



***Proposed Status of Management
Action Plans Report (sample)***

June 2021

TABLE OF CONTENTS

Section	Page No.
EXECUTIVE SUMMARY	3
TABLE A – SUMMARY OF STATUS OF MANAGEMENT ACTION PLANS AS AT MARCH 31, 2021	5
TABLE B – STATUS OF MANAGEMENT ACTION PLANS AS AT MARCH 31, 2021	6
<i>Finance – A/P & Procurement</i>	<i>6</i>
<i>Transportation Services – Fleet Services</i>	<i>7</i>
<i>Corporate Services – Compensation and HRMS.....</i>	<i>9</i>
<i>Corporate Services – Health & Safety on Property Services Capital Projects</i>	<i>12</i>
<i>Community & Health Services – Ontario Works</i>	<i>13</i>
<i>CHS – Sexual Health</i>	<i>14</i>
<i>Transportation – Traffic Signals & Illuminations Maintenance.....</i>	<i>16</i>
<i>HYI – Contract Management.....</i>	<i>18</i>
<i>Environmental Services – Forestry.....</i>	<i>19</i>
<i>Community and Health Services – Paramedic Services Fleet Management</i>	<i>20</i>
<i>Corporate Services – Workplace Health, Safety and Wellness.....</i>	<i>21</i>
<i>Finance - Cellular</i>	<i>25</i>

Executive Summary

Audit Services has completed a follow-up on the status of Management Action Plans (MAPs) as at March 31, 2021. Our follow-up was conducted in accordance with the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing Standard 2500 – Monitoring Progress, which requires that the chief audit executive establish and maintain a system to monitor the disposition of results communicated to management and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action.

The follow-up included:

- All audit reports with one or more open MAPs as of our previous status report dated January 2021.
- Requests for a One Year Past Due memo from management, where appropriate.¹ In this status update period, there were five audit reports containing MAPs overdue by more than one year. Management has provided memos for three of the five; these are included under the Communications section of the Agenda. The remaining two have been deferred due to the current public health crisis.

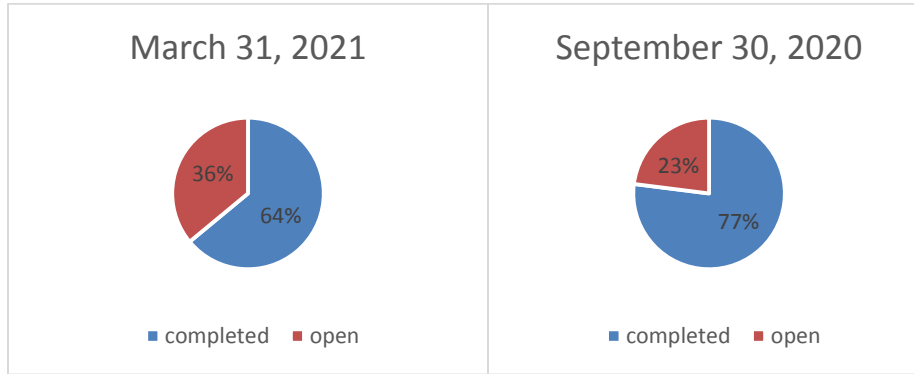
Management was provided the option to defer the current status update to the next audit follow-up given the ongoing health crisis. Of the 12 audit reports currently on the list for follow-up, three have been deferred to the next audit follow-up date, which will be completed in September 2021 for the January 2022 Audit Committee.

Based on the responses received, management remains committed to the implementation of internal controls and process improvements to mitigate the risks identified in our audits. The table below illustrates the progress management has made over the past five years in addressing audit findings in public audit reports:

AUDIT REPORT YEAR	TOTAL MAPs	MAPs COMPLETED (as at 03/31/21)	MAPs COMPLETED % (as at 03/31/21)
2016	42	41	98%
2017	26	23	88%
2018	36	33	92%
2019	32	23	72%
2020	19	6	32%
total	155	126	81%

¹ As requested by Audit Committee in November 2008, departments having a MAP that remains outstanding more than one year past the original due date must provide Audit Committee with a separate memo as to why the action plan has not been completed.

Twelve audit reports with a combined total of 36 open MAPs were followed up as of March 31, 2021. In the nine audit reports for which management provided a status update, 34 of the 53 original MAPs – or 64 percent – have been fully implemented. In the last term of Council, this has ranged between 60% and 90% and varies based on timing of reports being issued.



For a summary of audit reports followed up, please see Table A. For updated status of MAPs as of March 31, 2021 see Table B. Additional detail is available upon request from the Director, Audit Services.

TABLE A – Summary of Status of Management Action Plans as at March 31, 2021

Audit Report	Date Reported to Audit Committee	Number of recommendations in Audit Report	Completed for 09/30/20	Completed for 03/31/21	Not yet complete as at 03/31/21	(%) Complete as at 03/31/21
FIN – Accounts Payable & Procurement	June 2016	6	5	0	1	83%
TRN – Fleet Services	June 2018	7	5	2	0	100%
CS – Compensation and HRMS	June 2018	6	3	0	3	50%
CS – Health & Safety on Property Services Capital Projects	January 2019	6	5	0	1	83%
TRN – Traffic Signal & Illumination Maintenance	January 2020	5	2	2	1	80%
HYI – Contract Management	January 2020	4	2	2	0	100%
ENV – Forestry	June 2020	7	5	1	1	86%
CS – Workplace Health, Safety and Wellness	January 2021	5	n/a	0	5	0%
FIN – Cellular Audit	January 2021	7	n/a	0	7	0%
Total – responses received		53	27	7	19	64%
CHS – Ontario Works [Note a]	June 2019	5	3	0	2	60%
CHS – Sexual Health [Note a]	January 2020	5	0	0	5	0%
CHS – Paramedic Fleet Services [Note a, b]	June 2020	4	1	0	3	25%
Total – responses deferred		14	4	0	10	29%
Grand Total		67	31	7	29	57%

Note a: Management elected to defer update to the next follow-up date in October 2021 for Audit Committee presentation in January 2022.

Note b: Deferral by CHS only. Status update provided by FIN.

TABLE B – Status of Management Action Plans as at March 31, 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
Finance – A/P & Procurement	4.5 Authorization of Payment of Goods and Services Policy is updated to clarify approval limits for Project Managers, include the segregation of duties between purchase commitment and payment approval.	Complete	N/A	N/A
	Purchasing Tool Kit be updated to clearly identify the requirement for a purchase order for purchases above a specified dollar limit.	We will commence training on the new By-law in Q3 2021 and rollout to the organization by Q4 2021. A new protocol – “Payment for Goods and Services by Purchase Order” will take effect at the same time that the Bylaw takes effect.	Q1 2019	Q4 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
Transportation Services – Fleet Services	<p>4.1 Management should develop and communicate a comprehensive Operator’s Safety Manual. The Manual should address York Region requirements, defensive driving and equipment operation, vehicle collision and incident responsibilities, general operating procedures, and updated fueling procedures.</p>	<p>Complete - Corporate Fleet and Driver Safety Policy (document reference # 4042921) was approved by the CAO March 29, 2021 and posted on the portal</p>	<p>Q4 2019</p>	<p>N/A</p>
	<p>Management should consider rescinding the outdated Use of Transportation Services and Environmental Services Fleet Vehicles Policy and clarify employee expectations regarding personal use of fleet vehicles in the Manual.</p>	<p>Complete - Outdated policy was removed from portal following approval and posting of new policy</p>		
	<p>A policy regarding the application of tires to fleet vehicles should be developed and communicated to staff.</p>	<p>Completed and included in January 2021 response</p>		
	<p>Additionally, the Manual should be communicated to contractors, who may use Region equipment and fueling stations during their operations.</p>	<p>Completed and included in January 2021 response</p>		
	<p>4.6 Policy should require Fleet Services to be involved in any purchase of fleet assets under their jurisdiction, regardless of department. This process would ensure that the Region does not purchase equipment it does not require, and Fleet Services is aware of all existing assets to properly schedule preventative maintenance.</p>	<p>Complete - Fleet Optimization Policy (document reference #12819733) was approved by the CAO March 29, 2021 and posted on the portal</p>	<p>Q4 2019</p>	<p>N/A</p>

Audit Report	Recommendation	Management response	Original due date	Current due date
	Additionally, Fleet Services should participate in the budgeting process for vehicles and equipment to assist in ensuring the accuracy of actual versus budgeted costs.	Completed and included in January 2021 response		

Internal Audit Report

Audit Report	Recommendation	Management response	Original due date	Current due date
	Once policies/procedures have been updated, management should ensure information is communicated with staff and available on the Region intranet.	On target for approvals and delayed for communications and launch due to COVID: As described in 4.1, this policy and procedure is incorporated into the broader non-union compensation policy.	Q4 2020	Q3 2021
	<p>4.6 Management should review the above survey results and could consider the following:</p> <ul style="list-style-type: none"> Increasing the maximum increase per pay grade for acting assignments and internal promotions to better align with industry best practices. Alternatively, a policy could be developed where increases above the 3.5% increase per grade would be permitted at the hiring Director's discretion. A job evaluation maintenance review schedule. Develop and implement a formal Retention & Attraction Policy for "hot skills", which includes regular reviews and updates when required. 	<p>On target for approvals and delayed for communications and launch due to COVID: Incorporated into non-union salary policy and guidelines completed Q4 2020, approval for policy expected in 2020 with target launch and implementation in Q2/Q3 2021.</p> <p>On target: Can only implement once concurrent projects to reduce evaluation volumes are complete.</p> <p>On target for approvals and delayed for communications and launch due to COVID: Market Pay practices incorporated into non-union salary policy and guidelines completed Q4 2020 for approval and implementation in 2021.</p>	<p>Q4 2020</p> <p>Q4 2019</p> <p>Q4 2020</p>	<p>Q3 021</p> <p>Q3 2021</p> <p>Q3 2021</p>

Audit Report	Recommendation	Management response	Original due date	Current due date
	<ul style="list-style-type: none"> Review and update, if required, the current municipal comparator list to ensure it includes the most accurate and representative comparator municipalities. 	Complete	N/A	N/A
	<ul style="list-style-type: none"> As previously stated in issue 4.1 and 4.2, management should review and update all existing compensation related policies and procedures and implement a job evaluation committee and/or a formal appeals process for evaluation results. 	See 4.1 and 4.2	Q4 2020	Q3 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
Corporate Services – Health & Safety on Property Services Capital Projects	<p>4.6 The Policy and Guideline should be updated to reflect current corporate processes and document collection requirements. Once management approval has been obtained, the updated policy should be posted on the intranet with the necessary hyperlink to the updated guide. All affected staff should be made aware of the update. This will help to ensure corporate process and documentation requirements continue being met.</p>	<p>An initial review of the Health and Safety Guideline for Employees Involved in Construction Projects was completed by key stakeholders including Legal. The document is being updated based on the feedback provided. Following these updates and a subsequent review, it will go through the approval process.</p>	<p>Q1 2019</p>	<p>Q3 2021</p>

Audit Report	Recommendation	Management response	Original due date	Current due date
Community & Health Services – Ontario Works	<p>4.2 Management should:</p> <ul style="list-style-type: none"> • Ensure that Participation Agreement reviews are up to date for all active Ontario Works clients, in accordance with Provincial directives. In those instances where the legislation permits a review over the phone, ensure that the details of the review are clearly recorded in the client file and in the appropriate field(s) in SAMS. • Implement a Participation Agreement review scheduling system across all Ontario Works office locations. Investigate the opportunity to use the Vaughan location's system as a model for a uniform solution across all locations. 	Deferred	Q4 2019	Q4 2019
	<p>4.3 Management should update the current Lost or Stolen Entitlement Policy to address recovery of overpayments to clients, reimbursement to third parties where stopped cheques were cashed, and timing of replacement cheques. The updated policy should be communicated to all relevant staff to ensure consistent application among the Region's OW office locations.</p>	Deferred	Q4 2019	Q4 2019

Audit Report	Recommendation	Management response	Original due date	Current due date
CHS – Sexual Health	4.1 Ensure that all quality control reviews are completed with evidence maintained.	Deferred	Q4 2019	
	Develop a standardized peer review form and update policy to require retention of the forms.	Deferred	Q1 2020	
	Consider implementing a requirement to communicate peer review results with the Program Manager.	Deferred	Q1 2020	
	4.2 Develop and implement a centralized tracking system for incident reporting.	Deferred	Q1 2020	
	4.3 Determine the frequency and need for the community needs assessment. Consider updating the needs assessment every 4 years in line with term of Council.	Deferred	Q4 2020	
	Ensure the information included in the needs assessment is current and relevant.	Deferred	Q4 2020	
	Ensure all information contained in the needs assessment is directly tied to and supported by the survey results.	Deferred	Q4 2020	
	Consider the use of an external resource to prepare the needs assessment, or at a minimum review the assessment prepared internally.	Deferred	Q4 2020	
	4.4 Implement an appropriate segregation of duties for the sales, cash handling, and reporting functions.	Deferred	Q4 2019	

Audit Report	Recommendation	Management response	Original due date	Current due date
	Ensure that all clients receive a payment receipt as proof of purchase, including those who pay with cash. Receipts should be produced in duplicate, with one copy to the client and one copy for the Region's records.	Deferred	Q4 2019	
	Ensure that all reconciliations are provided to management for review and signoff prior to submission of month end transaction reports to Finance.	Deferred	Q4 2019	
	Ensure that supporting documentation for cash sales is included in the month end submission to Finance.	Deferred	Q4 2019	
	Ensure that the reconciled Hampson report is included with the month end reports to Finance.	Deferred	Q4 2019	
	Ensure that management approval is evident on the month end reports submitted to Finance.	Deferred.	Q4 2019	
	Develop and implement a policy and corresponding procedures to ensure that instances of non-payment by clients are handled consistently across all clinics, including a mechanism to track and report all occurrences and periodic review by management.	Deferred.	Q1 2020	
	4.5 Strengthen oversight and enforcement measures to ensure that all mandatory training is completed and tracked annually as required.	Deferred	Q4 2019	

Audit Report	Recommendation	Management response	Original due date	Current due date
Transportation – Traffic Signals & Illuminations Maintenance	<p>4.1 The contractor should be required to call into the Region’s Roads and Traffic Operations Centre to record arrival and departure times for high and low priority work.</p> <p>Contractor notification, arrival and departure times to and from work sites should be reviewed as a vendor performance management tool. Management benchmarks for acceptable response times are stipulated in the contract.</p> <p>Management should investigate management reporting for this function under Cityworks.</p>	<p>Completed – included in January 2021 response</p> <p>Completed – dedicated line operational</p> <p>Completed investigation of reporting function in Cityworks. Arrival and departure time data is being captured in Cityworks. Automated reports for this function are currently under development and testing.</p>	<p>N/A</p> <p>Q4 2020</p> <p>Q4 2020</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>
	<p>4.4 TSO Management should determine a reasonable number of spare parts to keep, considering that the older model controller cabinets are being replaced every year and there is a decreasing number of older cabinets in service. Once that number is determined, management should ensure the contractor disposes of any excess parts.</p>	<p>Completed – excess parts disposed of</p>	<p>Q4 2020</p>	<p>N/A</p>

Audit Report	Recommendation	Management response	Original due date	Current due date
	4.5 Management should investigate the use of electronic devices (tablets, smartphones) to automate and replace the current manual steps required in TOPS. To help ensure all data collected is complete and accurate, drop down menus also can be incorporated to match problem codes to repair codes.	Work in progress. Use of electronic devices to capture field inspection reports are under development and testing to collect data as a first step.	Q4 2022	Q4 2022

Audit Report	Recommendation	Management response	Original due date	Current due date
HYI – Contract Management	4.1 Management should develop and formalize policies and procedures within the HYI contract management area. Roles and responsibilities should be clearly defined and communicated to all staff.	Complete – Housing Operations Contract Management Report submitted to Audit in April 2021.	Q3 2020	N/A
	4.4 Management should implement the integrated purchase order module for contracts along with the work orders to centralize the purchasing function and better manage contract status and on-going commitments. A centralized purchase order system would allow for better tracking of commitments, clear communication of work to be completed and cost, and ease of processing invoices for payment.	Completed early in Q2 2021	Q4 2021	N/A

Audit Report	Recommendation	Management response	Original due date	Current due date
Environmental Services – Forestry	<p>4.1 Management should create and finalize the Standard Operating Procedures document.</p> <p>Management should review the existing policies and procedures that exist but have not been updated or approved as far back as 2010, as well as other various standards and guidelines, and consider their inclusion in the Standard Operating Procedures document.</p> <p>Due to the inexperience and turnover of student employees, we recommend reviewing the Juvenile Tree Maintenance Field Guide for approval and sign-off to be communicated with students.</p>	<p>On track –Work is underway to update existing and create new standard operating procedures as required. Five procedures have been finalized and 30 are in progress.</p>	Q4 2021	Q4 2021
	<p>4.5 Management should implement formal deficiency tracking across all contracts. Deficiency tracking includes logging all deficiency items, their status, and the length of time for satisfactory resolution. This document should also ensure that we are capturing all the necessary information for contractor performance evaluation, if any, required by the corresponding contract.</p> <p>Management should consider the existing deficiency tracking document maintained for the mature tree maintenance contract as a template for tracking deficiencies across other contracts.</p>	<p>Completed – Standard operating procedure documenting deficiency tracking requirements has been prepared and is being implemented on all contracts.</p>	Q2 2021	N/A

Audit Report	Recommendation	Management response	Original due date	Current due date
Community and Health Services – Paramedic Services Fleet Management	4.2 (CHS) Investigate opportunities to integrate the M5 and QRS systems to eliminate the need for manual transfer of data.	Deferred	Note 1	
	4.3 (CHS) Consider engaging an external consultant, or dedicating internal resources, to perform a needs assessment and determine which priorities must be met with respect to facilities, staffing, and vehicle inventory to accommodate legislated requirements and ensure continued compliance with Provincial mandates in a cost-effective manner.	Deferred	Note 1	
	4.4 (FIN) The Risk Management branch should take the appropriate steps necessary to ensure that all current vendor contracts have valid certificates of insurance in the Region’s COI database.	At December 31, 2020, the expired COI backlog that was observed has been cleared and COIs are kept current monthly. The initiative (to implement a technology solution to automate the COI tracking process) is deferred due to redirection of risk management staff to support the Region’s COVID-19 response. A revised timeline will be provided when the emergency is over.	Q4 2020 Q2 2022	N/A Q2 2022

Note 1: As noted in the Paramedic Services Fleet Management audit report, due to the coronavirus pandemic and the related impact on Community and Health Services (CHS) resources, Audit Services and CHS agreed to discuss implementation timelines at a later date. Once established, these timelines will be communicated to Audit Committee.

Audit Report	Recommendation	Management response	Original due date	Current due date
Corporate Services – Workplace Health, Safety and Wellness	4.1 Management should update the process for incident reporting and tracking to ensure the completion date of corrective actions is entered into the Parklane software.	<p>There were limitations identified with the Parklane Software previously that did not allow for corrective measures to be entered following the submission of the incident report.</p> <p>Parklane released a recent update that will make it possible for individuals completing the report to assign Corrective Action Recommendations using software generated emails. In addition, the email recipients can simply respond via a web form which will populate their response in the Corrective Action Taken field in Parklane.</p> <p>The implementation is presently underway, and the Incident/Injury process document will be updated to indicate new corrective action tasks and management will be trained on new responsibilities.</p>	Q3 2021	Q4 2021
	4.2 1. Management should consider centralizing the records management for monthly inspection reports/results and committee meeting minutes to ensure completeness. Consideration should be given to formally tracking hazards identified during the	<p>With most of the staff working from home and JHSC members being redeployed or presently not on site, this has been postponed to 2022. This will allow for all the JHSCs to meet in the</p>	Q3 2021	Q2 2022

Audit Report	Recommendation	Management response	Original due date	Current due date
	<p>monthly inspections to allow for an increase in oversight in addressing concerns.</p> <p>2. Management should review the various inspection template checklists in use and ensure the most current is communicated to all appropriate members. In addition, the template could be updated to include a column for the inspector to initial each item reviewed to ensure completeness. Once updated, the current checklist should be distributed to all locations performing inspections.</p>	<p>new year and transition towards a centralized record management.</p> <p>The JHSC inspection checklist on the JHSC Portal page was reviewed and has been updated. This was communicated to JHSCs at the CHASAC meeting. The HR Health & Specialists have supported customization of the inspections checklist for relevant groups where sector specific hazards apply.</p>		
	<p>4.3 Management should implement the following:</p> <ul style="list-style-type: none"> • Education and communication with JHSC members to ensure they are aware of the OHS requirements and compliance areas covered within their inspections. • Increased oversight by Health and Safety Specialists to ensure committee members are meeting the OHS requirements for inspections. 	<p>Creation of self-learning JHSC workplace inspection training resource is presently put on hold. HR Health & Safety has dedicated their resources towards COVID-19 recovery and response measures. Creation of training that is not related to these measures or legislatively mandated will be resume as part of the broader return to work efforts.</p> <p>H&S Specialist have been attending high priority sites for JHSC inspections such as the mass immunization clinics. However, with most staff working from home and mitigate COVID-19 risks,</p>	Q4 2021	Q4 2022

Audit Report	Recommendation	Management response	Original due date	Current due date
		these visits are being limited to active high risk locations.		
	<p>4.4</p> <ol style="list-style-type: none"> 1. Management should reaffirm with staff their responsibility for completing training, monitoring compliance and follow up as necessary. 2. Management should consider distributing exception reporting more frequently and directly to staff and supervisors before escalating to the Director level annually. 3. Management should consider implementing a threshold for the length of time to complete overdue training requirements and advise individuals to complete training before escalation to the Executive Director of Human Resources. 	<p>HR Health & Safety has worked with HRMS to capture mandatory Health and Safety training course completion within the bi-annual reports provided to SMT. This report identifies training exceptions and target completion date that can be shared with supervisors to monitor compliance.</p> <p>Further efforts on the communication plan and distribution of training reports have been put on hold to focus effort on sharing of COVID-19 health and safety information and related training.</p>	Q4 2021	Q2 2022
	<p>4.5</p> <ol style="list-style-type: none"> 1. Management should review the “Employee Health Resources” portal page and update to ensure information is presented in an organized and consistent manner. Policies should be reviewed and updated accordingly to ensure they are clear, accurate, complete and current. 2. Management should determine the frequency with which policies should be reviewed and updated going forward to ensure current regulations and compliance requirements are accurately reflected in a timely manner. 	<p>All health and safety resources and information have been consolidated into the clearly defined sections within the Safety page under my Life and Career. The Corporate Services – Human Resources – Health and Safety page redirects staff to Safety page under My Life and Career to avoid duplication.</p> <p>HR Health & Safety has flagged duplicate information with other departments to be removed. A schedule</p>	Q2 2021	Q4 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
	<p>3. Management should review the current landscape for health and safety information available on the portal and ensure health and safety information is presented in a clear, consistent and coordinated manner. Consideration should be given to link the information under the “My Life & Career” safety section to the Human Resources Health Safety & Wellness portal page.</p>	<p>for reviewing policies, program and guidelines will be established as part of the adoption of a Health, Safety and Disability Management system.</p>		

Audit Report	Recommendation	Management response	Original due date	Current due date
Finance - Cellular	<p>4.1 Management should review the identified policies to ensure they remain relevant and accurate.</p> <p>Due to the inherent environment of rapid change regarding technology, management should consider providing a timeframe requirement for review within the policies themselves, to ensure they regularly remain up to date, applicable and accurate.</p>	<p>Due to policy staff redeployments resulting from the COVID-19 pandemic, updates to the Responsible Use of Technology policy have been deferred to Q4 2021. The request to rescind the Technology Acquisition policy will be submitted with the updated Responsible Use policy approval request in Q3 2021.</p>	Q4 2020	Q4 2021
		<p>Due to continued workload pressures resulting from the COVID-19 response, updates to the Privacy Policy have been deferred to Q2 2022.</p>	Q4 2020	Q2 2022
		<p>An updated Use of Social Media Policy was approved by the CAO on January 27, 2021.</p>		
		<p>The Voicemail Policy has been reviewed and an opportunity has been identified to change frequency of voicemail greeting update. Departments will be consulted on proposed changes. This policy will further be reviewed and updated by Q4 2022 in the context of the “the next normal” to include Teams, etc.</p>	Q4 2020	Q4 2021
	<p>4.2 Management should determine the appropriate corrective actions regarding reimbursement of personal charges incurred on a Regional cellular device.</p> <p>Management should update the Responsible Use of Regional Technology Policy to ensure employees are aware of their expectations regarding reimbursement</p>	<p>Guidelines will be referenced in the Responsible Use of Technology Policy update (Recommendation 4.1)</p> <p>Approximately 95% of Region issued smartphones are provided through Rogers. As of March 1, 2021, roaming plans are now automatically activated on Rogers devices whenever these devices leave Canada. The roaming plan includes unlimited voice, SMS/MMS messaging and data services for a daily flat fee.</p>	Q4 2021	Q4 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
	for personal use charges, and management across the Region can consistently apply the appropriate corrective actions.	The remaining 5% of Region-issued smartphones are provided through Telus to support specific service requirements. Roaming plans on these devices continue to be activated by request only. The updated Cellular Reference Guide includes a reimbursement expectation for personal expenses incurred on a Region-issued cellular device while travelling. This expectation will be referenced in the Responsible Use of Technology Policy update (Recommendation 4.1).		
	4.3 Management should consider that Regional employees issued a cellular device are required to sign-off on receipt and understand the contents of the Smartphone and Cell Phone Quick Reference Guide that outlines the plan details, roles and responsibilities and other related policies and procedures to the cellular device. The contents of the guide should also reflect the employee's responsibility for their own personal information.	As part of the Cellular Refresh and ongoing operations, a Consent to Terms of Use will be required to be signed off by each employee receiving a new cellular device beginning in May 2021. The Cellular Reference Guide has been updated to reflect user responsibilities related to information management & privacy, safety & security, reimbursement expectations and related corporate policies.	Q4 2021	Q2 2021
	4.4 Management should consider clarifying the employee's expectations on My Portal and in the Smartphone and Cell Phone Quick Reference Guide regarding application of a roaming plan	The updated Cellular Reference Guide and Consent to Terms of Use sign-off include expectations regarding travel with a Region issued cellular devices, including users' responsibility for unapproved roaming charges incurred on Region-issued cellular devices during personal trips. The guide also	Q4 2021	Q2 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
	<p>when necessary and repayment for failing to do so.</p> <p>The expectations provided through My Portal and the Smartphone and Cell Phone Quick Reference Guide should remain consistent with updated policies and procedures across the Region.</p>	<p>references the Reimbursement of Costs for Personal or Improper Use Guidelines for more information.</p>		
	<p>4.5 Management should implement a formal off-boarding process to ensure that IT is notified when a cellular device is no longer in use by an employee.</p> <p>As part of this process, management should consider providing the off-boarding Manager with a checklist for decommissioning cellular devices. Part of this checklist should be the requirement to contact IT to ensure devices can be assessed for damage and sensitive information is securely wiped prior to disposal or reassignment.</p>	<p>IT Services plans to update the Technology Off Boarding Service Request, currently part of the HR exiting checklist, to strengthen decommissioning requirements to ensure devices are properly assessed and sensitive information is secured. Asset management expectations will be reviewed as part of the Responsible Use of Technology Policy update (Recommendation 4.1)</p>	Q1 2021	Q4 2021
	<p>4.6 Management should consider a process in which individual departments review active cellphone accounts in their area and determine whether to cancel or</p>	<p>IT Services plans to address this as part of upcoming project to build a cellular inventory that is centralized and kept up-to-date by the department Cellular administrators. This project will leverage the cellular refresh data captured through</p>	Q1 2021	Q4 2021

Audit Report	Recommendation	Management response	Original due date	Current due date
	continue the phone circuit for that device on a more frequent basis, rather than only during the required review at the 3-year refresh.	ordering of new devices and continue to build on this information as a cellular asset registry.		
	<p>4.7 For existing cellular devices, management should consider communicating to employees that it is their expectation to use a case with their cellular device.</p> <p>For newly issued cellular devices, management should consider requiring employees to order a pre-approved case. This would ensure adequate protection for the asset which will likely reduce repair costs incurred by the Region. Additionally, the Region would benefit from 50% percent cost savings on accessory purchases made through our service contract.</p>	<p>A protective phone case is now a mandatory accessory that will be provided with each new cellular device during the upcoming Cellular Refresh.</p> <p>The Cellular Reference Guide & Terms of Use specifies the user's responsibility to keep the protective case on the device at all times. Users will also be able to submit a request to order accessories through the Region's contracts, allowing the Region to benefit from cost savings on accessory purchases.</p>	Q1 2021	Q2 2021