PALM BEACH COUNTY

BOARD of COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: **January 7, 2025**   [X] Consent   [   ] Regular
                                            [   ] Public Hearing

Department:
Submitted By: _____County Internal Auditor's Office_____

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file:

A. Audit Report #2025-01 Risk Management – *Florida Department of Highway Safety and Motor Vehicles (Audit Work Plan #2024-06)*

B. Audit Recommendation Follow-up Status Report as of November 15, 2024.

Summary: The County Code requires the County Internal Auditor to submit copies of final audit reports to the Board of County Commissioners and the Internal Audit Committee. The County Code also requires the County Internal Auditor to issue semi-annual audit recommendation status reports to the Board of County Commissioners and the Internal Audit Committee. At its meeting December 11, 2024, the Internal Audit Committee reviewed the attached audit report and the semi-annual audit recommendation status report. We are submitting these reports to the Board of County Commissioners as required by the County Code.   **Countywide** (DB)

Background and Justification: County Code Section 2-463(e)(3) requires the County Internal Auditor to submit copies of final audit reports to the Board of County Commissioners and the Internal Audit Committee. County Code Section 2-463(f) requires the County Internal Auditor to submit copies of audit recommendation status reports to the Board of County Commissioners and the Internal Audit Committee. At its meeting on December 11, 2024 the Internal Audit Committee reviewed the attached reports. We are submitting these reports to the Board of County Commissioners as required by the County Code.

Attachments:

1. Risk Management – *Florida Department of Highway Safety and Motor Vehicles (Audit Work Plan #2024-06)*

2. Audit Recommendation Follow-up Status Report as of November 15, 2024.

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Recommended by: _____   12-5-2024
                 County Internal Auditor   Date

Recommended by: _____N/A_____   _____
                 County Administrator   Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs					
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	None				
# ADDITIONAL FTE					
POSITIONS (Cumulative)					

Is Item Included In Current Budget?   Yes _____   No _____
Does this item include the use of federal funds? Yes _____   No _____
Does this item include the use of state funds?   Yes _____   No _____
Budget Account No.: Fund _____ Agency _____ Org. _____ Object _____
      Program Number _____   Revenue Source _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

No fiscal impact

A.   Department Fiscal Review:

_____

III. REVIEW COMMENTS:

A.   OFMB Fiscal and/or Contract Administration Comments:

_____ 12/9/2024
            Budget/OFMB

MD 12/9

_____ 12/10/24
            Contract Administration
                ZG 12.10.24

B.   Legal Sufficiency:

_____ 12/6/24
          Assistant County Attorney

C.   Other Department Review:

_____
          Department Director

This summary is not to be used as a basis for payment.

Office of the County Internal Auditor
Final Audit Report
Report #2025-01
Issued November 8, 2024

Risk Management Department
Safety & Casualty Division

Florida Department of Highway Safety and Motor Vehicles
Data Exchange Memorandum of Understanding
Contract # HSMV-0394-24 Audit

Stewardship – Accountability – Transparency

TABLE OF CONTENTS

RISK MANAGEMENT DEPARTMENT
SAFETY AND CASUALTY DIVISION
FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DATA EXCHANGE MOU CONTRACT # HSMV-0394-24 AUDIT
REPORT # 2025-01

AUDIT OBJECTIVE AND CONCLUSION

We performed this audit to answer the following objective:

Did the Risk Management Director ensure that the controls governing the use and dissemination of information provided to and obtained from the Florida Department of Highway Safety and Motor Vehicles (FDHSMV) were adequate to protect personal data from unauthorized access, distribution, use, modification, or disclosure as required by Contract #HSMV-0394-24 for the period of March 1, 2024 through August 31, 2024?

Our conclusion on the objective:

The controls governing the use and dissemination of information provided to and obtained from the Florida Department of Highway Safety and Motor Vehicles (FDHSMV) were adequate to protect personal data from unauthorized access, distribution, use, modification, or disclosure as required by Contract #HSMV-0394-24 for the period of March 1, 2024 through August 31, 2024.

In addition, we noted an issue of a minor nature that we determined did not rise to the level of an audit finding but was reportable to management for their attention and possible action. We provided two suggestions for improvement for this issue related to Quarterly Confirmation Sheets. We further address this issue in our Management Comment Letter.

AUDIT FINDINGS

This audit was performed before the first anniversary of the Memorandum of Understanding (MOU Contract #HSMV-0394-24) by request of the Risk Management Department (department) to evaluate and attest that internal controls are in place as required.

There are no audit findings or recommendations for this engagement.

Positive Observation
Our audit work identified adequate controls for protecting and maintaining the confidentiality of the data received through the MOU. These controls included Information Technology (IT) policies and procedures approved by an IT security professional with a CISSP qualification from the county's Information System Services Department (ISS), protection of data-in-transit between the county and the State's databases, and restricted access to the data housed in the county's Risk Information Management System (RIMS). We observed the department also utilizes physical controls such as restricted access to the offices of personnel who handle this data, locking cabinets for printed

documents with this data, as well as a secure means (i.e., shredders and locked document destruction service box) for disposal of printed data no longer needed.

MANAGEMENT AND AUDIT RESPONSIBILITIES

Management is responsible for establishing and maintaining effective internal controls to help ensure that appropriate goals and objectives are met; resources are used effectively, efficiently, and economically, and are safeguarded; laws and regulations are followed; and management and financial information is reliable and properly reported and retained.

Internal Audit is responsible for using professional judgment in establishing the scope and methodology of our work, determining the tests and procedures to perform, conducting the work, and reporting the results.

We conducted this performance audit in accordance with generally accepted government auditing standards. These 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.

BACKGROUND

The Safety and Casualty Division is within the county's Risk Management Department. The department's mission is to identify, analyze, and control the risks associated with the programs, operations, and services provided to the employees and citizens of Palm Beach County in a professional, comprehensive, and cost-effective manner.

The Safety and Casualty Division has a total of 12 employees: a Division Director, two Loss Control Technicians, an Industrial Hygienist, one Loss Control Specialist, three Senior Loss Control Specialists, and a Property & Casualty Insurance & Claims Section comprised of 4 employees (a Manager and 3 staff).

The department entered into Memorandum of Understanding (MOU), Contract number HSMV-0394-24, signed December 15, 2023, with the Florida Department of Highway Safety & Motor Vehicles (FLHSMV) in order to access related driver license data from the State of Florida.

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The data obtained through the MOU is used to monitor the license status of employees who drive for Palm Beach County. The departments who use data obtained through this MOU are Risk Management, Information Systems Services (ISS) (in a supporting role), Fire Rescue, and Palm Tran. The MOU's Point of Contact (POC), who is the Safety and Casualty Division Director, has contacts in each of these departments. The POC ensures each staff member (both in Risk Management and in the other departments) with access to MOU-derived data has completed and signed the required training and acknowledgment form. In addition, the POC monitors access to MOU-derived data on a continual basis through Quarterly User Confirmation Sheets.

The terms of the MOU are contingent upon the Risk Management Department having appropriate internal controls in place at all times to ensure that data being provided and received pursuant to this MOU is protected from unauthorized access, distribution, use, modification, and disclosure. In addition, before or by the first anniversary of the MOU, the department must submit an Internal Control Attestation from the Internal Auditor or Inspector General. This audit is being performed before the first anniversary.

The last internal audit report (Report No. 2022-03) issued for the Safety & Casualty Division (formerly known as the Employee Safety & Loss Control Division) for this MOU resulted in no findings and concluded that adequate internal controls were in place.

AUDIT SCOPE AND METHODOLOGY - GENERAL

The scope of our audit covered the period of March 1, 2024 through August 31, 2024. Fieldwork was conducted in September and October 2024.

In order to answer the audit objective, we visited the Safety and Casualty Division offices, and met with management and staff from the division, ISS, Fire Rescue, and Palm Tran. We evaluated the related processes, responsibilities, and access controls to safeguard MOU-derived driver information. We examined the requirements specified in the MOU agreement and compared them to the Safety and Casualty Division's Policies and Procedures Memorandum (PPM) for appropriateness.

Our methodology included confirming all staff identified with access to MOU-derived data were authorized by comparing staff with access to the data to signed training and acknowledgement forms. We also compared staff with access to MOU-derived data to both Personnel Action (terminations/transfers) reports from both Palm Beach County and Palm Tran Human Resources and to Quarterly DRIVARS User Confirmation forms completed by other departmental contacts. In addition, we reviewed IT controls over the security

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of the data, and worked with the ISS security team to obtain approval of IT policies and procedures as required by the MOU. We also verified the secure storage of printed MOU-derived data and the secure destruction upon completion of its use.

David Zamora, CIA, CRMA, CGAP, CFE, CFI
County Internal Auditor

Office of the County Internal Auditor

AUDIT RECOMMENDATION STATUS

FOLLOW-UP REPORT

AS OF NOVEMBER 15, 2024

Stewardship – Accountability – Transparency

November 16, 2024

TO: The Audit Committee

FROM: David A.J. Zamora, Internal Auditor

SUBJECT: Audit Recommendation Status Follow-Up Report
Dated November 15, 2024

The Audit Recommendation Status Follow-Up Report providing the status of audit recommendations as of November 15, 2024 is attached. These status reports are prepared semiannually for periods ending on the 15th of May and November. The reports are submitted to the Audit Committee at its meeting following the report "as of" dates. We will submit the reports to the BCC (generally January and July) following Audit Committee review.

The report contains a Summary Status of Audit Recommendations followed by:

- Exhibit 1 Audit Recommendations Open at the Beginning of and Issued During the May 16, 2024 through November 15, 2024 Reporting Period
- Exhibit 2 Open Audit Recommendations by County Department as of November 15, 2024
- Exhibit 3 Summary Aging of Open Audit Recommendations as of November 15, 2024
- Exhibit 4 Recommendation Status as of November 15, 2024
- Exhibit 5 Open Recommendation Risk Rankings as of November 15, 2024
- Exhibit 6 Open Recommendation Risk Urgency/Importance Pie Chart as of November 15, 2024
- Exhibit 7 Open Recommendation Risk Level Pie Chart as of November 15, 2024
- Exhibit 8 Open Recommendation Risk Ranking by Department – Bar Graph as of November 15, 2024

The purpose of this report is to keep the Audit Committee, the BCC and County Administration informed of the status of recommendations made by the Internal Auditor's Office and to facilitate oversight by County Administration on departmental implementation activities.

Exhibit 4 highlights recommendations which have had final management action without correcting the underlying condition where we believe additional action is necessary (highlighted purple) or that have been open for at least two years (highlighted yellow). Audit recommendation follow-up is conducted to determine if management

has implemented the corrective action agreed to during the audit and to ensure the underlying condition has been corrected. Audit recommendations are proposed by the Internal Auditor's Office and either accepted by management as proposed or management proposes alternate solutions, which are acceptable to Internal Audit. An audit recommendation is "Open" from the time the audit report containing the recommendation has been issued by Internal Audit until management has either implemented the recommendation or decided to take no further action. Audit recommendations remain in this report as long as the recommendation is open. If management chooses to take no further action, Internal Audit reports that in Exhibit 4 and recommends appropriate action to the Audit Committee.

This report tracks every audit recommendation from the date of issuance through to final disposition. Management establishes projected implementation dates for all recommendations during the audit. Internal Audit tracks the projected implementation dates and conducts follow-up on audit recommendations when management confirms the recommendation has been implemented.

If management has not implemented the recommendation by the scheduled implementation date, Internal Audit makes inquiries of management to determine:
- What actions, if any, have been taken by management;
- Why the recommendation has not been implemented as scheduled; and
- When will the recommendation be implemented?

Internal Audit will conduct limited due diligence reviews to determine the validity of management's responses and consult with County Administration to determine if the reasons for delay are reasonable and report delinquencies where appropriate. The recommendation implementation date will be adjusted as necessary based on the new information from management.

Recommendation status is listed in Exhibit 4 as either:

➤ **Completed** The recommendation has been fully implemented or management has implemented alternative actions that achieved the same purpose as the original recommendation, and the actions taken by management have corrected the underlying conditions. Internal Audit review confirms management's actions.

➤ **In process** Internal Audit has conducted a follow-up review and found that management has not fully implemented the recommendation and that additional work is necessary to fully implement the recommendation. Management provides a new projected implementation date for the corrective action. Additional follow-up will be required. In some cases, management tells Internal Audit that implementation is underway but not yet complete. In that case Internal Audit will perform limited procedures to verify management's assertion.

➤ **Future implementation** The implementation date established by management occurs after the date of this report and Internal Audit has done no review work on the recommendation.

➤ **Follow-up pending** The department has reported implementation of the audit recommendation. However, Internal Audit has not yet done the follow-up review work to confirm management's actions.

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 1

Exhibit 1: Audit Recommendation Activity This Reporting Period

	Report	Report Issue Date	Number of Open Audit Recommendations Beginning of Reporting Period	Number of Audit Recommendations Issued this Reporting Period	Final Management Action Taken During Reporting Period	Number of Open Audit Recommendations End of Reporting Period
20-05	**Facilities Development & Operations** Fleet Management	Aug-20	1		0	1
22-02	**Planning, Zoning, and Building** Inspections Section	Nov-21	6		4	2
23-01	**Facilities Development & Operations** Electronic Services & Security - Employee Access/ID	Nov-22	11		0	11
23-02	**Facilities Development & Operations** Electronic Services & Security - Manual Key Audit	Nov-22	3		0	3
23-03	**Information Systems Services** Countywide IT Systems Access Controls Audit	Feb-23	18		0	18
23-04	**Facilities Development & Operations** Electronic Services & Security - Contractors & After-hours	Feb-23	10		0	10
24-02	**Housing and Economic Development** Mortgage and Housing Investments Division - Pre-Award and Post-Award Grant Monitoring	Jul-24		6	0	6
24-03	**Office of Equal Business Opportunity** New Ordinance Implementation	Jul-24		18	0	18
Totals			**49**	**24**	**4**	**69**

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 2

Exhibit 2: Open Audit Recommendations
by County Department
as of November 15, 2024

Department	In Process	Future Implementation
Equal Business Opportunity	16	2
Facilities Development & Operations	25	0
Housing and Economic Development	6	0
Information Systems Services	18	0
Planning Zoning & Building	2	0
Total Open Recommendations	**67**	**2**

Future implementation
The implementation date established by management occurs after the date of this report and
Internal Audit has done no review work on the recommendation(s).

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 3

Exhibit 3
Aging of Open Audit Recommendations by Original Implementation Date
As of November 15, 2024

Timeframe	Open at the End of this Period	In Process	Future Implementation
0 - 6 Months	24	22	2
7 - 12 Months	0	0	0
13 - 18 Months	24	24	0
19 - 24 Months	18	18	0
Greater Than 24 Months	3	3	0
Total	69	67	2

Audit Recommendation Age by Original Implementation Date

- 0 - 6 Months
- 7 - 12 Months
- 13 - 18 Months
- 19 - 24 Months
- Greater Than 24 Months
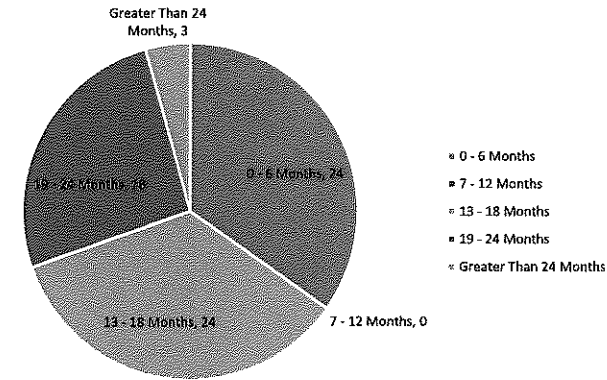
Original Implementation Dates for Individual Recommendations	
0 - 6 Months	May 16, 2024 through November 15, 2024
7 - 12 Months	November 16, 2023 through May 15, 2024
13 - 18 Months	May 16, 2023 through November 15, 2023
19 - 24 Months	November 16, 2022 through May 15, 2023
Over 24 Months	November 15, 2022 and earlier

Future Implementation: The implementation date established by management occurs after the date of this report and Internal Audit has done no review work on the recommendation(s).

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024


RECOMMENDATION STATUS REPORT

EXHIBIT 4

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status

Purple highlight = *Final management action taken without resolving underlying condition.*
Yellow highlight = *Recommendations open over 2 years past original implementation date.*

Audit Report Number, Title and Recommendation(s)	Recommendation Status
20-05 Facilities Development & Operations Fleet Management	
Report issued August 17, 2020 containing 10 recommendations. *Follow-up #1 May 25, 2021; 3 remain open.* *Follow-up #2 May 11, 2022; 1 remains open.*	
#3 The Fleet Management director should work with the FDO Financial & Support Services Director to separate the two reserve accounts to allow for the calculation and funding of each reserve separately as required under PPM FMF-010, entitled "Fleet Management Reserve Account". Original implementation date: August 2020 Revised implementation dates: • March 2022 • September 2022 • December 2023	**Status – November 2024** **In process.** Department not responding to requests for status update. **Status – May 2024** **In process.** Follow-up delayed, waiting on Department to respond.
22-02 Planning, Zoning & Building Building Division – Inspections Section	
Report issued November 29, 2021 containing 13 recommendations. *Follow-up #1 March 7, 2023; 6 recommendations open.* *Follow-up #2 November 15, 2024; 2 recommendations open.*	
1. The Building Division Director should implement procedures to ensure supervisors conduct random reviews of Inspections performed to ensure the results are consistent and correct. A checklist or other control measure should be used to ensure that all relevant areas are reviewed.	**Status – November 2024** **Completed.** **Status – May 2024** **In process.** Follow-up waiting on new PPM completion.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
Original implementation date: May 2022 Revised implementation date: June 2023 *Not provided by PZB management.*	
2. The Building Division Director should implement written procedures to ensure the Decal work of ALL Contractors utilizing the Decal Program is randomly inspected to ensure Program minimum requirements are met. The number of random inspections should be large enough to get a representative sample of the contractor's work and to support the calculation of the required 75% success rate. This suggests inspecting at least four decal permit jobs (3 of 4 passing would be 75%). The Director should establish a reasonable percentage of a Contractor's jobs performed using the Decal Program to undergo random inspections. A reasonable percentage may be in the 5-10% range, depending on the number of jobs done by the contractor. Notes should be made to document the Inspection. Original implementation date: May 2022 Revised implementation date: June 2023 *Not provided by PZB management.*	**Status – November 2024** **Completed.** **Status – May 2024** **In process.** Follow-up waiting on new PPM completion.
3. The Building Division Director should ensure that inspection fees are charged in compliance with Florida Statutes 553-80 and PPM PB-O-019. Original implementation date: July 2022 Revised implementation date: *Not provided by PZB management.* October 2024	**Status – November 2024** **In process.** Partial implementation – re-inspection fees on permits are not being applied consistently. Additional training for inspectors planned. **Status – May 2024** **In process.** Follow-up waiting on ordinance updates related to fees.
9. The PZB Building Division Director should conduct a periodic review of access	**Status – November 2024** **Closed.**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
authorizations, no less than annually, to confirm access rights are still appropriate in accordance with CW-O-059. Original implementation date: July 2022 Revised implementation date: *Not provided by PZB management.* *Not provided by PZB management.*	Revised implementation date is December 2029. **Status – May 2024** **In process.** Follow-up waiting on updates to the PZB module related to access rights.
12. The Building Division Director should ensure ESS is promptly notified and vendor badges collected and returned upon contracted inspector's termination in accordance with PPM CW-L-041. Original implementation date: July 2022 Revised implementation date: June 2023 *Not provided by PZB management.* October 2024	**Status – November 2024** **In process.** Partial implementation – Notification process to ESS updated, badge collection and documentation process still in process. **Status – May 2024** **In process.** Follow-up waiting on new PPM completion.
13. The Building Division Director should develop and implement procedures to ensure PPM's are updated any time there is a significant change to operating procedures, or at the very minimum, within the five-year requirement stated in PPM CW-O-001. Original implementation date: November 2022 Revised implementation date: June 2023 *Not provided by PZB management.*	**Status – November 2024** **Completed.** **Status – May 2024** **In process.** Follow-up waiting on updates to outdated PPMs.
23-01 Facilities Development & Operations Electronic Services & Security – Access Section: Employee Access Cards & ID Badges	
Report issued November 22, 2022 containing 11 recommendations. *Follow-up #1 initiated on April 29, 2024.*	

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
1. Departments should report all changes in employee status to ESS immediately as required by the PPM. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
2. The ESS Director should provide training and guidance to departmental personnel charged with managing departmental access activities. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
3. Departments should keep authorized signature forms current and updated to reflect changes in authorized signers. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
4. The ESS Director should provide training and guidance to departmental personnel charged with managing departmental access activities. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
5. The ESS Director should send out Authorized Signature Forms to departments on an annual basis to ensure forms are updated at least annually. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
6. Departments should request appropriate access privileges based on existing templates or other guidance for their departments. Original implementation date:	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
May 2023	**In process.** Follow-up #1 in process.
7. The ESS Director should provide training and guidance to departmental staff on the appropriate access privilege levels for their departments. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
8. The ESS Director should revise PPMs CW-L-033 and CW-L-041 so that both PPMs agree on the definition and treatment of access cards and ID badges. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
9. The ESS Director should provide departments with the training, guidance to discern which employees need access cards, and which employees need ID badges. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
10. The ESS Director should ensure that only one access card is issued to any one individual and that no generic access cards are issued. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.
11. The ESS Director should create standard operating procedures covering data entry procedures across all systems and confirm ESS staff are familiar with and follow the requirements of the PPM. Original implementation date: May 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow-up #1 in process.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
23-02 Facilities Development & Operations Electronic Services & Security – Access Section: Manual Keys	
Report issued November 22, 2022 containing 6 recommendations. *Follow-up #1 April 11, 2024; 3 remain open.*	
1. The ESS Director should ensure that key inventories are conducted on all departments and Constitutional Offices. Original implementation date: May 2023 Revised implementation date: October 2024	**Status – November 2024** **In process.** Follow-up assignment pending. **Status – May 2024** **In process.** One full cycle of key audits not yet completed; IA will return to follow up in 6 months.
5. The ESS Director should develop and implement policy and procedure governing the usage of the KeyTrak units including authorized users, length of borrowing periods, and monitoring KeyTrak usage. Original implementation date: May 2023 Revised implementation date: October 2024	**Status – November 2024** **In process.** Follow-up assignment pending. **Status – May 2024** **In process.** Policies and procedures have been implemented; IA will return to follow up on monitoring in 6 months.
6. The ESS Director should ensure relevant staff are trained on the new procedures and monitor usage. Original implementation date: May 2023 Revised implementation date: October 2024	**Status – November 2024** **In process.** Follow-up assignment pending. **Status – May 2024** **In process.** IA will return to follow up on monitoring in 6 months.
23-03 Information Systems Services Countywide IT Systems Access Controls	
Report issued February 13, 2023 containing 18 recommendations. *Follow-up #1 initiated on June 6, 2024.*	
1. Departments should deprovision an employee's SIM account immediately upon	**Status – November 2024** **In process.**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
termination. Original implementation date: June 2023	Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
2. The ISS Department should train departmental SIM Administrators on the PPM deprovisioning requirements, and on the capabilities of SIM (Centralize Directory) to support them. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
3. Departments should deprovision SIM accounts immediately utilizing one of the available direct methods. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
4. The ISS Department should develop and provide training to all SIM Administrators on deprovisioning user access, which includes the available methods to disable a user's SIM account within the required timeframe. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
5. Department SIM Administrators (or staff tasked to remove user access) should be informed of employee terminations prior to the effective date. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
6. Departments should develop procedures to ensure SIM Administrators are informed of employee terminations prior to their effective date. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
7. Departments should disable terminated	**Status – November 2024**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
employee SIM accounts when required. Original implementation date: March 2023	**In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
8. The ISS Department should communicate to departments the procedures to be followed to access files located in a former employee's personal drive and/or inbox. Original implementation date: March 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
9. Departments with students/seasonal employees should temporarily disable (login restricted) their system access as of their last day of seasonal work, and immediately when they terminate. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
10. The ISS Department should provide guidance/training to departmental SIM Administrators to ensure they have the knowledge to temporarily disable user access (system-wide login restriction) for students/seasonal employees when they are not actively working. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
11. Departments should immediately deprovision external users that no longer need access. Original implementation date: March 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
12. Departments should develop/implement procedures to ensure access for external users are deprovisioned as required when no longer needed. Procedures should include regular monitoring of external user access needs, and setting up external user accounts in SIM	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
(centralized directory) with an expiration date. Original implementation date: March 2023	Follow up #1 to be assigned in June/July 2024.
13. ISS annual SIM review should be conducted to detect active external users that no longer need access. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
14. ISS should include all departments with active external users in the ISS annual SIM review to ensure external users with an expired access need are detected for prompt deprovisioning. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
15. Requests to transfer a user's access to another department (remove access to IT resources) should be completed within the required timeframe. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
16. ISS should develop and provide training to all SIM Administrators on their roles and responsibilities for removing transferred employee user access under the County's IT Security Policy. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
17. Department procedures should ensure user access to department-controlled applications are deprovisioned when required. Original implementation date: June 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
18. Departments should develop and implement procedures that ensure user access to department-controlled applications are	**Status – November 2024** **In process.** Follow-up #1 in process.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
deprovisioned within the required timeframe. Original implementation date: June 2023	**Status – May 2024** **In process.** Follow up #1 to be assigned in June/July 2024.
24-02 Facilities Development & Operations Electronic Services & Security – Access Section: Contractors & After-hours	
Report issued February 16, 2023 containing 10 recommendations. *Follow-up #1 initiated September 11, 2023; in process.*	
1. The Division Director should work with project managers to develop processes to: a. Tie contractor access cards/ID badges to end of work/contract date. b. Periodically request active contractor lists from project managers and compare them to the PBSO monitoring reports to ensure only active county contractors with CJIS certification are monitored. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
2. Ensure that project manager responsibilities are clearly defined in countywide PPMs and implement a process to ensure all project managers are trained on required responsibilities. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
3. The ESS Division Director should ensure that security guards confirm and enforce all contractors who sign in to work at courthouse locations have Facilities Access Plans on file with ESS. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
4. The ESS Division Director should ensure project managers are trained on required Facilities Access Plan responsibilities.	**Status – November 2024** **In process.** Follow-up #1 in process.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
Original implementation date: August 2023	**Status – May 2024** **In process.** Follow up #1 in process.
5. The ESS Director should implement training and monitoring to ensure that Security Officers a. review or complete security sign in log entries at the time of individual sign in. b. Enforcing legible, complete sign in on logs that Security Officers are able to use in order to determine who is in the building at a particular point in time. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
6. The ESS Director should update Post Orders to align with management expectation of security sign in (e.g., Security Officers are able to identify who is in a building in case of emergency using the log), standardize security logs among county buildings, and periodically review completed security sign in logs. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
7. The ESS Director should review the badging process for contractors and determine where PII is needed and will be requested; ensure requested PII is destroyed, deleted, or secured after use. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
8. The ESS Director should work with ISS to eliminate or limit the amount of PII needed to schedule a contractor appointment with ESS. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
9. The ESS Director should review and update policies to ensure they match the relevant processes. Original implementation date:	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
August 2023	**In process.** Follow up #1 in process.
10. The ESS Director should implement a process to ensure that policies are reviewed every five years or when actual policies/procedures change, whichever occurs first. Original implementation date: August 2023	**Status – November 2024** **In process.** Follow-up #1 in process. **Status – May 2024** **In process.** Follow up #1 in process.
24-02 Housing and Economic Development: Mortgage and Housing Investments Division - Pre-Award and Post-Award Grant Monitoring	
Report issued July 12, 2024 containing 6 recommendations. *Follow-up #1 assignment pending.*	
1. Department Director should ensure that management work with staff to identify common errors and create procedures to ensure applicant income calculations are accurately computed. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending.
2. Department Director should work with supervisory staff to prevent and detect errors in the income calculation review process. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending.
3. Department Director should ensure that ARCs are requested and obtained from all active mortgage recipients. In addition, this should include: • Request timely notification by other HED divisions of mortgage events that would nullify an ARC requirement, • Educating staff on the significance of obtaining an ARC, • Enacting random spot-checks for changes of ownership in Palm Beach County PAPA	**Status – November 2024** **In process.** Follow-up assignment pending.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
website, and • Review of recipients' files to ensure receipt of ARCs. Original implementation date: July 2024	
4. Department Director should ensure terminated employee user access is removed from IDIS system. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending.
5. Department Director should develop and implement a process to ensure continuous monitoring, activation, and immediate deactivation of user access to IDIS. Process should include follow-up with HUD to confirm user access was terminated. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending.
6. Department Director should implement procedures to ensure the Internal Auditor's Office is notified of all external audits and monitoring reports, including: • notice of pending audits, • audit reports, • administrative responses, • communication of significant changes to projected implementation schedule. Procedures should be communicated to all affected staff. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending.
24-03 Office of Equal Business Opportunity – New Ordinance Implementation	
Report issued July 16, 2024 containing 18 recommendations. *Department expects all recommendations to be implemented by December 2024.*	

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
1. The Department Director should ensure reported participation payment information is supported to confirm accuracy and completeness. More specifically: • Overall reported totals match corresponding total supporting payment details, • Reported categorical subtotal amounts match corresponding subtotals in the report's summary attachment, and Construction departments reported totals match corresponding department totals in the supporting payment details. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
2. The Department Director should implement procedures to ensure reported totals are accurate and complete, which include: • Reconciling overall totals with corresponding subtotals and supporting payment detail, • Use of hard cut-off dates to capture and report participation data, and Disclosure of variances between reported amounts, subtotal amounts and supporting detail. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
3. The Department Director should coordinate with ISS to ensure the two systems are periodically (at least annually) reconciled to confirm all applicable payment information in Advantage has been imported into eCMS. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
4. The Department Director should ensure all applicable payment parameters are communicated to, and documented with the Clerk's Office, to refine the Advantage	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
Financial System report for comparison to the OEBO Annual Participation Report. Original implementation date: July 2024	
5. Construction Department Directors should ensure Schedule 2s and 4s are uploaded into the contract management system (eCMS) as required. Original implementation date: December 2024	**Status – November 2024** **Future Implementation.**
6. The OEBO Department Director should ensure departments are made aware of requirements to upload Schedule 2s and 4s into eCMS, which include: • Updating countywide PPM CW-O-043 to address departmental requirements for obtaining/uploading Schedule 2s and 4s into eCMS including the use of CIP by WUD. Periodically (at least annually) re-train departments on requirements for obtaining/uploading Schedule 2s and 4s into eCMS. Original implementation date: December 2024	**Status – November 2024** **Future Implementation.**
7. The Department Director should ensure that required semi-annual performance reports are prepared, and quarterly reports are obtained that identify S/M/WBE participation on all purchases or alternative source selections exempt from the Purchasing Code. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
8. The Department Director should communicate to the Purchasing Department and all construction departments the requirement to submit to OEBO quarterly reports that identify the S/M/WBE participation on all purchases or alternative source selections exempt from the Purchasing	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
Code. Original implementation date: July 2024	
9. The Department Director should ensure reports are provided to the BCC no less than annually as required by the EBO Ordinance. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
10. The Department Director should continue to work with ISS to ensure reporting systems support the issuance of sufficient and timely reports as required. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
11. The Department Director should ensure that PII, including social security numbers, is immediately redacted on all application paperwork stored by OEBO. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
12. The Department Director should develop written procedures on PII redaction and communicate to staff. These procedures should include: advising applicants to redact unneeded PII from documents before submission to OEBO, and for OEBO management and staff to verify PII is redacted on submitted documents prior to storing. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
13. The Department Director should ensure staff adequately document Performance/completion of required EBO ordinance activities. Original implementation date: July 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
14. The Department Director should implement the use of a centralized filing	**Status – November 2024** **In process.**

Exhibit 4 - Recommendation Status at November 15, 2024

Audit Report Number, Title and Recommendation(s)	Recommendation Status
system and develop related procedures (and communicate them to staff), which include monitoring to ensure relevant documents are being maintained. Original implementation date: July 2024	Follow-up assignment pending information requested from OEBO on 11/1/24.
15. The Department Director should ensure monitoring activities of API compliance on active county contracts is documented. Original implementation date: August 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
16. The Department Director should implement procedures to ensure active County contracts are monitored for compliance as required. Procedures should include capturing the age of issues for resolution such as those items that appear on eCMS integrity reports. Original implementation date: August 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
17. The Department Director should ensure educational materials advising of procedures to submit complaints of alleged violations of the Ordinance's policy are distributed to the County's contractor and vendor community. Original implementation date: August 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.
18. The Department Director should discuss with the PBC County Attorney's Office appropriate methods for complying with the ordinance requirements for distribution of educational materials regarding how to submit complaints of alleged policy violations. Original implementation date: August 2024	**Status – November 2024** **In process.** Follow-up assignment pending information requested from OEBO on 11/1/24.

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 5

1. By Risk Level

- **High Significance (Critical) – H:**
  - o Recommendations that address issues with a high potential to cause severe financial, operational, or reputational damage if not corrected promptly.
  - o Examples: Major control deficiencies, compliance violations, fraud risks.
- **Medium Significance (Important) – M:**
  - o Recommendations that deal with issues that pose a moderate risk, such as inefficiencies or errors that may impact operations or reporting but are not likely to lead to immediate severe consequences.
  - o Examples: Process improvements, moderate compliance concerns, IT system vulnerabilities.
- **Low Significance (Advisory) – L:**
  - o Recommendations focused on minor issues with little potential to cause harm. These issues often relate to best practices or optimizations that do not present significant risks.
  - o Examples: Enhancements to existing processes, minor inconsistencies in documentation, or low-priority technical recommendations.

2. By Compliance Requirements

- **Regulatory Compliance – R:**
  - o Recommendations related to laws, regulations, or mandatory compliance standards.
- **Internal Policies – IP:**
  - o Recommendations related to adherence to company policies or internal control procedures.
- **Best Practices – BP:**
  - o Recommendations that promote efficiency, effectiveness, or best industry practices but are not strictly required.

3. By Urgency/Importance

- **Immediate Action Required – I:**
  - o Recommendations requiring immediate attention and implementation due to their high risk.
- **Short-Term – ST:**
  - o Recommendations that should be addressed within a short time frame (e.g., 3-6 months).
- **Long-Term – LT:**
  - o Recommendations that can be scheduled for longer-term planning and action (e.g., over 6 months to a year).

4. By Functional Area

- **Financial – F:**
  - Recommendations affecting financial processes, reporting, or controls.
- **Operational – O:**
  - Recommendations related to day-to-day business operations or processes.
- **Information Technology – IT:**
  - Recommendations dealing with information technology, cybersecurity, or data management.
- **Compliance & Legal – C:**
  - Recommendations related to regulatory or legal risks.

5. By Potential Impact

- **Strategic Impact – S:**
  - Recommendations that affect the overall strategy or long-term direction of the organization.
- **Operational Impact – O:**
  - Recommendations that affect efficiency, productivity, or daily operations.
- **Financial Impact – F:**
  - Recommendations that could have a direct monetary impact on the business, whether through loss, inefficiency, or cost-saving opportunities.
- **Reputational Impact – R:**
  - Recommendations that may influence the company's reputation with stakeholders, including customers, investors, or regulatory bodies.

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
3	FDO/Fleet	Fleet Management	The Fleet Management director should work with the FDO Financial & Support Services Director to separate the two reserve accounts to allow for the calculation and funding of each reserve separately as required under PPM FMF-010, entitled "Fleet Management Reserve Account".	M	R	ST	C/IT	S/F
3	PZB - Building Division	Inspections Section	The Building Division Director should ensure that inspection fees are charged in compliance with Florida Statutes 553-80 and PPM PB-O-019.	M	R	ST	O/C	O/R
12			The Building Division Director should ensure ESS is promptly notified and vendor badges collected and returned upon contracted inspector's termination in accordance with PPM CW-L-041.	M	IP/BP	I	O/C	O/R
1	FDO/ESS	ESS - Access Section - Access Cards	Departments should report all changes in employee status to ESS immediately as required by the PPM.	M	IP	I	O/IT/C	O
2			The ESS Director should provide training and guidance to departmental personnel charged with managing departmental access activities.	M	I/BP	I	C	O
3			Departments should keep authorized signature forms current and updated to reflect changes in authorized signers.	M	IP	I	O/IT/C	O
4			The ESS Director should provide training and guidance to departmental personnel charged with managing departmental access activities.	M	IP	LT	C	O
5			The ESS Director should send out Authorized Signature Forms to departments on an annual basis to ensure forms are updated at least annually.	M	IP	ST	O/C	O/S
6			Departments should request appropriate access privileges based on existing templates or other guidance for their departments.	M	IP	LT	O/IT/C	O/S
7			The ESS Director should provide training and guidance to departmental staff on the appropriate access privilege levels for their departments.	M	IP	LT	C	O

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
8	FDO/ESS	ESS - Access Section - Access Cards	The ESS Director should revise PPMs CW-L-033 and CW-L-041 so that both PPMs agree on the definition and treatment of access cards and ID badges.	L	IP	LT	C	O
9			The ESS Director should provide departments with the training, guidance to discern which employees need access cards,and which employees need ID badges.	L	IP	LT	C	O
10			The ESS Director should ensure that only one access card is issued to any one individual and that no generic access cards are issued.	H	IP/BP	I	O	O
11			The ESS Director should create standard operating procedures covering data entry procedures across all systems and confirm ESS staff are familiar with and follow the requirements of the PPM.	M	IP/R	ST	O	O
1	FDO/ESS	ESS - Access Section - Manual Keys	The ESS Director should ensure that key inventories are conducted on all departments and Constitutional Offices.	M	IP/R	ST	O	O
5			The ESS Director should develop and implement policy and procedure governing the usage of the KeyTrak units including authorized users, length of borrowing periods,and monitoring KeyTrak usage.	L	BP	ST	O	O
6			The ESS Director should ensure relevant staff are trained on the new procedures and monitor usage.	M	IP	ST	O	O
1	ISS (Countywide)	Countywide IT Systems Access Controls Audit	Departments should deprovision an employee's SIM account immediately upon termination.	H	IP/BP	I	IT	O/R
2			The ISS Department should train departmental SIM Administrators on the PPM deprovisioning requirements, and on the capabilities of SIM (Centralize Directory) to support them.	M	IP/BP	ST	IT	O/R
3			Departments should deprovision SIM accounts immediately utilizing one of the available direct methods.	H	IP/BP	I	IT	O/R

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
4	ISS (Countywide)	Countywide IT Systems Access Controls Audit	The ISS Department should develop and provide training to all SIM Administrators on deprovisioning user access, which includes the available methods to disable a user's SIM account within the required timeframe.	M	IP	ST	IT/O	O/R
5			Department SIM Administrators (or staff tasked to remove user access) should be informed of employee terminations prior to the effective date.	M	IP/BP	ST	IT/O	O/R
6			Departments should develop procedures to ensure SIM Administrators are informed of employee terminations prior to their effective date.	M	IP/BP	ST	IT/O	O/R
7			Departments should disable terminated employee SIM accounts when required.	H	IP/BP	I	IT	O/R
8			The ISS Department should communicate to departments the procedures to be followed to access files located in a former employee's personal drive and/or inbox.	M	IP	ST	IT/O	O/R
9			Departments with students/seasonal employees should temporarily disable (login restricted) their system access as of their last day of seasonal work, and immediately when they terminate.	M	IP	ST	IT	O/R
10			The ISS Department should provide guidance/training to departmental SIM Administrators toensure they have the knowledge to temporarily disable user access(system-wide login restriction) for students/seasonal employees when they are not actively working.	M	IP	ST	IT/O	O/R
11			Departments should immediately deprovision external users that no longer need access.	H	IP/BP	I	IT	O/R

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
12			Departments should develop/implement procedures to ensure access for external users are deprovisioned as required when no longer needed. Procedures should include regular monitoring of external user access needs,and setting up external user accounts in SIM(centralized directory) with an expiration date	M	IP/BP	ST	IT/O	O/R
13			ISS annual SIM review should be conducted to detect active external users that no longer need access.	M	IP/BP	LT	IT	O/R
14	ISS (Countywide)	Countywide IT Systems Access Controls Audit	ISS should include all departments with active external users in the ISS annual SIM review to ensure external users with an expired access need are detected for prompt deprovisioning.	M	I	LT	IT	O/R
15			Requests to transfer a user's access to another department (removeaccess to IT resources) should be completed within the required timeframe.	M	IP	ST	IT	O/R
16			ISS should develop and provide training to all SIM Administrators on their roles and responsibilities for removing transferred employee user access under the County's IT Security Policy.	M	IP	ST	IT/O	O/R
17			Department procedures should ensure user access to department-controlled applications are deprovisioned when required.	M	IP	ST	IT/O	O/R
18			Departments should develop and implement procedures that ensure user access to department controlled applications are deprovisioned within the required time frame	M	IP/BP	ST	IT/O	O/R

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
1			The Division Director should work with project managers to develop processes to: A. Tie contractor access cards/ID badges to end of work/contract date. B. Periodically request active contractor lists from project managers and compare them to the PBSO monitoring reports to ensure only active county contractors with CJIS certification are monitored.	M	IP	ST	O/C	O
2			Ensure that project manager responsibilities are clearly defined in countywide PPMs and implement a process to ensure all project managers are trained on required responsibilities.	M	IP/BP	ST	C	O
3	FDO/ESS	ESS - Access Section - Contractors & After-hours	The ESS Division Director should ensure that security guards confirm and enforce all contractors who sign in to work at courthouse locations have Facilities Access Plans on file with ESS.	M	R/IP	I	IT/C	O/S
4			The ESS Division Director should ensure project managers are trained on required Facilities Access Plan responsibilities.	M	IP	ST	C	O
5			The ESS Director should implement training and monitoring to ensure that Security Officers: A. review or complete security sign in log entries at the time of individual sign in. B. Enforcing legible,complete sign in on logs that Security Officers are able to use in order to determine who is in the building at a particular point in time.	M	R/IP	ST	O/C	O

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
6	FDO/ESS	ESS - Access Section - Contractors & After-hours	The ESS Director should update Post Orders to align with management expectation of security sign in (e.g., Security Officers are able to identify who is in a building in case of emergency using the log), standardize security logs among county buildings, and periodically review completed security sign in logs.	H	IP	LT	C	O
7			The ESS Director should review the badging process for contractors and determine where PII is needed and will be requested; ensure requested PII is destroyed, deleted, or secured after use.	H	IP/BP	I	IT/C	O/S
8			The ESS Director should work with ISS to eliminate or limit the amount of PII needed to schedule a contractor appointment with ESS.	H	R/IP	I	IT/C	O/F
9			The ESS Director should review and update policies to ensure they match the relevant processes.	L	BP	ST	C	O
10			The ESS Director should implement a process to ensure that policies are reviewed every five years or when actual policies/procedureschange, whichever occurs first.	L	BP	LT	C	O
1	HED	Mortgage and Housing Investments Division - Pre- and Post-Award Grant Monitoring	Department Director should ensure that management work with staff to identify common errors and create procedures to ensure applicant income calculations are accurately computed.	M	R/IP	ST	F/C	O/F
2			Department Director should work with supervisory staff to prevent and detect errors in the income calculation review process.	M	BP	ST	O/C	O/F

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
3	HED	Mortgage and Housing Investments Division - Pre- and Post-Award Grant Monitoring	Department Director should ensure that ARCs are requested and obtained from all active mortgage recipients. In addition, this should include: • Request timely notification by other HED divisions of mortgage events that would nullify an ARC requirement, • Educating staff on the significance of obtaining an ARC, • Enacting random spot-checks for changes of ownership in Palm Beach County PAPA website, and • Review of recipients' files to ensure receipt of ARCs.	H	R/IP	I	F/C	F/O
4			Department Director should ensure terminated employee user access is removed from IDIS system	H	R/IP	I	IT/C	S
5			Department Director should develop and implement a process to ensure continuous monitoring, activation, and immediate deactivation of user access to IDIS. Process should include follow-up with HUD to confirm user access was terminated.	H	IP/BP	I	F/C	O/F/R
6			Department Director should implement procedures to ensure the Internal Auditor's Office is notified of all external audits and monitoring reports, including: • notice of pending audits, • audit reports, • administrative responses, • communication of significant changes to projected implementation schedule. Procedures should be communicated to all affected staff.	M	R/IP	I	O/C	S/O

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
1			The Department Director should ensure reported participation payment information is supported to confirm accuracy and completeness. More specifically: • Overall reported totals match corresponding total supporting payment details, • Reported categorical subtotal amounts match corresponding subtotals in the report's summary attachment, and • Construction departments reported totals match corresponding department totals in the supporting payment details.	H	R	I	C	O/R
2	OEBO	New Ordinance Implementation	The Department Director should implement procedures to ensure reported totals are accurate and complete, which include: • Reconciling overall totals with corresponding subtotals and supporting payment detail, • Use of hard cut-off dates to capture and report participation data, and • Disclosure of variances between reported amounts, subtotal amounts and supporting detail.	H	R	I	C	O/R
3			The Department Director should coordinate with ISS to ensure the two systems are periodically (at least annually) reconciled to confirm all applicable payment information in Advantage has been imported into eCMS.	H	R	I	C	O/R

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
4			The Department Director should ensure all applicable payment parameters are communicated to, and documented with the Clerk's Office, to refine the Advantage Financial System report for comparison to the OEBO Annual Participation Report.	H	R	I	C	O/R
5			Construction Department Directors should ensure Schedule 2s and 4s are uploaded into the contract management system (eCMS) as required.	M	R	ST	C	O/R
6	OEBO	New Ordinance Implementation	The OEBO Department Director should ensure departments are made aware of requirements to upload Schedule 2s and 4s into eCMS, which include: • Updating countywide PPM CW-O-043 to address departmental requirements for obtaining/uploading Schedule 2s and 4s into eCMS including the use of CIP by WUD. • Periodically (at least annually) re-train departments on requirements for obtaining/uploading Schedule 2s and 4s into eCMS.	M	R	ST	C	O/R
7			The Department Director should ensure that required semi-annual performance reports are prepared, and quarterly reports are obtained that identify S/M/WBE participation on all purchases or alternative source selections exempt from the Purchasing Code.	M	R	ST	C	O/R

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
8			The Department Director should communicate to the Purchasing Department and all construction departments the requirement to submit to OEBO quarterly reports that identify the S/M/WBE participation on all purchases or alternative source selections exempt from the Purchasing Code.	M	R	ST	C	O/R
9			The Department Director should ensure reports are provided to the BCC no less than annually as required by the EBO Ordinance.	H	R	I	C	O/R
10			The Department Director should continue to work with ISS to ensure reporting systems support the issuance of sufficient and timely reports as required.	H	R	I	C	O/R
11	OEBO	New Ordinance Implementation	The Department Director should ensure that PII, including social security numbers, is immediately redacted on all application paperwork stored by OEBO.	H	R	I	C	O/R
12			The Department Director should develop written procedures on PII redaction and communicate to staff. These procedures should include: advising applicants to redact unneeded PII from documents before submission to OEBO, and for OEBO management and staff to verify PII is redacted on submitted documents prior to storing.	H	R	I	C	O/R
13			The Department Director should ensure staff adequately document Performance/completion of required EBO ordinance activities.	M	R	ST	C	O/R

Rec #	Department	Report Title	Recommendation Description	Risk Level	Compliance Requirement	Urgency	Function	Potential Impact
14			The Department Director should implement the use of a centralized filing system and develop related procedures (and communicate them to staff), which include monitoring to ensure relevant documents are being maintained.	M	R	ST	C	O/R
15			The Department Director should ensure monitoring activities of API compliance on active county contracts is documented.	M	R	ST	C	O/R
16	OEBO	New Ordinance Implementation	The Department Director should implement procedures to ensure active County contracts are monitored for compliance as required. Procedures should include capturing the age of issues for resolution such as those items that appear on eCMS integrity reports.	M	R	ST	C	O/R
17			The Department Director should ensure educational materials advising of procedures to submit complaints of alleged violations of the Ordinance's policy are distributed to the County's contractor and vendor community.	M	R	ST	C	O/R
18			The Department Director should discuss with the PBC County Attorney's Office appropriate methods for complying with the ordinance requirements for distribution of educational materials regarding how to submit complaints of alleged policy violations.	M	R	ST	C	O/R

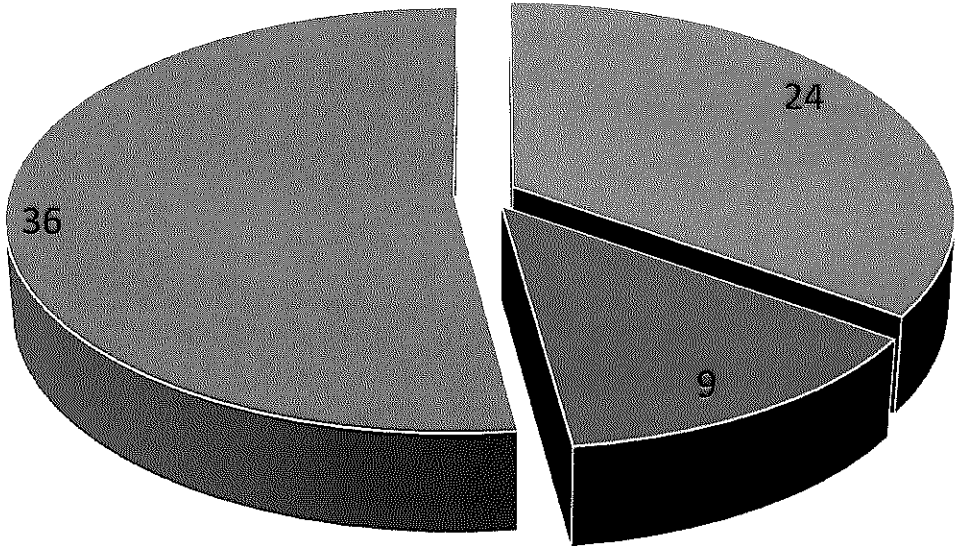| Totals:		Totals
H = 19		I = 24
M = 45		ST = 36
L = 5		LT = 9

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 6

Exhibit 6 - Open Recommendation Risk Urgency/Importance as of November 15, 2024

Time to Implementation

■ Immediate   ■ Long-Term   ■ Short-Term
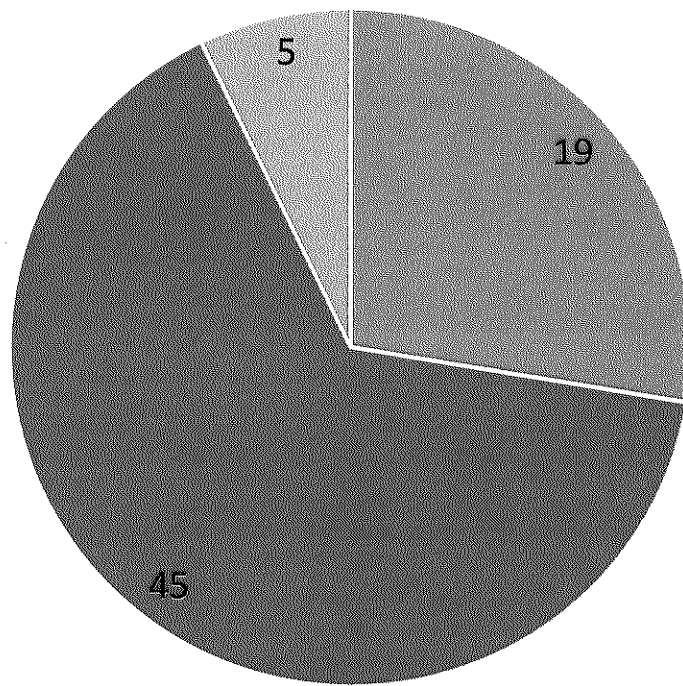
PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 7

Exhibit 7 - Open Recommendation Risk Level as of November 15, 2024

Risk Ranking of Open Recommendations

High Risk   Medium Risk   Low Risk

PALM BEACH COUNTY AUDIT COMMITTEE

DECEMBER 11, 2024

RECOMMENDATION STATUS REPORT

EXHIBIT 8

Exhibit 8 - Open Recommendation Risk Ranking By Department – as of November 15, 2024

Risk Levels by Department

Department	Low Risk	Medium Risk	High Risk
PZB - Building Division			
OEBO			
ISS (Countywide)			
HED			
FDO/Fleet			
FDO/ESS			

Horizontal axis: 0, 2, 4, 6, 8, 10, 12, 14, 16

Legend: ▦ Low Risk ▦ Medium Risk ▦ High Risk