

**OKLAHOMA
BOARD OF
MEDICOLEGAL
INVESTIGATIONS**

**FOR THE PERIOD
JANUARY 1, 2006 THROUGH
JUNE 30, 2008**



**OPERATIONAL
AUDIT**



Oklahoma State Auditor
& Inspector

**Audit Report of the
Oklahoma Board of
Medicolegal Investigations**

**For the Period
January 1, 2006 through June 30, 2008**

STATE AUDITOR AND INSPECTOR

STEVE BURRAGE, CPA
State Auditor

MICHELLE R. DAY, ESQ.
Chief Deputy



2300 N. Lincoln Boulevard State Capitol, Room 100 Oklahoma City, OK 73105-4801 Phone (405) 521-3495 Fax (405) 521-3426 www.sai.ok.gov

January 21, 2009

TO THE OKLAHOMA BOARD OF MEDICOLEGAL INVESTIGATIONS

Pursuant to 74 O.S. § 212, transmitted herewith is the audit report for the Oklahoma Board of Medicolegal Investigations for the period January 1, 2006 through June 30, 2008. The Office of the State Auditor and Inspector is committed to serving the public interest by providing independent oversight and by issuing reports that serve as a management tool to the State. Our goal is to ensure a government that is accountable to the people of the State of Oklahoma.

We wish to take this opportunity to express our appreciation to the agency's staff for the assistance and cooperation extended to our office during the course of our engagement.

Sincerely,

A handwritten signature in blue ink that reads "Steve Burrage".

STEVE BURRAGE, CPA
STATE AUDITOR & INSPECTOR

A handwritten signature in blue ink that reads "Michelle R. Day".

MICHELLE R. DAY, ESQ.
DEPUTY STATE AUDITOR & INSPECTOR

Mission Statement

The mission of the Board of Medicolegal Investigations and the Office of the Chief Medical Examiner is to protect public health and safety of Oklahomans through the scientific investigation of deaths as prescribed by the statutes of the State of Oklahoma.

Board Members

Ted W. Violett, M.D..... Chairman
Dewayne Andrews, M.D. Vice-Chairman
Chris Ferguson..... Member
Tom Jordan..... Member
Michael Crutcher, M.D..... Member
John Fernandes, D.O. Member
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Eric Duval, D.O. Interim Chief Medical Examiner
Stephen P. Slater, M.B.A.....Director of Budget and Finance
Phillip Kemp, Ph.D..... Chief Forensic Toxicologist
Peggy Devinish..... Director of Administration and Personnel
Kevin Roland..... Chief Investigator

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TO THE OKLAHOMA BOARD OF MEDICOLEGAL INVESTIGATIONS

We have audited the Oklahoma Board of Medicolegal Investigations (the Agency) for the period January 1, 2006 through June 30, 2008. The objective of this audit was to determine if:

- The Agency's internal controls provide reasonable assurance that revenues, expenditures, and inventory were accurately reported in the accounting records, and financial operations complied with 62 O.S. § 7.1 C. 2. A and 62 O.S. § 7.1 E.1.

As part of our audit, we obtained an understanding of internal controls significant to the audit objectives and considered whether the specific controls have been properly designed and placed in operation. We also performed tests of certain controls to obtain evidence regarding the effectiveness of the design and operation of the controls. However, providing an opinion on internal controls was not an objective of our audit and accordingly, we do not express such an opinion.

We also obtained an understanding of the laws and regulations significant to the audit objectives and assessed the risk that illegal acts, including fraud, violation of contracts, grant agreements, or other legal provisions could occur. Based on this risk assessment, we designed and performed procedures to provide reasonable assurance of detecting significant instances of noncompliance with the laws and regulations. However, providing an opinion on compliance with these laws and regulations was not an objective of our audit and accordingly, we do not express such an opinion.

We conducted this performance audit 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 objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This report is a public document pursuant to the Oklahoma Open Records Act (51 O.S. § 24A.1 et seq.), and shall be open to any person for inspection and copying.

A handwritten signature in blue ink that reads "Steve Burrage".

STEVE BURRAGE, CPA
STATE AUDITOR & INSPECTOR

A handwritten signature in blue ink that reads "Michelle R. Day".

MICHELLE R. DAY, ESQ.
DEPUTY STATE AUDITOR & INSPECTOR

January 13, 2009

Oklahoma Board of Medicolegal Investigations Operational Audit

Background

The Office of the Chief Medical Examiner (Agency) operates under the control of the Board of Medicolegal Investigations. The Agency is directed by the Chief Medical Examiner who is a licensed physician, trained and certified in forensic pathology, the branch of medicine concerned with the investigation of sudden, unexpected, violent or suspicious death. The office provides toxicological and pathological services to aid in the investigation of death defined by law as being subject to public inquiry.

Oversight is provided by eight board members comprised of:

- the Director of the State Bureau of Investigation, or a designee;
- the State Commissioner of Health, or a designee;
- the Dean of the College of Medicine of the University of Oklahoma, or a designee;
- the President or Dean of the Oklahoma State University Center for Health Sciences, or a designee;
- the President of the Oklahoma Bar Association, or a designee;
- the President of the Oklahoma Osteopathic Association, or a designee;
- the President of the Oklahoma State Medical Association, or a designee; and
- a funeral director.

Operations are governed by 63 O.S. § 931 through 954 and the Oklahoma Administrative Code-Title 445.

Table 1 summarizes the Agency's sources and uses of funds for fiscal years 2007 and 2008.

Table 1-Sources and Uses of Funds for FY 2007 and FY 2008

	2007	2008
Beginning Fund Balance	<u>\$1,150,463</u>	<u>\$1,763,971</u>
Sources:		
State Appropriations	\$4,561,173	\$4,776,015
Laboratory Analysis Fee	9,037	14,430
Licenses, Permits, and Fees	1,329,095	1,665,177
Federal Funds from Other State Agencies	<u>180,961</u>	<u>86,192</u>
Total Sources	<u>\$6,080,266</u>	<u>\$6,541,814</u>
Uses:		
Personnel Services	\$4,247,279	\$4,939,319
Professional Services	144,718	93,291
Miscellaneous Administrative	457,656	431,079
Maintenance and Repair	195,883	193,037
Rent Expense	134,866	185,391
Office Furniture and Equipment	22,711	147,466
Other	<u>266,181</u>	<u>245,572</u>
Total Uses	<u>\$5,469,294</u>	<u>\$6,235,155</u>
Payroll Deduction In/Out	\$2,536	(\$1,098)
Ending Fund Balance	<u>\$1,763,971</u>	<u>\$2,069,532</u>

Source: Oklahoma CORE Accounting System (unaudited - for informational purposes only)

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Objective 1 – Determine if the Agency’s internal controls provide reasonable assurance that revenues, expenditures, and inventory were accurately reported in the accounting records, and financial operations complied with 62 O.S. § 7.1 C. 2. a. and 62 O.S. § 7.1 E. 1.

Conclusion

The Agency’s internal controls generally provide reasonable assurance that revenues and expenditures were accurately reported in the accounting records; however, four issues were noted in which controls need to be strengthened. Controls do not provide reasonable assurance that inventory was accurately reported in the accounting records.

Financial operations complied with 62 O.S. § 7.1.E.1 (transfers from the clearing account); however, they did not comply with 62 O.S. § 7.1 C. 2.a (safeguarding of funds).

Methodology

To accomplish our objective, we performed the following:

- Reviewed 62 O.S. § 7.1 - depositing requirements for agency clearing accounts;
- Documented internal controls related to the receipting, expenditure, and inventory processes;
- Tested controls which included:
 - Determining if receipts were stored in a secure location prior to deposit;
 - Determining if the person who prepared the deposit was independent of the receipting process;
 - Reviewing 67 deposits (60 were randomly selected and 7 were judgmentally selected) from the period to ensure the deposit was reviewed prior to being delivered to the bank, transactions were posted into PeopleSoft within one day of being deposited at the bank, and the deposit was supported by a receipt log;
 - Determining if transfers from the Agency’s clearing account to their funds occur at least monthly;
 - Determining the Agency’s clearing account was reconciled on a monthly basis to the State Treasurer’s Office by a person independent of the cash receipting process;
 - Reviewing three Office of State Finance (OSF) - Form 11 reconciliations to ensure the reconciliations were reviewed by someone other than the preparer, the reconciliations were mathematically accurate, agreed to supporting documentation, and the reconciling items appeared reasonable;
 - Determining if the Agency’s clearing account records are reconciled to OSF’s PeopleSoft accounting records;
 - Reviewing 109 expenditure claims (59 were randomly selected and 50 were judgmentally selected) to ensure they were properly authorized. This included ensuring the invoice supported the payment, the invoice was mathematically accurate, the correct account code was used, and the expenditure was reasonable for the Agency’s mission;
 - Determining if the employee responsible for receiving warrants from OSF was independent of the posting and approval process;
 - Determining if there was adequate segregation of duties in the inventory process;
 - Determining periodic physical inventory counts were conducted;

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- Agreed 11 high-appeal assets from the inventory listing to the floor to ensure they existed, were identified as property of the State, and the inventory tag numbers and serial numbers agreed to the listing.

Observation

Funds Received in Tulsa Office Not Adequately Secured

An effective internal control system provides for adequate safeguarding of funds received.

62 O.S. § 7.1 C. 2. a. states, “Each state agency that has custody of receipts of less than One Hundred Dollars (\$100.00) shall provide adequate safekeeping of such receipts.”

Due to the limited number of receipts processed in the Tulsa office, deposits are not made daily. Cash and checks received are stored in an unlocked cabinet in an unlocked office until the deposit is made. The funds could be stolen or lost prior to deposit.

Recommendation

Prior to deposit, we recommend the funds be stored in a secure location with access available to only essential personnel.

Views of Responsible Officials

Agency will purchase and put into use a lockable cash box, similar to what is used in the Oklahoma City office, and ensure that funds are placed in the box and secured in a locked cabinet on a daily basis. Only agency employees with a need for access will be allowed such.

Observation

Deposits Not Posted to PeopleSoft in a Timely Manner

An effective internal control system provides for prompt recording of accounting transactions and adequate supporting documentation.

Of the 67 deposits tested, 33 were not posted into PeopleSoft within one day of deposit. For the exceptions noted, the average span between the bank deposit slip date and the PeopleSoft journal date was 4 days. In the PeopleSoft system, the cash is not available until the journal entry is made and added to the Agency’s cash balance. The available cash balance on PeopleSoft reports could be misstated.

Recommendation

We recommend management exercise diligence and ensure their deposit entries are posted into PeopleSoft within one day of receipt.

Views of Responsible Officials

Management understands and acknowledges the importance of making PeopleSoft deposit entries in a timely and regular fashion. The fact remains that this agency has a small administrative staff and the amount of work is frequently overwhelming. Deposits are made at the bank on a daily basis any time daily revenues exceed \$100.00, as required by state law. From that standpoint, the possibility of funds being lost or stolen is minimized. Current practices have had no negative impact on the availability of agency cash. Management will endeavor to post PeopleSoft deposit entries within one business day of the deposit being taken to the bank.

Observation

Clearing Account Reconciliation to PeopleSoft Should be Formalized

Reviews Should Occur

An effective internal control system provides for an adequate reconciliation of accounting records with a sufficient level of review. The following were noted:

- The Agency does reconcile their clearing account records to the State Treasurer's Office; however, they do not formally reconcile their clearing account to PeopleSoft records. Without an official reconciliation to PeopleSoft, transactions that were inadvertently not posted or posted incorrectly may go undetected;
- A detailed review of the OSF Form-11 (clearing account) is not performed. Although the preparer of the reconciliation is independent of the receipting process, he delivers the deposits to the bank as well as posts the entries into PeopleSoft. Without a detailed review, misstatements could occur and not be detected in a timely manner.

Recommendation

We recommend:

- The Agency develop a formal process for reconciling their clearing account to PeopleSoft on a monthly basis;
- Someone independent of the person preparing the reconciliation should perform a review of the OSF-Form 11 reconciliation. Random reconciliations should be selected to receive a more detailed review. The detailed reviews should include agreeing the reconciling items to the supporting documentation and verifying the mathematical accuracy.

Views of Responsible Officials

Management will develop, document, and implement a formal, monthly reconciliation of the clearing account to PeopleSoft financials concurrent with the reconciliation to the State Treasurer's Office. Both reconciliations will be reviewed by another administrative person in the agency, independent of the preparer.

Observation

Use of Account Code Should be Reviewed

OSF Policy and Procedure Manual Chapter 100 - Section A3 states in part,

6113 EMPLOYEE REIMBURSEMENTS (NON-TRAVEL)

Payments on a reimbursement basis to employees and officials for certain miscellaneous emergency purchases or other purchases not available through their agency's normal purchasing process...

NOTE: This Object of Expenditure was created for identification and tracking purposes for employees' non-travel expenditure reimbursements, as required. However, these payments at the agency's option may be coded under the detailed object of expenditure so designated for the purchased item(s), e.g., 3613, Office Supplies; 3112, Postage*; etc.

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74 O.S. § 500.2 states in part,

Persons who are not state employees, but who are performing substantial and necessary services to the state which have been directed or approved by the appropriate department official shall enjoy the protection of the sovereign immunity of the state to the same extent as a paid employee. Such persons may be reimbursed for expenses incurred during authorized official travel under these same statutory provisions, provided it is indicated on the claim the person is not a state employee, a description of services performed is entered, and the agency head by approval of the claim certifies such services were substantial and necessary, and germane to the duties and functions of the reimbursing agency...

An effective internal control system provides for adequate supporting documentation and proper review of expenditures.

We reviewed 109 claims totaling \$171,069.08. The following were noted:

- One claim was for cookies (\$17.77) for a Board meeting. Two other claims were for batteries (\$138.46) All three claims had account code 6113 assigned which is incorrect as these types of expenditures were available through the agency's normal purchasing process (p-cards);
- Two claims with an account code of 6113 had inadequate supporting documentation to determine if the expenditures were for an emergency purchase/not available through normal purchasing process. According to management, these claims were for reimbursement of long distance phone calls (\$86.90) made at the employee's residence regarding Agency affairs;
- One claim for lodging (\$217.80) had inadequate supporting documentation to determine why the Agency employee was staying in a hotel;
- One claim was a refund to a law firm (\$100). The account code used for this expenditure was 6113 which is incorrect as this expenditure was not related to reimbursing an Agency employee;
- One claim with account code 6113 was a reimbursement to an Agency employee for his and a prospective pathologist's dinner (\$82.36). The Agency employee should not have received reimbursement for his food. Further, the potential applicant should have incurred the cost for his/her food and requested reimbursement from the Agency under 74 O.S. § 500.2. It appears account code 2131 (travel reimbursement - non state employees) should have been used when reimbursing the potential applicant;
- One claim with account code 3112 (postage) was for an elevator repair (\$390). The appropriate code would appear to be 3311 (Maintenance/Repair-Buildings);
- One claim with account code 3113 (Telecommunications Service) was for electrical services (\$1,849.49). The appropriate code would appear to be 3137 (Utility Charge - Electricity).

Recommendation

When reviewing claims, we recommend Agency management ensure the account code assigned to the expenditure corresponds with the account code descriptions identified in OSF's policy and procedures manual. Additionally, adequate supporting documentation should be submitted and reviewed for all expenditures.

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Views of Responsible Officials

Of the 109 claims reviewed, 101 of them were found to be correctly coded. Of the 8 found problematic, only 1 was a truly improper payment, and state funds for that expenditure have been recovered. The other 7 claims, while improperly account coded, are legitimate agency expenditures.

Management will endeavor to better scrutinize all claims for appropriate account codes, ensure supporting documentation is adequate, and ensure that all claims are appropriate for payment.

Observation

Inadequate Segregation of Duties Related to Inventory Process

Missing Items on Inventory Listing

An effective internal control system provides for adequate segregation of duties as well as accurate and reliable records.

The following were noted:

- The director of finance is responsible for recordkeeping, performing the physical inventory count, and surplus items (DCS Form 001) without the review of another employee;
- Three of 11 high-appeal items (digital cameras and laptop computers) selected from the Agency's inventory listing could not be located, and one item's serial number did not agree to the listing. According to management, one of the missing items was thrown away. The items in question are all digital cameras.

Deficiencies such as these may lead to misappropriation of assets.

Recommendation

We recommend:

- Someone other than the director of finance perform the physical inventory count. If discrepancies are noted, the chief medical examiner or designee, other than the personnel involved in the physical count, should investigate and resolve. The Agency should also retain documentation to support who performed the actual count, when the count was performed, and any discrepancies noted during the count.
- An employee without the authority to update inventory records be responsible for completing the DCS Form 001. The director of finance could review the form and update the records;
- Management locate the missing digital cameras.

Views of Responsible Officials

Agency will develop policy and procedure to segregate inventory duties so that multiple employees are involved in the process of accounting for agency property. This will ensure a more accurate and timely accounting of agency property.

One of the missing cameras has likely been found in the OKC office. It is of the same make and model as in the property survey, and the asset tag matches, but the serial number is 2 off (2 vs. 0). Serial number entry was likely in error at the time it was entered in the record. A second camera was found in the Tulsa office that is the same make and model as was in the property survey, but it has no agency asset tag. The third camera has not been recovered and we believe it was thrown away after being damaged and was no longer serviceable.

Observation

Control Environment Risks are High

An effective internal control system has in place policies and procedures that reduce the risk of errors, fraud, and professional misconduct within an organization. A key factor in this system is the environment established by management. Management's ethics, integrity, attitude, and operating style become the foundation of all other internal control components.

As part of our control risk assessment, we surveyed Agency employees based on their relationship to our objective and other employees which were randomly selected. We also conducted follow-up interviews and identified several areas of concern which include:

- Insufficient training, either in quality or duration;
- Inadequate supervision of and communication with employees outside the Oklahoma City Office;
- Hiring practices that allowed a convicted felon to be employed in a position of trust.

These concerns, whether they are factual or perceived, have a negative impact on the Agency's control environment risk. If employees perceive these concerns are realities, that perception becomes an environment reality when assessing internal controls. As a result, the overall control risk was assessed as high. Accordingly, an increased number of transactions were reviewed during our tests over receipts and disbursements.

Recommendation

In an effort to reduce the risks identified above, policies and procedures should be designed and implemented which include, but are not limited to, the following:

- Training;
- Code of ethics;
- Providing appropriate supervision in all aspects of the Agency's functions. A shift in the current structure of the organization may need to be evaluated;
- Hiring practices - consideration should be given to requiring a formal background check on prospective employees. Due to the unique atmosphere of the Agency, any issues identified through the background check should be thoroughly investigated to ensure the environment of the Agency would not be at risk should the person be hired.

Because of the concerns raised in the employee surveys and the findings regarding the control environment, it appears the Office of the Chief Medical Examiner would benefit from a performance audit. A performance audit would assist management in determining the most efficient manner in which to resolve the recommendations listed above and any other concerns management may have.

Views of Responsible Officials

Agency management concurs that the issues specified, whether factual or perceived, are valid, and therefore pose a potential obstacle to effective operation and morale of the agency. To reduce the above cited risks, our current policies and procedures related to employee training and supervision will be re-evaluated. Based on available resources, changes may be made. These policies and procedures may include but are not limited to:

- Investigator training, supervision, and continuing education
- Implementation of a code of ethics
- Hiring practices – specifically background investigations

Oklahoma Board of Medicolegal Investigations Operational Audit

- Possible shift in organizational structure to ensure appropriate agency-wide supervision

As to the hiring practices – the agency does in fact perform background checks on prospective employees, although it is limited to local and state background checking resources. In defense of this hire, the work product of the employee was reviewed in detail, and no irregularities were found. Operations processes have already been modified to address this situation, which include changing duties of the employee identified, to add verification steps to maintain agency integrity. Agency management will review our background checking process and ensure that all areas, including federal, are scrutinized.

Agency management is giving consideration to the merits of a performance audit.

Other Items Noted

Although not considered significant findings, we feel the items noted below should be communicated to management.

Observation

Database Accuracy Should be Reviewed

As part of our control risk assessment, we surveyed Agency employees based on their relationship to our objective and other employees which were randomly selected. Follow-up interviews were also held. During this process, we were presented a report which allegedly was created from the Agency's internal database. The report contained approximately 3,500 cases that we were told had death certificates pending due to a delay on the Agency's behalf. We randomly selected a sample of 42 cases from the report to determine if a death certificate had been issued from the Department of Health. We identified 39 cases in which the death certificate had been issued. Based on these procedures, the representation in which the report was presented appears invalid. However, three errors were identified in the sample which warrants further follow up on management's behalf.

Recommendation

We recommend management perform follow up procedures to determine why the information in the internal database appears inaccurate as well as to determine the true status of the three cases in which we could not identify a death certificate.

Views of Responsible Officials

Creating queries in our database is a relatively complex task, especially for untrained personnel. Queries are now password protected, so that inaccurate or inappropriate interpretations of data are minimized.

Issues concerning the three above mentioned cases have been corrected:

We discovered the death certificates had already been issued in 2 of the 3 cases. The problems stemmed from clerical error and duplication. In the 3rd case our agency was not responsible for issuance of the death certificate.

Database training for agency personnel is under review.

Observation

Sensitive Information and Personal Items Not Secured

Section IV of the Agency's Personnel Policy and Procedures manual states in part,

The very nature of the Medical Examiner's Office gives employees access to confidential information. This information is to be used solely for agency purposes...The agency has trusted you with confidential information and this trust must not be violated...

An effective internal control system provides for adequate security of assets and confidential information.

The following was noted during a walk-through of the Agency's Tulsa office:

- Sensitive data related to decedents is maintained and not adequately secured. The documents may have personal information such as social security numbers, dates of birth, addresses, etc. This information is maintained in various locations throughout the office;
- Personal effects of the decedents are not adequately secured once the person is brought into the facility. Clear bags containing the decedent's personal effects (i.e. jewelry, cash, etc.) are maintained on the desk in the "intake" office. A bag containing a watch was observed. Staff indicated this room can be accessed by any member of the Agency staff, personnel transporting the body, and air conditioning repairmen.

Failure to establish and implement appropriate internal controls presents an opportunity for fraud, embezzlement, or professional misconduct regarding the assets and/or sensitive data in the possession of the Agency. Additionally, the likelihood of a timely detection of such activities in the current environment is low.

Recommendation

We recommend management develop and implement policies and procedures addressing:

- The adequate security of sensitive data belonging to a decedent. The policy should include, but not be limited to, ensuring this data is maintained in a centralized location with restricted access to authorized employees;
- The adequate security of personal effects belonging to a decedent. The policy should include, but not be limited to, ensuring the items are maintained in a secure location (i.e. safe), restricting access to pertinent employees and other personnel, and requiring formal inventory of personal items received with the decedent.

This policy should be in effect for both the Tulsa and Oklahoma City offices.

Views of Responsible Officials

To prevent the possibility of fraud, embezzlement or professional misconduct regarding the assets and/or sensitive data in the possession of the agency, management will secure personal effects in a location out of view of the general public with access limited to pertinent employees. Formal inventory of decedents' personal property is current agency policy.

Sensitive data belonging to decedents is virtually ubiquitous in the agency due to the very nature of the Medical Examiner's Office. The Central and Eastern division offices are secure facilities with building access limited to only authorized personnel. Visitor policy

will be reviewed to reduce risk. All efforts will be made to minimize the number of locations where data is maintained, however current office space presents severe restrictions.

Observation

Procedures Should be Developed to Address Compensatory Time Requirements

Oklahoma Administrative Code (OAC) 530: 10-7-12 c (1) states, “Prior to the performance of overtime work, the Appointing Authority and the employee shall agree in writing that the employee may be required to take compensatory time in lieu of overtime pay...”

OAC 530: 10-7-12 c (2) states in part, “An employee shall be permitted to use accrued compensatory time within 180 days following the pay period in which it was accrued. The balance of any unused compensatory time earned but not taken during this time period shall be paid to the employee...”

OAC 530: 10-7-12 c (9) states in part, “Accrued compensatory time shall be exhausted before the granting of any annual leave for a non-exempt employee...”

The Agency does not have a process in place to ensure compliance with any of the previously mentioned requirements. Based on unaudited Agency records, as of June 30, 2008, 11 employees have compensatory time balance in excess of 200 hours with the largest balance approaching 600 hours.

Recommendation

We recommend:

- Management develop and implement a process to ensure compliance with the above mentioned requirements;
- Management consult with their attorney general liaison to determine the appropriate course of action with regards to OAC 530: 10-7-12 c (2) as it is possible more than 180 days has passed since certain employees accrued compensatory time. These employees may be due compensation.

Views of Responsible Officials

Agency management will develop policy and procedures to ensure compliance with Oklahoma Administrative Code regarding Overtime and Compensatory Time accounting, as well as determine an appropriate course for addressing any payments due to employees for accrued compensatory time.

To this point in time, state agency participation in PeopleSoft time keeping module has not been compulsory. We have already scheduled the agency time keeper in the necessary CORE classes so that we can better track employee time.

Observation

Vehicle Logs Should be Used

An effective internal control system provides for adequate documentation of vehicle use.

The Agency leases 15 vehicles from the Department of Central Services. The vehicles are primarily used by investigators and are necessary for the Agency to carry out its mission. Vehicles logs are essential to document appropriate use of the vehicles and support fuel charges; however, they are not completed. Management does review monthly fuel statements and indicated the chief investigator would be questioned regarding any unexpected costs. An example of a vehicle log is provided below:



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