



**STATE OF ILLINOIS
PRISONER REVIEW BOARD
STATE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2022**

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

**STATE OF ILLINOIS
PRISONER REVIEW BOARD
STATE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2022**

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STATE OF ILLINOIS
PRISONER REVIEW BOARD
COMPLIANCE EXAMINATION
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BOARD OFFICIALS

| | |
|---|-----------------|
| Executive Director (04/16/24 – Present) | Jim Montgomery |
| Chairman (03/25/24 – Present) | Vacant |
| Chairman (03/17/23 – 03/25/24) | Donald Shelton |
| Chairman (01/01/22 – 03/16/23) | Edith Crigler |
| Chairman (07/01/20 – 12/30/21) | Craig Findley |
| Chief Fiscal Officer | Jared Brunk |
| Chief Legal Counsel (12/01/21 – Present) | Kahalah Clay |
| Chief Legal Counsel (10/30/21 – 11/30/21) | Vacant |
| Chief Legal Counsel (07/01/18 – 10/29/21) | Jason Sweat |
| Chief of Operations | Tracy Buckley |
| Chief Administrative Officer | Nichole Damhoff |

BOARD OFFICER

| | |
|--------------------------------|----------------|
| Chairman (03/25/24 – Present) | Vacant |
| Chairman (03/17/23 – 03/25/24) | Donald Shelton |
| Chairman (01/01/22 – 03/16/23) | Edith Crigler |
| Chairman (07/01/20 – 12/30/21) | Craig Findley |

BOARD MEMBERS

| | |
|------------------------------------|-------------------|
| Board Member (05/17/21 – Present) | Jared Bohland |
| Board Member (12/31/20 – 05/16/21) | Vacant |
| Board Member (07/01/20 – 12/30/20) | Kenneth Tupy |
| Board Member (07/01/22 – Present) | Matthew Coates |
| Board Member (01/01/22 – 06/30/22) | Vacant |
| Board Member (07/01/20 – 12/31/21) | Virginia Martinez |
| Board Member (07/05/22 – Present) | Julie Globokar |
| Board Member (03/29/22 – 07/04/22) | Vacant |
| Board Member (07/01/20 – 03/28/22) | Oreal James |
| Board Member (05/15/23 – Present) | Darryldean Goff |
| Board Member (03/23/22 – 05/14/23) | Vacant |
| Board Member (03/22/21 – 03/22/22) | Jeffrey Mears |
| Board Member (03/19/21 – 03/21/21) | Vacant |
| Board Member (07/01/20 – 03/18/21) | Donald Wayne Dunn |

| | |
|------------------------------------|---------------------|
| Board Member (11/01/22 – Present) | Jeffrey Grubbs |
| Board Member (09/11/21 – 10/31/22) | Vacant |
| Board Member (03/22/21 – 09/10/21) | Drella Savage |
| Board Member (02/01/21 – 03/21/21) | Vacant |
| Board Member (07/01/20 – 01/31/21) | Vonetta Harris |
| Board Member (05/01/22 – Present) | Rodger Heaton |
| Board Member (03/09/22 – 04/30/22) | Vacant |
| Board Member (07/01/20 – 03/08/22) | Joe Ruggiero |
| Board Member (03/25/24 – Present) | Vacant |
| Board Member (09/02/21 – 03/25/24) | LeAnn Miller |
| Board Member (03/19/21 – 09/01/21) | Vacant |
| Board Member (07/01/20 – 03/18/21) | Pete Fisher |
| Board Member (05/01/22 – Present) | Robin Shoffner |
| Board Member (03/09/22 – 04/30/22) | Vacant |
| Board Member (07/01/20 – 03/08/22) | Aurthur Mae Perkins |
| Board Member (06/27/22 – Present) | Carmen Terrones |
| Board Member (01/01/22 – 06/26/22) | Vacant |
| Board Member (07/01/20 – 12/31/21) | Edith Crigler |
| Board Member (05/15/23 – Present) | Krystal Tison |
| Board Member (03/17/22 – 05/14/23) | Vacant |
| Board Member (03/22/21 – 03/16/22) | Max Cerda |
| Board Member (07/01/20 – 03/21/21) | Vacant |
| Board Member (05/03/21 – Present) | Kenneth Tupy |
| Board Member (03/19/21 – 05/02/21) | Vacant |
| Board Member (07/01/20 – 03/18/21) | Daniel Brink |
| Board Member (09/05/23 – Present) | William Delgado |
| Board Member (03/30/22 – 09/04/23) | Vacant |
| Board Member (07/01/20 – 03/29/22) | Eleanor Wilson |
| Board Member (01/14/23 – Present) | Vacant |
| Board Member (07/01/20 – 01/13/23) | Lisa Daniels |
| Board Member (03/17/22 – Present) | Vacant |
| Board Member (07/01/20 – 03/16/23) | Donald Shelton |

BOARD OFFICE

The Prisoner Review Board's primary administrative office is located at:

319 East Madison, Suite A
Springfield, IL 62701



STATE OF ILLINOIS
JB PRITZKER, GOVERNOR
PRISONER REVIEW BOARD

MANAGEMENT ASSERTION LETTER

April 25, 2024

Adelfia LLC
Certified Public Accountants
400 East Randolph Street, Suite 700
Chicago, Illinois 60601

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, Prisoner Review Board (Board). 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 Board's compliance with the following specified requirements during the two-year period ended June 30, 2022. Based on this evaluation, we assert that during the years ended June 30, 2021, and June 30, 2022, the Board has materially complied with the specified requirements listed below.

- A. The Board 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 Board 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 Board 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 Board 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.

Yours truly,
Prisoner Review Board

SIGNED ORIGINAL ON FILE

Jim Montgomery, Executive Director

SIGNED ORIGINAL ON FILE

Nichole Damhoff, Chief Administrative Officer

SIGNED ORIGINAL ON FILE

Kahalal Clay, Legal Counsel

STATE OF ILLINOIS
PRISONER REVIEW BOARD
STATE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2022

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 or disclaimers, but does contain a modified opinion on compliance and identifies material weaknesses over internal control over compliance.

SUMMARY OF FINDINGS

| Number of | <u>Current Report</u> | <u>Prior Report</u> |
|---|------------------------------|----------------------------|
| Findings | 14 | 17 |
| Repeated Findings | 10 | 5 |
| Prior Recommendations Implemented or Not Repeated | 7 | 1 |

SCHEDULE OF FINDINGS

| <u>Item No.</u> | <u>Page</u> | <u>Last/First Reported</u> | <u>Description</u> | <u>Finding Type</u> |
|-------------------------|--------------------|-----------------------------------|--|--|
| Current Findings | | | | |
| 2022-001 | 10 | 2020/2014 | Property Control Weaknesses | Material Weakness and Material Noncompliance |
| 2022-002 | 13 | 2020/2014 | Voucher Processing Weaknesses | Significant Deficiency and Noncompliance |
| 2022-003 | 15 | 2020/2020 | Inadequate Cybersecurity Programs and Practices | Significant Deficiency and Noncompliance |
| 2022-004 | 17 | 2020/2020 | Failure to Comply with the Identity Protection Act | Significant Deficiency and Noncompliance |

STATE OF ILLINOIS
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| | | | | |
|----------|----|-----------|---|--|
| 2022-005 | 18 | New | Inadequate Controls over Application Security | Significant Deficiency and Noncompliance |
| 2022-006 | 20 | 2020/2018 | Noncompliance with the Illinois Crime Reduction Act of 2009 | Significant Deficiency and Noncompliance |
| 2022-007 | 22 | New | Noncompliance with the Unified Code of Corrections | Significant Deficiency and Noncompliance |
| 2022-008 | 23 | 2020/2020 | Inadequate Controls over Board Membership | Significant Deficiency and Noncompliance |
| 2022-009 | 25 | 2020/2016 | Operation of State Vehicles Weaknesses | Significant Deficiency and Noncompliance |
| 2022-010 | 29 | 2020/2018 | Inadequate Controls over Personal Services | Significant Deficiency and Noncompliance |
| 2022-011 | 30 | New | Inadequate Internal Controls over Census Data | Significant Deficiency and Noncompliance |
| 2022-012 | 32 | New | Failure to Develop a Disaster Recovery Plan | Significant Deficiency and Noncompliance |
| 2022-013 | 34 | 2020/2020 | Inadequate Controls over Revenues | Significant Deficiency and Noncompliance |
| 2022-014 | 35 | 2020/2020 | Failure to Timely Prepare and Submit Required Reports | Significant Deficiency and Noncompliance |

Prior Findings Not Repeated

| | | | |
|---|----|-----------|--|
| A | 37 | 2020/2020 | Inadequate Controls over Contractual Services and Interagency Agreements |
| B | 37 | 2020/2020 | Inadequate Controls over Reconciliations |
| C | 37 | 2020/2020 | Inadequate Controls over ERP Transition |

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| | | | |
|---|----|-----------|---|
| D | 37 | 2020/2020 | Failure to Appoint Members to Task Force for Transitional Housing for Sex Offenders |
| E | 37 | 2020/2020 | Inadequate Control over Agency Workforce Reports |
| F | 38 | 2020/2020 | Inadequate Controls over Travel |
| G | 38 | 2020/2020 | Inadequate Controls over Report Component |

EXIT CONFERENCE

The Board waived an exit conference in a correspondence from Nichole Damhoff, Chief Administrative Officer, on April 10, 2024. The responses to the recommendations were provided by Amy Jenkins, Department of Corrections' Chief Internal Auditor, in a correspondence dated April 19, 2024.



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

Honorable Frank J. Mautino
Auditor General
State of Illinois

and

Governing Board
State of Illinois, Prisoner Review Board

Report on State Compliance

As Special Assistant Auditors for the Auditor General, we have examined compliance by the State of Illinois, Prisoner Review Board (Board) 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, 2022. Management of the Board is responsible for compliance with the specified requirements. Our responsibility is to express an opinion on the Board's compliance with the specified requirements based on our examination.

The specified requirements are:

- A. The Board 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 Board 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 Board 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 Board 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.

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 Board complied with the specified requirements in all material respects. An examination involves performing procedures to obtain evidence about whether the Board 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 modified 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 Board's compliance with the specified requirements.

Our examination disclosed material noncompliance with the following specified requirements applicable to the Board during the two years ended June 30, 2022. As described in the accompanying Schedule of Findings as item 2022-001, the Board had not 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. As described in the accompanying Schedule of Findings as item 2022-001, the Board had not 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. As described in the accompanying Schedule of Findings as item 2022-001, the Board had not complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.

In our opinion, except for the material noncompliance with the specified requirements described in the preceding paragraph, the Board complied with the specified requirements during the two years ended June 30, 2022, 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 item 2022-002 through 2022-014.

The Board's responses to the compliance findings identified in our examination are described in the accompanying Schedule of Findings. The Board'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 Board 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 Board's internal control to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the Board's compliance with the specified requirements and to test and report on the Board's internal control in accordance with the *Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, we do not express an opinion on the effectiveness of the Board's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph 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. However, as described in the accompanying Schedule of Findings, we did identify certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

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 a material noncompliance with the specified requirements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings as item 2022-001 to be a material weakness.

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. We consider the deficiencies described in the accompanying Schedule of Findings as items 2022-002 through 2022-014 to be significant deficiencies.

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

The Board's responses to the internal control findings identified in our examination are described in the accompanying Schedule of Findings. The Board'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

Chicago, Illinois
April 25, 2024

STATE OF ILLINOIS
PRISONER REVIEW BOARD
SCHEDULE OF FINDINGS – CURRENT FINDINGS
For the Two Years Ended June 30, 2022

2022-001. **FINDING** (Property Control Weaknesses)

The Prisoner Review Board (Board) did not exercise adequate controls over the recording and reporting of State property.

During testing, we noted the following:

- The Board's Agency Reports of State Property (C-15) for the Fiscal Year 2021 and Fiscal Year 2022 were inaccurate. Equipment purchased during Fiscal Year 2018 and Fiscal Year 2020 lapse period totaling \$5,695 and \$93,461, respectively, were reported in Fiscal Year 2022.

Due to these conditions, the accountants were unable to conclude whether the Board's population records 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.

Even given the population limitation noted above which hindered the ability of the accountants to conclude whether selected samples were representative of the population as a whole, the accountants performed testing and noted the following:

- During forwards testing of equipment, 3 of 17 (18%) equipment items, totaling \$28,799, were found in a different location than indicated on the Board's property listing.
- During backwards testing of equipment, 1 of 17 (6%) equipment items tested, amounting to \$3,541, did not have a location listed on the Board's property listing.

The Statewide Accounting Management System (SAMS) Manual (Procedure 29.10.10) requires the Board to maintain detailed property records, including the location of each equipment item.

- During our testing and observation, we noted 58 items as obsolete, of which 9 items totaling \$3,607 have not been transferred as surplus and were still located at the Board's office, while the remaining 49 items totaling \$173,470 were already transferred but were still in the Board's property listing. In addition, the Board does not maintain a listing of obsolete equipment.

The SAMS Manual (Procedure 29.10.10) requires assets which are obsolete, damaged, or no longer used in operations be identified and, if necessary, removed from the Board's asset records. In addition, the Illinois Administrative Code (44 Ill. Admin. Code 5010.620) requires the Board to regularly survey its inventory to identify transferable equipment and report it to the Property Control Division at the DCMS.

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For the Two Years Ended June 30, 2022

- For 3 of 4 (100%) equipment (vehicle) additions tested, totaling \$53,952, the equipment was not added to the Board’s property listing within 30 days of receipt. The equipment was added to the Board’s property listing 185 days late.
- For 4 of 4 deletions tested, totaling \$15,823, the equipment was not removed from the Board’s property listing within 90 days of transfer. The equipment was removed from the Board’s property listing 937 days late.

The Illinois Administrative Code (44 Ill. Admin. Code 5010.400) requires the Board to update its property records to reflect additions, changes, or deletions of equipment items (excluding vehicles) within 90 days of the transaction.

- During review of the Fiscal Year 2021 and Fiscal Year 2022 Inventory Certifications submitted by the Board to the DCMS, we noted the following:
 - Fiscal Year 2021 certification did not include the Board’s property listing.
 - There were 280 equipment items totaling \$66,626 identified as high theft items in the Board’s property listing but were not included in Fiscal Year 2022 Inventory Certifications submitted by the Board to the DCMS.
 - One equipment item amounting to \$3,388 was in the Fiscal Year 2022 Inventory Certifications submitted by the Board to the DCMS but was not included in the Board’s property listing.

The Illinois Administrative Code (44 Ill. Admin. Code 5010.460) requires the Board, when completing its annual physical inventory, to complete and sign the “Certificate of Inventory” and “Discrepancy Report” and forward the completed certification, with a complete inventory listing, to the DCMS’ Property Control Division.

- During review of the Fiscal Year 2021 and Fiscal Year 2022 Annual Real Property Utilization Report submitted by the Board to the DCMS, we noted the Fiscal Year 2021 Annual Real Property Utilization Report was submitted August 13, 2021, which was 13 days after the July 31, 2021 due date.

The State Property Control Act (30 ILCS 605/7.1 (b)) requires all responsible officers to submit an Annual Real Property Utilization Report to the Administrator, or annual update of such report, on forms required by the Administrator, by July 31 of each year.

Finally, this finding was first noted during the Board’s Fiscal Year 2013 – Fiscal Year 2014 State compliance examination, eight years ago. As such, Board management has been unsuccessful in implementing a corrective action plan to remedy this deficiency.

STATE OF ILLINOIS
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SCHEDULE OF FINDINGS – CURRENT FINDINGS
For the Two Years Ended June 30, 2022

Board’s management is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Board management indicated the exceptions noted were the result of staff shortage and competing priorities.

Failure to maintain accurate property control records increases the potential for fraud and possible loss or theft of State property and reduces the reliability of Statewide property information. (Finding Code No. 2022-001, 2020-001, 2018-001, 2016-001, 2014-001)

RECOMMENDATION

We recommend the Board take action to strengthen its internal controls over recording and reporting its State property and equipment transactions. We also recommend the Board implement a corrective action plan to complete a full inventory to identify and correct its accumulated property and equipment errors.

BOARD RESPONSE

Recommendation accepted. The Board will strive to ensure the Agency Reports of State Property (C-15) are accurately prepared, the property listing updated correctly and timely, and the annual Inventory Certifications submitted to the Department of Central Management Services is accurate and timely.

STATE OF ILLINOIS
PRISONER REVIEW BOARD
SCHEDULE OF FINDINGS – CURRENT FINDINGS
For the Two Years Ended June 30, 2022

2022-002. **FINDING** (Voucher Processing Weaknesses)

The Prisoner Review Board (Board) did not exercise adequate controls over voucher processing.

Due to our ability to rely upon the processing integrity of the Enterprise Resource Planning System (ERP) operated by the Department of Innovation and Technology (DoIT), we were able to limit our voucher testing at the Board to determine whether certain key attributes were properly entered by the Board's staff into ERP. In order to determine the operating effectiveness of the Board's internal controls related to voucher processing and subsequent payment of interest, we selected a sample of key attributes (attributes) to determine if the attributes were properly entered into the State's ERP System based on supporting documentation. The attributes tested were 1) vendor information, 2) expenditure amount, 3) object(s) of expenditure, and 4) the later of the receipt date of the proper bill or the receipt date of the goods and/or services.

We then conducted an analysis of the Board's expenditures data for fiscal years 2021 and 2022 to determine compliance with the State Prompt Payment Act (Act) (30 ILCS 540) and the Illinois Administrative Code (Code) (74 Ill. Admin. Code 900.70). We noted the following noncompliance:

- The Board did not timely approve 444 of 3,088 (14%) vouchers processed during the examination period, totaling \$402,424. We noted these vouchers were approved between 1 and 262 days late.

The Code (74 Ill. Admin. Code 900.70) requires the Board to timely review each vendor's invoice and approve proper bills within 30 days after receipt.

Finally, this finding was first noted during the Board's Fiscal Year 2013 – Fiscal Year 2014 State compliance examination, eight years ago. As such, Board management has been unsuccessful in implementing a corrective action plan to remedy these deficiencies.

Board management is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Board management indicated these issues were due to lack of adequate staffing.

Failure to timely process proper bills represents noncompliance with the Code. (Finding Code No. 2022-002, 2020-002, 2018-003, 2016-002, 2014-002)

STATE OF ILLINOIS
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RECOMMENDATION

We recommend the Board approve proper bills within 30 days of receipt.

BOARD RESPONSE

Recommendation accepted. The Board will strive to approve vouchers timely.

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PRISONER REVIEW BOARD
SCHEDULE OF FINDINGS – CURRENT FINDINGS
For the Two Years Ended June 30, 2022

2022-003. **FINDING** (Inadequate Cybersecurity Programs and Practices)

The Prisoner Review Board (Board) had not implemented adequate internal controls related to cybersecurity programs and practices.

As a result of the Board’s mission it has four primary responsibilities: 1) review, adjudication, and enforcement of behavioral rules for offenders, 2) parole reviews and decisions, 3) hearing and confidential reports and recommendations to the Governor regarding clemency requests, and 4) protection of the rights and concerns of the victims. As such, the Board maintains confidential information related to offenders and victims.

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 Board’s cybersecurity programs and practices, we noted the Board:

- Had not performed a comprehensive risk assessment to identify and ensure adequate protection of information (i.e. confidential or personal information) most susceptible to attack.
- Had not classified its data to identify and ensure adequate protection of information.
- Had not evaluated and implemented appropriate controls to reduce the risk of attack.
- Had not developed a formal, comprehensive, adequate, and communicated security program (policies, procedures, and processes) to manage and monitor the regulatory, legal, environmental, and operational requirements.
- Had not established cybersecurity roles and responsibilities.
- Had not established controls over its external service provider to ensure they met the Board’s security requirements.
- Had not developed policies and procedures ensuring the proper disposal of confidential, sensitive, and personally-identifiable information.
- Had not developed policies or procedures on data wiping.

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.

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

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constraints in order to ensure the security of their applications, data, and continued business mission.

Board management indicated lack of resources to work with the Department of Innovation and Technology resulted in these exceptions.

The lack of adequate cybersecurity programs and practices could result in unidentified risk and vulnerabilities and ultimately lead to the Board’s volumes of confidential and personal information being susceptible to cyber-attacks and unauthorized disclosure. (Finding Code No. 2022-003, 2020-016)

RECOMMENDATION

We recommend the Board implement internal controls related to its cybersecurity programs and practices. Specifically, we recommend:

1. perform a comprehensive risk assessment to identify and ensure adequate protection of information (i.e. confidential or personal information) most susceptible to attack;
2. classify its data to identify and ensure adequate protection of information;
3. evaluate and implement appropriate controls to reduce the risk of attack;
4. develop a formal, comprehensive, adequate, and communicated security program (policies, procedures, and processes) to manage and monitor the regulatory, legal, environmental, and operational requirements;
5. establish policies and procedures to ensure the proper disposal of confidential, sensitive, and personally-identifiable information;
6. establish cybersecurity roles and responsibilities;
7. establish controls over its external service provider to ensure they met the Board’s security requirements; and
8. develop policies and procedures on data wiping

BOARD RESPONSE

Recommendation accepted. The Department of Innovation and Technology (DoIT) completed a Risk Assessment Report for the Board on June 27, 2023.

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PRISONER REVIEW BOARD
SCHEDULE OF FINDINGS – CURRENT FINDINGS
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2022-004. **FINDING** (Failure to Comply with the Identity Protection Act)

The Prisoner Review Board (Board) failed to implement the provisions of the Identity Protection Act (Act).

During our examination, we noted the Board had not issued an identity-protection policy.

The Act (5 ILCS 179) required the Board to draft and approve an identity-protection policy by June 1, 2011. Per the Act, the Policy must:

- Identify the Act.
- Require all employees identified as having access to social security numbers in the course of performing their duties to be trained to protect the confidentiality of social security numbers.
- Direct that only employees who are required to use or handle information or documents that contain social security numbers have access to such information or documents.
- Require that social security numbers requested from an individual be placed in a manner that makes the social security number easily redacted if required to be released as part of a public records request.
- Require that, when collecting a social security number or upon request by the individual, a statement of the purpose or purposes for which the agency is collecting and using the social security number be provided.

Board management indicated lack of resources to work with the Department of Innovation and Technology resulted in this exception.

These policies and procedures help ensure prompt notification of security breaches to all involved parties in an effort to minimize the potential impact and costs resulting from identity thefts. (Finding Code No. 2022-004, 2020-015)

RECOMMENDATION

We recommend the Board develop and approve an identity protection policy as required by the Identity Protection Act.

BOARD RESPONSE

Recommendation implemented. The Board adopted an Identity Protection Policy on November 15, 2022.

STATE OF ILLINOIS
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2022-005. **FINDING** (Inadequate Controls over Application Security)

The Prisoner Review Board (Board) did not have adequate internal controls over application security.

During our testing of security over the Central Time and Attendance System (CTAS), Central Payroll System (CPS), and the Enterprise Resource Planning (ERP) system, we noted the Board:

- was unable to provide the CTAS and CPS Security Reports. As a result, we were unable to determine whether individuals' access to the systems was appropriate.
- was unable to provide a listing of the Board's CTAS and CPS Security Software IDs. As a result, we were unable to determine whether access rights to the systems were appropriate or should have been revoked.
- utilizes the Department of Correction's Public Safety Shared Services for various services, including utilization of the ERP for processing of the Board's expenditures. We were not provided with the Security Reports and Security Software IDs to determine where individuals' access to the systems was appropriate.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies 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.

Generally accepted information systems audit guidance endorses the development of computer security policies that adequately address the current technological environment and well-designed and well-managed controls to protect computer systems and data.

Board management indicated lack of resources to work with the Department of Innovation and Technology and the Department of Corrections resulted in these exceptions.

Without the implementation of adequate controls and procedures for computer resources, there is an increased danger that unauthorized individuals may gain access to these resources. These deficiencies could result in unauthorized access and misuse of the Board's applications. (Finding Code No. 2022-005)

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RECOMMENDATION

We recommend the Board work with the Department of Innovation and Technology and the Department of Corrections to ensure individuals with access to their applications and data are appropriate. Specifically, the Board should:

1. Obtain and review application security reports.
2. Ensure access rights are disabled upon an individual's separation from the Department or upon determination access is no longer required.
3. Periodically review access to their applications.

BOARD RESPONSE

Recommendation implemented. The Board provided a security report for Central Time and Attendance System dated July 16, 2023, for the Central Payroll System dated July 3, 2023, and for the Enterprise Resource Planning system SAP was provided in Excel format. Each of these reports indicated who had access to the programs for the Board.

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2022-006. **FINDING** (Noncompliance with the Illinois Crime Reduction Act of 2009)

The Prisoner Review Board (Board) failed to comply with the provisions of the Illinois Crime Reduction Act of 2009 (730 ILCS 190/10).

During testing, we noted the Board implemented evidence-based programming, including risk assessment, training and evaluation provisions of the Act. However, the Board did not annually submit to the Sentencing Policy Advisory Council a comprehensive report on the success of implementing evidence-based practices during Fiscal Years 2021 and 2022. The Board also did not release a report annually published on their website that reports the information about the usage of electronic monitoring and GPS monitoring as a condition of parole and mandatory supervised release during the prior calendar year.

Finally, this finding was first noted during the Board’s Fiscal Year 2017 – Fiscal Year 2018 State compliance examination, four years ago. As such, Board management has been unsuccessful in implementing a corrective action plan to remedy these deficiencies.

The Illinois Crime Reduction Act of 2009 (Act) (730 ILCS 190/10 (e)) requires the Board to annually submit to the Sentencing Policy Advisory Council a comprehensive report on the success of implementing evidence-based practices.

The Act (730 ILCS 190/10 (f)) also requires the Board to release a report annually published on their website that reports the information about the usage of electronic monitoring and GPS monitoring as a condition of parole and mandatory supervised release during the prior calendar year.

Board management is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Board management indicated the exceptions were due to competing priorities. In addition the Board currently does not have a case management system to compile the data for the required annual reports.

Failure to submit required annual reports on the success of evidence-based practices limits the availability of current performance results to inform policy decisions and demonstrates a lack of accountability. (Finding Code No. 2022-006, 2020-006, 2018-006)

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RECOMMENDATION

We recommend the Board designate staff to ensure the submission of the annual comprehensive report on the success of implementing evidence-based practices to the Sentencing Policy Advisory Council. We further recommend the Board annually publish on their website information about the usage of electronic monitoring and GPS monitoring as a condition of parole and mandatory supervised release during the prior calendar year.

BOARD RESPONSE

Recommendation accepted. The Board will continue to be unable to prepare a report and submit to the Sentencing Policy Advisory Council on the success of implementing evidence-based practices on an annual basis because all programming required to be reported is within the Department of Corrections and outside the jurisdiction of the Prisoner Review Board (PRB). The PRB will work with the Legislature on an amendment to remove the PRB from this statutory obligation. The Board is working to procure a case management system capable of producing the granular data in the request. Upon procurement and implementation of the system, the Board will publish to its website on an annual basis a report containing information about the usage of electronic monitoring and GPS monitoring as a condition of parole and mandatory supervised release during the calendar year.

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2022-007. **FINDING** (Noncompliance with the Unified Code of Corrections)

The Prisoner Review Board (Board) failed to comply with the provisions of the Unified Code of Corrections (730 ILCS 5/3-3-14).

During testing of applications considered for compassionate release, we noted the following:

- 3 of 39 (8%) individuals in custody applications did not have an inmate's diagnosis.
- 2 of 39 (5%) individuals in custody hearings were conducted 1 to 16 days late.
- 2 of 39 (5%) individuals in custody applications did not have Medical Release Application Form.

The Unified Code of Corrections (730 ILCS 5/3-3-14) states the initial application for medical release must contain the inmate's diagnosis; and within 90 days of the receipt of the initial application, the Board shall conduct a hearing and render a decision.

Board management indicated the exceptions noted were due to lack of resources. In addition, an older version of the application form was used and did not include the required information to comply with the mandate.

Failure to maintain supporting documentation for compassionate releases represents noncompliance with the requirements of the Unified Code of Corrections and may result in the validity of the decisions made to be questioned by the public. (Finding Code No. 2022-007)

RECOMMENDATION

We recommend the Board maintain adequate supporting documentation and provide resources to comply with the State mandate.

BOARD RESPONSE

Recommendation accepted. The Board will strive to obtain the necessary information for the compassionate release applications and hold hearings when requested, timely.

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2022-008. **FINDING** (Inadequate Controls over Board Membership)

The Prisoner Review Board (Board) was not seated in accordance with the requirements set forth in the Unified Code of Corrections.

During testing, we noted the following:

- The Board had 1 vacancy of the required 15 members (7%) in Fiscal Year 2021. The Board had 6 vacancies of the required 15 members (40%) in Fiscal Year 2022.
- The Board has 3 of the required 15 members (20%) serving on an expired term, ranging from 13 to 59 days.
- The Board lacked controls to determine whether the Board members served on a full-time basis.

The Unified Code of Corrections (730 ILCS 5/3-3-1(b)) requires the Board to be composed of 15 persons appointed by the Governor and confirmed by the Senate to serve on a full-time basis. Additionally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Board to establish and maintain a system, or systems, of internal fiscal and administrative controls to ensure resources are utilized efficiently, effectively, and in compliance with applicable law.

Board management indicated the required number of Board members were not met due to a comprehensive vetting process by the Governor's Office to ensure that qualified people are appointed to the Board. In addition, the lack of controls to determine whether the Board members served on a full-time basis was due to competing priorities.

Failure of the Board to be composed of all required full-time members is noncompliance with State statute and limits the input into the Board's decisions by all parties intended by statute. (Finding Code No. 2022-008, 2020-008)

RECOMMENDATION

We recommend the Board work with the Governor's Office to fill the vacancy, to make appointments to address the expired terms, and implement controls to ensure Board members serve on a full-time basis.

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BOARD RESPONSE

Recommendation accepted. According to State Statute, the Board does not have the capability to either appoint or confirm its own members. This would represent a conflict of interest. In addition, the Board does not have the resources necessary to track the movements of Board members to ensure they do not work for another employer. 730 ILCS 5/3-3-1(c) states: "... Each member shall serve until his or her successor is appointed and qualified." When a member's term expires, they continue to serve on the Board until such a time as their successor is appointed and qualified.

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2022-009. **FINDING** (Operation of State Vehicles Weaknesses)

The Prisoner Review Board (Board) did not maintain adequate controls over the administration of its State vehicles. More specifically, the following issues were noted.

Vehicle Maintenance

During testing of maintenance records for State vehicles, we noted the following:

- Six of 8 (75%) vehicles tested did not have tire rotation performed during the review period.
- Four of 8 (50%) vehicles tested did not have oil changes performed during the review period. The vehicles met the mileage requirement to have at least one oil change.
- Two of 8 (25%) vehicles tested did not receive an annual inspection as required by the Department of Central Management Services (DCMS) during Fiscal Year 2022.
- Two of 8 (25%) vehicles tested did not have routine oil changes performed within the mileage or time intervals required by DCMS. The oil change was performed from 323 to 3,480 miles beyond the allowed interval.

The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5040.400) requires all state-owned or leased vehicles which fall under this Part to undergo regular service and/or repair in order to maintain the vehicles in road worthy, safe, operating condition and appropriate cosmetic condition. Driver should check oil, coolant, and battery water levels (if possible) regularly, such as at each refueling.

The DCMS' *Vehicle Usage Policy* requires standard lube, oil, and filter changes every 3,000 miles for vehicles 10 years and older, 5,000 miles for vehicles 9 years and newer, or at least annually; requires tire rotations to be performed on all passenger vehicles at every other oil change, or at least annually; and requires State Vehicles receive an annual inspection each fiscal year by a DCMS garage or an authorized vendor.

Vehicle Records

During testing of vehicle records of State vehicles, we noted the following:

- Five of 45 (11%) vehicles held during the examination period were not included in the vehicle listing.

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The Illinois Administrative Code (44 Ill. Admin. Code 5010.320) requires the Board to maintain an inventory that includes each vehicles purchase date as stated on the State of Illinois Voucher (C-13). Good business practice requires the Board to maintain a listing of vehicles that would include when a vehicle was returned to the DCMS during a given year.

- Eight of 45 (18%) vehicles held during the examination period had beginning odometer reading that did not agree with previous year’s ending odometer reading.
- Thirty-four of 45 (76%) vehicles held during the examination period had mileage driven that did not meet the breakeven mileage standards. The vehicles’ mileage ranged from 988 to 14,890 miles under the vehicles’ specific breakeven points.

The State Employee Business Transportation Policy requires the Board to choose the most efficient and cost effective option for all transportation. The policy goes on to state that a fully utilized vehicle should accumulate a minimum “breakeven” mileage annually. The policy requires breakeven mileage for a compact car at 8,099 mi., an intermediate sedan at 11,069, and a pickup truck/van at 14,909 mi.

Annual Certification

During testing of annual certification, we noted the following:

- Two of 2 (100%) Individually Assigned Vehicle Reports were not timely reported to DCMS, ranging from 39 to 200 days late.

The Illinois Administrative Code (Code) (44 Ill. Adm. Code 5040.340) requires the Board to report to CMS annually and when changes occur, including the name of each employee assigned a vehicle, the equipment number and license plate number of the assigned vehicle, employee's headquarters and residence, and any additional information requested by CMS.

- Two of 9 (22%) vehicles had no certification of license from the employee.

The Illinois Vehicle Code (Code) (625 ILCS 5/7-601(c)) requires employees assigned a specific vehicle owned or leased by the State on an ongoing basis to provide the certification to the Chief Administrative Officer affirming the employee is duly licensed to drive the assigned vehicle and the employee has liability insurance coverage extending to the

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employee when the assigned vehicle is used for other than official State business. The certification shall be provided during the period July 1 through July 31 of each calendar year, or within 30 days of any new assignment of a vehicle on an ongoing basis, whichever is later.

Operation of Auto Vouchers

During detail testing of operation of auto vouchers, we noted the following:

- Four of 6 (67%) operation of auto vouchers tested, totaling \$2,801, had charge tickets/invoices that did not include the employee's signature.
- One of 6 (17%) operation of auto vouchers tested, amounting to \$120, had charge tickets/invoices that did not include the license plate number.

Good internal controls require vehicle receipts contain employees' signatures and the respective vehicle's identification number or license plate number to signify the validity of the transaction.

Finally, this finding was first noted during the Board's Fiscal Year 2015 – Fiscal Year 2016 State compliance examination, six years ago. As such, Board management has been unsuccessful in implementing a corrective action plan to remedy these deficiencies.

Board management is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Board management indicated these issues were due to lack of adequate staffing.

Inadequate monitoring of the maintenance and record keeping of State vehicles could result in unnecessary costs to the State through additional repairs and shortened useful lives of State vehicles. Failure to maintain a proper vehicle listing and timely submission of vehicle assignment represents noncompliance with the Illinois Administrative Code. Further, failure to maintain certification of license from the vehicle operator represents noncompliance with the Illinois Vehicle Code. Lastly, failure to maintain adequate controls over the processing of operation of auto expenditures increases the risk that error or other irregularities could occur that would not be identified by employees performing their functions in the normal course of business. (Finding Code No. 2022-009, 2020-009, 2018-005, 2016-005)

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RECOMMENDATION

We recommend the Board implement controls to provide assurance:

1. vehicles receive required maintenance in a timely manner,
2. maintenance records are complete and accurate,
3. vehicle mileage records are carefully reviewed for errors and discrepancies,
4. vehicle mileage is monitored and compared to the breakeven point to assess the need for the vehicle,
5. inventory records contain all required information,
6. charge tickets are properly completed by employees, and
7. certification of license is maintained.

BOARD RESPONSE

Recommendation accepted. The Board will strive to perform tire rotations, oil changes, and annual inspections when necessary. The Board will ensure all vehicles, including those sent to the Central Management Services surplus, are included in the Board's vehicle listing. During the pandemic, the Board held many hearings via Webex. Therefore, the vehicle mileage fell to below the breakeven amount on the vehicles provided to the Board members. The Board will strive to submit the Individually Assigned Vehicle Reports on a timely basis. The Board will ensure each member who has been assigned a vehicle submits a certification of license.

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2022-010. **FINDING** (Inadequate Controls over Personal Services)

The Prisoner Review Board (Board) did not maintain adequate internal controls over its personal services.

During testing, we noted that for 3 of 9 (33%) employees selected for testing, the Employment Eligibility Verification Form (Form I-9) were not provided.

U.S. Citizenship and Immigration Services (USCIS) instructions for Form I-9 require Section 1 be completed no later than the first day of employment. After completing Section 1, the employee is to sign their name and document the date signed. Employers are to examine evidence of identity and employment authorization within 3 business days of the employee's first day of employment. The employer is required to document the hire date and their signature and date of their review in Section 2 of the Form I-9.

Finally, this finding was first noted during the Board's Fiscal Year 2017 – Fiscal Year 2018 State compliance examination, four years ago. As such, Board management has been unsuccessful in implementing a corrective action plan to remedy these deficiencies.

Board management is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Board management indicated the exceptions noted above were due to competing priorities and lack of resources.

Failure to properly complete the Form I-9 results in violation of USCIS requirements and could expose the Board to penalties. (Finding Code No. 2022-010, 2020-010, 2018-004)

RECOMMENDATION

We recommend the Board strengthen its internal controls to ensure Form I-9s are maintained on file.

BOARD RESPONSE

Recommendation implemented. The three staff members for whom Form I-9 was missing from the personnel files has since completed a new Form I-9. These forms will be retained in their personnel files for the required length of time.

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2022-011. **FINDING** (Inadequate Internal Controls over Census Data)

The Prisoner Review Board (Board) did not timely complete a census data reconciliation to provide assurance census data submitted to its pension and other postemployment benefits (OPEB) plans was complete and accurate.

Census data is demographic data (date of birth, gender, years of service, etc.) of the active, inactive, or retired members of a pension or OPEB plan. The accumulation of inactive or retired members' census data occurs before the current accumulation period of census data used in the plan's actuarial valuation (which eventually flows into each employer's financial statements), meaning the plan is solely responsible for establishing internal controls over these records and transmitting this data to the plan's actuary. In contrast, responsibility for active members' census data during the current accumulation period is split among the plan and each member's current employer(s). Initially, employers must accurately transmit census data elements of their employees to the plan. Then, the plan must record and retain these records for active employees and then transmit this census data to the plan's actuary.

We noted the Board's employees are members of both the State Employees' Retirement System of Illinois (SERS) for their pensions and the State Employees Group Insurance Program sponsored by the State of Illinois, Department of Central Management Services (CMS) for their OPEB. In addition, we noted these plans have characteristics of different types of pension and OPEB plans, including single employer plans and cost-sharing multiple-employer plans. Finally, we noted CMS' actuaries use SERS' census data records to prepare the OPEB actuarial valuation.

During testing, we noted the Board did not provide the support for Fiscal Year 2021 census reconciliation. We were not able to perform further procedures.

For employers participating in plans with multiple-employer and cost-sharing characteristics, the American Institute of Certified Public Accountants' *Audit and Accounting Guide: State and Local Governments* (AAG-SLG) (§ 13.177 for pensions and § 14.184 for OPEB) notes the determination of net pension/OPEB liability, pension/OPEB expense, and the associated deferred inflows and deferred outflows of resources depends on employer-provided census data reported to the plan being complete and accurate along with the accumulation and maintenance of this data by the plan being complete and accurate. To help mitigate against the risk of a plan's actuary using incomplete or inaccurate census data within similar agent multiple-employer plans, the AAG-SLG (§ 13.181 (A-27) for pensions and § 14.141 for OPEB) recommends an employer annually reconcile its active members' census data to a report from the plan of census data submitted to the plan's actuary, by comparing the current year's census data file to both the prior year's census data file and its underlying records for changes occurring during the current year.

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Further, the State Records Act (5 ILCS 160/8) requires the Board make and preserve records containing adequate and proper documentation of its essential transactions to protect the legal and financial rights of the State and of persons directly affected by the Board's activities.

Finally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Board establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds applicable to operations are properly recorded and accounted for to permit the preparation of reliable financial and statistical reports.

Board management indicated the exception noted was due to lack of resources.

Failure to timely reconcile active members' census data reported to and held by SERS to the Board's records could result in each plan's actuary relying on incomplete or inaccurate census data in the calculation of the State's pension and OPEB balances, which may result in a misstatement of these amounts. (Finding Code No. 2022-011)

RECOMMENDATION

We recommend the Board timely complete the SERS annual reconciliation process of its active members' census data from its underlying records to a report of the census data submitted to each plan's actuary.

BOARD RESPONSE

Recommendation implemented. The Board completed a census data reconciliation for the Fiscal Year ended June 30, 2023. Going forward, the Board will ensure census data reconciliation is completely on a yearly basis.

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2022-012. **FINDING** (Failure to Develop a Disaster Recovery Plan)

The Prisoner Review Board (Board) had not developed a disaster recovery plan in order to recover its applications and data.

The Board utilizes various applications to meet its mission of ensuring public safety and the successful re-entry of offenders into the community by deciding on discipline, conducting preliminary revocation hearings, setting conditions of parole, and determining if parole conditions are violated for adult and juvenile offenders under the jurisdiction of the Illinois Department of Corrections and the Department of Juvenile Justice; implementing diversion programs for eligible inmates; providing clemency recommendations to the governor; issuing certificates of disability and good conduct; and notifying victims and their families when an inmate is about to be released from custody.

During our examination, we noted the Board had not developed a disaster recovery plan in order to restore its applications and data. In addition, the Board had not conducted disaster recovery testing during the examination period.

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 that revenues, expenditures, and transfers of assets, resources, or funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and to maintain accountability over the State's resources.

The *Contingency Planning Guide for Information Technology Systems* published by the National Institute of Standards and Technology requires entities to have an updated and regularly tested disaster contingency plan to ensure timely recovery of applications and data.

Board management indicated lack of resources to work with the Department of Innovation and Technology resulted in this exception.

Failure to adequately plan for the recovery of applications and data leaves the Board exposed to the possibility of major disruptions of services. (Finding Code No. 2022-012)

RECOMMENDATION

We recommend the Board develop a disaster recovery plan in order to recover its applications. Additionally, the Board should conduct recovery testing, at least annually, to ensure the recoverability of its applications and data.

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BOARD RESPONSE

Recommendation implemented. The Department of Innovation and Technology (DoIT) completed an Information System Contingency Plan dated May 30, 2023.

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2022-013. **FINDING** (Inadequate Controls over Revenues)

The Prisoner Review Board (Board) did not maintain adequate internal controls over its receipt processing.

The Board outsources receipt processing to the Public Safety Shared Services Center (Shared Services). During testing, we noted the Board did not maintain adequate segregation of duties over its receipt processing. One individual at Shared Services has custody, authorization, and recordkeeping responsibilities.

The Fiscal Control and Internal Auditing Act (Act) (30 ILCS 10/3001) requires the Board to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use, and misappropriation. The Act further requires the Board to establish and maintain internal fiscal and administrative controls to provide assurance that revenues, expenditures, and transfers of assets, resources, or funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and to maintain accountability over the State's resources.

Board management indicated the exceptions noted above were due to competing priorities and lack of resources.

Failure to establish and maintain internal control over receipt processing increases the risk of revenue loss or theft and represents noncompliance with State laws, rules, and regulations. (Finding Code No. 2022-013, 2020-013)

RECOMMENDATION

We recommend the Board establish proper segregation of duties over its receipts.

BOARD RESPONSE

Recommendation implemented. The Public Safety Shared Services area does segregate the duties within the receipt collection area. The narrative will be corrected for the next audit cycle to reflect this situation.

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2022-014. **FINDING** (Failure to Timely Prepare and Submit Required Reports)

The Prisoner Review Board (Board) failed to prepare and submit required reports within the statutorily required timeline.

Annual Reports

As of June 30, 2022, the Board had not prepared or submitted an annual report for either Calendar Year 2020 or Calendar Year 2021. At the end of the examination period, the reports were 16 months and 4 months overdue, respectively. The Board completed its annual reports on July 2022 and October 2023, for Calendar Year 2020 and Calendar Year 2021, respectively. The Board submitted the annual report for the Calendar Year 2021 to the Governor’s Office on January 10, 2024. The Board was not able to provide documentation that the Governor’s Office was provided a copy of the annual report for Calendar Year 2020 and the State Library for both annual reports.

The Unified Code of Corrections (730 ILCS 5/3-3-2) requires the Board to submit a calendar year report to the Governor. Further, the Act (30 ILCS 105/3) requires the Board, at least 10 days preceding each regular session of the General Assembly, to make and deliver to the Governor an annual report of the Board’s acts and doings. Effective May 13, 2022, the annual report for the preceding fiscal year ended should be submitted no later than January 7th of the following year.

The State Library Act (15 ILCS 320/21(a)) requires the Board to provide and deposit with the Illinois State Library sufficient copies of all publications issued by the Board for the State Library’s collection and for exchange purposes.

Distribution of Publications

The Board had not provided documentation that they have informed the State Library in writing of the person, persons, or positions responsible for distribution of publications of the Board.

The Illinois Administrative Code (Code) (23 Ill. Admin. Code 3020.150) requires the Board to inform the Government Documents Section of the Illinois State Library in writing of the person, persons, or positions responsible for distribution of publications of the Board by July 15 of each year (January 15 for years prior to 2020). Additionally, the Board is to notify the Government Documents Section within two weeks after any changes.

Board management indicated the issues noted above were due to staff shortage and competing priorities.

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Failure to file and submit annual reports results in noncompliance with the Illinois Compiled Statutes and reduces available information that may be used in making budget and policy decisions. Failure to inform the Government Documents Section in writing of the person responsible for distribution of publications is a violation of the Code and inhibits follow up on reports and confirmation that reports are received from authorized persons. (Finding Code No. 2022-014, 2020-014)

RECOMMENDATION

We recommend the Board timely prepare and submit its annual reports to the State Library and Governor’s Office. We also recommend the Board inform the State Library in writing of the person, persons, or positions responsible for distribution of publications of the Board.

BOARD RESPONSE

Recommendation implemented. The required reports have been completed and submitted to the Governor’s Office. Historically, the Board has prepared the annual report on a calendar basis. As a result, the Board is not able to complete the reports on time. Since 730 ILCS 5/3-3-2 requires the reports to be submitted by January 7th of each year for the previous fiscal year, the Board will change the preparation of the annual report to comply with this statute.

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A. **FINDING** (Inadequate Controls over Contractual Services and Interagency Agreements)

During the prior engagement period, the Prisoner Review Board (Board) did not maintain adequate controls over its contractual services and interagency agreements.

During the current engagement period, our testing indicated the Board maintained adequate controls over its contractual services and interagency agreements. (Finding Code No. 2020-003)

B. **FINDING** (Inadequate Controls over Reconciliations)

During the prior engagement period, the Prisoner Review Board (Board) did not exercise adequate controls over monthly reconciliations.

During the current engagement period, our testing indicated the Board's controls over monthly reconciliations improved; however, we continued to note certain immaterial problems. As such, this matter was reported in the Board's Report of Immaterial Findings. (Finding Code No. 2020-004)

C. **FINDING** (Inadequate Controls over ERP Transition)

During the prior engagement period, the Prisoner Review Board (Board) did not have adequate internal controls over the transition to the Enterprise Resource Planning (ERP) program.

During the current engagement period, the Board has fully transitioned to ERP and there were no new system development projects. (Finding Code No. 2020-005)

D. **FINDING** (Failure to Appoint Members to Task Force for Transitional Housing for Sex Offenders)

During the prior engagement period, the Prisoner Review Board (Board) did not appoint required members to the Task Force for Transitional Housing for Sex Offenders

During the current engagement period, our testing indicated the Board appointed two members to serve on the Task Force for Transitional Housing for Sex Offenders. (Finding Code No. 2020-007)

E. **FINDING** (Inadequate Control over Agency Workforce Reports)

During the prior engagement period, the Prisoner Review Board (Board) did not maintain adequate controls over the filing of its Agency Workforce Reports for Fiscal Year 2018 and Fiscal Year 2019. In addition, the Board did not maintain adequate controls over the re-filing of its reports for Fiscal Year 2016 and Fiscal Year 2017.

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SCHEDULE OF FINDINGS - PRIOR FINDINGS NOT REPEATED
For the Two Years Ended June 30, 2022

During the current engagement period, our testing indicated the Board completed the Agency Workforce Reports for Fiscal Year 2020 and Fiscal Year 2021 accurately. However, the Agency Workforce Report for Fiscal Year 2021 was not submitted timely to the Office of the Governor and the Secretary of State. As such, this matter was reported in the Board's Report of Immaterial Findings. (Finding Code No. 2020-011)

F. **FINDING** (Inadequate Controls over Travel)

During the prior engagement period, the Prisoner Review Board (Board) did not maintain adequate controls over policies and procedures regarding travel.

During the current engagement period, our testing indicated the Board's controls over policies and procedures regarding travel improved; however, we continued to note certain immaterial problems. As such, this matter was reported in the Board's Report of Immaterial Findings. (Finding Code No. 2020-012)

G. **FINDING** (Inadequate Controls over Report Component)

During the prior engagement period, the Prisoner Review Board (Board) did not have adequate internal controls to demonstrate the *Analysis of Operations* report component (report component) within the Board's *Compliance Examination Report* was complete and accurate.

During the current engagement period, the report component is no longer presented as part of the Board's *Compliance Examination Report*. (Finding Code No. 2020-017)