



STATE OF ILLINOIS  
**OFFICE OF THE  
 AUDITOR GENERAL**

Frank J. Mautino, Auditor General

**SUMMARY REPORT DIGEST**

**ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD**

Compliance Examination  
 For the Two Years Ended June 30, 2022

Release Date: July 13, 2023

FINDINGS THIS AUDIT: 22				AGING SCHEDULE OF REPEATED FINDINGS			
	<u>New</u>	<u>Repeat</u>	<u>Total</u>	<u>Repeated Since</u>	<u>Category 1</u>	<u>Category 2</u>	<u>Category 3</u>
<b>Category 1:</b>	<b>5</b>	<b>6</b>	<b>11</b>	2020	<b>22-15</b>	22-01, 22-04	
<b>Category 2:</b>	7	3	10	2018	<b>22-07, 22-20</b>		
<b>Category 3:</b>	<u>1</u>	<u>0</u>	<u>1</u>	2016		22-14	
<b>TOTAL</b>	<b>13</b>	<b>9</b>	<b>22</b>	2014	<b>22-10</b>		
				2012	<b>22-18</b>		
				2008	<b>22-06</b>		
<b>FINDINGS LAST AUDIT: 9</b>							

**INTRODUCTION**

Because of the significance and pervasiveness of the findings described within the report, we expressed an **adverse opinion** on the Illinois Law Enforcement Training and Standards Board’s (Board) compliance with the specified assertions which comprise a State compliance examination. The Codification of Statements on Standards for Attestation Engagements (AT-C § 205.74) states a practitioner “should express an adverse opinion when the practitioner, having obtained sufficient appropriate evidence, concludes the misstatements, individually or in the aggregate, are both material and pervasive to the subject matter.”

**SYNOPSIS**

- **(22-13)** The Illinois Law Enforcement Training and Standards Board (Board) had not established adequate computer security controls.
- **(22-15)** The Board did not maintain adequate controls over the filing of its Agency Workforce Reports for Fiscal Years 2020 and 2021.
- **(22-18)** The Board did not maintain sufficient controls over its equipment and related fiscal records.
- **(22-20)** The Board did not maintain adequate controls over contracts.

<b>Category 1:</b>	Findings that are <b>material weaknesses</b> in internal control and/or a <b>qualification</b> on compliance with State laws and regulations (material noncompliance).
<b>Category 2:</b>	Findings that are <b>significant deficiencies</b> in internal control and <b>noncompliance</b> with State laws and regulations.
<b>Category 3:</b>	Findings that have <b>no internal control issues but are in noncompliance</b> with State laws and regulations.

## FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

### **INADEQUATE COMPUTER SECURITY CONTROLS**

The Illinois Law Enforcement Training and Standards Board (Board) had not established adequate computer security controls.

The Board utilizes the services of the Department of Innovation and Technology (DoIT) for its Central Time and Attendance System (CTAS) and Central Payroll System (CPS) applications. The Board is responsible for complying with Complementary User Entity Controls (CUECs) identified in DoIT's System and Organization Controls (SOC) report. During our testing, the Board was unable to provide the following:

**Did not provide a listing of security software IDs and access security reports**

- a listing of the Boards' security software identifications (IDs);
- access security reports over CPS and CTAS; and
- documentation of access reviews performed.

**Did not provide documentation of access reviews**

As a result, we were unable to determine if the Board was granting access to CTAS and CPS based on job duties, maintaining segregation of duties, revoking access to separated employees, and conducting regular access reviews.

**Did not review DoIT's SOC reports**

In addition, the Board did not obtain and review DoIT's SOC reports. (Finding 13, pages 36-37)

We recommended the Board implement controls to ensure only authorized individuals have access to its application and data. Further, we recommended the Board obtain DoIT's SOC reports and document their review, monitor and document the operation of CUECs related to the Board's operations, either obtain and review SOC reports for subservice organizations or perform alternative procedures to satisfy itself that the existence of the subservice organization would not impact its internal control environment, and document the review of the SOC reports and all significant issues with subservice organizations to ascertain if a corrective action plan exists and when it will be implemented, any impact to the Board, and any compensating controls.

**Board officials accepted the finding**

Board officials accepted the finding.

## **INADEQUATE CONTROLS OVER AGENCY WORKFORCE REPORTS**

The Board did not maintain adequate controls over the filings of its Agency Workforce Reports (Report) for Fiscal Years 2020 and 2021.

**Supporting documentation did not agree to the Report**

**Did not provide certain supporting documentation**

Based on review of the Board's Fiscal Year 2020 and Fiscal Year 2021 Reports that were due in Fiscal Year 2021 and Fiscal Year 2022, respectively, we noted the Board's supporting documentation for Fiscal Year 2021 did not agree to the Report. Further, the Board did not provide supporting documentation for the number of workers broken out by contractual, positions opening, opening filled – new hires, and opening filled – promotion, reported in Fiscal Year 2020 and Fiscal Year 2021 Reports.

**The corrected Reports were filed late with the Governor's Office and Office of the Secretary of State**

In addition, during our prior examination of the two years ended June 30, 2020, we noted problems with the Board's Report for both Fiscal Year 2018 and Fiscal Year 2019 as described in Finding 2020-001. As such, we recommended the Board file corrected Reports for these years with the Governor's Office and the Office of the Secretary of State within 30 days after the Board's *Compliance Examination* report released by the Auditor General. However, we noted the Board filed the corrected Reports 394 and 398 days late with the Governor's Office and Office of the Secretary of State, respectively. (Finding 15, pages 40-41)

We recommended the Board implement procedures to ensure the Reports are accurate and timely filed in compliance with the Act. Additionally, we recommended the Board maintain sufficient documentation to support the preparation and accuracy of the Reports. Finally, we recommended the Board file corrected Reports with the Governor's Office and Office of the Secretary of State within 30 days after the release of this compliance report.

**Board officials accepted the finding**

Board officials accepted the finding and stated the issue was caused because of key employee turnover making it difficult to accurately prepare the report due to unfamiliarity with the requirements.

## **INSUFFICIENT CONTROLS OVER EQUIPMENT**

The Board did not maintain sufficient controls over its equipment and related fiscal records.

We noted several deficiencies and weaknesses within the Board's property control process, as noted below:

### Property Reporting

During testing, we noted the Board did not maintain detailed supporting documentation of its quarterly *Agency Report of State Property* reports (Form C-15s) filed with the Office of the Comptroller (Comptroller). As of June 30, 2021, and June 30, 2022, the Board reported total property of \$304,923 and \$388,640, respectively. Due to the lack of detailed documentation, we were unable to perform the following compliance examination procedures:

**Property additions reported on Form C-15s did not agree to supporting documentation**

- The property additions reported on the Board’s Form C-15s submitted to the Comptroller could not be agreed to supporting documentation for all quarters in Fiscal Year 2021 and for the first quarter in Fiscal Year 2022.

**Property deletions reported on Form C-15s did not agree to supporting documentation**

- The property deletions reported on the Board’s Form C-15s submitted to the Comptroller could not be agreed to supporting documentation for the first quarter in Fiscal Year 2021 and for the fourth quarter in Fiscal Year 2022.

Due to these conditions, we were unable to conclude whether the Board’s population records to support the Form C-15s were sufficiently precise and detailed under the Attestation Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.36) to test the Board’s equipment records.

**Even given the population limitations noted above which hindered our ability to conclude whether the Form C-15s were complete and accurate**, we performed a review of the Board’s annual inventory certifications, quarterly Form C-15 reports, and equipment items.

### Annual Inventory Certifications

During testing of annual inventory certification, we noted the following:

**A laptop was incorrectly listed as “unable to locate”**

- A laptop with acquisition cost of \$570 was incorrectly listed as “unable to locate” in the inventory listing reported on the Fiscal Year 2022 Inventory Certification Report. When we followed up on this matter with the Board officials, they indicated the laptop was subsequently found and tagged for surplus.

**Inventory Certification Reports were submitted 168 and 87 days late**

- Fiscal Year 2021 and Fiscal Year 2022 Inventory Certification Reports were submitted 168 and 87 days late, respectively, to the Department of Central Management Services (CMS).

**C-15 report was submitted four days late.**

Agency Reports of State Property (Form C-15)

During testing, we noted one of eight (13%) C-15 reports was submitted to the Comptroller four days late.

Equipment Items

During testing of 120 equipment items, split between a sample of 60 items traced from the Board's property listing and 60 items in service at the Board, we noted the following issues:

**Equipment items were unable to be located**

- One of 60 (2%) equipment items, totaling \$715, selected from the Board's property listing was unable to be located. Board officials indicated it was a surplus equipment; however, upon further verification we noted this item was not included in the Board's surplus inventory report.

**Equipment items were not included on the annual inventory report**

- One of 60 (2%) equipment items, totaling \$709, selected from the Board's property listing was unable to be located. Board officials indicated this item could not be located since Fiscal Year 2020.

**Tagged equipment items were not added to the inventory records**

- Nine of 60 (15%) equipment items selected at the Board were not included on the annual inventory report submitted to CMS.
- Nine of 60 (15%) equipment items selected at the Board were tagged but were not included on the Board's inventory records.

Additions and Deletions

During testing, we noted the following:

**Unable to provide invoices for equipment purchased**

- For eight of 28 (29%) equipment items purchased, totaling \$3,896, the Board was unable to provide invoices. As a result, we were unable to determine if assets were recorded at their proper values in the Board's property control records.

**Delivery charges were not included in the acquisition value of the equipment**

- For twenty of 28 (71%) equipment items purchased, totaling \$16,557, delivery charges were not included in the acquisition value of the equipment.

**Purchased items were added to the property records prior to the actual delivery date**

- Twenty of 28 (71%) computers purchased, totaling \$16,557, were added to the Board's property records between 33 and 48 days prior to the actual delivery date of the computers.

**Inaccurate surplus inventory**

- One of 20 (5%) equipment items, in the amount of \$715, was listed as surplus; however, upon auditor's further inquiry, the Board has located

this item at its Chicago Office. (Finding 18, pages 47-50) **This finding has been reported since 2012.**

We recommended the Board strengthen its controls over recording and reporting of its State property and equipment transactions. Furthermore, we recommended the Board implement a corrective action plan to identify and correct its accumulated property and equipment errors.

**Board officials accepted the finding**

Board officials accepted the finding and stated the Board's new Chief Fiscal Officer and Lead Accountant have embraced the Enterprise Resource Planning system which should address and prevent such findings in the future. Board officials also stated they entered an intergovernmental agreement with CMS's internal auditors to assist in addressing the finding.

**INADEQUATE CONTROLS OVER CONTRACTS**

The Board did not maintain adequate controls over contracts.

During testing of four contracts, we noted the following:

**Did not file Contract Obligation Documents (COD) with the Comptroller**

- Two (50%) contracts, totaling \$71,000, did not have Contract Obligation Documents (COD) filed with the Office of Comptroller (Comptroller). However, we noted the individual vouchers related to these contracts submitted to the Comptroller for payment did not exceed \$20,000.

**Contracts were signed between two and 242 days late**

- Four contracts (100%), totaling \$144,000, were signed between two and 242 days after the start of the contract term.

**One contract did not have the vendor taxpayer identification number**

- One (25%) contract, totaling \$35,000, did not indicate the vendor taxpayer identification number, and its corresponding certification page was not signed.

**Contracts omitted certifications required by laws, rules and regulations**

- Three (75%) contracts, totaling \$109,000, omitted some or all of the applicable contract certifications required by laws, rules and regulations. (Finding 20, pages 53-54). **This finding has been reported since 2018.**

We recommended the Board strengthen its controls to ensure contracts are properly executed prior to the start of the contract term. Further, we recommended the Board ensure CODs are filed with the Comptroller in accordance with the State statutes. Finally, we recommended the Board ensure contracts include all applicable contract certifications in accordance with laws, rules and regulations.

**Board officials accepted the finding**

Board officials accepted the finding and stated the new Chief Fiscal Officer was working to address the current finding and putting in place safeguards to prevent similar future findings.

**OTHER FINDINGS**

The remaining findings pertain to failure to timely file FCIAA certifications; lack of required Board members; noncompliance with Debt Transparency Act, issuing letters, the Police Training Act, and the Governmental Ethics Act; failure to timely provide engagement documentation; voucher processing weaknesses; inadequate controls over telecommunication devices; appropriation transfers; Agency Fee Imposition Report; monthly reconciliations; awards and grants; receipts; employee attendance and leave requests; census data; personal services; and vehicles. We will review the Board’s progress towards the implementation of our recommendations in our next compliance examination.

**ACCOUNTANT’S OPINION**

The accountants conducted a compliance examination of the Board for the two years ended June 30, 2022, as required by the Illinois State Auditing Act. Because of the effect of the noncompliance described in Finding 2022-001 through Finding 2022-022, the accountants stated the Board did not materially comply with the specified requirements described in the report.

This compliance examination was conducted by Roth & Co., LLP.

**SIGNED ORIGINAL ON FILE**

---

JANE CLARK  
Division Director

This report is transmitted in accordance with Section 3-14 of the Illinois State Auditing Act.

**SIGNED ORIGINAL ON FILE**

---

FRANK J. MAUTINO  
Auditor General

FJM:vrh