

# LOS ANGELES COUNTY AUDITOR-CONTROLLER

**Arlene Barrera**  
ACTING AUDITOR-CONTROLLER

**Peter Hughes**  
ASSISTANT AUDITOR-CONTROLLER

**Robert Campbell**  
DIVISION CHIEF

OFFICE OF COUNTY INVESTIGATIONS

June 11, 2019

## Department of Animal Care and Control IMPROVEMENT OPPORTUNITIES NOTED DURING LIMITED REVIEW #2018-14735



**NUMBER OF RECOMMENDATIONS**

<b>PRIORITY 1</b>	<b>2</b>	<b>CORRECTIVE ACTION REQUIRED WITHIN 90 DAYS</b>
<b>PRIORITY 2</b>	<b>3</b>	<b>CORRECTIVE ACTION REQUIRED WITHIN 120 DAYS</b>
<b>PRIORITY 3</b>	<b>0</b>	<b>CORRECTIVE ACTION REQUIRED WITHIN 180 DAYS</b>



### BOARD OF SUPERVISORS

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FIRST DISTRICT

**Mark Ridley-Thomas**  
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**Sheila Kuehl**  
THIRD DISTRICT

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FOURTH DISTRICT

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FIFTH DISTRICT

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**COUNTY OF LOS ANGELES  
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 525  
LOS ANGELES, CALIFORNIA 90012-3873  
PHONE: (213) 974-8301 FAX: (213) 626-5427

ARLENE BARRERA  
ACTING AUDITOR-CONTROLLER

ADDRESS ALL CORRESPONDENCE TO:  
OFFICE OF COUNTY INVESTIGATIONS  
500 W. TEMPLE ST., ROOM 515  
LOS ANGELES, CA 90012-3756

June 11, 2019

TO: Marcia Mayeda, Director  
Department of Animal Care and Control

FROM: Robert G. Campbell, Chief  
Office of County Investigations

SUBJECT: **IMPROVEMENT OPPORTUNITIES NOTED DURING LIMITED REVIEW  
#2018-14735**

During a limited review at Department of Animal Care and Control (DACC), we noted areas where DACC can strengthen its internal controls over DACC's Enforcement Services' policies, procedures, and practices. Please see Attachment I, Table of Findings and Recommendations for Corrective Action, for details of our observations and recommendations. The Auditor-Controller's follow-up process and internal control disclosures are included in Attachment II.

**Review of Report**

We discussed our report with DACC management. The Department's response (Attachment III) indicates **general agreement** with our findings and recommendations.

We thank DACC management and staff for their cooperation and assistance during our review. If you have any questions please call me at (213) 893-0058, or your staff may contact Chief Investigator Greg Hellmold at (213) 893-0243.

RGC:GH:gls  
IOR-2018-14735

**Attachments**

c: Arlene Barrera, Acting Auditor-Controller  
Audit Committee  
Audit Division

**DEPARTMENT OF ANIMAL CARE AND CONTROL  
IMPROVEMENT OPPORTUNITIES NOTED DURING LIMITED REVIEW #2018-14735**

**TABLE OF FINDINGS AND RECOMMENDATIONS FOR CORRECTIVE ACTION**

	<b>ISSUE</b>	<b>RISK</b>	<b>RECOMMENDATION</b>	<b>P<sup>1</sup></b>	<b>SUMMARY OF RESPONSE</b>
<b>1</b>	<b>Field Supervision:</b> Animal Control Officers' (ACO) field activity was not regularly or effectively monitored by Enforcement Services supervisors. For example, Department of Animal Care and Control (DACC) fleet vehicles are equipped with Global Positioning System (GPS) tracking devices, but management did not review the GPS data or reconcile it with field activity reported by staff.	The absence of regular monitoring impairs management oversight of field personnel, and may prevent the timely detection and resolution of issues involving employee productivity, accountability, and adherence to policies, work schedules and assignments. Lax or loosely enforced performance measures may not provide sufficient assurance that DACC employees are making the most productive use of County time and resources.	<b>DACC management explore opportunities to implement enhanced supervision techniques and oversight, such as a routine process for reviewing and reconciling at least a sample of GPS data and productivity outcomes. Nothing in this recommendation is intended to limit DACC's flexibility in offering its employees the full range of County approved flexible work options and schedules that management determines support the Department's mission, goals, and objectives.</b>	<b>1</b>	<b>Agree</b> Target Implementation Date: November 2018  DACC management subsequently indicated that Enforcement Services Supervisors began receiving and monitoring GPS reports in November 2018.
<b>2</b>	<b>Personal Vehicle Usage and Mileage Claims:</b> ACOs did not consistently report use of their personal vehicles when conducting County business, as required by DACC Policy HR200.	The lack of documentation of employee vehicle usage while performing County work impairs management oversight of field staff, and may result in employees incurring unreimbursed costs for carrying out their assigned duties.	<b>DACC management:</b> <b>a) Consider revising DACC Policy HR200 to clarify the requirement that staff account for their work-related vehicle use by either:</b> <b>i) using a County/DACC fleet vehicle, when available and appropriate; or ii) submitting a mileage claim via the Mileage Authorization Reimbursement System for any business use of their personal vehicle, no less</b>	<b>1</b>	<b>Agree</b> Target Implementation Date: June 3, 2019  DACC management subsequently indicated that: a) As of October 25, 2018, all Enforcement Services field staff were assigned to County vehicles equipped with GPS; b) DACC will issue a memo to all supervisors by June 3, 2019 reminding them of DACC Policy HR200 that

<sup>1</sup> **Priority Ranking:** Recommendations are ranked from Priority 1 to Priority 3 based on the potential seriousness and likelihood of negative impact on departmental operations if corrective action is not taken. See Attachment IV for definitions of priority rankings.

**TABLE OF FINDINGS AND RECOMMENDATIONS FOR CORRECTIVE ACTION**

	ISSUE	RISK	RECOMMENDATION	P <sup>1</sup>	SUMMARY OF RESPONSE
			<p>frequently than once per month;</p> <p>b) Remind staff of the requirements of DACC Policy HR200 by distributing the policy to impacted staff and document staff received and acknowledged the policy;</p> <p>c) Conduct periodic reviews, on a sample basis, to ensure compliance with policies for DACC vehicle usage and the submission of reimbursement claims.</p>		<p>staff who drive their personal vehicles for work must submit monthly mileage claims, which must be reviewed and approved monthly by supervisors.</p> <p>c) DACC reissued the entire Department Policy and Procedure Manual to all staff and directed them to submit written acknowledgement by June 3, 2019.</p>
3	<p><b>Performance Measures:</b> We noted significant variances between the number of site visits completed by different employees assigned to field canvassing duties, and no evidence that supervisors followed-up on the variances. We also found anecdotal evidence that some employees slow their pace of work or stop working once they meet established performance targets. Staff also indicated that some neighborhoods are preferred over others because they require less effort to meet performance targets.</p>	<p>Significant variances in performance between staff performing identical duties suggests that current performance measures may not be effective at monitoring or motivating optimal performance by field canvassing staff. More dynamic and robust performance standards can positively impact productivity and allow management to acknowledge high performing employees and to assist staff whose performance needs improvement.</p>	<p>DACC management consider developing more robust qualitative and quantitative performance measures that take into account various work performance factors, as well as various social, economic, demographic, and population density data that may impact staff's ability to meet performance targets.</p>	2	<p><b>Agree</b> Target Implementation Date: October 1, 2019</p> <p>DACC management subsequently indicated they are re-examining their uniform performance standard of 45 licenses sold per week (six-month rolling average) due to the variances in work performance noted in the report and will develop new proposed standards.</p>

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<b>4</b>	<p><b>Technology Upgrades:</b> We noted that ACOs reported spending a considerable amount of time each day manually documenting their fieldwork activity on canvas sheets, citations, and in various logs, which cannot be readily reviewed, summarized, or analyzed for trends. In addition, field personnel are generally not equipped with mobile phones or other devices that could be used to automate the collection of such data.</p>	<p>Manually documenting fieldwork, citations, and canvassing activity without the benefit of an integrated information system is labor intensive, reducing the staff resources available for performing canvassing and enforcement activity. In addition, the lack of a central, electronic repository for information on employee performance and activity reduces opportunities for timely management oversight.</p>	<p><b>DACC management consult with the Chief Information Office (CIO) on options for implementing information technology solutions to automate the collection of routine/transactional data and performance measures, improve staff productivity by reducing the time spent compiling manual documentation, and enhance the safety of field personnel.</b></p>	<b>2</b>	<p><b>Agree</b>            Target Implementation Date: December 31, 2019</p> <p>DACC management subsequently indicated they are working closely with the CIO to develop a Request for Proposal for consultant services to identify the requirements for an effective software solution to replace their legacy system, which will include mobile devices for mobile payment and data access. DACC management also indicated they plan to fast track implementation of a mobile solution to capture credit and bank card payments in the field, and expand the scope of this solution to include collection of routine/transactional data and performance measures.</p>

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<b>5</b>	<p><b>Policy and Procedure</b> <b>Acknowledgements:</b> We noted that the Personnel Files for three (75%) of four ACOs did not include acknowledgement forms for all current DACC policies. For example, the ACOs told us they regularly combine their 30-minute lunch and two 15-minute breaks for a combined one-hour lunch period and were unaware of Interpretive Manual Section (§) VI and DACC Policy HR190 prohibiting this practice, despite DACC management's assertion that the policies were located on DACC's shared drive. We also noted missing acknowledgements for DACC policies HR200, VE100, and VE140.</p> <p>DACC management indicated that they became more diligent about tracking the completion of signed acknowledgements for policies issued after 2017. However, some of the personnel files we reviewed do not contain a complete set of acknowledgements for the current DACC policies issued prior to 2017.</p>	<p>DACC's current practice of obtaining a formal acknowledgement from staff of policies and training they received, reinforces their importance and promotes compliance. However, the absence of a formal acknowledgement for some employees may impair management efforts to enforce policies and hold those staff accountable.</p> <p>Lunch and break periods are provided to reduce fatigue by providing employees opportunities to periodically stop working. This ensures that they are rested and able to effectively and efficiently perform their assigned duties. Breaks and lunch periods may also be described in the memoranda of understanding negotiated with various County bargaining units. When employees use their break periods and lunch in a manner inconsistent with County policy and MOU requirements, they may create liability and suffer impaired performance.</p>	<p><b>DACC management:</b> a) <b>Ensure that each employee's personnel file contains acknowledgments for all DACC policies.</b> b) <b>Remind DACC staff of Interpretive Manual § VI and DACC Policy HR190 prohibiting employees from combining their lunch break and 15-minute rest period.</b></p>	<b>2</b>	<p><b>Agree</b> Target Implementation Date: June 3, 2019</p> <p>DACC management subsequently indicated they distributed the entire Department Policy and Procedure Manual to all staff and has required all staff to sign and submit written acknowledgement by June 3, 2019.</p> <p>They also indicated that reminders of HR190's prohibition of employees combining their lunch and breaks will be announced at the next session of all regularly scheduled supervisor meetings, including the next Sergeants' Council and the DACC Leadership Council in July 2019.</p>

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**FOLLOW-UP AND INTERNAL CONTROL DISCLOSURES**

**FOLLOW-UP PROCESS** The Auditor-Controller (A-C) has a follow-up process designed to provide assurance to the Board of Supervisors (Board) that departments are taking appropriate and timely corrective action to address audit recommendations. Within six months of the date of an audit report, departments must submit a Corrective Action Implementation Report (CAiR) detailing the corrective action taken to address all recommendations in the report. Departments must also submit documentation with the CAiR that demonstrates the corrective action taken. We will review departments' reported corrective action and supporting documentation, and report the results to the Board. For any recommendations not fully implemented, departments must report the status of corrective action within six months after our first follow-up report is issued.

**MANAGEMENT'S RESPONSIBILITY FOR INTERNAL CONTROLS** As indicated in County Fiscal Manual Section 1.0, management of each County department is primarily responsible for designing, implementing, and maintaining a system of internal controls that provides reasonable assurance that important departmental and County objectives are being achieved. Internal controls should sustain and improve departmental performance, adapt to changing priorities and operating environments, reduce risks to acceptable levels, and support sound decision-making.

Management must monitor internal controls on an ongoing basis to ensure that any weaknesses or non-compliance are promptly identified and corrected. The A-C's role is to assist management by performing periodic assessments of the effectiveness of the department's internal control systems. These assessments complement, but do not in any way replace, management's responsibilities over internal controls.

**LIMITATIONS OF INTERNAL CONTROLS** Any system of internal controls, however well designed, has limitations. As a result, internal controls provide reasonable but not absolute assurance that an organization's goals and objectives will be achieved. Some examples of limitations include errors, circumvention of controls by collusion, management override of controls, and poor judgment. In addition, there is a risk that internal controls may become inadequate due to changes in the organization, such as reduction in staffing or lapses in compliance.





Marcia Mayeda, Director

May 23, 2019

TO: Robert G. Campbell, Chief  
Office of County Investigations

FROM: Marcia Mayeda  
Director

**RESPONSE TO AUDITOR-CONTROLLER FINDINGS AND RECOMMENDED CORRECTIVE ACTIONS**

The Department has reviewed the Auditor-Controller's report and is in agreement with the findings and recommendations. The Department will report the corrective actions planned and/or taken to address the recommendations within the respective timeframes established by the priority rankings.

If you have any questions or require additional information, please contact me at (562) 728-4610 or [mmayeda@animalcare.lacounty.gov](mailto:mmayeda@animalcare.lacounty.gov), or have your staff contact Ms. Ann Marie Johansen, Administrative Deputy, at (562) 256-2400 or [ajohansen@animalcare.lacounty.gov](mailto:ajohansen@animalcare.lacounty.gov).

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Attachments

Agoura ACC  
29525 Agoura Road  
Agoura Hills, CA 91301  
(818) 991-0071

Baldwin Park ACC  
4275 N. Elton Street  
Baldwin Park, CA 91706  
(626) 962-3577

Carson/Gardena ACC  
216 W. Victoria Street  
Gardena, CA 90248  
(310) 523-9566

Castaic ACC  
31044 N. Charlie Canyon Rd.  
Castaic, CA 91384  
(661) 257-3191

Downey ACC  
11258 S. Garfield Ave.  
Downey, CA 90242  
(562) 940-6898

Lancaster ACC  
5210 W. Avenue I  
Lancaster, CA 93536  
(661) 940-4191

Palmdale ACC  
38550 Sierra Highway  
Palmdale, CA 93550  
(661) 575-2888

Administrative Office  
5898 Cherry Avenue  
Long Beach, CA 90805  
(800) 253-3555

## **PRIORITY RANKING DEFINITIONS**

Auditors use professional judgment to assign rankings to recommendations using the criteria and definitions listed below. The purpose of the rankings is to highlight the relative importance of some recommendations over others based on the likelihood of adverse impacts if corrective action is not taken and the seriousness of the adverse impact. Adverse impacts are situations that have or could potentially undermine or hinder the following:

- a) The quality of services departments provide to the community,
- b) The accuracy and completeness of County books, records, or reports,
- c) The safeguarding of County assets,
- d) The County's compliance with pertinent rules, regulations, or laws,
- e) The achievement of critical programmatic objectives or program outcomes, and/or
- f) The cost-effective and efficient use of resources.

### **Priority 1 Issues**

Priority 1 issues are control weaknesses or compliance lapses that are significant enough to warrant immediate corrective action. Priority 1 recommendations may result from weaknesses in the design or absence of an essential procedure or control, or when personnel fail to adhere to the procedure or control. These may be reoccurring or one-time lapses. Issues in this category may be situations that create actual or potential hindrances to the department's ability to provide quality services to the community, and/or present significant financial, reputational, business, compliance, or safety exposures. Priority 1 recommendations require management's immediate attention and corrective action within 90 days of report issuance, or less if so directed by the Auditor-Controller or the Audit Committee.

### **Priority 2 Issues**

Priority 2 issues are control weaknesses or compliance lapses that are of a serious nature and warrant prompt corrective action. Priority 2 recommendations may result from weaknesses in the design or absence of an essential procedure or control, or when personnel fail to adhere to the procedure or control. These may be reoccurring or one-time lapses. Issues in this category, if not corrected, typically present increasing exposure to financial losses and missed business objectives. Priority 2 recommendations require management's prompt attention and corrective action within 120 days of report issuance, or less if so directed by the Auditor-Controller or the Audit Committee.

### **Priority 3 Issues**

Priority 3 issues are the more common and routine control weaknesses or compliance lapses that warrant timely corrective action. Priority 3 recommendations may result from weaknesses in the design or absence of a procedure or control, or when personnel fail to adhere to the procedure or control. The issues, while less serious than a higher-level category, are nevertheless important to the integrity of the department's operations and must be corrected or more serious exposures could result. Departments must implement Priority 3 recommendations within 180 days of report issuance, or less if so directed by the Auditor-Controller or the Audit Committee.