

Memorandum



CITY OF DALLAS
(Report No. A18-012)

DATE: June 22, 2018
TO: Honorable Mayor and Members of the City Council
SUBJECT: Fiscal Year 2018 Audit Follow-Up of Prior Audit Recommendations¹

The Fiscal Year 2018 Audit Follow-Up of Prior Audit Recommendations (Follow-Up Audit) covered 43 recommendations that were included in five audit reports issued in Fiscal Year (FY) 2016 and FY 2017. The City of Dallas' (City) management agreed to implement these recommendations by September 30, 2017².

The Office of the City Auditor's verification results showed City management implemented 19 of the 43 recommendations, or 44 percent. While City management made concerted efforts, recommendations were not considered fully implemented if the underlying risks identified in the prior audits were not sufficiently mitigated. The Office of the City Auditor identified opportunities to improve the following:

- Policies and procedures necessary to establish an internal control framework
- Monitoring of the timeliness, effectiveness, and consistency of the established internal controls
- Proper and consistent documentation of transactions, internal controls, and organizational events
- Appropriate design and implementation of information systems

Significance of Audit Recommendations Implementation

Through recommendations, government audit organizations regularly disclose a wide variety of ways to improve government programs and operations. The benefit from audit work is not in the recommendations made, but in their effective implementation.

Source: Government Accountability Office

¹ We conducted this audit under the authority of the City Charter, Chapter IX, Section 3, and in accordance with the Fiscal Year 2018 Audit Plan approved by the City Council. This performance audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. The audit objective was to evaluate whether, as of September 30, 2017, certain Fiscal Years (FY) 2016 and 2017 prior audit recommendations were implemented. The audit methodology included requesting management of five City departments to report on the implementation status of 43 recommendations which City departments agreed to implement. The auditors also conducted interviews, reviewed documentation, and performed other tests as deemed necessary.

² September 30, 2017 was the audit cut-off date. The cut-off date means that the audit recommendations' status was verified as of September 30, 2017 and any additional work performed by departments after that date was not considered in the Office of the City Auditor's verification of results.

Table I below shows implementation rates for FY 2011 through FY 2018 range from 19 to 44 percent, except for FY 2014. In FY 2014, City management requested and was granted additional time, beyond the planned audit cut-off date to completely implement more recommendations.

Table I
Summary of Prior Follow-Up Audits' Verification Results

City Management	2011	2012	2013	2014	2015	2017¹	2018	Total
Agreed to Implement	97	58	93	82	77	65	43	515
Implemented - Per Audit	34	11	35	58	30	26	19	213
Percent Implemented – Per Audit	35	19	38	71	39	40	44	41

Note: Percentages rounded
¹ 2017 refers to 2016 and 2017 Follow-Up Audits

The following pages provide specific examples summarizing the 44 percent implementation rate and the opportunities to improve internal controls identified by the Office of the City Auditor.

Design and Implementation of Control Activities Through Policies and Procedures

Ten of the 24 recommendations that were not implemented, or 42 percent, are related to City management’s responsibility for designing control activities through formal (written, dated, and signed) policies and procedures to achieve objectives and respond to risks. Specifically:

- The Department of Park and Recreation (PKR) did not develop formal policies and procedures for five recommendations related to ensuring that: (1) maintenance issues are remediated; (2) aquatic facilities are inspected daily; and, (3) pool drain covers and grates are replaced in a timely manner
- The Department of Dallas Animal Services (DAS) did not develop formal policies and procedures for four recommendations related to: (1) personnel roles for the Dangerous Dog Program; (2) the process for soliciting Dangerous Dog Affidavits; (3) the process for Dangerous Dog investigations, hearings, and inspections; and, (4) compliance with the Dangerous Dog Program's requirements, the Association of Shelter Veterinarians Guidelines; and, mandatory annual veterinarian inspections
- The Dallas Police Department (DPD) did not develop formal policies and procedures for one recommendation related to defining Police Academy instructor qualification requirements to align with the Texas Commission on Law Enforcement standards

Monitoring of the Internal Control System and Verification of the Results

Eight of the 24 recommendations that were not implemented, or 33 percent, are related to City management's responsibility for ongoing monitoring of the design and operating effectiveness of the internal control system as part of the normal course of operations. Specifically:

- The PKR did not implement five recommendations related to the monitoring of: (1) remediation of maintenance issues at aquatic facilities; (2) proper documentation of environmental inspections; (3) the required daily frequency of inspections of open aquatic facilities; and, (4) the required weekly frequency of inspections of closed swimming pools
- The DAS did not implement two recommendations related to monitoring that: (1) complete and updated policies and procedures are made available to DAS staff; and, (2) required veterinarian inspections are conducted annually
- The Department of Sustainable Development and Construction (SDC) did not implement one recommendation related to monitoring that all building permit applications are reviewed within required 45-day period

Documentation of Transactions, Internal Controls, and Organizational Events

Five of the 24 recommendations that were not implemented, or 21 percent, are related to City management's responsibility to promptly, completely, and accurately record all transactions, internal controls, and organizational events to maintain their relevance and value in controlling operations and making decisions. Specifically:

- The PKR did not implement three recommendations related to retaining complete and consistent documentation of lifeguard orientation, training, and lifeguard audits
- The SDC did not implement one recommendation related to retaining documentation of applicant waivers of the 45-day review requirement for some building applications that exceeded the 45-day review
- The DPD did not implement one recommendation related to retaining documentation to demonstrate their recruiting efforts are in compliance with the DPD's Personnel and Development Division Standard Operating Procedures sections related to the President's Task Force on 21st Century Policing

Information System, Related Control Activities, and Quality Information to Achieve the Department's Objectives

One of the 24 recommendations that were not implemented, or 4 percent, is related to City management's responsibility to: (1) design the department's information system to respond to the entity's objectives and risks; and, (2) obtain relevant data from reliable internal and external sources in a timely manner based on the identified information requirements. The Department of Dallas Water Utilities (DWU) did not develop an integrated work order system.

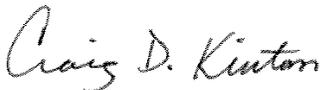
In addition, City management did not take advantage of the opportunity to contact the Office of the City Auditor to discuss identified risks or associated recommendations. As a result, risks were not mitigated when departments did not have a full understanding of the identified risks or associated recommendations.

Attachments I through VI further detail the 44 percent implementation rate results, demonstrating that opportunities continue to exist for City management to improve the effectiveness of internal controls to address financial, operational, and compliance risks.

Attachment I includes a summary of: (1) audit reports included in the Follow-Up Audit and responsible departments; and, (2) recommendation implementation status by department. The Office of the City Auditor will not conduct further audit follow-up for the recommendations included in Attachments II through VI that were not implemented but will consider the risk in determining future audit coverage as part of the annual audit plan.

The Office of the City Auditor would like to acknowledge City management and staff for their assistance. If you have any questions or need additional information, please contact me at (214) 670-3222 or Carol A. Smith, First Assistant City Auditor, at (214) 670-4517.

Sincerely,



Craig D. Kinton
City Auditor

Attachments

C: T. C. Broadnax, City Manager
Kimberly B. Tolbert, Chief of Staff
Raquel Favela, Chief of Economic Development and Neighborhood Services
Nadia Chandler Hardy, Chief of Community Services
M. Elizabeth Reich, Chief Financial Officer
Majed Al-Ghafry, Assistant City Manager
Jon Fortune, Assistant City Manager
Jo M. (Jody) Puckett, P.E., Interim Assistant City Manager
Joey Zapata, Assistant City Manager
David Cossum, Director – SDC
Chief U. Reneé Hall, Chief of Police - DPD
Edward Jamison, Director – DAS
Terry Lowery, Interim Director – DWU
Willis Winters, Director - PKR

ATTACHMENT I

Table II

Summary of Audit Reports and the Departments Responsible for Implementation of *Fiscal Year 2018 Audit Follow-Up of Prior Audit Recommendations*

Audit Report	City Manager's Office/Dallas Animal Services	Dallas Police Department	Dallas Water Utilities	Park and Recreation	Sustainable Development and Construction
Maintenance of Infrastructure (December 4, 2015)			✓		
Building Permits (March 18, 2016)					✓
Internal Controls Over Regulatory, Safety, and Maintenance - Aquatic Facilities (June 17, 2016)				✓	
Police Personnel and Training Services (October 7, 2016)		✓			
Dallas Animal Services Operations (December 9, 2016)	✓				

Fiscal Year 2018 Audit Follow-Up of Prior Audit Recommendations

Table III

Summary of Recommendation Implementation Status by Department

Department	Results
City Manager's Office/Dallas Animal Services	<ul style="list-style-type: none">Implemented four of ten recommendations, or 40 percent, reported in the <i>Audit of Dallas Animal Services Operations</i>
Dallas Police Department	<ul style="list-style-type: none">Implemented one of three recommendations, or 33 percent, reported in the <i>Audit of the Design of Controls over the Dallas Police Department's Police Personnel and Training Services</i>
Dallas Water Utilities	<ul style="list-style-type: none">Implemented zero of one recommendation, or zero percent, reported in the <i>Audit of Department of Dallas Water Utilities' Maintenance of Infrastructure</i>
Park and Recreation	<ul style="list-style-type: none">Implemented 14 of 27 recommendations, or 52 percent, reported in the <i>Audit of the Department of Park and Recreation Internal Controls Over Regulatory, Safety, and Maintenance - Aquatic Facilities</i>
Sustainable Development and Construction	<ul style="list-style-type: none">Implemented zero of two recommendations, or zero percent, reported in the <i>Audit of Building Permits</i>

Note: Percentages rounded

A16-003: AUDIT OF DEPARTMENT OF DALLAS WATER UTILITIES' MAINTENANCE OF INFRASTRUCTURE (Department of Dallas Water Utilities) December 4, 2015													
Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018						
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation I	NI	NA	Implementation I	NI	NA	M	NM	Qualifications/Comments
The Department of Dallas Water Utilities management could make decisions about water pipeline replacement using incomplete and inaccurate data.	Continue to develop an integrated work order system and regularly monitor its progress.	Agree	September 1, 2017	Not Applicable		✓						✓	No auditor comments due to management's self-reporting the recommendation as "not implemented."

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A16-007: AUDIT OF BUILDING PERMITS (The Department of Sustainable Development and Construction) March 18, 2016												
Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018					
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status	Qualifications/Comments
					I	NI	NA	I	NI	NA		
The Department of Sustainable Development and Construction (SDC) and the City of Dallas (City) are not fully complying with the Texas Local Government Code, Title 7, Chapter 214, Subchapter Z, <i>Miscellaneous Powers and Duties</i> (TLGC) requirements and the City's strategic goals for efficiency for citizens.	Ensure building permits are reviewed and processed within 45 days in accordance with the TLGC requirements, including making other SDC Units aware of the TLGC requirements and establishing standards for timely completion.	Agree	June 30, 2017	March 2, 2017	✓			✓			✓	<p>Condition: Although SDC developed a Standard Operating Procedure - <i>Building Inspections Applications</i> (SOP) for processing permit applications and provided related training to some of the staff, SDC did not:</p> <p>(1) Ensure building permits are reviewed and processed within 45 days in accordance with the TLGC requirements. Between March 2, 2017 and September 30, 2017, processing times for an estimated 431 to 2,517, or two to ten percent of 26,137 applications exceeded the required 45 days timeframe by one to 297 days.</p> <p>(2) Retain sufficient documentation of training the staff at Oak Cliff Municipal Center who process the majority of the permits</p> <p>(3) Develop standards to ensure that all applications are reviewed within 45 days in accordance with the TLGC requirements</p> <p>Effect: The previously identified risk remains the same.</p>

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A16-007: AUDIT OF BUILDING PERMITS
(The Department of Sustainable Development and Construction)
March 18, 2016

Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018						
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status		Qualifications/Comments
					I	NI	NA	I	NI	NA	M	NM	
The SDC and the City are not fully complying with the TLGC requirements and the City's strategic goals for efficiency for citizens.	Retain evidence to show that the City is complying with the TLGC requirements for processing timely building permits.	Agree	June 30, 2017	March 2, 2017	✓			✓				✓	<p>Condition: Although SDC introduced controls to ensure waivers of the 45-day requirement for each application are retained, such as a revised application form and weekly verifications of waiver signatures on each submitted permit application, SDC did not:</p> <p>(1) Require all district permit intake offices to use the updated application form</p> <p>(2) Retain documentation of a waiver for each application that took longer than 45 days to review. A review of a statistical random sample showed that between March 2, 2017 and September 30, 2017, SDC did not retain required waivers for up to 35 of 431 permits, or eight percent of permit applications.</p> <p>Effect: The SDC and the City are not fully complying with the TLGC requirements and the City's strategic goals for efficiency for citizens.</p>

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A16-012: AUDIT OF THE DEPARTMENT OF PARK AND RECREATION INTERNAL CONTROLS OVER REGULATORY, SAFETY, AND MAINTENANCE - AQUATIC FACILITIES (The Department of Park and Recreation) June 17, 2016												
Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018					
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status	Qualifications/Comments
					I	NI	NA	I	NI	NA		
The aquatic facilities users' health may be at risk if water quality is not tested and documented to ensure compliance with the Department of Park and Recreation (PKR) 2015 Pool Manager Handbook and Texas Administrative Code, Title 25, Subchapter L (TAC 25L) - <i>Standards for Public Pools and Spas</i> , §265.203(b) and §265.204(a), (c), & (e) and issues noted, if any, are not resolved timely. Note: The PKR updated the handbook, and it is now known as the 2017 Pool Manager Handbook.	Ensure: (1) water quality tests are performed and documented in accordance with the PKR 2015 Pool Manager Handbook.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓	
The aquatic facilities users' health may be at risk if water quality is not tested and documented to ensure compliance with the PKR 2015 Pool Manager Handbook and TAC 25L - <i>Standards for Public Pools and Spas</i> , sections §265.203(b) and §265.204(a), (c), & (e) and issues noted, if any, are not resolved timely.	Ensure: (2) the timeliness of corrective actions for identified water quality issues are consistently documented.	Agree	September 30, 2017	May 1, 2017	✓			✓			✓	

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REGULATORY, SAFETY, AND MAINTENANCE - AQUATIC FACILITIES
(The Department of Park and Recreation)
June 17, 2016**

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Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status		Qualifications/Comments
					I	NI	NA	I	NI	NA	M	NM	
The aquatic facilities users' health may be at risk if water quality is not tested and documented to ensure compliance with the PKR 2015 Pool Manager Handbook and TAC 25L - <i>Standards for Public Pools and Spas</i> , § 265.203(b) and §265.204(a), (c), & (e) and issues noted, if any, are not resolved timely.	Ensure: (3) applicable daily checklist forms are revised to require the documentation of water clarity inspection results.	Agree	September 30, 2017	June 19, 2017	✓			✓			✓		
The aquatic facilities users at the indoor pool may experience respiratory problems and the heating, ventilating, and air conditioning system is susceptible to deterioration if there is a buildup of chloramines in the air.	Implement a monitoring process to measure the amount of combined chlorine (free chlorine and chloramines) at Bachman Indoor Pool (Bachman) to ascertain if chloramine levels are acceptable and safe.	Agree	January 30, 2017	January 23, 2017	✓			✓			✓		
The health and safety of aquatic facilities users may be at risk if lifeguard audits: (1) are not conducted more than once per season if the audit results are unsatisfactory; (2) do not reflect a lifeguard's overall performance rating (e.g., pass, fail, etc.); (3) do not result in additional training for identified lifeguard performance weaknesses; and, (4) are not complete.	Ensure: (1) lifeguard audits at each community pool are completed more than once per season if audit results are unsatisfactory.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		

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Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status		Qualifications/Comments
					I	NI	NA	I	NI	NA	M	NM	
The health and safety of aquatic facilities users may be at risk if lifeguard audits: (1) are not conducted more than once per season if the audit results are unsatisfactory; (2) do not reflect a lifeguard's overall performance rating (e.g., pass, fail, etc.); (3) do not result in additional training for identified lifeguard performance weaknesses; and, (4) are not complete.	Ensure: (2) lifeguard audits at Bachman are completed on a quarterly basis, at a minimum, or more frequently if results are unsatisfactory. Note: The PKR updated their policies and procedures to require the lifeguard audits at Bachman to be completed every six months.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		
The health and safety of aquatic facilities users may be at risk if lifeguard audits: (1) are not conducted more than once per season if the audit results are unsatisfactory; (2) do not reflect a lifeguard's overall performance rating (e.g., pass, fail, etc.); (3) do not result in additional training for identified lifeguard performance weaknesses; and, (4) are not complete.	Ensure: (3) lifeguard audits documentation is fully completed.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		Condition: The PKR did not ensure that the lifeguard audits documentation was fully completed. Required information for the skills entitled, "CPR Scenario" and "Head, Neck, or Back Injury in the Water Scenario," was missing on the Lifeguard Skills Audit Checklist for the following aquatic facilities: (1) Community Pools - Between June 2017 and August 2017, 11 of 30 community pool audits tested, or 37 percent (2) Bachman - Between June 2017 and September 2017, three of nine Bachman audits tested, or 33 percent Effect: The previously identified risk remains the same.

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The health and safety of aquatic facilities users may be at risk if lifeguard audits: (1) are not conducted more than once per season if the audit results are unsatisfactory; (2) do not reflect a lifeguard's overall performance rating (e.g., pass, fail, etc.); (3) do not result in additional training for identified lifeguard performance weaknesses; and, (4) are not complete.	Ensure: (4) the lifeguard audit form includes a final summary evaluation rating (e.g., pass, fail, pass with remediation).	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		
The health and safety of aquatic facilities users may be at risk if lifeguard audits: (1) are not conducted more than once per season if the audit results are unsatisfactory; (2) do not reflect a lifeguard's overall performance rating (e.g., pass, fail, etc.); (3) do not result in additional training for identified lifeguard performance weaknesses; and, (4) are not complete.	Ensure: (5) actions taken for audit activities that were not rated as satisfactory are documented on the lifeguard audit report.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		

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The aquatic facilities users' health and safety may be at risk if aquatic facilities do not comply with City of Dallas (City) Code health and safety standards and inspection procedures.	Verify the following issues have been remediated: (1) an emergency shut off switch for the spa was not present at Bachman; (2) the shepherd's crook pole used for water rescue was missing at Bachman and was damaged at Tommie Allen community pool; (3) damage to the pool deck, such as chips and cracks, was present at Bachman; (4) the water fountain and pool pump/chemical storage area were not clean at Kidd Springs; and, (5) the pool depth markings were not visible at Bahama Beach Waterpark.	Agree	January 31, 2017	April 1, 2017	✓			✓			✓		<p>Condition: Although PKR remediated four of five issues noted, one issue was still outstanding. The pool depth markings were not visible in all sections at Bahama Beach Waterpark.</p> <p>Effect: The aquatic facilities users' health and safety may be at risk if aquatic facilities do not comply with City Code health and safety standards and inspection procedures.</p>
The aquatic facilities users' health and safety may be at risk if aquatic facilities do not comply with City Code health and safety standards and inspection procedures.	Develop and implement internal controls to ensure compliance with City Code Compliance (CODE) inspections.	Agree	January 31, 2017	June 1, 2017	✓			✓			✓		<p>Condition: The PKR did not develop and implement internal controls, such as policies and procedures, to ensure that all CODE inspection results were forwarded to the Facility Services Division so that work orders were generated to remediate applicable issues. Between July 2017 and August 2017, CODE inspection issues noted on seven of 11 inspection forms, or 64 percent, were not remediated by the Facility Services Division.</p> <p>Effect: The previously identified risk remains the same.</p>

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The Aquatic Services Division does not comply with TAC 25L §265.199(g)(6)(B)	Ensure weekly lifeguard in-service training of at least 60 minutes in duration is completed, training attendance is properly documented (e.g., date, signatures, training description, duration, etc.), and retained.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		<p>Condition: The PKR did not consistently complete and document weekly lifeguard in-service training of at least 60 minutes. Between June 2017 and August 2017:</p> <p>(1) Community Pools - One of 30, or three percent of lifeguards selected for audit testing did not have any training documentation. Three of 29, or 10 percent of lifeguards selected for audit testing completed less than the required 60 minutes of training.</p> <p>(2) Bahama Beach - Six of 28, or 21 percent of lifeguards selected for audit testing did not have any training documentation. Seven of 22, or 32 percent of lifeguards selected completed less than the required 60 minutes of training.</p> <p>Effect: The previously identified risk remains the same.</p>
There is a potential liability risk to the City if Water Safety Instructors are not properly certified and a copy of the certifications is not kept on file.	Ensure procedures are developed to retain Water Safety Instructors' certifications.	Agree	September 30, 2017	August 1, 2017	✓			✓			✓		
The City may not be compliant with TAC 25L §265.199(g) (5) <i>Lifeguard personnel standards at post-10/01/99 and pre-10/01/99 pools</i> . If documentation to support all applicable employees attended orientation is not kept on file, the City's liability risk may increase. In addition, aquatic facilities users' health and safety may be at risk if lifeguards do not attend orientation.	Ensure procedures are implemented to properly complete and retain orientation documentation for all new lifeguards and pool managers.	Agree	September 30, 2017	May 1, 2017	✓			✓			✓		<p>Condition: Although PKR completed and retained orientation documentation for all pool managers, they did not consistently complete and retain orientation documentation for all new lifeguards. Orientation documentation for lifeguards hired between May 2017 and August 2017 was not completed for three of 21, or 14 percent of Bahama Beach lifeguards.</p> <p>Effect: The previously identified risk remains the same.</p>

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There is a health risk if the automated external defibrillators (AED) are not inspected on a daily basis to ensure proper working order. Disabled aquatic facilities users might not be able to safely access the pool if inspections of the pool lifts are not completed and documented on a daily basis. The Aquatic Services Division cannot determine if daily AEDs and pool lift daily inspections are performed if the inspections are not documented.	Ensure procedures are implemented to: (1) complete and document AEDs daily inspections.	Agree	September 30, 2017	June 15, 2017	✓			✓			✓		
There is a health risk if the AEDs are not inspected on a daily basis to ensure proper working order. Disabled aquatic facilities users might not be able to safely access the pool if inspections of the pool lifts are not completed and documented on a daily basis. The Aquatic Services Division cannot determine if daily AEDs and pool lift daily inspections are performed if the inspections are not documented.	Ensure procedures are implemented to: (2) revise checklists to include daily pool lift inspection results.	Agree	September 30, 2017	June 15, 2017	✓			✓			✓		
The aquatic facilities users' safety may be at risk if daily inspections of pool drain covers and grates are not performed and timely corrective actions are not taken. The Aquatic Services Division cannot determine if daily inspections are performed if inspections are not documented.	Ensure procedures are implemented to document and retain daily inspection results of pool drain covers and grates.	Agree	September 30, 2017	June 15, 2017	✓			✓			✓		

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					I	NI	NA	I	NI	NA	M	NM	
The Aquatic Services Division's management cannot determine if the appropriate actions were taken for environmental issues noted.	Ensure monitoring procedures are implemented to properly document on the Pollution Prevention Daily Checklist (PPDC) the actions taken in response to environmental issues noted. Note: The PPDC is now known as the Daily Pollution Prevention Inspection (DPPI).	Agree	Not Applicable	June 15, 2017	✓			✓			✓		Condition: Although PKR developed monitoring procedures to properly document on the DPPI the actions taken in response to environmental issues, they did not follow the procedures. Between June 2017 and August 2017, two of 29 DPPIs selected for audit testing, or seven percent did not document the actions taken for environmental issues. Effect: The Aquatic Services Division's management cannot determine if the appropriate actions were taken for environmental issues noted.
The aquatic facilities users' health and safety risks may increase if aquatic facilities are not properly inspected on a daily basis.	Require the daily inspection processes for aquatic facilities during the operating season are documented in PKR procedures and Facility Services Division receive the associated training.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		Condition: The PKR did not: (1) Develop policies and procedures for the daily inspections of aquatic facilities (2) Have evidence of associated training such as training sign-in sheets for Facility Services Division personnel Effect: The aquatic facilities users' health and safety risks may increase if aquatic facilities are not properly inspected on a daily basis.

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**A16-012: AUDIT OF THE DEPARTMENT OF PARK AND RECREATION INTERNAL CONTROLS OVER
REGULATORY, SAFETY, AND MAINTENANCE - AQUATIC FACILITIES
(The Department of Park and Recreation)
June 17, 2016**

Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018						
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status		Qualifications/Comments
					I	NI	NA	I	NI	NA	M	NM	
The aquatic facilities users' health and safety risks may increase if aquatic facilities are not properly inspected on a daily basis.	Ensure inspections of aquatic facilities are performed on a daily basis during the operating season; inspection results are documented on the appropriate form and retained; and, applicable forms (for the spraygrounds) are reviewed and include the appropriate supervisor signature.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		<p>Condition: Although PKR: (1) documented and retained inspection results; and, (2) ensured sprayground inspection forms were reviewed by a supervisor, they did not ensure that inspections of aquatic facilities were performed on a daily basis. Specifically:</p> <p>(1) Spraygrounds - Between May 2017 and October 2017, PKR did not complete 23 of 1,177, or two percent of inspections</p> <p>(2) Community pools - Between June 2017 and August 2017, PKR did not complete 253 of 1,152, or 22 percent of inspections</p> <p>Effect: The aquatic facilities users' health and safety risks may increase if aquatic facilities are not consistently inspected on a daily basis.</p>
The aquatic facilities users' health and safety risks may increase if aquatic facilities are not properly inspected on a daily basis.	Require the Daily Pool Report forms be revised to include the inspection results of pool covers and grates; condition of the pump flow meters; and pressure and vacuum gauges.	Agree	September 30, 2017	June 1, 2017	✓			✓			✓		<p>Condition: Although PKR revised the Daily Pool Report forms, they did not inspect the pool covers and grates, condition of the pump flow meters, and pressure and vacuum gauges on a daily basis. Between June 2017 and August 2017, 253 of 1,152, or 22 percent of pool inspections were not completed.</p> <p>Effect: The aquatic facilities users' health and safety risks may increase if aquatic facilities are not consistently inspected on a daily basis.</p>

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**A16-012: AUDIT OF THE DEPARTMENT OF PARK AND RECREATION INTERNAL CONTROLS OVER
REGULATORY, SAFETY, AND MAINTENANCE - AQUATIC FACILITIES
(The Department of Park and Recreation)
June 17, 2016**

Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018						
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status		Qualifications/Comments
					I	NI	NA	I	NI	NA	M	NM	
The aquatic facilities users' safety may be at risk if pool drain covers and grates are not replaced after the end of the expected useful lives, and the City may not be in compliance with the Virginia Graeme Baker Pool and Spa Safety Act (VGBA).	Ensure procedures are developed to: (1) monitor the life expectancy of all pool drain covers and grates.	Agree	September 30, 2017	May 22, 2016	✓			✓			✓		<p>Condition: Although PKR inspected and replaced the pool drain covers and grates, PKR did not develop written procedures to monitor the life expectancy of pool drain covers and grates.</p> <p>Effect: The aquatic facilities users' safety may be at risk if pool drain covers and grates are not replaced after the end of the expected useful lives, and the City may not be in compliance with the VGBA requirements.</p>
The aquatic facilities users' safety may be at risk if pool drain covers and grates are not replaced after the end of the expected useful lives, and the City may not be in compliance with the VGBA.	Ensure procedures are developed to: (2) replace pool drain covers and grates timely.	Agree	September 30, 2017	May 22, 2016	✓			✓			✓		<p>Condition: Although PKR replaced all the drain covers at the community pools and Bachman, they did not develop written procedures for the timely replacement of drain covers and grates.</p> <p>Effect: The aquatic facilities users' safety may be at risk if pool drain covers and grates are not replaced after the end of the expected useful lives, and the City may not be in compliance with the VGBA requirements.</p>
The aquatic facilities users' safety may be at risk if pool drain covers and grates are not replaced after the end of the expected useful lives, and the City may not be in compliance with the VGBA.	Ensure procedures are developed to: (3) obtain and/or retain American Society of Mechanical Engineers (ASME) A112.19.8-2007 certification information if the information is not already marked on the pool drain cover or grate.	Agree	September 30, 2017	May 22, 2016	✓			✓			✓		<p>Condition: Although the manufacturer marked the ASME A112.19.8-2007 certification information on the drain covers used by all the community pools and Bachman, PKR did not develop written procedures to obtain and retain ASME A112.19.8-2007 certification information if it is not marked.</p> <p>Effect: The PKR cannot ensure the ASME A112.19.8-2007 certification information is available if written procedures are not present.</p>

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(The Department of Park and Recreation)
June 17, 2016**

Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018						
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					I	NI	NA	I	NI	NA	M	NM	
The City may not be in compliance with VGBA safety standards.	Require that the Pool Maintenance Concerns forms are revised to include a line item for documenting VGBA inspection results of the pool drain covers and grates.	Agree	September 30, 2017	May 17, 2016	✓			✓			✓		
The City may not be in compliance with VGBA safety standards.	Ensure that the completed forms are retained and evidence of supervisory review are documented in the form of signatures and dates to ensure that maintenance issues are resolved in a timely manner.	Agree	September 30, 2017	May 17, 2016	✓			✓			✓		
The public's health and safety: (1) may be at risk if the City is not monitoring to ensure compliance with TAC 25L §265.200(a)(3) and §265.203(e) and, (2) may also create liability for the City due to illegal and/or criminal activity that may occur at the pool site.	Ensure that a closed community pool be adequately monitored to ensure compliance with TAC 25L §265.200(a)(3) and §265.203(e)	Agree	September 30, 2017	August 23, 2016	✓			✓			✓		<p>Condition: Although PKR created work orders on a weekly basis for the inspection of two closed community pools, they did not consistently perform the weekly inspections. Between January 2017 and September 2017, PKR did not inspect the closed pools for five of 30, or 17 percent of selected weeks.</p> <p>Effect: The public's health and safety: (1) may be at risk if the City is not monitoring to ensure compliance with TAC 25L §265.200(a)(3) and §265.203(e); and, (2) may create liability for the City due to illegal and/or criminal activity that may occur at the pool site.</p>

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A17-001: AUDIT OF THE DESIGN OF CONTROLS OVER THE DALLAS POLICE DEPARTMENT'S POLICE PERSONNEL AND TRAINING SERVICES (Dallas Police Department) October 7, 2016											
Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018				
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results		Risk Status M NM	Qualifications/Comments
					I	NI	NA	I	NI		
Without a Training Advisory Board, the Dallas Police Department's (DPD) Police Academy could lose training provider status. If that occurred, DPD would have to contract with another licensed provider to train new applicants.	Ensure the Training Advisory Board Members' files include evidence: (1) the Chief of Police approved the appointment of each Advisory Board Member; (2) of each Advisory Board member's biography; and, (3) of Advisory Board training is completed within one year of appointment.	Agree	September 30, 2015	December 8, 2016	✓			✓			
Without meeting the Texas Commission on Law Enforcement (TCOLE) Instructor Qualification Standards for police academy trainers, the DPD Police Academy could lose training provider status; if that occurred, DPD would have to contract with another licensed provider to train new applicants.	Develop and implement a Standard Operating Procedure (SOP) that defines the DPD Police Academy instructor qualification requirements to align with TCOLE standards.	Agree	February 29, 2016	May 1, 2017	✓			✓		✓	Condition: The DPD did not develop and implement an SOP that defines the DPD's Police Academy instructor qualification requirements to align with TCOLE standards. Effect: Without meeting TCOLE Instructor Qualification Standards for police academy trainers, the DPD Police Academy could lose training provider status; if that occurred, DPD would have to contract with another licensed provider to train new applicants.
The DPD cannot readily demonstrate compliance with the DPD's Personnel and Development Division SOP sections related to the President's Task Force on 21st Century Policing, May 2015, <i>Pillar 1 - Building Trust & Legitimacy - Recommendation 1.8</i> (Recommendation 1.8).	In consultation with the City Attorney's Office, improve documentation to demonstrate compliance with DPD's Personnel and Development Division SOP sections related to recruiting and the President's Task Force on 21st Century Policing, May 2015, Recommendation 1.8.	Agree	April 1, 2017	April 30, 2017	✓			✓		✓	Condition: The DPD could not provide documentation to demonstrate compliance with the DPD's Personnel and Development Division SOP sections related to recruiting and the President's Task Force on 21st Century Policing, May 2015, Recommendation 1.8. Effect: The previously identified risk remains the same.

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A17-003: AUDIT OF DALLAS ANIMAL SERVICES OPERATIONS (City Manager's Office and Department of Dallas Animal Services) December 9, 2016												
Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018					
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status	Qualifications/Comments
					I	NI	NA	I	NI	NA		
The City of Dallas (City) Dangerous Dog Program has limited effectiveness protecting the community.	Improve the Dangerous Dog Program by: (1) working with the City's Intergovernmental Services to determine whether the State of Texas Health and Safety Code Chapter 822, Subchapter D, <i>Dangerous Dogs</i> requirement for a sworn statement can be eliminated or revised.	Agree	September 30, 2017	Not applicable		✓		✓			✓	Note: While management originally reported that the recommendation was not implemented, Dallas Animal Services' (DAS) efforts to provide notary services improved the Dangerous Dog Program effectiveness and mitigated the risk.
The City's Dangerous Dog Program has limited effectiveness protecting the community.	Improve the Dangerous Dog Program by: (2) taking steps to make the public more aware of the Dangerous Dog Program, including outreach efforts such as distributing a brochure and/or attending neighborhood meetings and special events.	Agree	September 30, 2017	May 1, 2017	✓			✓			✓	
The City's Dangerous Dog Program has limited effectiveness protecting the community.	Improve the Dangerous Dog Program by: (3) developing policies and procedures that define the: - Roles between the Department of Code Compliance's (CODE) Dangerous Dog Program and DAS personnel - Process for soliciting Dangerous Dog Affidavits - Process for Dangerous Dog investigations and hearings, including the roles and responsibilities of various parties and requires coordination	Agree	September 30, 2017	April 3, 2017	✓			✓			✓	Condition: The DAS did not complete and publish the policy and procedures as of the audit cut-off date. According to DAS, the policy and procedures (DAS-WKI-221, <i>Dangerous Dog Investigation</i>) were released on February 5, 2018. Effect: The responsibilities of the Dangerous Dog Program may not have been consistently and adequately performed, which can reduce the effectiveness of the program. Note: Cut-off date means the audit recommendation's status was verified as of September 30, 2017 and any additional work performed by DAS after that date was not considered in the Office of the City Auditor's verification of results.

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A17-003: AUDIT OF DALLAS ANIMAL SERVICES OPERATIONS
(City Manager's Office and Department of Dallas Animal Services)
December 9, 2016

Original Audit Report Information			Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018					
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results		Risk Status	Qualifications/Comments
					I	NI	NA	I	NI		
The City's Dangerous Dog Program has limited effectiveness protecting the community.	Improve the Dangerous Dog Program by: (4) improving coordination between the CODE Dangerous Dog Program and DAS.	Agree	September 30, 2017	April 3, 2017	✓			✓			
Dangerous Dogs are not adequately monitored, and compliance with the Dangerous Dog Program requirements is not enforced consistently.	Improve the oversight of active Dangerous Dog cases by: developing policies and procedures related to: (1) monitoring compliance with the Dangerous Dog Program's requirements; (2) the Dangerous Dog Coordinator's roles and responsibilities; and, (3) how often the inspections of active dangerous dogs are to be performed, including who is responsible for performing the inspections and how the inspection reports are maintained.	Agree	September 30, 2017	Not applicable		✓				✓	No auditor comments due to management's self-reporting the recommendation as "not implemented".
There is an increased risk that unauthorized access to restricted areas will occur without detection.	Improve security protocols related to access to restricted areas, including eliminating the observed practices described above.	Agree	September 30, 2017	February 6, 2017	✓			✓		✓	
DAS personnel may not consistently apply guidelines for standard of care.	Ensure DAS: (1) formalizes certain practices already used and also develops and/or revises policies and procedures and other documentation used to guide DAS personnel to reflect the Association of Shelter Veterinarians Guidelines for the Standards of Care in Animal Shelters for the areas identified in this audit: Animal Handling, Sanitation, Population Management, and Management and Recordkeeping.	Agree	June 30, 2017	September 30, 2017	✓			✓		✓	Condition: Management did not provide evidence that policies and procedures were updated to reflect the Association of Shelter Veterinarians Guidelines. Effect: DAS personnel may not consistently apply guidelines for standards of care.

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A17-003: AUDIT OF DALLAS ANIMAL SERVICES OPERATIONS
(City Manager's Office and Department of Dallas Animal Services)
December 9, 2016

Original Audit Report Information				Management Self-Reported Status As of October 2017			Auditor Verification Results As of May 2018						
Risk Identified	Recommendation	Agree/ Disagree	Implementation Date	Implementation Date	Implementation Results			Implementation Results			Risk Status		Qualifications/Comments
					I	NI	NA	I	NI	NA	M	NM	
DAS personnel may not consistently apply guidelines for standard of care.	Ensure DAS: (2) makes policies and procedures available to DAS personnel responsible for conducting animal services operations.	Agree	June 30, 2017	September 30, 2017	✓			✓			✓		<p>Condition: Although DAS posted some of the policies and procedures on the City's 4-Eval website; some of the policies and procedures were missing from the website, and others were not up-to-date. Permanent employees rely on the City's 4-Eval website, while temporary employees may not have access to policies and procedures relevant to their tasks.</p> <p>Effect: DAS personnel may not consistently apply guidelines for standards of care.</p>
DAS personnel could fall out of compliance if there are no policies and procedures for training.	Develop policies and procedures related to this recommendation.	Agree	September 30, 2017	Not applicable	✓						✓		No auditor comments due to management's self-reporting the recommendation as "not implemented".
The City had not been in compliance with the Standards for Animal Shelters requirements until the audit.	Conduct annual inspections of DAS as required in State Health and Safety Code Chapter 823.	Agree	September 30, 2017	December 16, 2016	✓			✓			✓		<p>Condition: The DAS did not:</p> <p>(1) Demonstrate that the 2016 veterinarian inspection was performed as required</p> <p>(2) Develop written policy and procedures to ensure the mandatory veterinarian inspection is completed annually</p> <p>The 2017 veterinarian inspection was performed on December 10, 2017. The written policy and procedures (DAS-WKI-408, <i>Annual Department of State Health Shelter Inspection</i>) was approved and released on October 11, 2017. These dates are after the audit cut-off date.</p> <p>Effect: The City had not been in compliance with the Standards for Animal Shelters as of the audit cut-off date.</p>

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