



PERFORMANCE AUDIT REPORT

Follow-Up Audit: Reviewing Agencies' Implementation of Selected Performance Audit Recommendations

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
March 2019**

Legislative Division of Post Audit

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To: Members, Legislative Post Audit Committee

This report contains the findings from our completed performance audit, *Follow-Up Audit: Reviewing Agencies' Implementation of Selected Performance Audit Recommendations*. Meghan Flanders was the audit supervisor. Kristen Rottinghaus was the audit manager.

We would be happy to discuss the findings presented in this report with any legislative committees, individual legislators, or other state officials.

Sincerely,

A handwritten signature in black ink that reads "Justin Stowe". The signature is written in a cursive, flowing style.

Justin Stowe
Legislative Post Auditor

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Table of Contents

Introduction	1
Question 1: To What Extent Have Agencies Implemented Selected Audit Recommendations from Performance Audits Issued in Recent Years?	3
Appendix A: Agency Response.....	15
Appendix B: Cited References.....	19

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Follow-up Audit: Reviewing Agencies' Implementation of Selected Performance Audit Recommendations

Background Information

The Legislative Post Audit Committee's rules include a follow-up process to determine whether agencies have implemented the recommendations from our past audits. The follow-up process has two parts. First, the Legislative Division of Post Audit follows up with each agency twice each calendar year and asks officials to self-report their progress in implementing recommendations. Second, the Post Auditor prepares an audit proposal each year that lists "previous audit recommendations for which follow-up audit work is necessary to independently ascertain whether such agency or other entity has implemented the audit recommendations." In 2018, the committee approved the proposal Post Audit staff prepared for that purpose, which led to this audit.

Objectives, Scope, and Methodology

On April 25, 2018, the Legislative Post Audit Committee approved a proposal for an audit to evaluate the extent to which three agencies had implemented recommendations from three of our prior audits. Those audits were:

- Foster Care and Adoption in Kansas: Reviewing Various Issues Related to the State's Foster Care and Adoption System, Part 1 (July 2016)
- Department of Corrections: Evaluating Safety Issues at the Kansas Juvenile Correctional Complex (September 2015)
- K-12 Education: Reviewing Virtual Schools Costs and Student Performance (January 2015)

This performance audit answers the following question:

- 1. To what extent have agencies implemented selected audit recommendations from performance audits issued in recent years?**

To answer this question, we collected documents from each agency to evaluate whether reasonable steps had been taken to implement our audit recommendations. In addition, we interviewed officials from each agency to resolve additional questions and review our findings.

However, we only did what was necessary to evaluate whether the agency had implemented the previously issued recommendations. We did not re-evaluate the programs or the problems found in the original audit work. Therefore, a finding that a recommendation was implemented does not necessarily mean the underlying problems have been completely fixed. Also, because of turnover at our agency and the agencies being audited, staff with firsthand

knowledge of the original audit work were not always available. In those cases, we used our professional judgment to determine the meaning and scope of our original recommendations.

Audit standards require that we report on any work we did related to internal controls. Our work reviewed whether recommended internal controls were implemented. We did not evaluate the effectiveness of the implemented internal controls.

***Compliance with
Generally Accepted
Government Auditing
Standards***

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Question 1: To What Extent Have Agencies Implemented Selected Audit Recommendations from Performance Audits Issued in Recent Years?

We determined the agencies fully implemented two of the six recommendations we selected for review in our three prior audit reports. As part of a 2016 audit of the Department for Children and Families' (DCF) policies and procedures to ensure the safety of children, we found problems related to background checks and monthly in-person visits and issued two recommendations (p. 4). We determined the department partially implemented one recommendation and fully implemented the other (p. 5). As part of a 2015 audit to follow up on safety issues at the Kansas Juvenile Correctional Complex (KJCC), we found continued issues with supervision of juvenile offenders, tool inventory and destruction, and tracking of disciplinary actions and issued three recommendations (p. 8). We determined KJCC fully implemented one recommendation and partially implemented two recommendations (p. 9). As part of a 2015 audit to follow-up on issues related to the Kansas Department of Education's (KSDE) oversight of virtual schools, we found two additional issues related to oversight and issued one recommendation (p. 11). We determined KSDE partially implemented the recommendation (p. 12).

2016 FOSTER CARE AND ADOPTION AUDIT (PART 1)

Background Checks and Monthly In-Person Visits Help Ensure the Safety of Children in Foster Care

Several entities are responsible for ensuring the safety of the children in the Kansas foster care system. Kansas privatized its foster care services in 1997. As a result, several entities are involved in administering and implementing the state's foster care system. Three key entities include the Department for Children and Families (DCF), case management contractors, and child placing agencies. DCF oversees the state's foster care system and is ultimately responsible for the safety and well-being of children in foster care. The state's two case management contractors currently provide most of the day-to-day placement and case management services. Those include directing clients to appropriate services and monitoring children's placements with foster families or relatives. They subcontract with other child placing agencies that sponsor foster homes and match children with foster placements.

DCF, the case management contractors, and child placing agencies use background checks and monthly in-person visits to ensure children's safety. Generally, these agencies are responsible for things like licensing foster homes, creating and

monitoring case plans, and directing clients to other appropriate services (e.g. mental health services). The two specific safety measures relevant to this audit are background checks and monthly visits.

- **Background checks ensure people convicted of certain prohibited offenses do not reside, work, or volunteer in foster homes.** In Kansas, anyone who has been convicted of certain crimes such as sex offenses, drug offenses, or crimes against persons is prohibited from living, working, or volunteering in a foster home. State law requires people living, working or volunteering in a foster home, or relatives of a child, to receive a state and federal background check. In 2016, DCF used three types of background checks to meet state legal requirements:
 - a fingerprint-based check against the Kansas Bureau of Investigation (KBI) and Federal Bureau of Investigation (FBI) criminal history databases (a one-time check)
 - a name-based check against the KBI's criminal history database (annually)
 - a name-based check against the child abuse registry maintained by DCF (annually)

Currently, DCF manages background checks for foster families and requires the case management contractors to manage them for relative placements.

- **Monthly in-person visits help ensure children are safe while they are in foster care and shortly after they are adopted or reintegrated with their families.** Another key step to ensuring children are safe is to regularly visit them in person. In 2016, DCF required three types of monthly in-person visits in the state contracts and their policies:
 - Case-management staff were required to have monthly in-person visits with children in foster care to assess their safety and well-being while in foster care.
 - Child placing agencies were required to make monthly visits to foster homes to support the family, coordinate services, and assess the status of children in the home while in foster care.
 - Case-management staff were required to continue monthly visits for 12 months after the children returned home or were adopted.

Our 2016 Audit Identified Issues Related to Background Checks and Monthly In-Person Visits

Our 2016 audit of DCF had three questions, one of which dealt with whether DCF was following adequate policies and procedures to ensure the safety of children during the removal and placement process. As part of that work, we identified two issues:

- **DCF did not ensure that background checks of individuals in foster homes happened as often or as thoroughly as they should.** Our 2016 audit found that although sampled foster homes had initial background checks, nearly all lacked annual name-based KBI checks and child abuse registry checks. Additionally, fingerprint-based checks were not completed for individuals, other than parents,

in the selected homes. There were similar issues for relative placements.

- **DCF did not always take steps to ensure that monthly in-person visits happened for children in foster care, adoptive homes, or for children reintegrated with their family.** In 2016, we could not determine whether case-management staff and child placing agencies completed a majority of the sampled monthly visits with children in foster care because of poor documentation or because of the quality of the visit. Additionally, case-management staff did not conduct monthly aftercare visits with children who had been adopted because DCF policy appeared to conflict with the contractual requirement for monthly aftercare visits.

Our 2016 audit included two recommendations to address these issues.

DCF Partially Implemented One Recommendation and Fully Implemented One Recommendation Made in the 2016 Audit

We interviewed DCF officials, reviewed their policies, and were shown examples of their data collection process to evaluate actions they had taken to implement our prior audit recommendations. We did not review further actions DCF may have taken as a result of implementing our recommendations.

Recommendation #1: *To address the issues with background checks, DCF should: (a) revise policies and processes to ensure that name-based background checks and child abuse and neglect registry checks are completed annually instead of every three years as current policy requires, (b) review and reconcile regulatory and state statutory requirements for fingerprint based checks of all individuals residing, working, or volunteering in a foster home, (c) review and reconcile regulatory and state statutory requirements to ensure that foster home license renewals and background checks are completed annually, (d) revise policies and processes to ensure that individuals in a foster care home who become ten years of age have KBI background checks and child abuse and neglect registry checks annually as required by law, (e) train staff on revised policies, and (f) for relative placement, revise the process to ensure annual name-based KBI background checks and DCF child abuse and neglect registry checks are completed on all individuals over the age of ten in the home.*

Status – Partially Implemented: DCF made significant changes to the background check requirements and process; however, some processes were not in policy and DCF did not have a process to ensure name-based registry checks were completed for relative placements.

At the time of this audit (January 2019), DCF met the requirement for a one-time KBI and FBI fingerprint-based check and the annual

KBI name-based check by requiring fingerprinting of all individuals over the age of 14. This included everyone working, residing, and regularly volunteering in foster homes and all members of a relative placement's household. DCF managed background checks for foster families and required the case management contractors to manage them for relative placements. Once fingerprinted, the individual received a one-time national criminal history check and was enrolled in the KBI RapBack program. The KBI RapBack program notified DCF of all updates in a person's Kansas criminal history in real time. DCF officials told us they had recently begun confirming the case management contractors were collecting fingerprints as required; however, DCF policy was not updated to include that process or the process for the RapBack program.

In addition to the KBI RapBack program, individuals were required to receive a separate child abuse and neglect registry check. To meet this requirement, DCF policy required all individuals in foster homes and relative placements to have an annual name-based child abuse and neglect registry check. DCF ran these checks for individuals in foster homes, but the case-management contractors ran the checks for those in relative placements. DCF did not have a process to confirm the contractors ran the checks on all individuals as required.

The background-check requirements were different for children younger than 14. DCF regulations and policy required children aged 10 to 13 (but not in foster care) to receive annual name-based KBI checks and annual child abuse registry checks. However, it exempted them from fingerprint-based checks because the KBI and Attorney General advised DCF that adult criminal activity is not reported before the age of 14. Each year, foster homes were required to file updated forms listing all people over the age of 10 living, working, or volunteering in the home. The information on this form was entered into a DCF database for foster homes so DCF could track children aged 10 to 13 who needed name-based checks. DCF did not have a process to confirm these checks were completed by contractors for children in relative placements.

As part of our work, DCF showed us the database used to track foster home fingerprint and name-based checks. Although we did not determine if the database was complete or current, it provided evidence the system was being used and had resulted in DCF being notified of changes in people's criminal history records. We did not contact the contractors for evidence concerning fingerprint and name-based checks on relatives, but we saw evidence provided by DCF that it was auditing fingerprint-based checks managed by contractors.

Recommendation #2: *To address the issues related to monthly in-person visits for children in foster care, for children in adoptive placements, and for children returning home, DCF should: (a) review and clarify the inconsistencies between policies and contractual obligations of contractors to ensure the safety of children regardless of the placement, (b) regularly monitor a sample of cases to ensure that case-management staff are conducting the required monthly in-person visits and considering implementing penalties for non-compliance, and (c) regularly monitor a sample of cases to ensure that child placing agencies are conducting required monthly visits with foster homes and consider implementing penalties for noncompliance.*

Status – Implemented: DCF updated its policies to require case management contractors to attempt monthly visits with a child and their adoptive family for 12 months after the adoption (which matches the contractual requirements). Also, DCF created an audit unit to provide additional oversight of the child welfare system, including monthly visits by case management staff and child placing agencies.

DCF officials said the audit unit will examine many child welfare issues like monitoring contract and performance outcomes and periodically reviewing a sample of contractors’ cases for compliance to policy and procedures, contract terms, and outcomes. Officials provided copies of recently released audit work that specifically looked at monthly visits conducted by case-management staff and child placing agencies. Officials told us they plan to examine this issue again in the future; however, it likely would not be until 2020 because of upcoming changes in contracts and grants.

KANSAS JUVENILE CORRECTIONS COMPLEX AUDIT (2015)

***KJCC is the State
Juvenile Correctional
Facility in Kansas***

The Kansas Juvenile Correctional Complex (KJCC) in Topeka houses both male and female juvenile offenders. Various facility staff are involved with the daily care, custody, management, and treatment of juvenile offenders. In early December 2018, KJCC provided maximum and medium security beds for 150 male and 7 female juvenile offenders. In addition to being a correctional facility, KJCC provides a variety of other services and programs, including educational, psychological health, chaplaincy, activity therapy, and substance abuse programs. The Department of Corrections oversees KJCC’s operations.

We completed an audit of the safety and security at KJCC in 2012 and a follow-up audit in 2015. Our 2012 audit identified problems related to safety and security, personnel management,

and KJCC's overall security environment. Specifically, we found staff had not adequately supervised offenders, routinely allowed doors to be propped open or unlocked, and did a poor job of keeping prohibited items outside the facility. These issues were of such importance that the Legislative Post Audit Committee directed us to conduct additional work examining whether KJCC had taken adequate action to correct the problems we found in 2012. That work was completed in 2015.

Our 2015 Audit Identified Continued Issues with Supervision of Juvenile Offenders, Tool Inventory and Destruction, and Tracking of Disciplinary Actions

In 2015, we found many improvements had been made since 2012 but the audit identified three continued issues relevant to this follow-up audit:

- **KJCC staff did not adequately supervise juvenile offenders.** By policy, correctional officers must conduct visual checks of juvenile offenders at regularly timed intervals to ensure their safety and security. They are to document those visual checks in a paper log. The sample work completed in 2015 showed officers either missed or were late in conducting visual checks of juvenile offenders in general population units, segregation units, and on suicide precaution. In the three cases related to offenders on suicide precaution, staff documented they had completed the checks even though video surveillance showed they had not. In 2015, KJCC staff told us they had issued a verbal directive requiring supervisors to verify correctional officers' logs. However, that supervisory review was not documented, nor was the process memorialized in policy.
- **KJCC officials did not appear to follow a consistent process regarding damaged tools.** KJCC staff use a variety of tools throughout the facility for maintenance (e.g., saws and hammers), vocational programs (e.g., drills and screwdrivers), and eating utensils (e.g., forks and knives). Policies required the tool specialist (the staff person who oversees the facility's tool inventory) to destroy broken or unserviceable tools within one month of being turned in. However, the 2015 audit showed tools were not destroyed monthly. Instead, staff would typically wait until the destruction bin was full. Also, several tools that had been salvaged and repurposed could not be accounted for with the facility's tracking system.
- **KJCC's database for managing staff disciplinary actions was not maintained or updated in a way that officials could use it to ensure staff discipline was consistent and increasingly severe.** When staff do not follow facility protocol, officials can assign varying levels of discipline. In 2012, officials did not maintain accurate or complete data on these disciplinary actions, which contributed to a lack of consistent and increasingly severe discipline. By 2015, KJCC officials had created a human resources database to track disciplinary actions. However, we found the database was not properly maintained. For example, we found several employee records in the database were missing at least one disciplinary action and some fields were too generic to be useful in determining further disciplinary actions (e.g., cited a failure to follow policies and procedures with no additional information).

Our 2015 audit included three recommendations to address these issues.

***KJCC Fully Implemented
One Recommendation and
Partially Implemented
Two Recommendations
Made in Our 2015 Audit***

We interviewed agency officials and reviewed documents including general orders, policies, and internal reports to evaluate the actions they had taken to implement our prior audit recommendations. We did not review further actions KJCC may have taken as a result of implementing our recommendations.

Recommendation #1: *To address issues related to supervision of juvenile offenders, KJCC officials should develop a formal and documented process to verify that officers perform visual checks on juvenile offenders as required.*

Status – Partially Implemented: KJCC has not implemented a formal process to verify that officers perform visual checks on juvenile offenders as requested. KJCC officials described a process to verify visual checks and document the verification, but the process was not in policy.

At the time of this audit (January 2019), correctional officers were still required to log their visual checks of offenders during their shifts. KJCC officials told us supervisors check a sample of officers' logs twice per week to ensure the logs are complete and visual checks are completed timely. During the review, supervisors verify the logs have appropriate entries and review video surveillance to confirm visual checks were completed as documented. Supervisors document this review on a form and turn it in to the shift supervisor. We reviewed an example of this form at KJCC as evidence that supervisors were reviewing logs and video surveillance then documenting their review. We did not conduct test work to determine whether the reviews were happening twice each week. The process to conduct the twice-per-week review was not included in a written policy. Officials told us they did not know why this process was not in policy, but the Superintendent reported she put the topic on the agenda of their next policy update meeting.

Recommendation #2: *To address inadequate tool destruction and inventory of repurposed tools, KJCC officials should develop and implement a process to ensure the master inventory is updated to reflect any final action taken on the repurposed tools.*

Status – Implemented: KJCC officials took steps to address the findings regarding inadequate tool destruction by destroying tools monthly as required by policy. We reviewed almost two years of tool destruction logs and found, except for a four-month period

where the tool specialist position was vacant, the destruction of tools generally was conducted monthly.

At the time of this audit (January 2019), the facility had not developed or implemented a process to update the master inventory on repurposed tools because staff told us they no longer repurpose tools. Therefore, this part of the 2015 recommendation is no longer applicable.

Recommendation #3: *To address the issues concerning an inadequate process to track disciplinary actions over time, KJCC officials should (a) continue to develop and implement a disciplinary database that is complete, accurate, and provides sufficient detail on violations, and (b) develop a process for periodically reviewing the information in that database.*

Status – Partially Implemented: KJCC officials reported continuing to develop and implement a disciplinary database. However, officials reported the database had not been consistently maintained over time.

KJCC officials reported in January 2016 that they had compared all paper personnel files to the disciplinary database for accuracy and completeness and that they would conduct such a reconciliation annually. Because of turnover, we were not able to confirm if this happened. At the time of this audit, the human resource manager had only been in the position for eight months. He told us he developed and implemented a new disciplinary database that has about six months of data, but that he did not have access to the previous human resource manager's disciplinary database for 2015-2017 because it could not be located. During the audit, officials located the previous years' data and made it available to the current HR manager. We reviewed the current database at a high level, and it appeared to contain the appropriate fields to track disciplinary action. We did not review the previous HR manager's database, but we did confirm it was made available. The HR manager described a process of using and updating the database with each new disciplinary action request, but he was not aware of any plans to reconcile the database annually.

***KSDE Approves Kansas
Virtual Schools’
Compliance with
Department
Requirements***

Virtual schools deliver instruction predominately through internet-based methods and connect teachers and students who are separated by time and location. The 2008 Virtual School Act placed virtual schools under the general supervision of the State Board of Education. As such, the board has adopted a process that requires KSDE to approve and monitor virtual schools.

A school district wanting to establish a new virtual school must go through many steps to be approved. Such steps include submitting documentation to KSDE confirming they meet all the requirements for a virtual school (e.g., employ Kansas-licensed teachers, adopt a policy for providing special education services) and participating in a conference call with KSDE staff to ask questions and share information about the operation of the virtual school. KSDE officials told us they approve schools to operate for a three-year time period. A school must be approved to receive state funding.

Once approved, the school must submit documentation annually to KSDE confirming that they continue to meet all the virtual school requirements. Every three years, KSDE audits the school and requires another conference call with KSDE staff before renewing approval to operate for another three years. If the school does not meet all the requirements, KSDE notifies the school of the deficiency and requires them to submit a plan or additional documentation to address the deficiency. If deficiencies are not fully addressed prior to renewing their approval, KSDE audits the school each year until the deficiencies are corrected.

We completed an audit of KSDE’s oversight of virtual schools in 2007 and a follow-up audit in 2015. Our 2007 audit identified issues with KSDE’s oversight of virtual schools. Among the problems identified were that KSDE did not follow their own policies in overseeing virtual schools, and that many of the specific risks related to operating virtual schools were not adequately addressed in policy. The Legislative Post Audit Committee directed us to conduct additional work examining whether KSDE had addressed recommendations made in our 2007 audit. That work was completed in 2015.

***Our 2015 Audit Showed
KSDE Did Not Enforce
Certain Key Requirements***

Our 2015 audit found KSDE improved its oversight of virtual schools by implementing most of the recommendations from our 2007 audit related to oversight. For example, KSDE started formally notifying districts when their virtual school was approved, ensuring that registration forms were submitted on time,

and modifying its student database to identify virtual school students and where they lived. However, our 2015 audit found the following two issues related to virtual school oversight.

- **KSDE sometimes approved districts to operate virtual schools even though they did not meet all the requirements.** During our 2015 review of 14 virtual school applications, we found two districts had implemented processes that violated KSDE requirements. KSDE staff told us they approved the districts despite the violations because district officials said they would fix the issues. However, at the time of the audit KSDE staff had not yet followed up to verify the problems had been resolved.
- **KSDE also did not require virtual schools to submit a legally required teacher training report.** Virtual schools are not exempt from the general laws governing K-12 education in the state. In some instances, they have additional legal obligations that are specific to them. During the 2015 audit, none of the 14 districts we reviewed submitted annual reports detailing the training they provide to virtual school teachers as required by state law. KSDE was not prompting districts to submit the reports.

Our 2015 audit included one recommendation to address these issues.

KSDE Partially Implemented the Recommendation Made in the 2015 Audit

We interviewed agency officials and reviewed documents including a manual of requirements provided to virtual schools, examples of documents virtual schools submitted to KSDE, examples of findings letters notifying virtual schools of deficiencies, and an example of an approval letter in order to evaluate the actions KSDE had taken to implement our prior audit recommendations. We did not review further actions the department may have taken as a result of implementing our recommendations.

Recommendation #1: *To address the issues with virtual school oversight, KSDE should: (a) require that districts be in compliance with all virtual school requirements before issuing approval to a district, and (b) provide guidance to school districts regarding how and when virtual school teacher training reports need to be submitted to KSDE.*

Status – Partially Implemented: KSDE did not always require districts to comply with all requirements before issuing approval; however, it provided guidance to school districts regarding how and when to submit teacher training reports.

KSDE has not fully addressed the first part of our recommendation to require districts to comply with all requirements prior to issuing approval. KSDE officials told us they required new virtual schools

to comply with all requirements before issuing initial approval. However, officials told us they did not require renewing virtual schools to comply with all requirements before issuing renewed approval. Officials told us they required renewing districts to provide a statement on how they planned to address any identified deficiencies, but KSDE did not withhold approval if deficiencies were not corrected. Instead, they audited a virtual school with identified deficiencies each year instead of every three years. If KSDE withholds approval for a virtual school, that school would not be eligible for funding. Officials told us KSDE takes the position that it is not within the department's authority to stop an existing virtual school from operating.

KSDE incorporated teacher training reports into the annual renewal process. Each year, virtual schools must update their paperwork with KSDE, including a report on teacher training. KSDE provides the report form online. They also provide an informational manual that includes a checklist prompting schools to submit the report.

APPENDIX A
Agency Response

On January 22, 2019, we provided copies of the draft audit report to the Department of Children and Families, the Department of Corrections, and the State Board of Education. The agencies were not required to submit a formal response because this audit did not have any agency recommendations. Officials from the Department of Children and Families and the Department of Corrections chose to submit a formal response, which is included as this appendix.



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Laura Howard, Acting Secretary

Laura Kelly, Governor

January 30, 2019

Re: LPA Follow-up Audit – Reviewing Agencies’ Implementation of Selected Performance Audit Recommendations

Mr. Justin Stowe, Legislative Post Auditor
Legislative Division of Post Audit
800 Southwest Jackson Street, Suite 1200
Topeka, Kansas 66612-2122

Dear Mr. Stowe:

Thank you for the opportunity to respond to the draft follow-up audit report, *Reviewing Agencies’ Implementation of Selected Performance Audit Recommendations*. We appreciate the time your staff devoted to this follow-up audit work. The performance audit addressed the following question:

- 1) To what extent have agencies implemented selected audit recommendations from performance audits issued in recent years?

Previously, we communicated some minor wording clarifications and it is our understanding modifications will be made in the report to accommodate our suggestions. We are supportive of the report’s conclusions and appreciate the opportunity to work with your staff in providing information for this audit. We look forward to working further on the recommendations referenced in the report as they pertain to this agency.

Sincerely,

Laura Howard
Acting Secretary of Kansas Department for Children and Families

cc: Tanya Keys, Deputy Secretary, DCF Family Services
Patricia Long, Director, DCF PPS
Jay Davis, Audit Services, DCF

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Roger Werholtz, Secretary

Laura Kelly, Governor

January 28, 2019

Justin Stowe,
Legislative Post Auditor
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Dear Mr. Stowe,

The Kansas Department of Corrections (KDOC) has reviewed the provided draft of the limited-scope audit entitled *Follow-Up Audit: Reviewing Agencies' Implementation of Selected Performance Audit Recommendations*. Although no formal response is required because there were no agency recommendations, we provide this response on steps taken based on the report.

Recommendation #1 (2015 audit): *To address issues related to supervision of juvenile offenders, KJCC officials should develop a formal and documented process to verify that officers perform visual checks on juvenile offenders are required.*

Status-Partially Implemented- KJCC officials described a process to verify visual checks and document the verification, but the process was not in policy.

KDOC Response-KJCC has developed General Order 3129 which was adopted January 28, 2019.

Recommendation #3 (2015 audit): *To address the issues concerning an inadequate process to track disciplinary actions over time, KJCC officials should (a) continue to develop and implement a disciplinary database that is complete, accurate, and provides sufficient detail on violations, and (b) develop a process for periodically reviewing the information in that database.*

Status-Partially Implemented- KJCC officials reported continuing to develop and implement a disciplinary database. However, officials reported the database had not been consistently maintained over time.

KDOC Response-KJCC took the different spreadsheets (from previous HR managers) and moved it to a centralized location on the KJCC Shared Drive. They then organized the information and entered it into one spreadsheet. The HR Manager will also conduct annual audits of all current personnel files once the annual performance review period is over for the previous year.

I appreciate the professionalism and efficiency of the recent audit at KJCC. We will continue to work diligently in improving operations at KJCC.

Sincerely,



Secretary Roger Werholtz
Kansas Department of Corrections.

Attachment: General Order 3129 Safety and Security Welfare Checks

APPENDIX B

Cited References

This appendix includes a list of the reports cited in this report.

1. Foster Care and Adoption Kansas: Reviewing Various Issues Related to the State’s Foster Care and Adoption System, Part 1 (2016, July). *Kansas Legislative Division of Post Audit*.
2. Department of Corrections: Evaluating Safety Issues at the Kansas Juvenile Correctional Complex (2015, September). *Kansas Legislative Division of Post Audit*.
3. K-12 Education: Reviewing Virtual Schools Costs and Performance (2015, January). *Kansas Legislative Division of Post Audit*.