Notes database, which is to include a field for "Date Direct Observation Conducted" and "Date of Teacher Interviews".</li> </ul>	(2)	June 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Operational Review of the Special Education Program, Issued January 2016 (continued)</b>		<b>Acting Director, Student Support Branch</b>		
<p><b>4. Inefficiencies in the Process of Documenting and Communicating Policies and Procedures</b></p> <p><i>IA Recommendations:</i> SES continue to work on finalizing their "Special Education Guide for Schools: A Resource Handbook." SES to create a library of reference material and training materials on the DOE's intranet so it's centrally located and easily accessible by DOE personnel. Develop procedures that reflect SES current contract monitoring practice.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* OCISS updated the DOE intranet with their Special Education documents.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* OCISS is making final edits to the "Special Education Guide for Schools: A Resource Handbook" and will send it to the Attorney General for review when completed.</li> <li>* OCISS is developing a library of memos/policies/special education documents and training materials for districts and teachers to place on the intranet.</li> <li>* OCISS will document the current contract monitoring processes and procedures.</li> </ul>	(3)	June 2016	Partially Completed	March 2016
<p><b>5. eCSSS not meeting certain business objectives</b></p> <p><i>IA Recommendations:</i> While we understand that system change requests are costly, as a leading practice to consider management may want to address these system changes to increase the efficiency and effectiveness of the eCSSS system.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* OCISS has worked with OITS to clarify the updated roles and responsibilities of OITS and SES staff in regards to changes that are made to eCSSS.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* OCISS and OITS discussions are ongoing to ensure that SVM is efficient, services are verified and vendors are paid in a timely manner.</li> </ul>	(3)	June 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Procurement &amp; Contracting Process Follow-Up Review, Issued October 2015</b> <b>Accounting Director, Director of Procurement and Contracts Branch, and Personnel Specialist of Records and Transactions Section</b>				
<p><b>1. Procurement and contracting procedures are not always performed</b></p> <p><i>IA Recommendations:</i> P-Card holders should ensure that Purchasing Worksheets are completed timely and reviewed by the P-Card Administrator to indicate prior approval for P-Card purchases. Continuous training should be provide and continuous reminders should be sent to the field. Training should be provided to the field regarding the new version of the Purchasing Worksheet that integrates the Form 10-B. CABMs should coordinate with ASAs to perform fiscal audits. Management should require P-Card holders to submit the Purchasing Worksheet, Form 10-B, and HCE screen print, in addition to the required P-Card documents, to Vendor Payment (VP). Vendor Payment should review these documents to ensure compliance with DOE Procurement Guides. Management should consider including fiscal stewardship in personnel evaluations. Management may want to review current policies and procedures to determine its applicability and practicality so that VP can efficiently perform “after the fact” audits.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* Purchasing Worksheet/10-B Training – The new forms have been implemented.</li> <li>* The Focus Group comprising of OFS, Office of Human Resources (OHR), and field subject matter experts, met and developed processes to address the findings.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Purchasing Worksheet requirements and other reminders will be communicated to the field via memo and added to the "Business Reminders for SY 16-17" memo, SASA Academy Purchase Card module, and P-card SP Draft.</li> <li>* The SAF Administrator's Checklist will be revised to be more inclusive of all tasks and not limited to SAF. CABMs will be required to ensure that the school Administrator completes the checklist timely, and submits all required supporting documents.</li> <li>* P-Card guidelines will be revised in the SASA Academy and P-card SP Draft requiring Cardholders to include submission of addition P-Card documents for review by Vendor Payment.</li> </ul>	(1)	August 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Procurement &amp; Contracting Process Follow-Up Review, Issued October 2015 (continued)</b>				
<b>Accounting Director, Director of Procurement and Contracts Branch, and Personnel Specialist of Records and Transactions Section</b>				
<p><b>2. P-Card procedures are not always performed at the school/office level</b></p> <p><i>IA Recommendations:</i> P-Card holders should ensure that only proper school/office related purchases are made using the P-Card; Purchasing Worksheets are completed timely and reviewed by the P-Card Administrator to indicate prior approval for P-Card purchases; the Statement of Account Report is reviewed, signed, and dated on a monthly basis; and that accounting codes are recorded properly for each transaction. Continuous training should be provide and continuous reminders should be sent to the field. CABMs should coordinate with ASAs to perform fiscal audits. Management should require P-Card holders to submit the Purchasing Worksheet, Form 10-B, and HCE screen print, in addition to the required P-Card documents, to Vendor Payment. Vendor Payment should review these documents to ensure compliance with DOE Procurement Guides. Management should consider including fiscal stewardship in personnel evaluations. Management may want to review current policies and procedures to determine its applicability and practicality so that Vendor Payment can efficiently perform “after the fact” audits.</p> <p><b>Management's Corrective Action Plan Status:</b>  <u>Completed</u>            * The Focus Group comprising of OFS, Office of Human Resources (OHR), and field subject matter experts, met and developed processes to address the findings.</p> <p><u>Outstanding</u>            * Reminders will be communicated to the field via memo and added to the "Business Reminders for SY 16-17" memo, SASA Academy Purchase Card module, and P-card SP Draft.            * The SAF Administrator's Checklist will be revised to be more inclusive of all tasks and not limited to SAF. CABMs will be required to ensure that the school Administrator completes the checklist timely, and submits all required supporting documents.            * P-Card guidelines will be revised in the SASA Academy and P-card SP Draft requiring Cardholders to include submission of addition P-Card documents for review by Vendor Payment.</p>	(2)	August 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Procurement &amp; Contracting Process Follow-Up Review, Issued October 2015 (continued)</b>				
<b>Accounting Director, Director of Procurement and Contracts Branch, and Personnel Specialist of Records and Transactions Section</b>				
<p><b>3. Proper forms and supporting documents are not always submitted or kept of file</b></p> <p><i>IA Recommendations:</i> P-Card holders should ensure that all required P-Card documents are submitted to Vendor Payment on time on a monthly basis. Continuous training should be provide and continuous reminders should be sent to the field. CABMs should coordinate with ASAs to perform fiscal audits. For non-submittals, VP should follow up with P-Card holders on a timely basis. Management should require P-Card holders to submit the Purchasing Worksheet, Form 10-B, and HCE screen print, in addition to the required P-Card documents, to Vendor Payment. Vendor Payment should review these documents to ensure compliance with DOE Procurement Guides. Management should consider including fiscal stewardship in personnel evaluations. Management may want to review current policies and procedures to determine its applicability and practicality so that Vendor Payment can efficiently perform “after the fact” audits.</p> <p><b>Management's Corrective Action Plan Status:</b></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* The Focus Group comprising of OFS, Office of Human Resources (OHR), and field subject matter experts, met and developed processes to address the findings.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Reminders will be communicated to the field via memo and added to the "Business Reminders for SY 16-17" memo, SASA Academy Purchase Card module, and P-card SP Draft.</li> <li>* The SAF Administrator's Checklist will be revised to be more inclusive of all tasks and not limited to SAF. CABMs will be required to ensure that the school Administrator completes the checklist timely, and submits all required supporting documents.</li> <li>* P-Card guidelines will be revised in the SASA Academy and P-card SP Draft requiring Cardholders to include submission of addition P-Card documents for review by Vendor Payment.</li> </ul>	(2)	August 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Procurement &amp; Contracting Process Follow-Up Review, Issued October 2015 (continued)</b>				
<b>Accounting Director, Director of Procurement and Contracts Branch, and Personnel Specialist of Records and Transactions Section</b>				
<p><b>4. Lack of controls when employees separate from the DOE or transfer to another school/office</b></p> <p><i>IA Recommendations:</i> Vendor Payment in conjunction with OHR should develop a system in which OHR notifies Vendor Payment whenever an employee terminates or transfers in a timely manner. Vendor Payment can then ensure that the cancellation process for the terminated/transferred P-Card holder is performed. Periodically, Vendor Payment should review the list of active P-Card holders to ensure that the cancellation process with First Hawaiian Bank has been performed for employees who have terminated, retired, resigned, or transferred.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* The Focus Group comprising of OFS, Office of Human Resources (OHR), and field subject matter experts, met and developed processes to address the findings.</li> <li>* Official personnel actions processed by OHR already automatically updates employee status electronically, which all DOE systems have access to use to automate. OHR is already providing official employee transfer/separation action/information on a daily basis (Form 5) to OFS and are able to provide electronic reporting capabilities/interfacing to the P-card system if need be.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The Leave Management Unit (LMU) is working with Vendor Payment and OHR to update the Separation from Service Form and Employee Transfer/Separation Checklist Form to include distribution of the completed forms to LMU, Payroll and Vendor Payment to ensure timely notification of employee separation.</li> <li>* Additional edits being made from OFS, OITS, OHR final review for the automation process.</li> <li>* Separation Guidelines is being re-drafted to address transfer personnel actions and overall school/office/employee responsibilities while transferring or separating from a position, school/office/DOE.</li> </ul>	(2)	May 2016	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Fixed Assets Management Review, Issued April 2015</b>		<b>Accounting Director and Director of Safety, Security, and Emergency Preparedness Branch</b>		
<p><b>1. Inaccurate Reporting of Fixed Assets</b></p> <p><i>IA Recommendations:</i> Management should consider methods to automate fixed asset processes to help increase the accuracy of inventory records such as a bar-coded scanning process that could be integrated with the accounting system. More fixed assets training should be given to the field. Management should identify old Org IDs and clear out old/disposed fixed assets and transfer remaining fixed assets into new Org IDs. Management should periodically, on a test basis, review the items deleted off the hold file records for proper deletions, check that fixed assets are moved from the hold file into the property file, and ensure the proper disposal of fixed assets. Management should continue to send reminders throughout the year to the field for the following: timely submittal of disposal/transfer forms, move fixed assets from the hold file to the property files, decal all fixed asset items prior to distribution of the fixed asset, and update the location of the asset.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <p>* Accounting Service Branch (ASB) reviewed State HRS/HAR guidelines regarding inventory and had discussions with the State Procurement Office to verify their understanding of the law. A preliminary team of ASB, CABM, and UST staff was gathered to discuss the issues.</p>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Fixed Assets Management Review, Issued April 2015 (continued)</b>		<b>Accounting Director and Director of Safety, Security, and Emergency Preparedness Branch</b>		
<p><b>1. Inaccurate Reporting of Fixed Assets (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Short-Term: The FRS team is currently working on a Fixed Asset Inventory Dashboard that will have the following info: Hold File, Property File, Disposed Items (items disposed in the current year and prior year only). The new FRS dashboard will have inventory data as of 1 business day prior, therefore whenever schools/offices have the time to work on inventory, they will have current data, and the data will be easily exported to excel with FULL field lengths.</li> <li>* Short-Term: User Support Technicians (UST) provide training on FMS. There currently is a wait list so a review will be conducted to determine how many users are on the list, the cause of the backlog, and what resources are needed to address the backlog. The training program will be reviewed to determine if the program materials are up-to-date, and if the presentation format is still relevant.</li> <li>* Short-Term: Reports will be run to identify which schools/offices have fixed assets that are in old Org IDs, in the Hold File for an extended period of time, or should be removed due to disposition. These lists will be sent to the respective SASAs, Principals, and CABM for follow-up.</li> <li>* Short-Term: Notices are sent out twice a year to remind the field to update their Fixed Assets records in a timely manner, as well as to certify their annual physical inventory reports. Reports of outstanding items will be generated and sent to respective schools/offices for follow-up. If positive responses are not received in a timely manner, assistance will be sought from the CABMs, as well as Leadership.</li> <li>* Long-Term: A pilot bar-code system was rolled out 5 years ago but there were functionality issues, as well as interface issues with FMS, which is a 20+ year old system. OITS will be consulted to determine if a bar-code program will be cost effective and a viable means to gain operational improvements and workflow efficiency.</li> </ul>	(1)	June 2017 (Short-Term)  December 2020 (Long-Term)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Fixed Assets Management Review, Issued April 2015 (continued)</b>		<b>Accounting Director and Director of Safety, Security, and Emergency Preparedness Branch</b>		
<p><b>2. Procedures Not Performed at the School/Office Level</b></p> <p><i>IA Recommendations:</i> Management should continue its efforts to diligently obtain supporting documentation evidencing physical inventory counts. Continued reminders should be sent to the field to properly conduct physical inventory counts at least on an annual basis. Management should issue an electronic standardized decal log template found in the SASA Academy Training for fixed assets recording. More fixed asset training should be given to the field. Management should continue to send reminders throughout the year to the field for the following: timely submittal of disposal/transfer forms, move fixed assets from the hold file to the property files, decal all fixed asset items prior to distribution of the fixed asset, and update the location of the asset.</p> <p><b>Management's Corrective Action Plan Status:</b>  <u>Completed</u></p> <p>* ASB reviewed State HRS/HAR guidelines regarding inventory and had discussions with the State Procurement Office to verify their understanding of the law. A preliminary team of ASB, CABM, and UST staff was gathered to discuss the issues.</p>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Fixed Assets Management Review, Issued April 2015 (continued)</b>		<b>Accounting Director and Director of Safety, Security, and Emergency Preparedness Branch</b>		
<p><b>2. Procedures Not Performed at the School/Office Level (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The FRS team is currently working on a Fixed Asset Inventory Dashboard that will have the following info: Hold File, Property File, Disposed Items (items disposed in the current year and prior year only) The new FRS dashboard will have inventory data as of 1 business day prior, therefore whenever schools/offices have the time to work on inventory, they will have current data, and he data will be easily exported to excel will FULL field lengths.</li> <li>* Notices are sent out twice a year to remind the field to update their Fixed Assets records in a timely manner, as well as to certify their annual physical inventory reports. Reports of outstanding items will be generated and sent to respective schools/offices for follow-up. If positive responses are not received in a timely manner, assistance will be sought from the CABMs, as well as Leadership.</li> <li>* A review will be done on current policies and procedures. All agreed upon revisions will be added to the policies and procedures manual, and communicated to the field through memos and updated SASA Academy training modules.</li> <li>* USTs provide training on FMS. There currently is a wait list so a review will be conducted to determine how many users are on the list, the cause of the backlog, and what resources are needed to address the backlog. The training program will be reviewed to determine if the program materials are up-to-date, and if the presentation format is still relevant.</li> </ul>	(2)	June 2017	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Fixed Assets Management Review, Issued April 2015 (continued)</b>		<b>Accounting Director and Director of Safety, Security, and Emergency Preparedness Branch</b>		
<p><b>3. Lack of Current Fixed Assets Policies and Procedures (including Training and Guidelines)</b></p> <p><i>IA Recommendations:</i> Management should revise and update policies to give clarity to the inventory process. Training should be given to the field on the revised procedures and policies. Management should continuously revisit these policies and procedures for any changes or updates.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <p>* ASB reviewed State HRS/HAR guidelines regarding inventory and had discussions with the State Procurement Office to verify their understanding of the law. A preliminary team of ASB, CABM, and UST staff was gathered to discuss the issues.</p> <p><u>Outstanding</u></p> <p>* A review will be done on current policies and procedures. All agreed upon revisions will be added to the policies and procedures manual, and communicated to the field through memos and updated SASA Academy training modules.</p>	(3)	June 2017	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



# Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Fixed Assets Management Review, Issued April 2015 (continued)</b>		<b>Accounting Director and Director of Safety, Security, and Emergency Preparedness Branch</b>		
<p><b>4. Process Inefficiencies Regarding Manual Procedures</b></p> <p><i><b>IA Recommendations:</b></i> Management should revise and update policies to eliminate process inefficiencies with fixed asset disposals. ASB should provide SSEPB with the annual disposal report for all schools/offices that shows all the disposals in the DOE due to theft and casualty loss in the respective fiscal year. The SSEPB should summarize and analyze the types of fixed assets thefts and losses and customize their training to the types of losses/damage. In addition, SSEPB could identify the schools/offices/locations of where the majority of these losses are occurring and continue to perform site visits to ensure that risk areas are addressed and proper safety measures such as safe locations, locks, etc. could be recommended.</p> <p><i><b>Management's Corrective Action Plan Status:</b></i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* ASB reviewed State HRS/HAR guidelines regarding inventory and had discussions with the State Procurement Office to verify their understanding of the law. A preliminary team of ASB, CABM, and UST staff was gathered to discuss the issues.</li> <li>* SSEPB continues to work with ASB to summarize and analyze the data received, looking for trends and potential vulnerabilities, and report out to DOE leadership on a quarterly basis.</li> <li>* Meetings have been held regarding site vulnerability. Topics discussed: Location, and design of security fences to reduce/prevent climbing over to enter facilities. Site vulnerability assessments and workshops/training relating to risk management are on-going to the field.</li> <li>* Risk Management information and reminders are sent out annually on a single memo covering different subjects.</li> <li>* After discussions with DAGS Risk Management and a memo issued by the State Comptroller, it was determined that forms cannot be consolidated as requirements need to be met on both sides.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* A review will be done on current policies and procedures. All agreed upon revisions will be added to the policies and procedures manual, and communicated to the field through memos and updated SASA Academy training modules.</li> <li>* Reports to DOE leadership is pending as there is little data being reported thus far.</li> </ul>	(3)	June 2017	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Acting Workers' Compensation Supervisor and Health Benefits &amp; Awards Section Administrator</b>				
<b>Workers' Compensation Review, Issued April 2015</b>				
<p><b>1. WC procedures are not always followed at the school/office level</b></p> <p><i>IA Recommendations:</i> Management should 1) Place an internal checklist and procedures for file organization in the workers' compensation (WC) files; 2) Create internal implications for not submitting WC forms on a timely basis; 3) Consider making SASA Academy WC training course mandatory to Administrators and/or SASAs/Secretaries and require them to periodically retake course; and 4) Create and distribute checklists to schools and offices for WC claims processes.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Management updated the internal procedures for case file organization and required clerks to add the same to the new WC claim files when opening the new claim.</li> <li>* Management has provided a SASA Checklist for WC in the SASA Academy training materials and WC Unit's webpage, and will provide a copy to schools/offices upon request.</li> <li>* Management has provided quarterly reports of non-compliance to the CASs to request their assistance with ensuring schools comply with WC policies and procedures.</li> <li>* Management issued memo to the field to make the SASA Academy WC training course mandatory with a consequence of providing lists of non-participants to the respective CASs and ASs to help ensure compliance.</li> </ul>	(2)	September 2015	Completed	✓ September 2015

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Workers' Compensation Review, Issued April 2015 (continued)</b>		<b>Acting Workers' Compensation Supervisor and Health Benefits &amp; Awards Section Administrator</b>		
<p><b>2. Inefficiencies and clerical errors in the WC process</b></p> <p><i>IA Recommendations:</i> Management should 1) Reassign clerical work from Claims Managers to clerical staff which may require additional resources allocated to this area; 2) Revisit medical payment processes to streamline and reduce the length of time it takes to pay bills to service providers; 3) Place internal checklist and procedures for file organization in WC files; 4) Consider making SASA Academy WC training course mandatory to Administrators and/or SASAs/Secretaries and require them to periodically retake course and 5) Remind employees to submit "Time-Off for Treatment of Industrial Injury," Form DPS-412, when they are taking off for treatments related to WC cases.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Management updated the internal procedures for case file organization and required clerks to add the same to the new WC claim files when opening the new claim.</li> <li>* Management will continue to remind claimants and SASAs/Secretaries to use the "Time-Off for Treatment of Industrial Injury," Form DPS-412, when applicable.</li> </ul>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Workers' Compensation Review, Issued April 2015 (continued)</b>		<b>Acting Workers' Compensation Supervisor and Health Benefits &amp; Awards Section Administrator</b>		
<p><b>2. Inefficiencies and clerical errors in the WC process (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed (continued)</u></p> <ul style="list-style-type: none"> <li>* Management issued memo to the field to make the SASA Academy WC training course mandatory with a consequence of providing lists of non-participants to the respective CASs and ASs to help ensure compliance.</li> <li>* Management has filled its three (3) temporary unbudgeted positions that were just approved for FY16 and FY17. Also, increased personnel clerks from two to four to process medical bill payments.</li> <li>* An electronic bill audit process has been put in place and entire clerical staff is able to scan and send the bills to the bill auditor via the web.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Continuing to work with OFS-Vendor Payment to create a better batching process to pay medical bills.</li> </ul>	(2)	December-2015-December 2016 (2nd Extension)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Workers' Compensation Review, Issued April 2015 (continued)</b> <b>Acting Workers' Compensation Supervisor, Health Benefits &amp; Awards Section Administrator and Acting Director of SSEPB</b>				
<p><b>3. Lack of effective WC prevention programs</b></p> <p><i>IA Recommendations:</i> Management should 1) Reassign clerical work form Claims Managers to clerical staff which may require additional resources allocated to this area; 2) WC unit to collect and summarize WC data and provide to Safety, Security and Emergency Preparedness Branch (SSEPB) for analysis and training; 3) SSEPB to analyze the WC data to identify risk areas/locations/duties that may be potential for injury and address these risks in their training; 4) SSEPB to administer accident prevention training as per their functional statement duties and 5) School Safety Inspection Teams to review their school's DOE accident reports to evaluate if the school has taken the necessary corrective actions to prevent future accidents from happening.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Management has filled its three (3) temporary unbudgeted positions that were just approved for FY16 and FY17.</li> <li>* WC management has provided SSEPB with WC data needed for SSEPB to analyze and provide training to prevent work-related injuries. They will provide data twice a year to SSEPB.</li> <li>* SSEPB implemented a program to conduct a mock Hawaii Occupational Safety and Health Division (HIOSH) inspection of all schools statewide within a three (3) year cycle to prevent employee injuries.</li> <li>* SSEPB has posted a "Safety Committees Handbook" to their website for schools to reference on reviewing accident reports and other recommended tasks.</li> <li>* SSEPB has developed and begun training schools (upon request) an ergonomic training course based on general data and information provided by WC.</li> </ul>	(3)	January 2016	Completed	✓ March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Student Assessment Administrative Review - Phase 1, Issued March 2015</b>		<b>Director of Assessment and Accountability Branch</b>		
<p><b>1. Lack of monitoring and oversight of third party vendors</b></p> <p><i>IA Recommendations:</i> Management should consider requesting both vendors to have a Service Organization Control (SOC) 2 Report completed over the respective outsourced functions. SOC 2 reports generally report on controls at a Service Organization relevant to security, availability, processing integrity, confidentiality and privacy over data and information. A SOC2 Report would provide DOE management with an assessment of the service organization's internal controls, and address the risks associated with the outsourced functions. It would provide the DOE with a greater assurance that the assessment results are reported accurately and reliably. Management should also execute its right to review the books and records of AIR. In addition, Management should consider including language allowing DOE to review the books and records in future contracts with DataHouse. Once such language is included, Management should execute its rights to review the books and records of DataHouse.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* SOC 1 report was completed for DataHouse.</li> <li>* AIR has submitted a report documenting evidence of process integrity on the key processes identified by management as related to the administration and scoring of the assessments. Management does not feel onsite review is necessary at this time.</li> <li>* The DataHouse contract was revised to allow the DOE to review the books and records.</li> </ul>	(2)	February 2016	Completed	✓ March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Student Assessment Administrative Review - Phase 1, Issued March 2015 (continued)</b>		<b>Director of Assessment and Accountability Branch</b>		
<p><b>2. Insufficient controls over changes made to the final test results</b></p> <p><i>IA Recommendations:</i> DGA should formalize the process of requesting AIR to make corrections to the test results. At a minimum, the exception log should include the employee who submitted the request, the AIR representative who received the request and the date and time the request was made. The Assessment and Accountability Branch should request AIR and DataHouse to provide an audit log of all changes they make to the final files. The audit logs should be system generated, and identify the users who made changes to the data, and the date and time when the changes were made. DGA and Accountability Section should review these audit logs to ensure all changes are authorized. DGA and Accountability Section should review these audit logs for reasonableness and trending.</p> <p>OITS and DGA should have an automated audit log to identify all changes they make to the final test result file. The audit logs should be system generated, and identify the users who made changes to the data, and the date and time when the changes were made. Management from the Accountability Section should review and analyze OITS and DGA's audit log. The audit log is a control tool that should be utilized to monitor the changes made to the data, and detect possible unauthorized changes. Further, the audit log should be summarized so that it can be used as a tool to measure reasonableness as well as identify patterns of exceptions that could be alleviated or minimized for future tests.</p> <p><b>Management's Corrective Action Plan Status:</b>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Process has been put in place to utilize the AIR knowledgetree application to monitor corrections to student demographics and test results.</li> <li>* Both AIR and DataHouse are required to provide audit logs of changes made to final files.</li> <li>* A specific role has been assigned to a staff member in the accountability section to perform this function.</li> </ul>	(2)	June 2016	Completed	✓ March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Student Assessment Administrative Review - Phase 1, Issued March 2015 (continued)</b>		<b>Director of Assessment and Accountability Branch</b>		
<p><b>3. Inefficient transfer and inadequate protection of data</b></p> <p><i>IA Recommendations:</i> Management should evaluate alternative methods for the transfer of the final test results from DGA to the Accountability Section, such as having a server that both DGA and Accountability Section can access. At the very least, management should encrypt files transferred via a thumb drive with a strong password.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <p>* Management acknowledges this observation and has alleviated the issue with the assistance of OITS who has setup a Secure Shell (SSH) File Transfer Protocol (also known as Secure File Transfer Protocol or SFTP) site where the encrypted file can be copied to and retrieved by the Accountability Section.</p>	(2)	March 2015	Completed	✓ March 2015
<p><b>4. Lack of documentation of management's approval for multiple processes</b></p> <p><i>IA Recommendations:</i> Management should document their review and approval of all existing and new business rules. In addition, regulatory guidance in which business rules are based on should be documented with the business rule. Management's review and recommendation for acceptance or denial of all appeals should be documented. In addition, Superintendent's review and approval of Accountability Section's recommendation for approval or denial of all appeals should also be documented.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <p>* Process has been put in place to document business rules and receipt of approval. Process to be executed as business rules are finalized for processing of SY15-16 data.</p> <p>* Process has been put in place to document acceptance or denial of appeals. Process to be executed as part of the appeals process.</p>	(3)	July 2016	Completed	✓ March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Student Assessment Administrative Review - Phase 1, Issued March 2015 (continued)</b>		<b>Director of Assessment and Accountability Branch</b>		
<p><b>5. Untimely and incomplete reporting of students who were not tested</b></p> <p><i>IA Recommendations:</i> Management should have AIR include a field to input the reasons as to why students were not tested at the time of the scheduled test. This would eliminate the need for reports to be compiled by school. It would drastically increase the response rate to providing reasons why students were not tested. Further, it would notify schools of students who were not tested in a timely fashion such that untested students could take the test if desired. If Management is unable to have AIR include a field to input why students were not tested, the DOE should consider ways that they could report untested students timely to schools so inadvertently untested students can be tested. Management should also explore ways to increase the response rate to requests for explanations of untested students.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u>            * Functionality has been added to the assessment system (with the reason for why a student was not tested and Assessment Section to review the reason) and has been implemented in the Spring 2016 testing.</p>	(3)	March 2016	Completed	✓ March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Access Controls Review, Issued November 2014</b>		<b>Director of Enterprise Systems Branch and Director of Enterprise Infrastructure Svcs Branch</b>		
<p><b>1. Lack of proper monitoring over access controls</b></p> <p><i>IA Recommendations:</i> Management should work with OHR to develop an automated process to remove separated employees' access to respective systems. If business owners do not want an automated process, then business owners should be responsible for performing reviews on data access controls for their respective systems. Reminders should be sent out to the field to inform system administrators when separated employees no longer need access to respective systems. Reminders should be sent out to DOE sponsors to inform system administrators when consultants no longer need the access to the system. Business owners should notify system administrators to remove active users from the system if they receive no responses from the schools/offices regarding user access change requests. System administrators should periodically, on a test basis, check that active user accounts are valid. Periodic reviews should be performed by system administrators to trace access permissions to access request forms, monitor user/employee access levels, and identify misaligned access rights for Kronos. Management should develop policies and procedures for Kronos access controls and revisit these policies and procedures for any changes or updates. Management should enforce the proper completion of forms. Unique user IDs in FMS should be created in the system to accurately identify the users of the system.</p>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Access Controls Review, Issued November 2014 (continued)</b>		<b>Director of Enterprise Systems Branch and Director of Enterprise Infrastructure Svcs Branch</b>		
<p><b>1. Lack of proper monitoring over access controls (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* The VPN Access Word form is on schedule to be converted to an on-line request system. Work flows for this process are being finalized with the on line application Service Now.</li> <li>* HR sends an automated data feed to OITS. New employee records have a record created in the Domino directory. Existing employee records with inactive status from an employee's separation papers have their Domino account disabled.</li> <li>* The automated HR feed to OITS inactivates separated employees access to systems that use LDAP or AD for authentication. On a weekly basis, the Data Management section of OITS/ESB monitors age of inactive records, and reminders are sent as needed to business owners associated to the employee's Domino record.</li> <li>* Personal intervention to remind system administrators of separated employees is needed only for systems not using LDAP or AD authentication, since those are independent of the automated HR feed to OITS that updates the Domino directory.</li> <li>* Schedule weekly execution of Security Audit Report - OITS/ESB Human Resources Applications Section runs a Security Audit Report every first business day of the week, to identify employees that have separated from DOE employment. OITS/ESB Branch Director reviews the Security Audit Report with the Branch secretary, to confirm that no employees or separated employees have unauthorized access to data systems.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The VPN Access Word form is on schedule to be converted to an on-line request system. Work flows for this process are being finalized with the on line application Service Now.</li> </ul>	(1)	December 2015 June 2016 (1st Extension)	Partially Completed	December 2015

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Director of Enterprise Systems Branch and Director of Enterprise Infrastructure Svcs Branch</b>				
<b>Data Access Controls Review, Issued November 2014 (continued)</b>				
<p><b>2. Lack of data access control policies and procedures when employees separate from the DOE</b></p> <p><i>IA Recommendations:</i> Management should work with OHR to develop an automated process to remove separated employees' access to respective systems. If business owners do not want an automated process, then business owners should be responsible for performing reviews on data access controls for their respective systems. Management should provide guidance to the field to explain the process to remove separated employees from each respective system. Reminders should be sent out to the field stating that schools/offices are responsible for contacting each respective system administrator to remove access for separated and transferred employees. Management should create a standardized checklist for the field to track each respective system an employee is given access to.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* HR sends an automated data feed to OITS. New employee records have a record created in the Domino directory. Existing employee records with inactive status from an employee's separation papers have their Domino account disabled.</li> <li>* The automated HR feed to OITS inactivates separated employees access to systems that use LDAP or AD for authentication. On a weekly basis, the Data Management section of OITS/ESB monitors age of inactive records, and reminders are sent as needed to business owners associated to the employee's Domino record.</li> <li>* Personal intervention to remind system administrators of separated employees is needed only for systems not using LDAP or AD authentication, since those are independent of the automated HR feed to OITS that updates the Domino directory.</li> <li>* Schedule weekly execution of Security Audit Report - OITS/ESB Human Resources Applications Section runs a Security Audit Report every first business day of the week, to identify employees that have separated from DOE employment. OITS/ESB Branch Director reviews the Security Audit Report with the Branch secretary, to confirm that no employees or separated employees have unauthorized access to data systems.</li> </ul>	(2)	December 2015	Completed	✓ December 2015

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Access Controls Review, Issued November 2014 (continued)</b>		<b>Director of Enterprise Systems Branch and Director of Enterprise Infrastructure Svcs Branch</b>		
<p><b>3. Inefficiencies result from requests to terminate user access through each respective system</b></p> <p><i>IA Recommendations:</i> Management should work with OHR and business owners to develop an automatic process to remove separated employees' access to respective systems without having schools/offices to contact each system the separated employee had access to.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* HR sends an automated data feed to OITS. New employee records have a record created in the Domino directory. Existing employee records with inactive status from an employee's separation papers have their Domino account disabled.</li> <li>* The automated HR feed to OITS inactivates separated employees access to systems that use LDAP or AD for authentication. On a weekly basis, the Data Management section of OITS/ESB monitors age of inactive records, and reminders are sent as needed to business owners associated to the employee's Domino record.</li> </ul>	(3)	December 2015	Completed	✓ September 2015

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Payroll Review, Issued April 2014</b>		<b>Accounting Operations Specialist</b>		
<p><b>1. Inefficiencies and clerical errors resulting from manual processes</b></p> <p><i>IA Recommendations:</i> An integrated payroll system should be implemented to eliminate inefficiencies and clerical errors. For payroll overpayments, once an error is found, Payroll should immediately start the process to try and recover the overpayments. Management should periodically, on a test basis, check that vacation payouts are calculated accurately; check that overtime is calculated accurately; check that overtime classifications are coded properly; check that transferred employees do not receive paychecks from previous positions; and that all overtime forms are signed. Management should create policies and procedures on how to handle transferred employees. Payroll clerks should be reminded that overtime forms need to be signed by all required personnel prior to the process of overtime payments.</p> <p><b>Management's Corrective Action Plan Status:</b>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Payroll begins the overpayment recovery process as soon as possible, and as current workloads and the DAGS payroll deadlines permit.</li> <li>* The Operations staff is reviewing the vacation payout calculation by the third party contractor before paying out the vacation.</li> </ul>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Payroll Review, Issued April 2014 (continued)</b>		<b>Accounting Operations Specialist</b>		
<p><b>1. Inefficiencies and clerical errors resulting from manual processes (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed (continued)</u></p> <ul style="list-style-type: none"> <li>* The Payroll Claims Supervisor is conducting periodic reviews on the accuracy of vacation payouts and overtime; and also that transferred employees do not receive paychecks from previous positions.</li> <li>* Discussion with OHR resulted in an inability to generate two (2) Form 5s for employee transfers due to limitations from OHR. However, the Payroll Claims Supervisor reminded the payroll staff to ensure proper routing of the Form 5 for an employee transfer within the DOE.</li> <li>* The Payroll Claims Supervisor reminded the Payroll Staff that all overtime forms (BP-2s) need to be signed by required personnel, and is doing periodic reviews.</li> <li>* Access granted for the ePCS from the Comptroller.</li> <li>* The State's Payroll System Migration - Completed system requirements and issued Request for Proposal (RFP).</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Short-Term: Evaluate RFP proposal submissions, select vendor, review the fit/gap process to ensure vendor can meet the State's system requirements.</li> <li>* Long-Term: Complete personnel training and change management, launch system pilot and perform parallel payroll runs, implement and go live.</li> </ul>	(1)	<p>December 2016 (Short-Term)</p> <p>January 2018 (Long-Term)</p>	Partially Completed	March 2016

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Payroll Review, Issued April 2014 (continued)</b>		<b>Accounting Operations Specialist</b>		
<p><b>2. Lack of integration of payroll and other related systems</b></p> <p><i>IA Recommendations:</i> Management should move to an integrated system that allows payroll to be processed electronically and be able to communicate with other payroll related systems such as T&amp;A for leave absences and eHR for personnel data. Management should work with OHR to create a breakdown of what should be coded as teacher pay and what should be coded as differential pay. Payroll section should process new hire payroll as soon as they receive the Form 5. Management should investigate payroll processing delays and ensure that preventative measures are in place to mitigate the chances of the delay from reoccurring. Management should periodically, on a test basis, check that separation procedures were properly performed for separated employees. For payroll overpayments, once an error is found, Payroll should immediately start the process to try and recover the overpayments.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <p>* The Payroll Claims Supervisor is doing periodic reviews to ensure that a newly hired employee is paid timely and that separation procedures are properly performed for separated employees.</p>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Payroll Review, Issued April 2014 (continued)</b>		<b>Accounting Operations Specialist</b>		
<p><b>2. Lack of integration of payroll and other related systems (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed (continued)</u></p> <ul style="list-style-type: none"> <li>* Payroll begins the overpayment recovery process as soon as possible, and as current workloads and the DAGS payroll deadlines permit.</li> <li>* With the discontinuance of SURF and system limitation of eHR, the audit recommendation of creating a breakdown for differential pay cannot be implemented. Since there are no current accounting reporting requirements and the information needs for budget purposes can be provided by eHR, our recommendation is to continue using this workaround until a system change can be implemented.</li> <li>* Access granted for the ePCS from the Comptroller.</li> <li>* The State's Payroll System Migration - Completed system requirements and issued Request for Proposal (RFP).</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Short-Term: Evaluate RFP proposal submissions, select vendor, review the fit/gap process to ensure vendor can meet the State's system requirements.</li> <li>* Long-Term: Complete personnel training and change management, launch system pilot and perform parallel payroll runs, implement and go live.</li> </ul>	(2)	<p>December 2016 (Short-Term)</p> <p>January 2018 (Long-Term)</p>	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Payroll Review, Issued April 2014 (continued)</b>		<b>Accounting Operations Specialist</b>		
<p><b>3. Priority payroll requests are excessive and avoidable</b></p> <p><i>IA Recommendations:</i> Management should create formalized guidelines and dollar thresholds regarding the use of priority payments. In addition, Complex Area Business Managers (CABM) should assist schools that repeatedly request for priority payments to help resolve the priority payment issue.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <p>* The Monthly Priority Pay and Priority Pay Summary Reports have been completed and forwarded for distribution.</p>	(3)	June 2014	Completed	✓ June 2014

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Accounting Follow-Up Review, Issued January 2014</b>				
<b>OFS-Accounting Operations Specialist and OHR-Personnel Specialist</b>				
<p><b>1. Lack of current and accessible leave and administrative policies and procedures</b></p> <p><i>IA Recommendations:</i> OHR, in conjunction with OFS, should update leave policies and procedures (i.e. SPs) that align with the BU agreements, include responsibilities, and summarize the leave accounting rules. Consider implementing the Leave Accounting Reference Manual. Consider creating policies and procedures for requiring sign-in sheets for all employees and maintaining an employee leave file for all employees. Place these in a centralized location with contact information for questions and any changes should be updated directly on them to ensure that all information remains on one document. Training should be given to Administrators and Timekeepers once policies and procedures are updated.</p> <p><b>Management's Corrective Action Plan Status:</b></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* OHR distributed the Official Personnel Folders (OPF)/Employment-related Personnel Files (EPF) Reference Material to the schools/offices on July 2014. The manual recommended a separate employee leave file to be maintained by schools/offices.</li> <li>* A Leave of Absence module was developed and posted to the SASA Academy.</li> <li>* OHR created a centralized library of the School Code leave policy and procedures, along with the classified employees procedures and any subsequent leave memos on the DOE intranet.</li> <li>* The Leave Management Unit (LMU) has published the sign-in/out sheet template.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* LMU has updated the <i>Leave Accounting Manual</i>; however, they have to still get it reviewed by OHR.</li> <li>* OHR's SPs regarding leave policies will be finalized and issued.</li> </ul>	(1)	December-2014  December 2016 (2nd Extension)	Partially Completed	December 2015

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Accounting Follow-Up Review, Issued January 2014 (continued)</b>		<b>OFS-Accounting Operations Specialist and OHR-Personnel Specialist</b>		
<p><b>2. Lack of oversight and monitoring at the school/office level</b></p> <p><i><b>IA Recommendations:</b></i> Management should update their "Timekeeper Checklist" with reminders about LWOP procedures and adjustments. Performing periodic monitoring of leave records by Principals/Administrators or CABMs. Consider enforcing a requirement for Timekeepers to issue Form 7s at least annually in accordance with the collective bargaining contracts. Consider reviewing staffing resources at the school/office level if the timekeeper is unable to perform their leave responsibilities. Consider developing accountability measures for schools/offices that do not update their leave records on a timely basis or create payroll overpayments. Training to Principals/Administrators and Timekeepers.</p> <p><i><b>Management's Corrective Action Plan Status:</b></i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* A Leave of Absence module was developed and posted to the SASA Academy.</li> <li>* The "Timekeeper Checklist" was updated with LWOP reminders and posted to the T&amp;A website.</li> <li>* A monthly report that is sent to DAGS was distributed to the CASs and ASs for review and follow-up on salary overpayments that resulted from schools and offices not updating their leave records on a timely basis.</li> <li>* The LMU has published the sign-in/out sheet template.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The LMU will develop a plan to perform periodic reviews of leave records by CABMs and Administrators at the school/office level. In addition, the LMU will perform periodic reviews that will cover different aspects of leaves at the school/office level. These findings will be consolidated in one report for the CFO to present to leadership for corrective action by the schools/offices.</li> <li>* LMU has updated the <i>Leave Accounting Manual</i>; however, they have to still get it reviewed by OHR.</li> </ul>	(1)	December-2014 December-2015-  December 2016 (2nd Extension)	Partially Completed	December 2015

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Accounting Follow-Up Review, Issued January 2014 (continued)</b>				
<b>OFS-Accounting Operations Specialist and OHR-Personnel Specialist</b>				
<p><b>3. Need for a stronger tone at the top and greater accountability at the school/office level</b></p> <p><i>IA Recommendations:</i> Management should perform periodic monitoring of leave records by Principals/Administrators or CABMs. Consider enforcing a requirement for Timekeepers to issue Form 7s at least annually in accordance with the collective bargaining contracts. Consider reviewing staffing resources at the school/office level if the timekeeper is unable to perform their leave responsibilities. Consider developing accountability measures for schools/offices that do not update their leave records on a timely basis and create payroll overpayments. Training to Principals/Administrators and Timekeepers to reinforce the rules, clarify inconsistencies/misunderstandings of the rules and to increase their awareness of common leave accounting findings.</p> <p><b>Management's Corrective Action Plan Status:</b></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* A Leave of Absence module was developed and posted to the SASA Academy.</li> <li>* A monthly report that is sent to DAGS was distributed to the CASs and ASs for review and follow-up on salary overpayments that resulted from schools and offices not updating their leave records on a timely basis.</li> <li>* The LMU has published the sign-in/out sheet template.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The LMU will develop a plan to perform periodic reviews of leave records by CABMs and Administrators at the school/office level. In addition, the LMU will perform periodic reviews that will cover different aspects of leaves at the school/office level. These findings will be consolidated in one report for the CFO to present to leadership for corrective action by the schools/offices.</li> <li>* LMU has updated the <i>Leave Accounting Manual</i>; however, they have to still get it reviewed by OHR.</li> </ul>	(1)	December-2014 December-2015- December 2016 (2nd Extension)	Partially Completed	December 2015

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Accounting Follow-Up Review, Issued January 2014 (continued)</b>		OFS-Accounting Operations Specialist and OHR-Personnel Specialist		
<p><b>4. Lack of Ownership, Monitoring and Accountability of the Leave Accounting Process</b></p> <p><i>IA Recommendations:</i> ASs should meet to discuss responsibilities of each office regarding leave policies, procedures and monitoring. Perform periodic monitoring and testing of leave records by CABMs. Consider enforcing a requirement for Timekeepers to issue Form 7s at least annually in accordance with the collective bargaining contracts. Consider developing accountability measures for schools/offices that do not update their leave records on a timely basis and create payroll overpayments. Training to Administrators and Timekeepers. Enforce proper segregation of duties for timekeepers and system administrators.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* OHR and OFS have agreed that OHR is responsible for leave policies and procedures and OFS is responsible for leave accounting procedures, which include leave audits and reconciliation.</li> <li>* A Leave of Absence module was developed and posted to the SASA Academy.</li> <li>* Proper segregation of duties was enforced so System Administrators don't have any data entry responsibilities in T&amp;A.</li> <li>* A monthly report that is sent to DAGS was distributed to the CASs and ASs for review and follow-up on salary overpayments that resulted from schools and offices not updating their leave records on a timely basis.</li> <li>* The LMU has published the sign-in/out sheet template.</li> </ul>				

Completed

Partially Completed

Outstanding – Not Overdue

Outstanding - Overdue

<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
Leave Accounting Follow-Up Review, Issued January 2014 (continued)		OFS-Accounting Operations Specialist and OHR-Personnel Specialist		
<p><b>4. Lack of Ownership, Monitoring and Accountability of the Leave Accounting Process (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The LMU will develop a plan to perform periodic reviews of leave records by CABMs and Administrators at the school/office level. In addition, the LMU will perform periodic reviews that will cover different aspects of leaves at the school/office level. These findings will be consolidated in one report for the CFO to present to leadership for corrective action by the schools/offices.</li> <li>* LMU has updated the <i>Leave Accounting Manual</i>; however, they have to still get it reviewed by OHR.</li> </ul>	(2)	December-2014 December-2015- December 2016 (2nd Extension)	Partially Completed	December 2015

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013</b>		<b>School Process and Analysis Branch Director</b>		
<p><b>1. Lack of oversight, monitoring and accountability at the DOE school level</b></p> <p><i>IA Recommendations:</i> Management may consider: mandatory training for all staff handling student enrollment and withdrawal functions, a training module in the SASA Academy related to Student Enrollment, periodic spot checks conducted by someone outside the schools, performance evaluations related to student enrollment and withdrawal functions and taking away overpaid funds with inaccurately recorded counts.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Memo was issued to address principal monitoring duties regarding enrollment, withdrawal, "No Show", attendance procedures and segregation of duties so that periodic monitoring is conducted.</li> <li>* The new Student Information System (SIS) may include some centralized monitoring functions to monitor attendance on a system-wide basis, with an emphasis on "no show" monitoring.</li> <li>* Based on discussions with OHR, performance evaluations are not feasible at this time due to negotiations with the Union.</li> <li>* Committee on Student Weights has not approved the taking away overpaid funding.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Online training modules for Enrollment and Withdrawal are being developed in coordination with SASA Academy. OCISS is still working to address compliance issues in the training modules.</li> </ul>	(1)	June 2015 April 2016 (1st Extension)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013 (continued)</b>		School Process and Analysis Branch Director		
<p><b>2. Lack of current and comprehensive Student Enrollment and Withdrawal policies and procedures</b></p> <p><i>IA Recommendations:</i> Management may consider: updating and standardizing policies, procedures and forms for both student enrollment/withdrawal and proof of residency, centrally locating the policies, procedures and forms so they are accessible by all, training given to the field, periodically revisit and update policies and procedures for any changes, updating registrar's handbook and distribute a handbook to all schools.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* The Reference Guide is posted on the new DOE-SPAS intranet, accessible to all staff.</li> <li>* A DOE memo, "Proof of Residence Required for Enrollment" has been distributed.</li> <li>* The Geographic Exceptions Request Form (CHP 13-1) has been revised to include a required review of proof of residence by school office staff.</li> <li>* A new standardized release form has been developed and was tested in eSIS.</li> <li>* Student Withdrawal Form (Certificate of Release) cannot be revised at this time due to conflicted with Hawaii State law and Federal FERPA laws.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The Enrollment and Withdrawal Processes and Procedures Manual is being revised.</li> <li>* Online training modules for Enrollment and Withdrawal are being developed in coordination with SASA Academy. OCISS is still working to address compliance issues in the training modules.</li> </ul>	(1)	<del>June 2015</del> April 2016 (1st Extension)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013 (continued)</b>		<b>School Process and Analysis Branch Director</b>		
<p><b>3. Insufficient controls in the Student Enrollment and Withdrawal process</b></p> <p><i>IA Recommendations:</i> Management may consider: updating and standardizing policies, procedures, and forms to cover the entire process and address control weaknesses, centrally locating them, training given to the field, periodically revisit and update policies and procedures for any changes, updating registrar's handbook and distribute a handbook to all schools, develop a comprehensive definition of "enrollment," creating a training module in the SASA Academy, creating policies and procedures for segregation of duties and reviews conducted by DOE School Administrator.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* The Reference Guide is posted on the new DOE-SPAS intranet, accessible to all staff.</li> <li>* Defined the following terms: "enrollment"; "Enrollment means a student has met all of the department's requirements for entrance and is formally placed on a school's roll."</li> <li>* The new SIS may include some centralized monitoring functions to provide periodic spot checking for accuracy.</li> </ul>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013 (continued)</b>		<b>School Process and Analysis Branch Director</b>		
<p><b>3. Insufficient controls in the Student Enrollment and Withdrawal process (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed (continued)</u></p> <ul style="list-style-type: none"> <li>* A new standardized release form has been developed and was tested in eSIS.</li> <li>* Student Withdrawal Form (Certificate of Release) cannot be revised at this time due to conflicted with Hawaii State law and Federal FERPA laws.</li> <li>* Memo was issued to address principal monitoring duties regarding enrollment, withdrawal, "No Show", attendance procedures and segregation of duties so that periodic monitoring is conducted.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The Enrollment and Withdrawal Processes and Procedures Manual is being revised.</li> <li>* Online training modules for Enrollment and Withdrawal are being developed in coordination with SASA Academy. OCISS is still working to address compliance issues in the training modules.</li> </ul>	(1)	June 2015 April 2016 (1st Extension)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013 (continued)</b>		School Process and Analysis Branch Director		
<p><b>4. Procedures not performed at the DOE school level and required forms and supporting documentation are not completed and/or retained</b></p> <p><i>IA Recommendations:</i> Management may consider: mandatory training required for all staff handling these functions, a training module included in the SASA Academy, periodic spot checks by someone outside the schools, performance evaluations related to student enrollment/withdrawal functions, overpaid funds are taken away during the second and third counts, reviews performed by schools Administrators to ensure forms are properly completed and attendance is properly taken, and revising and updating policies and procedures for proof of residency, geographic exceptions, and transfers.</p> <p><i>Management's Corrective Action Plan Status:</i>  <u>Completed</u></p> <ul style="list-style-type: none"> <li>* A DOE memo, "Proof of Residence Required for Enrollment" has been distributed.</li> <li>* The Geographic Exceptions Request Form (CHP 13-1) has been revised to include a required review of proof of residence by school office staff.</li> </ul>				

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013 (continued)</b>		<b>School Process and Analysis Branch Director</b>		
<p><b>4. Procedures not performed at the DOE school level and required forms and supporting documentation are not completed and/or retained (continued)</b></p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed (continued)</u></p> <ul style="list-style-type: none"> <li>* Based on discussions with OHR, performance evaluations are not feasible at this time due to negotiations with the Union.</li> <li>* Committee on Student Weights has not approved the taking away overpaid funding.</li> <li>* Memo was issued to address principal monitoring duties regarding enrollment, withdrawal, "No Show", attendance procedures and segregation of duties so that periodic monitoring is conducted.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* The Enrollment and Withdrawal Processes and Procedures Manual is being revised.</li> <li>* Online training modules for Enrollment and Withdrawal are being developed in coordination with SASA Academy. OCISS is still working to address compliance issues in the training modules.</li> </ul>	(1)	<del>June 2015</del> April 2016 (1st Extension)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Data Integrity Review - Student Enrollment, Issued April 2013 (continued)</b>		<b>School Process and Analysis Branch Director</b>		
<p><b>5. Process inefficiencies where multiple forms serve the same purpose</b></p> <p><i>IA Recommendations:</i> Management may consider: updating policies and procedures, training to the field, consolidating "Student's Certificate of Release" Form 211 into one form, and either Form 211 or "Request for Release Form" should be eliminated as both serves the same purpose.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <ul style="list-style-type: none"> <li>* The Reference Guide is posted on the new DOE-SPAS intranet, accessible to all staff.</li> <li>* A new standardized release form has been developed and was tested in eSIS.</li> <li>* Student Withdrawal Form (Certificate of Release) cannot be revised at this time due to conflicted with Hawaii State law and Federal FERPA laws.</li> </ul> <p><u>Outstanding</u></p> <ul style="list-style-type: none"> <li>* Online training modules for Enrollment and Withdrawal are being developed in coordination with SASA Academy. OCISS is still working to address compliance issues in the training modules.</li> </ul>	(3)	June 2015 April 2016 (1st Extension)	Partially Completed	March 2016

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Data &amp; Timekeeping Process Review, Issued March 2010</b>		<b>Accounting Director</b>		
<p><b>1. Lack of current, accessible leave and administrative policies</b></p> <p><i>IA Recommendations:</i> Align leave policies and procedures with the Bargaining Unit (BU) agreements, summarize with the different leave accounting rules, and describe employee responsibilities. Ensure these policies and procedures are accessible to employees and all employees are notified of updates.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Policies and procedures were aligned with Bargaining Unit agreements and updates to the leave codes were issued to the field in June 2011.</li> <li>* SASA Academy course 4, Human Resources Module 11 included Leave Policies for Bargaining Unit contracts and DOE policies. These instruction materials were be placed on the DOE Intranet for all employees to access.</li> </ul>	(1)	March 2014 December 2014 (3rd Extension)	Completed	✓ Dec 2014
<p><b>2. Lack of useful tools and processes to ensure success</b></p> <p><i>IA Recommendations:</i> OFS in conjunction with OHR should develop a checklist for timekeepers that summarized the necessary tasks to be completed at each pay period.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <ul style="list-style-type: none"> <li>* Checklists were developed and included in the Time and Attendance User Manual. Also a "Timekeeper Error Correction Guide" was developed and disseminated.</li> </ul>	(2)	June 2012	Completed	✓ April 2013

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Data &amp; Timekeeping Process Review, Issued March 2010 (continued)</b>				<b>Accounting Director</b>
<p><b>3. Need for mandatory and effective Timekeeper training</b></p> <p><i>IA Recommendations:</i> Develop training for timekeepers that include but not limited to technical issues, clearly articulated roles, responsibilities, accountability, and reviews of complex processes. Training should be designed by representatives from OHR, Payroll, OITS, and Leave Accounting to ensure methodologies are aligned.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <p>* Comprehensive training was developed with representatives from OHR, OFS Payroll/Leave Accounting and OITS. Statewide training was conducted, including in-person sessions on Oahu and videoconference regional sessions to the Neighbor Islands.</p>	(2)	June 2011	Completed	✓ April 2013
<p><b>4. Need for an appropriate tone at the top and greater employee accountability</b></p> <p><i>IA Recommendations:</i> Develop policies related to leave requests, overtime and compensatory time off, and alternative work schedules. These items should be included in the training for all leaders and timekeepers.</p> <p><i>Management's Corrective Action Plan Status:</i> <u>Completed</u></p> <p>* Comprehensive training was developed with representatives from OHR, OFS Payroll/Leave Accounting and OITS. Statewide training was conducted, including in-person sessions on Oahu and videoconference regional sessions to the Neighbor Islands.</p> <p>* Management issued directives to the field regarding leave of absences, leave without pay, payroll overpayments and retirement procedures.</p>	(1)	May 2012	Completed	✓ April 2013

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



## Internal Audit Recommendation Status (continued)

The following represents the status of IA observations and recommendations from previous reports issued.

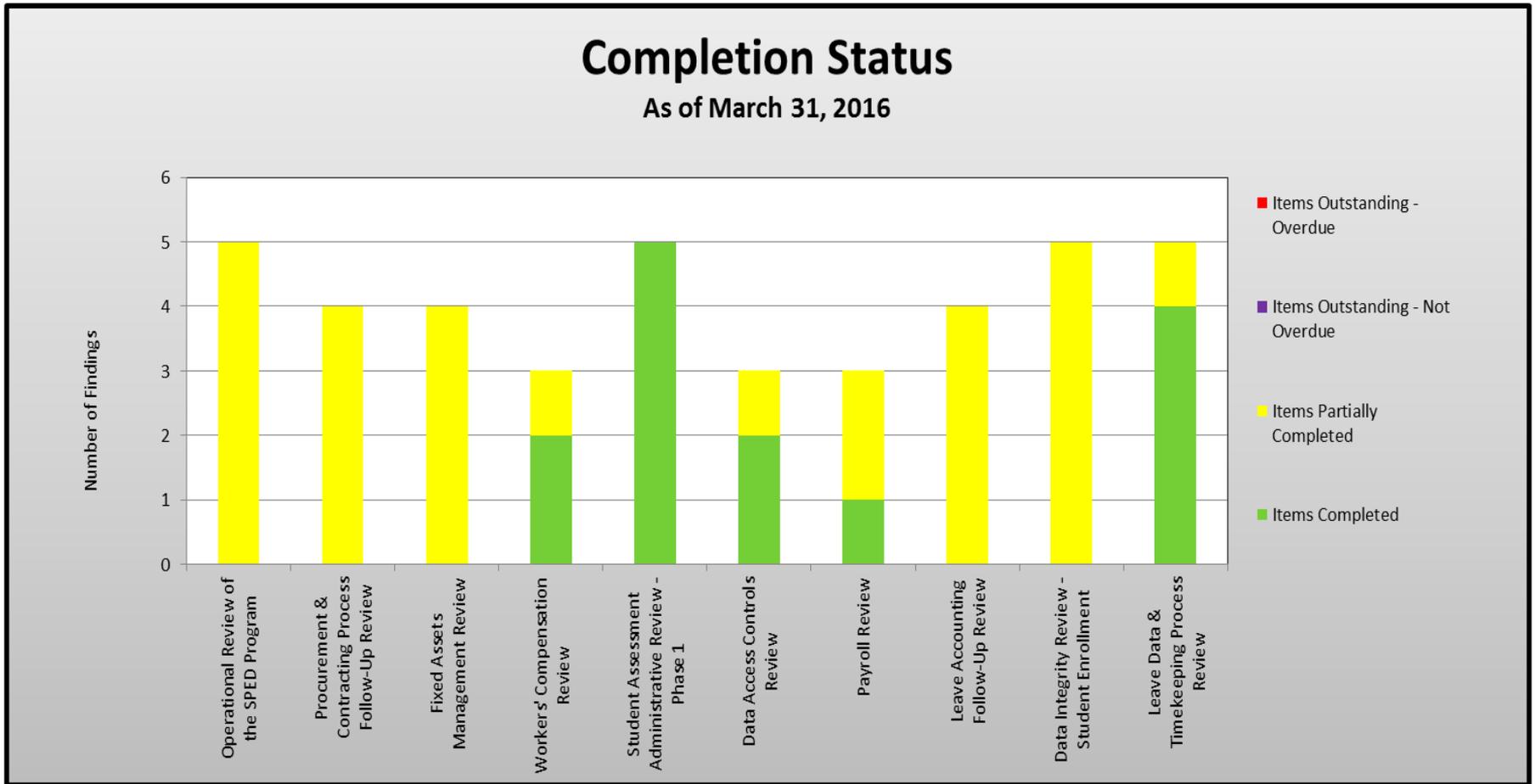
Audit Comment	Audit Rating <sup>1</sup>	Target Date	Status of Management's Corrective Action Plan	IA ✓
<b>Leave Data &amp; Timekeeping Process Review, Issued March 2010 (continued)</b>		<b>Accounting Director</b>		
<p><b>5. Timekeeping system (T&amp;A) not meeting certain business objectives</b></p> <p><i>IA Recommendations:</i> Develop proper controls to prevent issues related to a lack of system controls and improper segregation of duties. If proper controls cannot be implemented due to system limitations, then these limitations should be communicated to the field so errors can be avoided. A review of T&amp;A's programmed calculations should be performed immediately to ensure that any other issues regarding miscalculations or misalignments with BU rules are addressed.</p> <p><i>Management's Corrective Action Plan Status:</i></p> <p><u>Completed</u></p> <p>* Due to system limitations, the suggested controls cannot be implemented until a new system is in place. In the meantime, OITS has created and posted a leave calendar tool for proration of yearly accruals on the T&amp;A website and management has also posted a "Timekeeper Checklist" and the SASA Academy course 4, Human Resources Module 11 which includes leave policies and procedures regarding accruals.</p> <p><u>Outstanding</u></p> <p>* As of March 2015, the State decided to not go forward with the ERP initiative. As of current, the State Comptroller has informally indicated that they want to pursue a new payroll system first by replacing the DAGS payroll system and then address the Time and Attendance phase after. The State has issued the Request for Proposal as of the end of March 2016 and will review the submissions upon the deadline.</p>	(2)	New Leave System: 2014 Dec 2017 (2nd Extension)	Partially Completed	September 2015

Completed	Partially Completed	Outstanding – Not Overdue	Outstanding - Overdue
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<sup>1</sup> See page 9 for definitions of Audit Ratings.



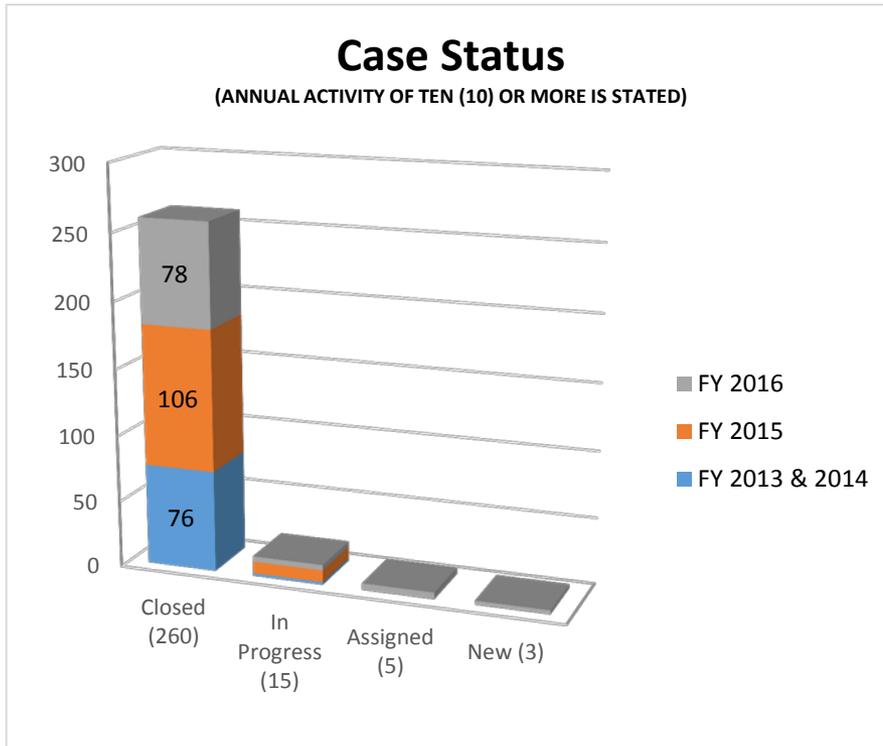
# Management Action Plan Completion Status





## Fraud & Ethics Hotline Summary

Hotline: All Cases Inception (May 1, 2013) through March 31, 2016



- A total of 283 cases were received.
  - 260 cases are closed, and 23 are open.
- Summary of Cases by Fiscal Year (FY):
  - All 17 cases from FY 2013 are closed.
  - 2 of the 61 cases from FY 2014 are still in progress.
  - 9 of the 115 cases from FY 2015 are still in progress.
  - 4 of the 90 cases from FY 2016 are still in progress.
  - 5 cases from FY 2016 have been assigned, and 3 cases are new (i.e. awaiting assignment).



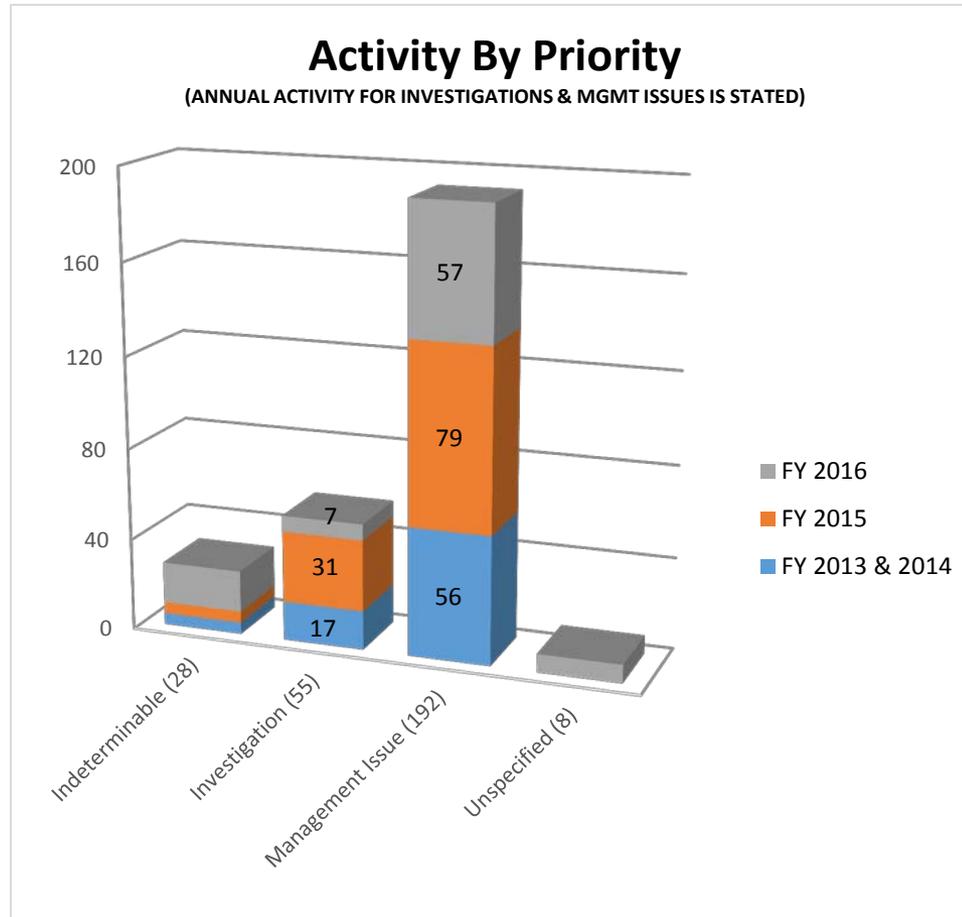
## Fraud & Ethics Hotline Summary (continued)

Number of Cases Handled by Location					
DOE Complex Areas	FY 2013	FY 2014	FY 2015	FY 2016	Total # of Cases
Honolulu: Farrington Kaiser Kalani	1	11	14	4	30
Hawaii: Hilo Waiakea	3	5	7	2	17
Central: Leilehua Mililani Waialua	2	4	6	3	15
Honolulu: Kaimuki McKinley Roosevelt	2	4	2	6	14
Central: Aiea Moanalua Radford	1	0	6	5	12
Hawaii: Honokaa Kealakehe Kohala Konawaena	0	3	6	3	12
Maui: Baldwin Kekaulike Maui	0	0	9	2	11
Maui: Hana Lahainaluna Lanai Molokai	0	3	3	5	11
Hawaii: Kau Keaau Pahoa	0	0	8	2	10
Leeward: Pearl City Waipahu	1	2	4	3	10
Leeward: Campbell Kapolei	0	2	4	3	9
Leeward: Nanakuli Waianae	2	1	3	3	9
Windward: Kailua Kalaheo	0	1	4	3	8
Windward: Castle Kahuku	0	2	1	4	7
Kauai: Kapaa Kauai Waimea	0	1	2	2	5
DOE Offices	FY 2013	FY 2014	FY 2015	FY 2016	Total # of Cases
Office of the Superintendent ***	0	5	11	2	18
OHR Investigation Unit ***	2	6	8	1	17
Internal Audit ***	2	1	3	4	10
Office of Human Resources	0	3	3	2	8
Office of School Facilities and Support Services	0	3	3	1	7
Office of Information Technology Services	1	0	1	0	2
Office of Curriculum, Instruction and Student Support	0	0	1	0	1
Other	FY 2013	FY 2014	FY 2015	FY 2016	Total # of Cases
Charter School Liaison	0	2	3	9	14
N/A - Case Not Assigned (Indeterminable)	0	2	3	21	26
<b>Grand Total</b>	<b>17</b>	<b>61</b>	<b>115</b>	<b>90</b>	<b>283</b>

\*\*\* The Office of the Superintendent, OHR Investigation Unit, and Internal Audit handle cases for various complex areas and offices.

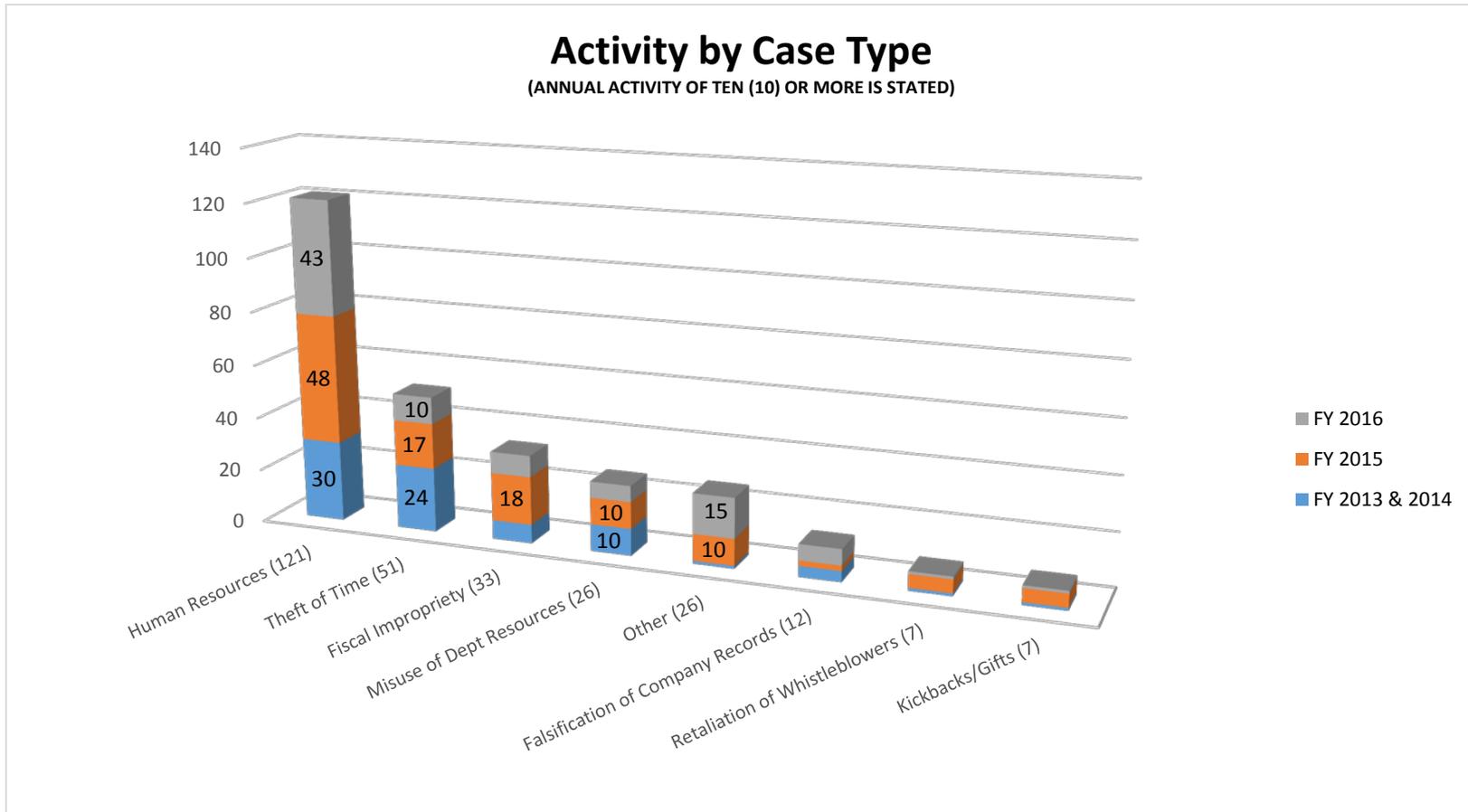


## Fraud & Ethics Hotline Summary (continued)



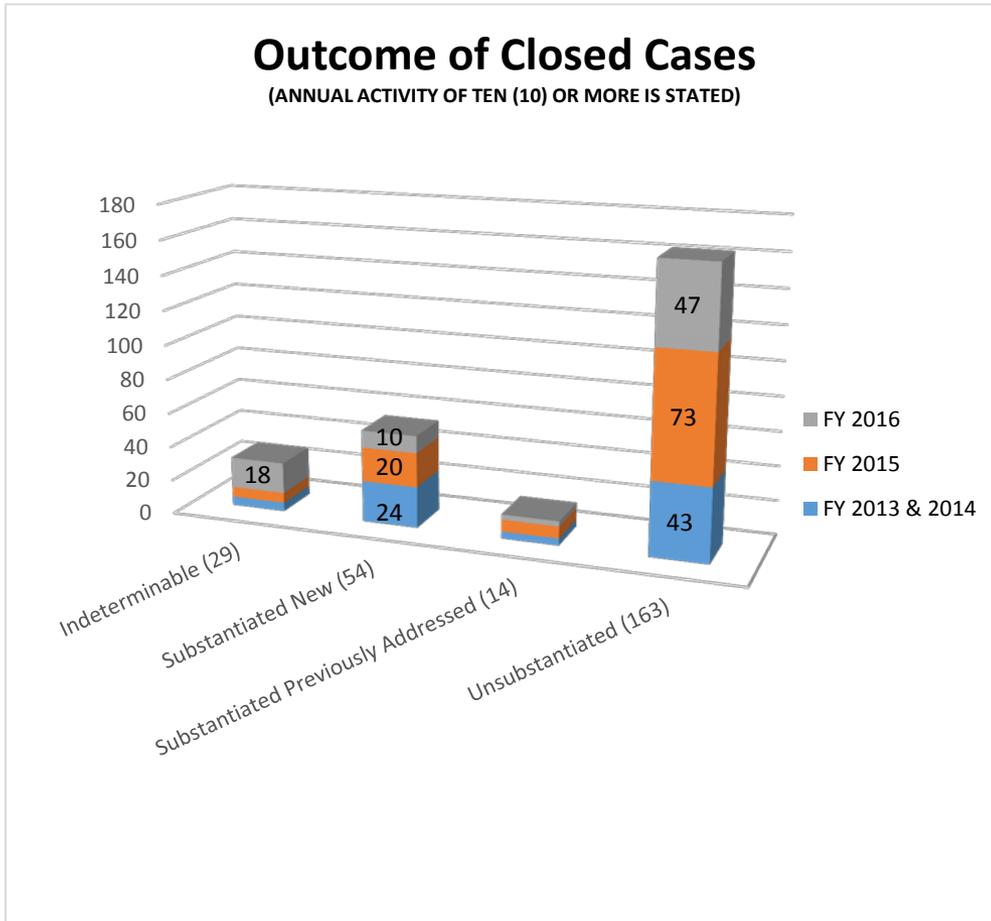


## Fraud & Ethics Hotline Summary (continued)





## Fraud & Ethics Hotline Summary (continued)



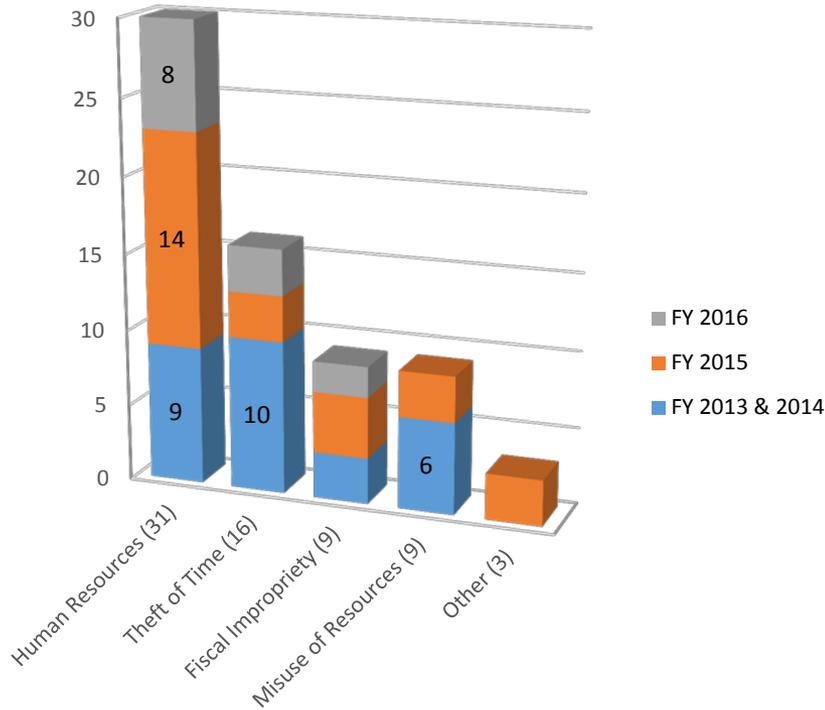
- Of the 260 closed cases, 68 were substantiated, 163 were unsubstantiated and the remaining 29 were indeterminable.
- The primary issues in the substantiated cases were Human Resource issues (31 cases) followed by Theft of Time (16 cases).  
(See the next page for “Case Types of Closed Substantiated Cases”)



## Fraud & Ethics Hotline Summary (continued)

### Case Types of Closed Substantiated Cases

(ANNUAL ACTIVITY OF FIVE (5) OR MORE IS STATED)



### Disposition of Closed Substantiated Cases

(ANNUAL ACTIVITY OF FIVE (5) OR MORE IS STATED)

