County of Summit
Office of Information Technology (OIT)
1st Audit Follow-up General Report

Prepared For:

OIT Board
Stephen Byrne, CIO
Audit Committee

Approved by Audit Committee
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Summit County
Internal Audit Department
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Auditors:

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Objectives and Methodology:

To determine if management has implemented their management action plans as stated in the previously issued audit reports.

Follow-up audits are not required to be conducted under GAO Yellow Book Standards. Due to the nature of this engagement (e.g., following up on issues noted in the prior audit reports with limited planning/assessment of risk and no new issues identified), this audit follow-up was not conducted in accordance with generally accepted government auditing standards.

Scope:

An overview and evaluation of policies, processes, and procedures implemented by the department/agency because of management actions stated in the management action plans during the prior audit process.

Testing Procedures:

The following were the major audit steps performed:

1. Review the prior audit final reports to gain an understanding of IAD issues, recommendations, and subsequent management action plans completed by the audited department/agency.
2. Review the work papers from the prior audit.
3. Review any departmental/agency response documentation provided to IAD with management action plan responses following the prior audit.
4. Identify management actions through discussions/interviews with appropriate departmental personnel to gain an understanding of the updates/actions taken.
5. Review applicable support to evaluate management actions.
6. Determine implementation status of management action plans.
7. Complete the audit follow-up report noting the status of previously noted management actions.

Summary:

Of the twenty-one (21) issues and the corresponding management action plans noted in the prior audit report which required follow-up action, the Office of Information Technology (OIT) fully implemented eleven (11) and partially implemented eight (8) and did not implement two (2) management action plans.

Based on the above-noted information, IAD believes the OIT has made some progress towards the implementation of their corrective management action plans; however, additional work is needed to fully implement the management action plan as stated in response to the issues identified during the performance general audit. Internal Audit will conduct another follow-up audit to confirm implementation.

Listed below is a summary of the issues noted in the audit follow-up report and their status. Each issue number is in reference to the previously-issued audit report:

MANAGEMENT ACTION PLANS FULLY IMPLEMENTED

Issue 6: Upon detail testing of p-card transactions, IAD noted forty (40) out of forty (40), or 100%, instances where pre-approval was not obtained prior to the p-card transaction, in accordance with the Summit County Procurement Card Policy.

Management Action Plan: We will review and train our P-Card holders to make sure pre-approval is received and documented for all P-Card transactions. Our target date is March 2019.

> *Upon review of OIT p-card holders, IAD noted all OIT p-card holders are now included on the pre-approved spending list.*

Issue 7: Upon detail testing of asset inventory, IAD noted the following:

- Two (2) out of fifteen (15), or 13%, instances where IAD was unable to locate the correct asset in the OIT.
- Seven (7) out of fifteen (15), or 47%, instances where IAD selected the asset in the OIT and was unable to locate the asset on the Asset Inventory Listing.

In addition, IAD noted the asset inventory policy states the OIT tracks all assets with a value exceeding five hundred dollars ($500); however, upon review of the asset inventory listing, IAD noted assets with a value of less than five hundred dollars ($500) are being tracked.

Management Action Plan: A thorough review of the asset inventory list will be conducted and updated. We will also update our asset inventory policy be adjusted in language to accurately account for our valued assets. Our target date is December 2019.

> *IAD noted that the asset inventory policy was updated. Upon detail testing of OIT assets required to be tracked, IAD noted no issues.*

Issue 10: Upon discussion with OIT personnel, IAD noted assets (e.g., servers, etc.) that were previously the Fiscal Office Management Information Systems (MIS) Department's assets were not formally transferred to the OIT when they were created and are not being tracked by the OIT.

Management Action Plan: We will work with the Fiscal Office to have an official statement transferring all the IT assets. These transferred assets will then be listed on our OIT Inventory listing. Our target date is December 2019.

> *IAD obtained the formal statement transferring all of the assets that were formerly the Fiscal Offices to the Office of Information Technology.*

Issue 12: Upon discussion with OIT personnel, IAD noted funds received by the OIT are not deposited at the Fiscal Office's Treasurer's Division by OIT personnel. Funds are forwarded to the Department of Finance & Budget for deposit. In addition, upon review of OIT policies and procedures, IAD noted no policies are in place addressing the process for depositing funds received by the OIT.

Management Action Plan: We will work with the Fiscal Office to create a deposit account for all funds received by OIT. We will create a policy, get OIT Board approval and provide the policy to all employees responsible for depositing of funds received. Our target date is December 2019.

Upon review of OIT policies and procedures, IAD noted a revenue policy was created, approved by the OIT Board and disseminated to employees. In addition, upon detail testing of revenue collections, IAD noted no issues.

Issue 13: Upon discussion with OIT personnel, IAD noted a tracking mechanism to track the viewing of personnel files is not being utilized. Additionally, IAD noted a formal policy regarding a human resource or management employee being present when an individual is reviewing an employee personnel file does not exist.

Management Action Plan: We have already created a tracking mechanism for viewing personnel files. We will create, get OIT Board approval and disseminate to all employees a policy regarding the reviewing of personnel files. Our target date is December 2019.

Upon review of OIT policies and procedures, IAD noted a personnel file policy was created, approved by the OIT Board and disseminated to employees addressing the review of personnel files. In addition, a form has been created to track employee's requests to view personnel files. No requests were made during the audit period to view personnel files; therefore, no testing was performed.

Issue 14: Upon detail testing of personnel files, IAD noted the following:

- Seven (7) out of ten (10), or 70%, instances where an employee personnel file appeared to be incomplete, per the Personnel File Checklist.
- Three (3) out of nine (9), or 33%, instances where IAD noted an employee's performance evaluation was completed; however, the employee's acknowledgement of the performance evaluation was not documented for classified employees in accordance with Summit County Codified Ordinance §169.17. In addition, IAD noted a policy regarding performance evaluations has not been created.

Management Action Plan: All personnel files have been reviewed and updated with all relevant documents per the Personnel File Checklist. We will also create a policy, get OIT Board approval and disseminate to all employees the performance evaluations receiving and acknowledgment process. Our target date is December 2019.

Upon review of OIT policies and procedures, IAD noted a personnel file policy was created, approved by the OIT Board and disseminated to employees addressing personnel files and performance evaluations. In addition, detail testing was performed over employee personnel files, no issues were noted.

Issue 15: Upon detail testing of required County training for OIT employees, IAD noted the following:

- One (1) out of nine (9), or 11%, instances where diversity & inclusion training was not completed.
- Two (2) out of three (3), or 67%, instances where supervisor substance abuse training was not completed.

Per Summit County Codified Ordinance §169.21, employees are required to obtain sexual harassment and diversity training every two (2) years and per Summit County Codified Ordinance §169.28, employees are required to obtain substance abuse training and supervisor substance abuse training, if applicable.

Management Action Plan: We will create a tracking mechanism that we will use to reconcile with the HR department so proper monitoring of this training can take place. Our target date is June 2019.

IAD noted a tracking mechanism has been implemented to track the OIT employees County required trainings. Upon detail testing of employees required trainings, no issues were noted.

Issue 17: Upon discussion with OIT personnel, IAD noted the priority level of requests, which include internal deadlines for completing the request, can be adjusted by the assigned OIT personnel.

Management Action Plan: We will limit the ability to update Requests priority level to those of supervisor or required OIT personnel. Our target date is June 2019.

IAD noted employees with the ability to adjust priority levels has been limited. In addition, upon detail testing of users, IAD noted no issues.

Issue 18: Upon discussion and review of incidents and requests that were not completed timely in accordance with OIT internal deadlines, IAD noted management review of the incidents and requests is not being documented after the internal deadline was not met.

Management Action Plan: Management will perform a regular review and document in ServiceNow any instance where the incident & request was passed over the allotted time. Our target date is June 2019.

Upon discussion with OIT personnel and review, IAD noted a monthly report has been implemented to document all open incidents and requests for each agency. This report is reviewed by the Assistant Director. In addition, if an incident or request goes over its assigned Service Level Agreement (SLA) deadline, the Assistant Director is notified via email and the incident or request is reviewed to determine why the delay is occurring. IAD received copies of the monthly reports and emails and no issues were noted.

Issue 19: Upon detail testing of projects in the Service now system, IAD noted the following:

- Three (3) out of nine (9), or 33%, instances where project updates were not documented consistently at weekly status meetings with management, in accordance with OIT procedures.
- One (1) out of two (2), or 50%, instances where a sign-off was not obtained from the end user of the project, in accordance with OIT procedures.

Management Action Plan: We will review and verify all active projects will be documented in our weekly status meetings. Also, we will review all active projects to verify proper signoffs have been received and stored with the project. Our target date is March 2019.

Upon detail testing of projects opened during the period 7/1/20 through 6/30/21, IAD noted no issues.

Issue 20: Upon discussion with OIT personnel, IAD noted tickets are not assigned in sequential order in the Service Now system, creating the opportunity for a ticket to be deleted without management's knowledge.

Management Action Plan: We will create a report that shows any ticket that has been deleted by any OIT personnel. Sequential ordering in ServiceNow is not possible due to code restrictions. Our target date is March 2019.

Upon review of the deleted tickets report, IAD noted no tickets have been deleted during the audit period. In addition, upon visual observation of the deleted ticket process, IAD noted the system is functioning properly.

MANAGEMENT ACTION PLANS PARTIALLY IMPLEMENTED:

Issue 1: Upon review of the OIT Policy and Procedure Manual for completeness and accuracy, IAD noted the manual has not been formally approved by the OIT Board.

Management Action Plan: All policies will be reviewed and approved by the OIT Board. We will review and update our policies with OIT Board approval every 2 years. Any desired major changes outside of the 2-year period will be brought to the OIT Board for review and approval as required. Our target date is December 2019.

Upon review of OIT policies and procedures, IAD noted eleven (11) policies have been created, approved by the OIT Board and disseminated to employees. However, the manual is not yet complete.

Issue 2: Upon review of policies and procedures, IAD noted insufficient policies and procedures in the following areas:

- Expenditures (policies have not been formalized),
- Procurement card (policies have not been formalized),
- Human Resource/Personnel Files (policies have not been formalized, no mention of confidential information being maintained separately),
- OIT Board Meetings/minutes (policies have not been created),
- Use of County Property (policies have not been created) ,
- Interaction with the Press (policies have not been created),
- Work order system/Service Now process (policies have not been created),
- Procedure over the Department of Sanitary Sewer Services (DSSS) transferring IT assets to the OIT.

Management Action Plan: We will create all the necessary policies outlined. All policies will then be reviewed and approved by the OIT Board. These approved policies will be disseminated to all employees for acknowledgement of receipt. Our target date is December 2019.

Upon review of OIT policies and procedures, IAD noted the Procurement Card, Purchase Order and Human Resource/Personnel File Policies have been created, approved by the OIT Board and disseminated to employees. However, the additional policies have not yet been created.

Issue 3: Upon review of the Records Retention Schedule (RC-2) for the OIT, IAD noted that the following records were not included:

- County procurement card (e.g., monthly approval logs, receipts, etc.),
- IT requisition and approval documentation maintained on Sharepoint,
- Form I-9s.

Management Action Plan: We have already added the 3 records not included into our RC-2. They were officially added to our RC-2 schedule at the 1/17/2019 Records Commission meeting.

Upon review of the OIT RC-2 schedule, IAD noted the County procurement card and Form I-9s were added to OIT's RC-2 schedule; however, the IT requisition and approval documentation maintained on Sharepoint was not.

Issue 4: Upon discussion with OIT personnel, IAD noted packing slips are not initialed upon receipt. In addition, upon review of OIT purchasing policies, IAD noted no policies are in place addressing the ordering and receiving of goods.

Management Action Plan: A policy will be created to account for the reconciling of items received. This will be reviewed and approved by the OIT Board. These approved policies will be disseminated to all employees. Additionally, duties will be assigned to separate employees and documentation of ordering/receipt of items we will be notes on the packing slip. Our target date is December 2019.

Upon review of OIT policies and procedures, IAD noted a policy was created, approved by the OIT Board and disseminated to employees regarding the ordering and receiving of assets. Upon detail testing of merchandise purchases, IAD noted eight (8) out of nine (9), or 89%, instances where IAD could not confirm a segregation of duties exists over the ordering/receiving process (e.g., packing slip not initialed, packing slip not maintained by OIT, request in Service Now did not document who received the item, etc.).

Issue 5: Upon detail testing of Banner expenditures, IAD noted two (2) out of six (6), or 33%, instances where the invoice date was prior to the purchase order date.

Per ORC §5705.41, no order involving the expenditure of money shall be made without a certificate of the Fiscal Office (purchase order).

Management Action Plan: We will update our policy and make sure proper training has taken place to ensure our purchasing personnel receive a PO before encumbering funds. Our target date is December 2019.

> *Upon review of OIT policies and procedures, IAD noted a policy was created, approved by the OIT Board and disseminated to employees to address receiving a purchase order before encumbering funds. Upon detail testing of OIT expenditures, IAD noted three (3) out of twenty-seven (27), or 11%, instances where the invoice occurred prior to the purchase order.*

Issue 8: Upon discussion with the OIT personnel, IAD noted the OIT does not maintain a list of asset disposals; therefore, IAD was unable to perform detail testing to verify proper approval of disposed assets (e.g., via Executive Order). In addition, IAD noted a policy does not exist over the asset disposal process.

Management Action Plan: We will create and disseminate an OIT Board approved policy to all OIT employees documenting the asset disposal process. We will also create and maintain a list of disposed assets for proper tracking and accountability. Our target date is December 2019.

> *Upon review of OIT policies and procedures, IAD noted a policy was created, approved by the OIT Board and disseminated to employees to address asset disposals. Upon discussion with OIT personnel, IAD noted an asset disposal listing is not maintained.*

Issue 11: Upon detail testing of contracts, IAD noted one (1) instance where an Intergovernmental Agreement with another County entity's term has expired; however, the OIT is still providing services to this entity.

Management Action Plan: All contracts will be reviewed and tracked within our IT Requisition site. Upon the expiration dates identified, contracts will be reviewed and renewed or allow expiration. We have already taken corrective action and have placed all contracts within the IT Requisition site.

> *IAD noted the OIT contracts are being tracked on the OIT requisition site. Upon detail testing of contracts, IAD noted one (1) out of five (5), or 20%, instances where a contract was not renewed and services were still being provided.*

Issue 21: Upon discussion with OIT personnel, IAD noted no IT Advisory Committee meetings were held during the period 7/1/17 through 6/30/18, in accordance with Summit County Codified Ordinance §146.02.

Management Action Plan: We have already attempted to recruit additional members for the Advisory Committee meeting. Once we have a specific commitment number we will appeal to change the Codified Ordinance 146.02 to reflect the more reasonable number of attendees. Our target date is April 2019.

> *IAD obtained the County Council Resolution and noted the number of IT Advisory Committee members has been modified. Upon review of quarterly meetings during the period 8/1/20 through 7/31/21, IAD noted three (3) out of four (4), or 75%, instances where a quarterly meeting was not held.*

MANAGEMENT ACTION PLANS NOT IMPLEMENTED:

Issue 9: Upon reconciliation of the annual inventory listing to the current inventory listing, IAD noted eight (8) out of eight (8), or 100%, instances where the removed asset did not have an Executive Order for disposal.

Management Action Plan: We will annually review our inventory listing with the Executive Order for Disposal, accounting for all asset items. We will document this review to make sure the asset items have been properly removed. Our target date is June 2019.

> *Upon discussion with OIT personnel, IAD noted an annual asset inventory has not been performed for 2020 or 2021.*

Issue 16: Upon detail testing of professional licensures for OIT employees, IAD noted five (5) instances where an employee job description did not include the required qualifications for the position; therefore, IAD could not determine if the position required a profession licensure or certification.

Management Action Plan: We will review the job descriptions and update where appropriate to accurately reflect the required qualifications. Our target date is August 2019.

> *Upon detail testing of OIT positions, IAD noted eight (8) out of forty (40) job descriptions, or 20%, where the required qualification was not included.*