

**STATE OF ILLINOIS
OFFICE OF THE LIEUTENANT GOVERNOR
COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2023**

**Performed as Special Assistant Auditors
For the Auditor General, State of Illinois**



**STATE OF ILLINOIS
OFFICE OF THE LIEUTENANT GOVERNOR
STATE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2023**

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**STATE OF ILLINOIS
OFFICE OF THE LIEUTENANT GOVERNOR
STATE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2023**

AGENCY OFFICIALS

Lieutenant Governor	Honorable Juliana Stratton
Chief of Staff	Mr. Charles Watkins
Chief Operating Officer (07/01/21 – 06/30/23)	Ms. Valarie Rand
Deputy Chief of Staff - Chief Operating Officer (07/01/23 – Present)	Ms. Teresa Reyes
Deputy Chief of Staff - General Counsel (08/22/23 – Present)	Ms. Deborah Baker
Deputy Chief of Staff - General Counsel (08/01/23 – 08/21/23)	Vacant
Deputy Chief of Staff - General Counsel (11/05/21 – 07/31/23)	Ms. Natashee Scott
Deputy Chief of Staff - General Counsel (11/01/21 – 11/04/21)	Vacant
Deputy Chief of Staff - General Counsel (07/01/21 – 10/31/21)	Ms. Dartesia Pitts
Fiscal Officer	Ms. Jessica Allen

AGENCY OFFICES

The Office of Lieutenant Governor's primary administrative offices are located at:

State of Illinois Capitol
214 State House
Springfield, Illinois 62706

State of Illinois Building
555 W. Monroe Street, Suite 1500 NE
Chicago, Illinois 60661



JULIANA STRATTON

LIEUTENANT GOVERNOR
STATE OF ILLINOIS

MANAGEMENT ASSERTION LETTER

January 3, 2024

West & Company, LLC
Certified Public Accountants
919 E. Harris Avenue
Greenville, IL 62246

Ladies and Gentlemen:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the State of Illinois, Office of the Lieutenant Governor (Office). We are responsible for and we have established and maintained an effective system of internal controls over compliance requirements. We have performed an evaluation of the Office’s compliance with the following specified requirements during the two years period ended June 30, 2023. Based on this evaluation, we assert that during the years ended June 30, 2022, and June 30, 2023, the Office has materially complied with the specified requirements listed below.

- A. The Office has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Office has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions, or mandatory directions imposed by law upon such obligation, expenditure, receipt, or use.
- C. The Office has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the Office are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate, and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the Office on behalf of the State or held in trust by the Office have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Yours truly,

Office of the Lieutenant Governor

SIGNED ORIGINAL ON FILE

Ms. Juliana Stratton, Lieutenant Governor

SIGNED ORIGINAL ON FILE

Ms. Deborah J. Baker, Deputy Chief of Staff and General Counsel

SIGNED ORIGINAL ON FILE

Ms. Jessica Allen, Fiscal Officer

**STATE OF ILLINOIS
OFFICE OF THE LIEUTENANT GOVERNOR
STATE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2023**

STATE COMPLIANCE REPORT

SUMMARY

The State compliance testing performed during this examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the *Audit Guide*.

ACCOUNTANT’S REPORT

The Independent Accountant’s Report on State Compliance and on Internal Control over Compliance does not contain scope limitations, disclaimers, or other significant non-standard language.

SUMMARY OF FINDINGS

Number of	<u>Current Report</u>	<u>Prior Report</u>
Findings	4	3
Repeated Findings	3	1
Prior Recommendations Implemented or Not Repeated	0	1

SCHEDULE OF FINDINGS

<u>Item No.</u>	<u>Page</u>	<u>Last/First Report</u>	<u>Description</u>	<u>Finding Type</u>
Current Findings				
2023-001	8	2021/2021	Noncompliance with Statutory Mandates	Significant Deficiency and Noncompliance
2023-002	10	2021/2021	Weakness in Cybersecurity Programs and Practices	Significant Deficiency and Noncompliance
2023-003	12	2021/2019	Inadequate Controls Over Personal Services	Significant Deficiency and Noncompliance
2023-004	14	NEW	Failure to Fully Utilize the State’s Enterprise Resource Planning System	Significant Deficiency and Noncompliance

**STATE OF ILLINOIS
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EXIT CONFERENCE

The findings and recommendations appearing in this report were discussed with Office personnel at an exit conference on December 20, 2023.

Attending were:

Office of the Lieutenant Governor

Mr. Charles Watkins, Chief of Staff

Ms. Jessica Allen, Fiscal Officer

Ms. Deborah Baker, Deputy Chief of Staff – General Counsel

Ms. Teresa Reyes, Deputy Chief of Staff – Chief Operating Officer

Office of the Auditor General

Ms. Lisa Warden, Senior Audit Manager

West & Company, LLC – Special Assistant Auditors

Mr. Michael Lawler, Partner

Mr. Brandon Craycroft, Manager

Mr. Jacob Hill, Supervisor

The responses to the recommendations were provided by Deborah Baker, Deputy Chief of Staff – General Counsel, in a correspondence dated January 3, 2024.



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INDEPENDENT ACCOUNTANT'S REPORT
ON STATE COMPLIANCE AND ON INTERNAL CONTROL OVER COMPLIANCE

Honorable Frank J. Mautino
Auditor General
State of Illinois

Report on State Compliance

As Special Assistant Auditors for the Auditor General, we have examined compliance by the State of Illinois, Office of the Lieutenant Governor (Office) with the specified requirements listed below, as more fully described in the *Audit Guide for Financial Audits and Compliance Attestation Engagements of Illinois State Agencies (Audit Guide)* as adopted by the Auditor General, during the two years ended June 30, 2023. Management of the Office is responsible for compliance with the specified requirements. Our responsibility is to express an opinion on the Office's compliance with the specified requirements based on our examination.

The specified requirements are:

- A. The Office has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Office has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions, or mandatory directions imposed by law upon such obligation, expenditure, receipt, or use.
- C. The Office has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the Office are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate, and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the Office behalf of the State or held in trust by the Office have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants, the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the Illinois State Auditing Act (Act), and the *Audit Guide*. Those standards, the Act, and the *Audit Guide* require that we plan and perform the examination to obtain reasonable assurance about whether the Office complied with the

specified requirements in all material respects. An examination involves performing procedures to obtain evidence about whether the Office complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risks of material noncompliance with the specified requirements, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Our examination does not provide a legal determination on the Office's compliance with the specified requirements.

In our opinion, the Office complied with the specified requirements during the two years ended June 30, 2023, in all material respects. However, the results of our procedures disclosed instances of noncompliance with the specified requirements, which are required to be reported in accordance with criteria established by the *Audit Guide* and are described in the accompanying Schedule of Findings as items 2023-001 through 2023-004.

The Office's responses to the compliance findings identified in our examination are described in the accompanying Schedule of Findings. The Office's responses were not subjected to the procedures applied in the examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing and the results of that testing in accordance with the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

Report on Internal Control Over Compliance

Management of the Office is responsible for establishing and maintaining effective internal control over compliance with the specified requirements (internal control). In planning and performing our examination, we considered the Office's internal control to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the Office's compliance with the specified requirements and to test and report on the Office's internal control in accordance with the *Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of the Office's internal control. Accordingly, we do not express an opinion on the effectiveness of the Office's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with the specified requirements on a timely basis. A material weakness in internal control is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that material noncompliance with the specified requirements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control that we consider to be material weaknesses. However, we did identify certain deficiencies in internal control, described in the accompanying Schedule of Findings as items 2023-001 through 2023-004 that we consider to be significant deficiencies.

As required by the *Audit Guide*, immaterial findings excluded from this report have been reported in a separate letter.

The Office's responses to the internal control findings identified in our examination are described in the accompanying Schedule of Findings. The Office's responses were not subjected to the procedures applied in the examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing of internal control and the results of that testing based on the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

SIGNED ORIGINAL ON FILE

Greenville, Illinois
January 3, 2024

STATE OF ILLINOIS
OFFICE OF THE LIEUTENANT GOVERNOR
SCHEDULE OF FINDINGS – STATE COMPLIANCE FINDINGS
For the Two Years Ended June 30, 2023

2023-001 **FINDING** (Noncompliance with Statutory Mandates)

The Office of the Lieutenant Governor (Office) did not comply with certain provisions of statutory mandates related to councils, boards, commissions, and committees and lacked sufficient internal controls to ensure compliance.

During testing, we noted the following:

- The Lieutenant Governor failed to appoint seven members to the Restore, Reinvest, and Renew Program Board (R3 Board) during Fiscal Years 2022 and 2023. Four of the vacancies were for persons living or working in an R3 Area, two of the vacancies were for public officials of a municipal geographic jurisdiction that includes an R3 area, and one vacancy was for a member at large. As of the end of 2022, nearly \$145 million in grants had been awarded to 228 entities without R3 Board representation by all mandated parties.

The Cannabis Regulation and Tax Act (410 ILCS 705/10-40(e)(2)) requires the Lieutenant Governor to serve as chair and to appoint 26 members to the R3 Board.

- The Lieutenant Governor failed to timely appoint one member to the Illinois America 250 Commission (Commission) during Fiscal Year 2023. The appointment was made 377 days after the effective date of the Illinois America 250 Commission Act (Act). The delayed appointment prevented the member's representation in at least semi-annual meetings and an annual report and recommendations to the Governor and General Assembly required by the Act.

The Act (20 ILCS 4114/25) requires the Lieutenant Governor to appoint one member to the Commission. The Act became effective on May 27, 2022.

- The Lieutenant Governor failed to appoint ten public members from affected counties to the Military Economic Development Committee (Committee) during Fiscal Years 2022 and 2023.

The Civil Admin. Code (Code) (20 ILCS 605/605-215) created the Committee as an entity within the Office to coordinate the State's activities on and to act as a communications center for issues relating to current and former military bases in the State. The Code requires the Lieutenant Governor to serve as the Chair of the Committee and, along with the vice-chairs and in consultation with the full Committee, to appoint ten public members from counties or adjoining counties of a current or former military base site, and up to four members having military veteran or defense industry backgrounds from across the State of Illinois.

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2023-001 **FINDING** (Noncompliance with Statutory Mandates) (Continued)

- The Lieutenant Governor failed to appoint seven members representing stakeholder groups to the Commission on Children of Incarcerated Parents during Fiscal Year 2023. In addition, of the five appointments that were made, three (60%) appointments were filled between 72 and 81 days late.

The Code of Criminal Procedure of 1963 (725 ILCS 5/106G-5) requires the Lieutenant Governor to appoint 12 members to the Commission on Children of Incarcerated Parents no later than April 1, 2023.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls.

Office management indicated that other priorities and management oversight over the Office’s appointment process and coordination with multiple individuals and departments for appointments led to the noncompliance.

Failure to establish internal controls to identify statutory requirements and failure to perform mandated responsibilities prevents the Office from effectively serving the people of the State on the related councils, boards, committees, and commissions. (Finding Code No. 2023-001, 2021-001)

RECOMMENDATION

We recommend the Office implement a system of controls to ensure they identify all applicable State laws, timely appoint members and meet other mandated responsibilities for boards and other entities to help ensure the purpose of such entities is achieved.

OFFICE RESPONSE

The Office agrees with the recommendation. The absence of some appointments to the various Boards and Commissions was due to the appointment process which requires the coordination of multiple individuals and departments. Processes are being implemented to assess vacancies or expired terms and make the required appointments. With respect to the Illinois America 250 Commission Act which went into effect on May 27, 2022, the enacting statute does not provide a deadline by which the appointment should be made. However, the Office made an appointment to the Illinois America 250 Commission on June 8, 2023. With respect to the Commission on Children of Incarcerated Parents, the delayed appointment was due to oversight of the 90-day deadline.

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2023-002 **FINDING** (Weakness in Cybersecurity Programs and Practices)

The Office of the Lieutenant Governor (Office) had not implemented adequate internal controls related to cybersecurity programs, practices and control of confidential information.

The Illinois State Auditing Act (30 ILCS 5/3-2.4) requires the Auditor General to review State agencies and their cybersecurity programs and practices. During our examination of the Office’s cybersecurity program, practices and control of confidential information, we noted the Office had not:

- Developed a comprehensive, adequate security program (including policies, procedures, and processes as well as clearly defined responsibilities over the security of computer programs and data) to manage and monitor the regulatory, legal, environmental and operational requirements.
- Developed a risk management methodology, conducted a comprehensive risk assessment, or implemented risk reducing internal controls.
- Classified its data to identify and ensure adequate protection of information.
- Obtained results of vulnerability scans to ensure timely corrective actions were taken to remediate identified vulnerabilities.

The Framework for Improving Critical Infrastructure Cybersecurity and the Security and Privacy Controls for Information Systems and Organizations (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology requires entities to consider risk management practices, threat environments, legal and regulatory requirements, mission objectives and constraints in order to ensure the security of their applications, data, and continued business mission.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use and misappropriation and maintain accountability over the State’s resources.

Office personnel indicated the noncompliance was due to an insufficient understanding of their responsibilities; whereby, they believed the risk assessment and business impact analysis performed by the Department of Innovation and Technology was adequate for the agency.

The lack of adequate cybersecurity programs and practices could result in unidentified risk and vulnerabilities, which could ultimately lead to the Office’s confidential and personal information being susceptible to cyber-attacks and unauthorized disclosure. (Finding Code No. 2023-002, 2021-002)

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2023-002 **FINDING** (Weakness in Cybersecurity Programs and Practices) (Continued)

RECOMMENDATION

We recommend the Office work with DoIT to obtain a detailed understanding of the Office’s responsibilities related to cybersecurity controls. In addition, we recommend the Office:

- Develop a comprehensive, adequate security program to manage and monitor the regulatory, legal, environmental and operational requirements along with defining roles and responsibilities.
- Develop a risk management methodology, perform a comprehensive risk assessment, and implement risk reducing internal controls.
- Classify its data to establish the types of information most susceptible to attack to ensure adequate protection.
- Obtain the results of vulnerability scans to ensure timely corrective actions are taken to remediate identified vulnerabilities.

OFFICE RESPONSE

The Office agrees with the recommendations. The Office has already engaged DoIT in several ways to follow the above recommendations. For example, the Office conducted a multi-week, all-staff, risk assessment in consultation with DoIT.

With respect to “vulnerability scans,” the Office is in the process of training and understanding the vulnerability scans utilized by DoIT in order to review regularly. The Office will assume responsibility for making sure that DoIT is continuing to provide support and guidance for a risk management methodology, the classification of data, and obtaining the results of vulnerability scans to ensure timely corrective actions are taken. Additionally, the Office will continue working towards timely internal reviews over DoIT.

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2023-003 **FINDING** (Inadequate Controls Over Personal Services)

The Office of the Lieutenant Governor (Office) failed to maintain proper controls over its personal services functions.

- During testing of attendance records for seven employees, we noted:
 - Three (43%) employees submitted timesheets that were not timely completed by the employee. We noted eight of 60 (13%) instances in which timesheets were completed and/or approved from 1 to 30 days late.
 - One (14%) employee's submitted timesheet was approved 2 days late by the employee's supervisor.
 - Two (40%) of five permanent employees tested did not have documentation of a request or approval for four of four (100%) instances of equivalent earned time taken.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires State agencies to maintain a system, or systems, of fiscal and administrative controls. The Office's Employee Handbook (Handbook) required all employees to complete timesheets on a biweekly basis by noon on the following Monday. Timesheets must be approved by the employee's immediate supervisor or designee by the end of the day due and approved by the Chief Operating Officer, Deputy Chief of Staff and Chief of Staff by the following Wednesday. Effective May 24, 2023, the Handbook required all employees to complete their online timesheets so that the monthly close out can be accomplished by the 15th of the following month. The Handbook also states requests to use equivalent time for approved leave must be submitted in writing and have written approval 5 business days in advance by the Chief Operating Officer (except in extreme circumstances). Effective May 24, 2023, the Handbook required employees, when possible, to submit requests or notifications for vacation, personal, and equivalent earned time at least one week in advance of the start of the requested time off.

Office personnel indicated the untimely completed and approved timesheets and the lack of documentation of equivalent earned time being requested or approved were due to oversight.

Failure to maintain adequate fiscal and administrative controls over personal services could result in inaccurate time records and overpayment of payroll. (Finding Code No. 2023-003, 2021-003, 2019-001)

RECOMMENDATION

We recommend the Office establish and maintain fiscal and administrative internal controls to ensure timely submission, review, and approval of employee attendance records and to ensure employees submit requests and receive prior approval for use of earned equivalent time.

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2023-003 **FINDING** (Inadequate Controls Over Personal Services) (Continued)

OFFICE RESPONSE

The Office agrees with the recommendation. The Office takes great strides to follow the guidelines in the Office handbook, however, there are instances where attendance record submissions, review, and approvals can be challenging due to employees being out of the office or the need for corrections to timesheets. With respect to time off requests, the Office notes that the instances noted have to do with employees who are no longer with the Office and locating documentation of time off requests and approvals is challenging. Moving forward, the Office will make efforts to ensure that timesheets are completed and submitted within the timeline required, and will remind staff about timely submission of timesheets. The Office will also maintain records of time off requests and approvals in a more systematic manner.

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2023-004 **FINDING** (Failure to Fully Utilize the State’s Enterprise Resources Planning System)

The Office of the Lieutenant Governor (Office) did not utilize all capabilities of the State’s Enterprise Resource Planning (ERP) System which resulted in unnecessary inefficiency.

The State’s implementation of an ERP centralized the finance, procurement, grants management, and asset management processes by replacing outdated manual systems and technologies. The ERP can enhance transparency of data, reduce processing time, and improve the timeliness of financial reporting. During the examination period, the ERP’s processing integrity was sufficient to enable reliance upon ERP’s processing of transactions.

During our examination, we noted the Office did not utilize the Public Sector Collection & Disbursements (PSCD) ERP module. The PSCD maintains transactions related to receipts, billings, payments and accounts receivable. During the examination period, the Office had receipts totaling \$122 and refunds totaling \$5,670.

Government Auditing Standards (§ 1.02) states:

The concept of accountability for use of public resources and government authority is key to our nation’s governing processes. Management and officials entrusted with public resources are responsible for carrying out public functions and providing service to the public effectively, efficiently, economically, and ethically within the context of the statutory boundaries of the specific government program.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that resources are utilized efficiently, effectively, and in compliance with applicable laws. Good internal controls over compliance include ensuring the full capabilities of the ERP are used to efficiently process, record, and report transactions.

The Office stated they do not process receipts on a regular basis and therefore did not previously deem the utilization of the PSCD ERP module necessary.

Failure to fully utilize the State’s ERP System could result in outdated systems not being supported, untimely financial information and the lack of full transparency and resulted in the inefficient usage of State resources. (Finding Code No. 2023-004)

RECOMMENDATION

We recommend the Office work with the Department of Innovation and Technology to transition and fully utilize the PSCD module of the ERP System.

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2023-004 **FINDING** (Failure to Fully Utilize the State’s Enterprise Resources Planning System) (Continued)

OFFICE RESPONSE

The Office agrees with this recommendation. The Office is working to be set up and trained to utilize the PSCD ERP module. Staff has attended some trainings and meetings with the Illinois Department of Information and Technology (DoIT) and will collaborate with DoIT on further training and understanding of the PSCD module. The Office does not process receipts on a regular basis and did not previously perceive the need to utilize the ERP module.