

Audit Report

**Department of Public Safety and Correctional Services
Office of the Secretary and Other Units**

September 2010



OFFICE OF LEGISLATIVE AUDITS
DEPARTMENT OF LEGISLATIVE SERVICES
MARYLAND GENERAL ASSEMBLY

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Karl S. Aro
Executive Director

DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF LEGISLATIVE AUDITS
MARYLAND GENERAL ASSEMBLY

September 15, 2010

Bruce A. Myers, CPA
Legislative Auditor

Senator Verna L. Jones, Co-Chair, Joint Audit Committee
Delegate Steven J. DeBoy, Sr., Co-Chair, Joint Audit Committee
Members of Joint Audit Committee
Annapolis, Maryland

Ladies and Gentlemen:

We have audited the Office of the Secretary and other units of the Department of Public Safety and Correctional Services for the period beginning July 1, 2006 and ending June 30, 2009. The Office has statewide responsibility for the control and habilitation of incarcerated individuals. The Office also maintains the State's criminal history record information and administers the 911 Trust Fund.

Our audit disclosed that monitoring of certain aspects of the inmate health care contracts should be improved. The employee work hours reported by inmate healthcare contractors were not adequately verified; such payments totaled \$81.8 million during fiscal year 2009. Also, price quotes were not obtained for certain information technology equipment purchases. In addition, the Office lacked documentation to support corporate purchasing card transactions made between a management employee and a vendor with whom that employee had a business relationship.

We also noted inadequate controls relating to certain purchasing transactions and updates to a critical database, as well as deficiencies relating to equipment controls and record keeping. Although this report contains a number of findings and recommendations, we noted that the Office had satisfactorily resolved all nine items contained in our preceding audit report.

An executive summary of our findings can be found on page 5. The Office's response to this audit is included as an appendix to this report. We wish to acknowledge the cooperation extended to us during this audit by the Office.

Respectfully submitted,

Bruce A. Myers, CPA
Legislative Auditor

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Executive Summary

Department of Public Safety and Correctional Services Office of the Secretary and Other Units September 2010

- **The Office did not always verify to supporting documentation critical data necessary to adequately monitor significant contracts. For example, the employee work hours reported by inmate healthcare contractors were not adequately verified; payments for these contracts totaled \$81.8 million during fiscal year 2009. Also, price quotes required under a \$4 million information technology contract were not always received.**

The Office should receive, maintain, and adequately verify critical data necessary to monitor all significant contracts.

- **A decision to forgo liquidated damages, totaling \$764,000, relating to delays in the completion of two prison construction contracts was not referred to the Office's legal counsel and adequately documented.**

The Office should discuss with legal counsel and adequately document decisions regarding significant contract disputes.

- **The Office lacked adequate documentation to support corporate purchasing card transactions, totaling \$56,303, made between a management employee and a vendor with whom the employee had a business relationship. In addition, there was a lack of compliance with State regulations relating to the procurement, payment, and recording of these transactions. We referred this matter to the Criminal Division of the Attorney General (OAG-CD) and to the State Ethics Commission (SEC).**

The Office should ensure compliance with all documentation and procurement requirements relating to corporate purchasing card transactions. The Office should also work with the OIG-CD and SEC to resolve this matter.

- **Employee capabilities to process certain purchasing transactions on the State's Financial Management Information System, as well as updates to the Maryland Sex Offender Registry, were not properly controlled.**

The Office should implement the recommended changes to employee system capabilities and other transaction controls.

- **Controls and record keeping procedures relating to equipment totaling \$30.2 million were not sufficient. For example, the Office lacked adequate documentation for reported disposals totaling \$13.8 million.**

The Office should comply with the provisions of the Department of General Services' *Inventory Control Manual*.

Background Information

Agency Responsibilities

The Department of Public Safety and Correctional Services – Office of the Secretary has statewide responsibility for the control and habilitation of incarcerated individuals. The Office is also responsible for the maintenance of the State’s criminal history record information. In addition, the Office is responsible for administering the 911 Trust Fund as required by law. According to the State’s records, during fiscal year 2009, expenditures for the six budgetary units audited, which are indicated on page 17, totaled approximately \$185 million.

Status of Findings From Preceding Audit Report

Our audit included a review to determine the status of the nine findings contained in our preceding audit report dated February 16, 2007. We determined that the Office had satisfactorily resolved all of these findings.

Findings and Recommendations

Contracts

Finding 1

Critical data necessary for adequately monitoring certain significant contracts were not sufficiently verified.

Analysis

The Office did not sufficiently verify critical data needed to adequately monitor certain large contracts and, in some cases, these data were not received. Specifically, we noted the following conditions:

- Employee work hours reported by contractors for three inmate health care contracts (medical, mental health, and dental services) were generally not verified by the Office to independent supporting documentation, such as sign-in logs maintained at prison facilities. Under the terms of the contracts, the Office is charged for hours worked, up to an established contract maximum. Although the Office verified the mathematical accuracy and the propriety of rates charged on contractor invoices, without verification to the sign-in logs or comparable documents, there was a lack of assurance that the contractors' employees worked the hours reported or were even present on the days reported. Furthermore, the reported hours worked for certain employees exceeded the normal workweek and, therefore, should prompt additional monitoring. Our review of seven invoices totaling approximately \$22.5 million, for staffing services provided between February 2008 and May 2009, disclosed that, for six of these invoices, the contractor had reported a total of 23 employees who had each worked more than 250 hours during a monthly billing period (that is, more than 62 hours per week), including four instances in which an employee worked more than 300 hours (that is, more than 75 hours per week). According to Office records, payments for staffing services for these contracts totaled \$81.8 million, during fiscal year 2009.
- Price quotations required from vendors under a \$4 million information technology contract were not always received each time equipment was purchased. This contract, which was awarded to four vendors, provided for the purchase and maintenance of fingerprint technology equipment used by certain State agencies and local law enforcement entities. In obtaining approval from the Board of Public Works (BPW) for this contract, the Office advised BPW that price quotations would be solicited from all four vendors each time equipment was to be purchased under the contract, and the equipment would be purchased from the contractor with the lowest price.

However, our review of equipment purchases made from one vendor disclosed that no price quotes were obtained for any of the 19 equipment purchases made during fiscal years 2007 and 2008 totaling approximately \$404,000. Without quotes from all vendors, there was a lack of assurance that the prices paid were the most cost effective.

Recommendation 1

We recommend that the Office

- a. verify, on a test basis, work hours reported by inmate health services contractors (including those applicable to employees with significant total reported hours) to independent supporting documentation, such as facility sign-in logs; and**
- b. obtain price quotations for each purchase when required under multiple-award contracts.**

Finding 2

The disposition of significant contract delays and related damages was not referred to the Office's legal counsel, and was not adequately documented.

Analysis

The disposition of certain significant contract delays and related damages was not referred to the Office's legal counsel, and was not adequately documented. In September 2008, the Office advised a contractor in writing of its intention to impose liquidated damages, totaling \$764,000, because of delays incurred in the completion of two prison construction projects for which no time extensions for completion of the projects had been requested or granted. The projects had contractual completion dates of October 20, 2007 and January 20, 2008, but were not approved as substantially completed until 237 and 145 days later, respectively. The contracts permitted liquidated damages for such delays. The projects were valued at approximately \$24.8 million and \$35.1 million, respectively.

The contractor responded to the Office outlining the reasons for the delays; primarily, the contractor cited the Office's failure to cooperate in providing needed data relating to security software problems. The Office advised us that the contractor was prepared to counter the liquidated damages with a "delay of time" claim against the Office, and that, during meetings subsequently held between the two parties, each agreed to drop its respective claim. However, the Office did not advise its legal counsel regarding this matter and, at the time of our review, there was no formal documentation of the determination made not to pursue the liquidated damages and of the validity of the contractor's assertion.

The Office subsequently provided us with certain documentation explaining the reason for not pursuing damages; however, this documentation was completed after our audit. The Office explained that, in accordance with State Regulations, consultation with legal counsel is required when a contract claim has been filed and, since no claim was filed relating to the liquidated damages cited, such consultation was not required. Although consultation with legal counsel was not required by regulations, considering the amount involved and the Office's initial position that liquidated damages were warranted, we question the decision not to address this issue with legal counsel. In addition, the basis for not pursuing this matter, such as whether the contractor's position had merit and why the Office's position would not succeed, should have been documented.

Recommendation 2

We recommend that the Office

- a. in the future, consult with its legal counsel with respect to contract disputes involving significant matters;**
- b. document the disposition and resolution of such matters; and**
- c. seek guidance from its legal counsel as to whether the aforementioned matter should be pursued.**

Corporate Purchasing Cards

Finding 3

The Office lacked adequate documentation for certain purchasing card transactions that were made between a management employee and a vendor with whom the employee had a business relationship. The Office also did not comply with certain State regulations with respect to these transactions.

Analysis

An Office management employee made numerous purchases, using a corporate purchasing card, from an entity with which this employee also had established certain outside business relationships. During the period from June 2005 to May 2009, the Office paid this entity \$60,153, which included \$56,303 for purchases made by the aforementioned Office employee. Our review of these payments disclosed the following conditions:

- Competitive bids were not obtained and a written contract was not executed for these services, as required by State procurement regulations. State procurement regulations generally require that all procurements exceeding \$5,000 be competitively bid and supported by written contracts.

- Detailed invoices or receipts supporting and describing the specific goods or services received were not obtained for charges incurred. Rather, supporting documentation for individual charges consisted of receiving reports prepared by the Office management employee. The receiving reports included a general description of the purchases, and a cash register receipt that indicated the total amount charged. Furthermore, this management employee advised that the Office did not pay for each service as it was rendered; rather, the Office carried an outstanding balance with the vendor, and generally made payments on the open balance. The intent of the purchasing card program is to provide efficiency for small purchases, not to pay down existing debt.
- Charges we reviewed were generally split into two parts: one charge for \$2,500 and a second charge on the same day for another amount, such as \$1,500, \$1,800, and \$2,000. The individual transaction limit established by the Comptroller of Maryland's *Corporate Purchasing Card Program Policy and Procedures Manual*, at the time of the audit, was generally \$2,500. Transactions should not be split to circumvent this limit.
- Corporate purchasing card activity logs were not always approved by the cardholder and supervisor, and did not include sufficient details to describe the services purchased, as required by the *Manual*. Our review of 10 monthly activity logs relating to the 15 charges we tested, which totaled approximately \$34,000, disclosed that none of the logs were signed by the cardholder and supervisor, as required. In addition, the services were described only in general terms.

In April 2008, the State Ethics Commission issued a letter of advice to the management employee, explaining that the Commission could not determine that the partnership between the employee and the entity violated the conflict of interest provisions of the State Ethics Law at that time. The Commission expressed concerns about the potential for violations and the appearance of a conflict of interest. However, other potential conflicts of interest have occurred or have been identified subsequent to the advice (including a joint business). Consequently, we believe that this matter should be revisited by the Commission.

Based on the aforementioned matters, we referred these issues to the Criminal Division of the Office of the Attorney General (OAG-CD) and to the State Ethics Commission.

Recommendation 3

We recommend that the Office

- ensure compliance with State procurement regulations regarding competitive bidding and establishment of a formal contract;**

- b. maintain detailed documentation to support all corporate purchasing card transactions;
- c. discontinue the practice of making payments on outstanding balances with vendors using the corporate purchasing card;
- d. ensure that activity logs are sufficiently detailed, signed by the cardholders, and are reviewed and approved by supervisory personnel; and
- e. work with OAG-CD and the State Ethics Commission to resolve the aforementioned matters and take appropriate action.

Purchases

Finding 4

Proper internal controls were not established over the processing of certain purchasing transactions.

Analysis

Proper internal controls were not established over the processing of certain purchasing transactions. Specifically, the Office's established online approval rules allowed eight employees with the capability to initiate purchase orders to also make changes to those transactions after independent approvals were obtained. Consequently, these employees could make unauthorized changes to critical information (such as vendors and amounts) without those changes being subject to independent approval.

According to the State's accounting records, in fiscal year 2009 the Office used the State's Financial Management Information System (FMIS) to process disbursements with purchase orders totaling approximately \$42 million.

Recommendation 4

We recommend that the Office establish FMIS approval requirements that prevent individuals with the capability of initiating purchasing transactions from modifying the transactions after related approvals have been obtained.

Database Security

Background

The Office, through its Information Technology and Communications Division (ITCD) receives automated management information services and criminal history record information that is used by the Department of Public Safety and

Correctional Services and other criminal justice agencies in the State. ITCD supports several critical applications, including the Maryland Online Sex Offender Registry System, which tracks the whereabouts of convicted sex offenders and provides this information to other federal, state and local agencies and to the general public,

Finding 5

Controls over updates to the Maryland Online Sex Offender Registry System (MOSOR) database were not adequate.

Analysis

Controls over updates to the MOSOR database, via the related application, were not adequate. All updates (including cancelling a record) to the database, via the application, were required to be made by an authenticated user. In addition, each update had to be approved by one of six authorized and authenticated “reviewers.” However, these reviewers could process updates to the database and approve these same updates. These updates included “cancelling” offenders (such as when an offender moved out of state) which removed the offenders’ registry information from any searches performed using MOSOR. We were advised by Office management that, due to the limited number of users, the reviewers need both update and approval capabilities; however, reports of these updates were not generated for subsequent review by supervisory personnel independent of the update approval process. Consequently, there was a lack of assurance that the aforementioned updates were authorized by management. According to the database, approximately 890 cancellations were processed during fiscal year 2009.

Recommendation 5

We recommend that reports of sex offender registry updates be generated and that these reports be reviewed by employees independent of the update approval process, and that these reviews be documented and retained.

Equipment

Finding 6

Equipment maintained by the Office’s Information Technology and Communications Division (ITCD) was not adequately controlled.

Analysis

Controls and record keeping procedures relating to equipment maintained by the Office’s ITCD (primarily computer-related equipment) were not sufficient.

According to the Office's records, as of June 30, 2009, ITCD equipment totaled approximately \$30.2 million and constituted the vast majority of the Office's total equipment inventory. Our review disclosed the following conditions:

- An adequate segregation of duties was not established over recordkeeping, custody, and physical inventory functions as required. Specifically, five ITCD employees had control over capital equipment upon receipt and in storage, and also had the ability to update the automated detail equipment records. In addition, two of these employees were responsible for performing physical inventories of equipment.
- The Office lacked adequate supporting documentation for \$13.8 million in disposals recorded in its report of fixed assets submitted to the Department of General Services (DGS) for fiscal year 2008. Specifically, the Office did not obtain authorization from DGS for any of these disposals, and had no detailed listing describing and accounting for items totaling \$12.7 million. We were advised that this equipment was obtained under lease financing agreements, and although it had previously been added to the Office's control account and reported to DGS as inventory on hand, the Office could not document that it was ever added to the detail inventory records. Consequently, the actual disposition of these items could not be determined or verified.
- ITCD did not always adequately record equipment purchases in its detail equipment records, as required. Specifically, our test of 10 equipment purchases disclosed one made in October 2008 for approximately \$37,000, which had not been added to the inventory records as of November 2009. Also, our review of 17 similar equipment purchases—all related to the Department's fingerprinting system—disclosed that, although these items were added to the inventory records, their acquisition costs were not recorded.

The Department of General Services' (DGS) *Inventory Control Manual* requires that the duties of inventory record keeping, custody, and physical inventory taking be segregated. In addition, the *Manual* requires that leased capital equipment be recorded and controlled in the same manner as other equipment items, and that inventory should not be removed from the inventory records until authorization is obtained from DGS. Finally, the *Manual* requires that equipment items be added to the detail equipment records and that the records reflect acquisition cost.

Recommendation 6

We recommend that the Office comply with the aforementioned requirements of the DGS *Inventory Control Manual*. We advised the Office on accomplishing the necessary separation of duties using existing personnel.

Audit Scope, Objectives, and Methodology

We have audited the following units of the Department of Public Safety and Correctional Services (DPSCS) for the period beginning July 1, 2006 and ending June 30, 2009:

Office of the Secretary (including the 911 Trust Fund)
Maryland Parole Commission
Inmate Grievance Office
Police and Correctional Training Commissions
Maryland Commission on Correctional Standards
Division of Corrections - Headquarters

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

As prescribed by the State Government Article, Section 2-1221 of the Annotated Code of Maryland, the objectives of this audit were to examine the Office's financial transactions, records and internal controls, and to evaluate its compliance with applicable State laws, rules, and regulations. We also determined the status of the findings contained in our preceding audit report.

In planning and conducting our audit, we focused on the major financial-related areas of operations based on assessments of materiality and risk. The areas addressed by the audit included procurements and disbursements, contracts, cash receipts, accounts receivable, payroll, and property. Our audit procedures included inquiries of appropriate personnel, inspections of documents and records, and observations of the Office's operations. We also tested transactions and performed other auditing procedures that we considered necessary to achieve our objectives. Data provided in this report for background or informational purposes were deemed reasonable, but were not independently verified.

Our audit included various support services (such as payroll, purchasing, maintenance of accounting records and related fiscal functions) provided by the Office on a centralized basis for two other DPSCS units—the Division of Parole and Probation and the Criminal Injuries Compensation Board—which are audited separately. Our audit did not include the computer operations of DPSCS’s Information Technology and Communications Division, which will be the subject of a separate audit and result in the issuance of a separate audit report of the data center.

The Office’s management is responsible for establishing and maintaining effective internal control. Internal control is a process designed to provide reasonable assurance that objectives pertaining to the reliability of financial records, effectiveness and efficiency of operations including the safeguarding of assets, and compliance with applicable laws, rules, and regulations are achieved.

Because of inherent limitations in internal control, errors or fraud may nevertheless occur and not be detected. Also, projections of any evaluation of internal control to future periods are subject to the risk that conditions may change or compliance with policies and procedures may deteriorate.

Our reports are designed to assist the Maryland General Assembly in exercising its legislative oversight function and to provide constructive recommendations for improving State operations. As a result, our reports generally do not address activities we reviewed that are functioning properly.

This report includes findings related to conditions that we consider to be a significant deficiencies in the design or operation of internal control that could adversely affect the Office’s ability to maintain reliable financial records, operate effectively and efficiently and/or comply with applicable laws, rules, and regulations. Our report also includes findings regarding significant instances of noncompliance with applicable laws, rules, or regulations. Other less significant findings were communicated to the Office that did not warrant inclusion in this report.

The Office’s response to our findings and recommendations is included as an appendix to this report. As prescribed in the State Government Article, Section 2-1224 of the Annotated Code of Maryland, we will advise the Office regarding the results of our review of its response.



APPENDIX

Department of Public Safety and Correctional Services

Office of the Secretary

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September 13, 2010

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SUNDRY CLAIMS BOARD

INMATE GRIEVANCE OFFICE

Mr. Bruce A. Myers, CPA
Legislative Auditor
Office of Legislative Audits, Room 1202
301 West Preston Street
Baltimore MD 21201

Dear Mr. Myers:

The Department of Public Safety and Correctional Services has reviewed the draft audit report dated August 2010 for the **Office of the Secretary and Other Units** for the period beginning July 1, 2006 and ending June 30, 2009. The Department appreciates the constructive recommendations that were made as the result of this audit. Be assured that appropriate corrective actions have been or will be implemented to ensure full compliance with each agreed upon recommendation.

The Department will continue to strive for excellence, and I am pleased that our commitment to the elimination of repeat audit findings is demonstrated in this report. For example, your review of the nine findings contained in the Department's preceding audit reveals that the Department has fully addressed all nine of those findings.

Below please find the Office of the Secretary's itemized responses that address the report's audit findings and recommendations:

Contracts

Finding # 1 - Critical data necessary for adequately monitoring certain significant contracts were not sufficiently verified.

We agree. Previously the Office was not always able to adequately verify contractor employees' reported work hours to the independent sign in and sign out logs. Part of the reason for this was the failure to enforce or ensure the availability of sign in and sign out logs. To ensure full compliance, effective May 2010, the Office is ensuring the availability of sign in and sign out logs at all department facilities. This action has significantly improved the Office's verification of reported work hours of contractor employees (including those working overtime) to the independent sign in and sign out logs. The Office will also document these verifications and retain them for audit purposes.

It should also be noted that medical staffing shortages in Maryland often require employees to work more than the normal workweek, and it is not at all unusual for employees to work in excess of 200 hours a month. In addition, contract section 2.2.1.10.2.2 requires that sick call be completed until each inmate has been seen, and this may sometimes produce overtime hours. Finally, staffing audits conducted by the Office have revealed that approximately 17% of the shifts audited included employees who had worked overtime hours. Based on these staffing hour reviews, the policy is to take appropriate action if the overtime hours worked result in any negative impact on the quality of care being delivered.

The Office agrees that price quotations for specific purchases as required for contracts awarded to multiple vendors should and will be obtained, except for purchases for which sole source justification is provided.

Finding # 2 – The disposition of significant contract delays and related damages was not referred to the Office’s legal counsel, and was not adequately documented.

We agree in part, disagree in part. The Office will advise its legal counsel involving matters similar to the aforementioned liquidated damages whenever they result in contract claims in accordance with COMAR. The Office will prospectively document the disposition and resolution of matters such as the aforementioned liquidated damages.

The Office requested legal guidance regarding this finding, and the Department’s legal counsel has advised that, as a matter of law, consultation with the Office of the Attorney General is only required in instances where a contract claim has been filed by the Contractor under COMAR. Since the aforementioned liquidated damages matter never reached the level of a contract claim, and was subsequently resolved when the Department decided not to assess liquidated damages, the Office has determined that the aforementioned matter should not be further pursued.

Corporate Purchasing Cards

Finding # 3 - The Office lacked adequate documentation for certain purchasing card transactions that were made between a management employee and a vendor with whom the employee had a business relationship. The Office also did not comply with certain State regulations with respect to these transactions.

We agree. The Office will comply with all of the recommendations of the legislative auditors. Specifically, competitive bids were obtained for veterinary services for the K-9 dogs, and a written contract for these services was executed on April 13, 2010. Furthermore, the Office will comply with the requirements of the *Corporate Purchasing Card Program Policy and Procedures Manual*. In addition, the Office will cooperate fully with the OAG-CD and State Ethics Commission to resolve this matter and take appropriate action as necessary.

Purchases

Finding # 4 - Proper internal controls were not established over the processing of certain purchasing transactions.

We agree. The Office has established FMIS approval requirements that prevent individuals with the capability of initiating purchasing transactions from modifying the transactions after related approvals have been obtained.

Database Security

Finding # 5 - Controls over updates to the Maryland Online Sex Offender Registry System (MOSOR) database were not adequate.

We agree. The manager of the Sex Offender Registry will continue to review all updates in addition to approving updates. Any updates made by the manager will be reviewed by the Assistant Director of CJIS. All reviews will be forwarded to the Chief Security Officer, documented, and retained.

Equipment

Finding # 6 - Equipment maintained by the Office's Information Technology and Communications Division (ITCD) was not adequately controlled.

We agree. The Office will comply with the aforementioned requirements of the DGS Inventory Control Manual. Specifically, an adequate segregation of duties will be established over receiving, recordkeeping, custody and physical inventory. In addition, the Office has established procedures to ensure that all equipment purchases are added to the detail equipment records as required, that the acquisition cost is included in the record, and that inventory should not be removed from the inventory records until authorization is obtained from DGS.

With regard to the approximately \$35 million of reported disposals on the DGS report of fixed assets for fiscal year 2008, please note the following: In prior audits, the Office was cited for inadequate record keeping and physical inventory procedures over fixed assets. During fiscal year 2008, the Office determined that, as a result of these weaknesses, the total fixed assets reported to DGS as of June 30, 2007 was significantly overstated. For example, duplicate records were identified for many items, including:

- ◆ For equipment purchased under lease financing agreements, the individual items were tagged and added to the detail equipment records upon receipt. However, the total amount of the lease was posted in the FMIS fixed assets,

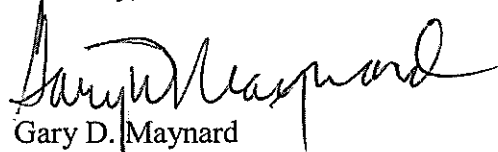
in accordance with GAD requirements, prior to the end of the fiscal year, and both entries were included in the fixed asset totals reported to DGS.

- ◆ Equipment transfers between units within the Department were not appropriately recorded in the fixed asset records. During the physical inventory, items not previously located at that site were added to the detail records rather than reflected as a transfer or replacement
- ◆ Disposals of equipment, especially when older equipment (including mainframe equipment) was traded in as part of the cost of the replacement, had not been properly reflected in the fixed asset records.

The DGS fixed asset report does not provide a mechanism for reporting adjustments to the equipment records other than disposals, additions and transfers. Therefore, the amount reported as disposals essentially included the adjustments necessary to properly report the total of fixed assets as of June 30, 2008.

I trust that these responses adequately address the findings and recommendations contained in the draft audit report. If you have any questions regarding the Department's responses, please contact me.

Sincerely,



Gary D. Maynard
Secretary

- c: G. Lawrence Franklin, Deputy Secretary for Administration
Philip Pie, Deputy Secretary for Program and Services
David N. Bezanson, Assistant Secretary for Capital Programs
Robert J. Johnson, Chief of Staff
Susan Dooley, Director of Financial Services
Stuart M. Nathan, Principal Counsel, Office of the Attorney General
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