



Auditor General

MANITOBA

Report to the Legislative Assembly

Follow Up of Previously Issued Recommendations

Independent Assurance Report

WEBSITE VERSION



February 2025

This page is intentionally left blank.



February 2025

Honourable Tom Lindsey
Speaker of the Legislative Assembly
Room 244, Legislative Building
450 Broadway
Winnipeg, Manitoba R3C 0V8

Dear Honourable Speaker:

It is an honour to submit my report, titled *Follow Up of Previously Issued Recommendations*, to be laid before Members of the Legislative Assembly in accordance with the provisions of Section 28 of *The Auditor General Act*.

Respectfully submitted,

Tyson Shtykalo, FCPA, FCA
Auditor General

This page is intentionally left blank.

Table of contents

Auditor General's comments	1
Overview	3
Limited assurance attestation engagement description	7
SECTION 1: 2019 Recommendations	9
Chapter 1: <i>Management of Foster Homes</i>	11
Chapter 2: <i>Department of Infrastructure: Oversight of Commercial Vehicle Safety</i>	33
SECTION 2: 2020 Recommendations	43
Chapter 3: <i>Quarry Rehabilitation Program Investigation</i>	45
Chapter 4: <i>Vital Statistics Agency</i>	53
Chapter 5: <i>Provincial Oversight of Drinking Water Safety</i>	61
Chapter 6: <i>Oversight of Post-Secondary Institutions</i>	71
SECTION 3: 2021 Recommendations	83
Chapter 7: <i>Physicians' Billings</i>	85
SECTION 4: 2022 Recommendations	91
Chapter 8: <i>Aging Information Systems</i>	93
Chapter 9: <i>Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response</i>	99
Chapter 10: <i>Information Systems – Privileged Access</i>	105

This page is intentionally left blank.

Auditor General's comments

In this report we present the implementation status of 236 recommendations as at September 30, 2024. This is the second and final follow up for 211 recommendations issued between November 2019 and January 2021. This is the first follow up for the other 25 recommendations issued between February and October 2022.

We found that only 68 of 236 recommendations (29%) have been reported as implemented since we issued our original reports. I encourage management to continue to work towards implementing our recommendations.

For the reports with low implementation rates that we will no longer be following up, the Public Accounts Committee should consider requesting progress reports in the future.

Producing this report each year requires the involvement of all the entities originally audited. I thank the public servants and other staff for their cooperation and assistance, and for providing progress reports and supporting documentation during our follow-up process.

I would also like to thank my staff for their contributions to this report.



Tyson Shtykalo, FCPA, FCA
Auditor General



This page is intentionally left blank.

Follow up of report recommendations

We strive to promote government accountability and public administration excellence for Manitobans through impactful audit work and reports. All our reports contain recommendations that identify areas needing improvement. Our reports achieve their desired impact when the audited entities improve their practices through the implementation of our recommendations.

When tabled in the Legislature, our audit reports are automatically referred to the Legislative Assembly's Standing Committee on Public Accounts. Government departments and Crown organizations are accountable to the Public Accounts Committee (PAC) for the implementation of recommendations. The PAC can, through its follow up of the implementation status of recommendations, bring to bear the full authority of the Legislative Assembly to ensure departments do what is needed to properly address the issues underpinning each of our recommendations. To assist the PAC in this key role, we report on the implementation status of our recommendations.

This report contains the follow up of recommendations in 10 reports issued in 2019 to 2022.

OUR FOLLOW-UP PROCESS

We typically schedule an initial follow up about 2 years after a report is released. Subsequent follow ups, and the timing, are determined based on the progress made implementing the recommendations.

As part of this year's follow up, we requested progress reports as at September 30 from management of the audited entities. Management was responsible for assessing and reporting the status of each recommendation from these **4 status categories**:

- Work in progress.
- Implemented/resolved.
- Action no longer required.
- Do not intend to implement.

For the recommendations reported by management as *implemented/resolved*, we performed limited assurance procedures to substantiate their assessment of the status. We did not perform any procedures, and we provide no assurance on recommendations noted in the report with any status other than *implemented/resolved*.

STATUS CATEGORIES:

- **Work in progress:** Management is taking steps to implement our recommendation.
- **Implemented/resolved:** Recommendation has been implemented, or an alternate solution has been implemented that fully addresses the risk identified in the original report.
- **Action no longer required:** The recommendation is no longer relevant due to changes in circumstances that have mitigated the risk identified in the original report.
- **Do not intend to implement:** Management does not intend to implement our recommendation or otherwise address the risk identified in our original report.

Implementation status

This report provides the implementation statuses of 236 recommendations, as reported by management. As detailed in **FIGURE 1**, the statuses for these recommendations were reported as follows:

- Implemented/resolved - 68 (29%).
- Action no longer required - 17 (7%)*.
- Do not intend to implement - 21 (9%).
- Work in progress - 130 (55%).

Figure 1: Reported implementation statuses, as at September 30, 2024

Report	Total	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress
Second and final follow up					
November 2019					
<i>Management of Foster Homes</i>	112	19	17*	20	56
December 2019					
<i>Department of Infrastructure: Oversight of Commercial Vehicle Safety</i>	17	11		1	5
May 2020					
<i>Quarry Rehabilitation Program Investigation</i>	15	2			13
September 2020					
<i>Vital Statistics Agency</i>	19	8			11
<i>Provincial Oversight of Drinking Water Safety</i>	19	12			7
October 2020					
<i>Oversight of Post-Secondary Institutions</i>	23	3			20
January 2021					
<i>Physicians' Billings</i>	6	5			1

Figure 1: Reported implementation statuses, as at September 30, 2024

Report	Total	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress
First follow up					
February 2022					
<i>Aging Information Systems</i>	8	5			3
April 2022					
<i>Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response</i>	8	1			7
October 2022					
<i>Information Systems – Privileged Access</i>	9	2			7
Grand total	236	68 (29%)	17 (7%)	21 (9%)	130 (55%)

* Northern Authority reported recommendations 9, 10, 17, 18, 25, 30, 32 and 42 as "Action no longer required" but in our view these recommendations are still relevant as circumstances have not changed.

This page is intentionally left blank.

Limited assurance attestation engagement description

We prepared this limited assurance report on the recommendations reported by management as *implemented/resolved*, included in the following reports:

- *Management of Foster Homes* (November 2019) – **CHAPTER 1.**
- *Department of Infrastructure: Oversight of Commercial Vehicle Safety* (December 2019) – **CHAPTER 2.**
- *Quarry Rehabilitation Program Investigation* (May 2020) – **CHAPTER 3.**
- *Vital Statistics Agency* (September 2020) – **CHAPTER 4.**
- *Provincial Oversight of Drinking Water Safety* (September 2020) – **CHAPTER 5.**
- *Oversight of Post-Secondary Institutions* (October 2020) – **CHAPTER 6.**
- *Physicians' Billings* (January 2021) – **CHAPTER 7.**
- *Aging Information Systems* (February 2022) – **CHAPTER 8.**
- *Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response* (April 2022) – **CHAPTER 9.**
- *Information Systems – Privileged Access* (October 2022) – **CHAPTER 10.**

Our responsibility was to provide limited assurance, as at September 30, 2024, on those recommendations reported by management as *implemented/resolved*, to determine if management's assessment was free from material misstatement. We did not perform any procedures, and provide no assurance on recommendations noted in the report with any status other than *implemented/resolved*.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are lesser in extent than for, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

The responsible party or parties identified in each chapter is responsible for assessing its status in implementing the recommendations issued by the Auditor General. For recommendations management assessed as *implemented/resolved*, we are responsible for substantiating the assessment through interviews and examination of documentation. We evaluated the implementation status using the original recommendation as the criteria to assess whether the supporting information provided by management addressed the original recommendation. As these criteria are specific to our original engagement, they may not be suitable for another purpose.

All work in this report was performed to a limited level of assurance in accordance with the Canadian Standard on Assurance Engagements CSAE 3000—Attestation Engagements Other Than Audits or Reviews of Historical Financial Information set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook—Assurance.

We apply Canadian Standard on Quality Management CSQM 1 and, accordingly, maintain a

comprehensive system of quality management, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of Manitoba, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

For each chapter with any recommendation statuses reported as *implemented/resolved*, we obtained confirmation from management that they have:

- Responsibility for the recommendations directed to them.
- Provided all known information that has been requested or that could affect the findings or conclusions.
- Evaluated the underlying subject matter against the applicable criteria, including that all relevant matters are reflected in the subject matter information.

FOR OUR ASSURANCE CONCLUSIONS, SEE THE RESPECTIVE CHAPTERS OF THE REPORT.



SECTION 1: 2019 Recommendations

WEBSITE VERSION

Chapter 1 - <i>Management of Foster Homes</i>	11
Chapter 2 - <i>Department of Infrastructure: Oversight of Commercial Vehicle Safety</i>	33

This page is intentionally left blank.

Chapter 1: *Management of Foster Homes*



This page is intentionally left blank.

Chapter 1: Management of Foster Homes

Our recommendations are directed to the following organizations:

- The Department of Families.
- First Nations of Northern Manitoba Child and Family Services Authority (Northern Authority).
- Metis Child and Family Services Authority (Metis Authority).
- Southern First Nations Network of Care (SFNNC).
- The General Child and Family Services Authority (General Authority).
- Awasis Agency of Northern Manitoba (Awasis CFS).
- Metis Child, Family and Community Services (Metis CFS).
- Southeast Child and Family Services (Southeast CFS).
- Winnipeg Child and Family Services (Winnipeg CFS).

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – November 2019	April 19, 2022
First follow up – March 2023	–

What our original report examined

We wanted to determine the adequacy of the systems and processes for funding foster home services and ensuring compliance with foster home standards. To do this we examined the operations of:

- The Department of Families (the Department).
- Child and Family Services (CFS) Authorities.
- CFS agencies.

We chose to examine the operations of 4 CFS agencies delivering foster home services, one from each CFS Authority, as follows:

CFS Agency	Related CFS Authority
Awasis Agency of Northern Manitoba	Northern Authority
Metis Child, Family and Community Services	Metis Authority
Southeast Child and Family Services	SFNNC
Winnipeg Child and Family Services	General

We also examined the oversight and support provided by the Department and the 4 CFS Authorities related to foster home services.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

Many of the 43 recommendations from our 2019 report were directed to more than one organization. For follow-up purposes, recommendations directed to more than one organization were followed up with each organization named. This results in a total of 112 recommendations.

As shown in the table below, 19 of our 112 recommendations (17%) have been reported as *implemented/ resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Families	28	5	18%
General Authority	14	4	29%
Metis Authority	14	2	14%
Northern Authority	14	1	7%
SFNNC	14	1	7%
Awasis CFS	7	1	14%
Metis CFS	7	2	29%
Southeast CFS	7	1	14%
Winnipeg CFS	7	2	29%
TOTAL	112	19	17%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented. For the recommendations considered implemented as at September 30, 2022, no further work was done this year.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	15
March 2023	4
TOTAL	19

Of the 112 recommendations, management has chosen not to implement 20. For those reported as *Do not intend to implement*, we have included a comment in the table below based on what management told us.

This audit report was released over 5 years ago yet only 17% of the recommendations have been implemented. When we initiated this audit there were nearly 10,000 children in care in Manitoba living in foster homes and places of safety. When children are taken into care, it is critically important that they are placed in a loving, nurturing, safe, and culturally appropriate environment. To ensure the safety and well-being of these children, it is imperative that foster homes and places of safety be properly managed by CFS agencies.

Our audit found there were inadequate systems for ensuring compliance with foster home standards. It also found although the Province had set standards for licensing and case managing foster homes, the agencies that perform this work were not explicitly funded for this work. Without the implementation of our recommendations, there is unrealized potential for helping ensure the safety and well-being of children in care.

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
We recommended that:		
1. The Department, in determining funding allocations for CFS Authorities, explicitly include costed resources for foster home case management.	The Department	Do not intend to implement
<i>The Department told us Manitoba implemented a system of Single Envelope Funding (SEF) in 2019. SEF covers operational and staffing costs at the Authority/agency level. Each CFS Authority/agency has the ability to determine staffing ratios and agencies can now provide services for families and program areas based on need, not a funding formula. Funding levels were developed with the understanding that agencies would now retain the Children's Special Allowance payments for children in care (previously required for remittance to the Province).</i>		
2. The Department, in collaboration with the CFS Authorities, promptly and every 3 to 5 years thereafter, review the CFS funding assumptions, base amounts and calculations, and make the necessary changes to ensure a fair and equitable funding approach for agencies.	The Department	Work in progress
3. The Department promptly, and regularly thereafter, review the basic maintenance rates to ensure the rates cover the costs incurred by foster parents and place-of-safety caregivers.	The Department	Action no longer required

WEBSITE VERSION

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
4. The CFS Authorities and the Department, in collaboration with the agencies, periodically review and update as necessary the Department's needs assessment scoring tool (the CAF) and special rate setting process, to ensure a robust culturally appropriate province-wide process. We further recommend that the Department provide related training and support. A robust needs assessment scoring tool and special rate setting process would: • Link the score resulting from the assessment tool directly to a service fee. • Consider the skills, abilities, and needs of foster parents to meet the child's assessed needs (including assessing the need for respite and support). • Capture all of the child's relevant needs. • Require documentation and justification of any respite and support hours approved.	The Department General Authority Metis Authority Northern Authority SFNNC	Work in progress Do not intend to implement Work in progress Do not intend to implement (as at September 30, 2022) Work in progress
<i>General Authority told us under its Single Envelope Funding Manual agencies are required to use the CAF to set special rates. The CAF meets the expectations of a robust needs assessment scoring tool as described in this recommendation. This recommendation cannot be fully implemented as all 4 authorities have not been able to agree on a province-wide process and at least one other authority has indicated the status as "Do not intend to implement."</i> <i>Northern Authority told us the 4 CFS Authorities were created on the basis that what is culturally appropriate for one, cannot and will not be culturally appropriate for another. Hence, proceeding with these recommendations goes against the understanding that the needs and culture within Northern Manitoba is different than the needs and culture elsewhere.</i>		

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
5. The CFS Authorities and the Department enforce and monitor the use of a province-wide standardized needs assessment tool.	The Department	Do not intend to implement
	General Authority	Do not intend to implement
	Metis Authority	Work in progress
	Northern Authority	Do not intend to implement (as at September 30, 2022)
	SFNNC	Work in progress
<i>The Department told us the Province is moving away for using province-wide scoring assessment tools. The Department will continue to work with agencies and authorities to develop tools that assess children's needs while maintaining cultural competence relevant to the child's community.</i> <i>General Authority told us this recommendation cannot be fully implemented as all 4 authorities have not been able to agree on a province wide process and at least one other authority has indicated status as "Do not intend to implement."</i> <i>Northern Authority told us the 4 CFS Authorities were created on the basis that what is culturally appropriate for one, cannot and will not be culturally appropriate for another. Hence, proceeding with these recommendations goes against the understanding that the needs and culture within Northern Manitoba is different than the needs and culture elsewhere.</i>		
6. The Department set parameters around the maximum number of respite and support hours per child, based on level of need.	The Department	Do not intend to implement (as at September 30, 2022)
<i>The Department told us greater flexibility to provide respite will be needed to ensure adequate supports for the anticipated creation of new models of family and community alternate care arrangements to align with new federal placement priorities, which will have differing access to personal and community resources.</i>		
7. The Department monitor and enforce compliance with its policy for the annual review and approval of special rates by agencies and CFS Authorities.	The Department	Do not intend to implement
<i>The Department told us with changes to provincial funding allocations and increased autonomy for Authorities, Authorities can set their own review periods for special rate approvals. Monitoring compliance is a responsibility of agencies and Authorities.</i>		

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
8. The Department, in consultation with the CFS Authorities, enter into service purchase agreements with all provincially funded external agencies providing foster home services and that these agreements clearly define: • Service and program result expectations. • Reporting requirements for services provided and the results achieved.	The Department	Work in progress
9. The Department, or as applicable given single-envelop funding, the CFS Authorities, require all placements in externally managed foster home programs go through the Provincial Placement Desk (or an equivalent, at the CFS Authority level). We further recommend that the Department, in collaboration with the CFS Authorities, strengthen processes for referring and placing children in care in externally managed homes by ensuring that: • Placements are justified and made in a consistent manner. • Only children assessed as having needs consistent with the program's mandate are placed in the program (with potential exceptions for sibling groups, with sibling rates set based on their required level of care). • Expectations regarding the referral and approval processes are clearly outlined and communicated to all CFS agencies.	The Department General Authority Metis Authority Northern Authority SFNNC	Do not intend to implement Do not intend to implement (as at September 30, 2022) Work in progress Action no longer required* (as at September 30, 2022) Do not intend to implement
<i>The Department told us it is moving away from standardization and not implementing a Provincial Placement Desk for this area. The Department is working to support authorities, and a Section 4 review is underway to analyze the use of third party (externally managed) foster homes. This will inform and strengthen licensing and provide greater policy support to agencies making placements.</i>		

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
<i>The General Authority noted that this recommendation is about ensuring that placements with externals are justified and that there is a process in place to assess whether the needs of the children are a match for the services/programs available from the external service provider. The Authority told us that given this, it is of the opinion that there are sufficient processes in place at the Authority and agency level to address this even though there are some referrals for level 4 placements that do not go through the Provincial Placement Resources Unit.</i> <i>SFNNC told us it is of the opinion that there are sufficient processes in place at the Authority and agency level to address this even though there are some referrals that do not go through the Provincial Placement Resources Unit. Since the Department does not intend to implement this recommendation the same status is appropriate for the Authority.</i>		
10. The Department, or as applicable given single-envelop funding, the CFS Authorities, ensure the use of external agency foster homes be properly justified based on the high needs of the child(ren) being placed in these homes and the special services provided in these homes.	The Department General Authority Metis Authority Northern Authority SFNNC	Do not intend to implement Do not intend to implement Do not intend to implement (as at September 30, 2022) Action no longer required* (as at September 30, 2022) Work in progress
<i>The Department told us under Bill 32/2023, it is not directing authorities and agencies in how they are using third party (externally managed) foster homes. SEF permits authorities and agencies to enter into contracts with external service providers and determine appropriate caseloads. It is the responsibility of the Authority to oversee this work by their agencies and to ensure appropriate practices and policies to support this work are in place.</i> <i>The General Authority noted that this recommendation is about ensuring that placements with externals are justified and that there is a process in place to assess whether the needs of the children are a match for the services/programs available from the external service provider. The Authority told us that given this, it is of the opinion that there are sufficient processes in place at the Authority and agency level to address this even though there are some referrals for level 4 placements that do not go through the Provincial Placement Resources Unit.</i> <i>Metis Authority told us that based on the fact that it does not receive funding for foster care workers, it does not believe this should be a responsibility of the Authority.</i>		

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
11. The Department ensure adequate documentation of the rationale for any differences between foster care worker caseload ratios used in funding external agencies as compared to internal agencies.	The Department	Work in progress
12. The Department, in collaboration with the CFS Authorities, periodically review and revise the Foster Homes Licensing Regulation and CFS Standards Manual to ensure standards are up-to-date, relevant, and culturally appropriate.	The Department	Work in progress
<i>The Department noted that effective October 1, 2024, The Child and Family Services Act was revised to allow for customary and kinship care agreements to support a shift away from stranger-based care.</i>		
13. The Department issue one electronic document, containing the full CFS Standards Manual for CFS Authorities and agencies to use, ensuring links in the document are functioning.	The Department	Implemented/resolved
14. The Department, in collaboration with the CFS Authorities, amend the Foster Homes Licensing Regulation to define kinship foster homes and related requirements. We also recommend that the Department in conjunction with the CFS Authorities provide comprehensive direction for approving, monitoring, and supporting these homes.	The Department	Work in progress
<i>The Department noted that effective October 1, 2024, The Child and Family Services Act was revised to allow for customary and kinship care agreements to support a shift away from stranger-based care.</i>		

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
15. The Department, in collaboration with the CFS Authorities, develop comprehensive guidance for: - Assessing the suitability of foster home applicants, using all key pieces of licence application information required in the Regulation. - Documenting this assessment.	The Department	Implemented/resolved
16. The Department, in collaboration with the CFS Authorities, develop a checklist for supervisors to use when reviewing licence packages (new and renewal) that ensures the thoroughness of the packages and consideration of all regulatory and policy requirements.	The Department	Implemented/resolved
17. CFS Authorities require their agencies to regularly report on all exceptions from requirements in the Regulation and policies made by agencies when issuing licences.	General Authority Metis Authority Northern Authority SFNNC	Implemented/resolved Work in progress Action no longer required* (as at September 30, 2022) Work in progress
18. CFS Authorities track and monitor all exceptions being made by their agencies from requirements in the Regulation and policies, and determine if any actions are warranted to achieve better overall compliance.	General Authority Metis Authority Northern Authority SFNNC	Implemented/resolved Work in progress Action no longer required* (as at September 30, 2022) Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
19. The Department, in consultation with the CFS Authorities and their agencies, establish and communicate guidance on: • The expected frequency of completing required security checks on foster parents and other adults living in the home. • The follow-up actions that should be taken when foster parents do not comply with safety standards. • The escalating actions that should be taken when there is repeat non-compliance by foster parents.	The Department	Work in progress
20. The Department, in consultation with the CFS Authorities, develop a risk-based licence renewal process for foster homes, taking into account the foster home type and history of compliance.	The Department	Work in progress
21. Agencies implement a process that identifies licences that are near expiration and schedule needed reviews prior to the licence expiry date.	Awasis CFS Metis CFS Southeast CFS Winnipeg CFS	Work in progress Work in progress Work in progress Implemented/resolved (as at September 30, 2022)
22. Foster care workers and the child's worker collaboratively ensure an appropriate number of home visits occur during the year, while ensuring some of the coordinated home visits are done by the foster care worker to support the foster parents, and that the visits done by each are separately documented.	Awasis CFS Metis CFS Southeast CFS Winnipeg CFS	Work in progress Implemented/resolved Work in progress Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
23. Agencies establish, communicate, and monitor compliance with written policies on foster care worker contact with foster homes. Policies should require: • A minimum number of annual visits to foster homes based on assessed risks (and for homes where higher-risk factors are present, include unannounced visits). • Documenting contact between foster care workers and foster homes using a prescribed form.	Awasis CFS Metis CFS Southeast CFS Winnipeg CFS	Work in progress Work in progress Work in progress Work in progress
24. The Department, in consultation with CFS Authorities, establish the minimum supports to be made available to all foster parents. Such supports should include: • Standardized initial and ongoing training and information on the common needs of children in care and the related agency expectations and supports. • Initial and ongoing communication about the specific needs of a child placed in their home, including behaviour, medical, educational and cultural needs. • Initial contact with foster parents within a week of a child's placement to assess how the new placement is going.	The Department	Work in progress
25. The CFS Authorities review the supports available to foster parents in each of their agencies, identify gaps and inconsistencies, and implement plans where needed for improving support for foster parents.	General Authority Metis Authority Northern Authority SFNNC	Implemented/resolved Work in progress Action no longer required* (as at September 30, 2022) Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
26. The Department, in consultation with CFS Authorities, develop written standards and guidance on conducting assessments of places of safety. The standards should include: • The follow-up and documentation of security check results and related risk-ratings. • The follow-up and related documentation of items of non-compliance. • The documentation of whether a placement is done on an emergency basis or not. • Greater clarity on how to conclude on the suitability of a place of safety, including how to identify and assess factors that indicate a place of safety is unsuitable.	The Department	Work in progress
27. Agencies monitor whether workers are complying with the Department's policy of conducting initial home visits shortly after placing a child, and that these visits are documented.	Awasis CFS Metis CFS Southeast CFS Winnipeg CFS	Work in progress Work in progress Work in progress Work in progress
28. The Department, in collaboration with the CFS Authorities, review and if needed, revise place of safety time limits.	The Department	Work in progress
29. For places of safety that become longer-term placements, agencies appropriately monitor the placement and provide the same support offered to foster parents.	Awasis CFS Metis CFS Southeast CFS Winnipeg CFS	Work in progress Implemented/resolved Work in progress Implemented/resolved

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
30. The Department and CFS Authorities monitor the timelines for the conduct of appeals, identify reasons for delays, and amend processes as needed to facilitate the timely completion of appeals.	The Department	Do not intend to implement
	General Authority	Work in progress
	Metis Authority	Work in progress
	Northern Authority	Action no longer required* (as at September 30, 2022)
	SFNNC	Implemented/resolved
<i>The Department told us Bill 32/2023 repeals the role of the independent adjudicator. A foster family may appeal a decision to the Authority.</i>		
31. In cases where CFS Authorities are involved in the decision to remove a child from a foster home, that the appeals be heard by the Department (rather than the CFS Authority).	General Authority	Action no longer required (as at September 30, 2022)
	Metis Authority	Action no longer required
	Northern Authority	Action no longer required (as at September 30, 2022)
	SFNNC	Action no longer required
32. CFS Authorities ensure agencies develop appropriate Alternative Dispute Resolution (ADR) processes and that agencies comply with these processes.	General Authority	Implemented/resolved
	Metis Authority	Implemented/resolved
	Northern Authority	Action no longer required* (as at September 30, 2022)
	SFNNC	Work in progress
<i>SFNNC has developed a Dispute Resolution process for its agencies but has not yet had a chance to ensure their compliance with the new process.</i>		
33. The Department, in consultation with the CFS Authorities, review and assess concerns raised by agencies and the Child Welfare Legislative Review Committee and strengthen the Foster Parent Appeals Regulation as appropriate.	The Department	Do not intend to implement

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
<i>The Department told us Bill 32/2023 repeals the role of the independent adjudicator. A foster family may appeal a decision to the Authority but has no further recourse.</i>		
34. To provide agency management with proper assurance that foster homes and places of safety are appropriately approved, we recommend that agencies implement a risk-based quality assurance review process over all key processes including: • Issuing new foster home licences (as discussed in SECTIONS 4.3 and 4.4). • Renewing foster home licences (as discussed in SECTION 5.1). • Assessing and approving places of safety (as discussed in SECTION 6.1 and 6.2). • Managing complaints (as discussed in SECTION 7.1). • Maintaining foster home records in the CFSIS database (as discussed in SECTION 9.1).	Awasis CFS Metis CFS Southeast CFS Winnipeg CFS	Work in progress Work in progress Work in progress Work in progress
35. To ensure that the agencies under their responsibility are following established foster home standards and practices, we recommend that CFS Authorities: • Monitor agencies' quality assurance review results related to foster home management and provide feedback, as deemed necessary. • Develop and implement a risk-based quality assurance review plan that includes a review of each agency's foster home management practices on a regular cycle. • Report quality assurance review activities and key results to the Department.	General Authority Metis Authority Northern Authority SFNNC	Do not intend to implement Work in progress Work in progress Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
<i>We note that for an Authority to implement this recommendation, all its agencies would need to have quality assurance processes in place (see Recommendation 34). We further note that Winnipeg CFS has reported that recommendation as “Work in progress.”</i> <i>General Authority told us it identified, based on risk, quality assurance reviews for 2023 and 2024 and put in place a number of quality assurance processes. We note that it could not review Winnipeg CFS’s quality assurance processes, and General Authority told us it had not, nor was there any intention of reporting quality assurance review activities and key results to the Department.</i>		
36. The Department review and monitor CFS Authority reporting of quality assurance review activities and key results.	The Department	Work in progress
37. CFS Authorities, with agencies hiring field staff 1, ensure that their agencies develop a formal development program for “field staff 1’s”.	General Authority	Action no longer required
	Metis Authority	Action no longer required (as at September 30, 2022)
	Northern Authority	Do not intend to implement (as at September 30, 2022)
	SFNNC	Work in progress
<i>Northern Authority noted that provincial standards require the supervision and mentoring of Field Staff 1. They told us that ensuring compliance with these standards requires the provincial government to commit to adequately funding the workers, who are paid on 2013 salary scales, since Single Envelope Funding. It noted this has made it virtually impossible to hire staff other than Field Staff 1. As well, Northern Authority told us that inequities faced in the education system in Northern Manitoba create further barriers to complying with these standards.</i>		
38. CFS Authorities periodically verify that key information in CFSIS agrees to agency records.	General Authority	Work in progress
	Metis Authority	Implemented/resolved
	Northern Authority	Implemented/resolved (as at September 30, 2022)
	SFNNC	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
39. Agencies with community offices that have unreliable internet access establish a process to periodically send key information for these offices to agency offices with reliable internet, for inputting in CFSIS.	Awasis CFS	Implemented/resolved (as at September 30, 2022)
	Metis CFS	Action no longer required (as at September 30, 2022)
	Southeast CFS	Implemented/resolved (as at September 30, 2022)
	Winnipeg CFS	Action no longer required (as at September 30, 2022)
40. The Department prioritize system enhancements identified by CFS Authorities and agencies, and act on the most pressing requests.	The Department	Implemented/resolved
41. The Department, together with the CFS Authorities, develop protocols for system-wide access to information to promote efficiencies in assessing caregivers and ensure access is limited to a need-to-know basis.	The Department	Implemented/resolved
42. The Department and CFS Authorities track and monitor the number of licensed foster homes (by type) in each agency, including filled and available vacant beds, to analyze annual trends in the supply of foster homes regionally and provincially, and that the Department work with the CFS Authorities and their agencies to use available bed space information to minimize the extent of EPR use.	The Department	Do not intend to implement
	General Authority	Work in progress
	Metis Authority	Work in progress
	Northern Authority	Action no longer required* (as at September 30, 2022)
	SFNNC	Work in progress
<i>The Department told us rather than implementing this recommendation it is shifting towards increased availability and use of alternative placements away from stranger-based foster care towards agency-based culturally appropriate models. This is supported through the new kinship, customary and voluntary care agreements which have been enabled through the amendments to The Child and Family Services Act.</i>		

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
43. The Department, in collaboration with CFS Authorities, develop and implement of a long-term strategy to achieve a sufficient supply of suitable foster homes to meet the needs of children in care across the province.	The Department	Do not intend to implement
The Department told us rather than implementing this recommendation it is shifting towards increased availability and use of alternative placements away from stranger-based foster care towards agency-based culturally appropriate models.		

* As at September 30, 2022, Northern Authority reported the status of this recommendation as "Action no longer required" but in our view the recommendation is still relevant as circumstances have not changed making this recommendation irrelevant.

Limited assurance attestation conclusion – *Management of Foster Homes*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Management of Foster Homes* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

This page is intentionally left blank.

Chapter 2: *Department of Infrastructure: Oversight of Commercial Vehicle Safety*



This page is intentionally left blank.

Chapter 2: Department of Infrastructure: Oversight of Commercial Vehicle Safety

Our recommendations were originally directed to the Department of Infrastructure. Due to a government reorganization, the Department of Transportation and Infrastructure is now responsible for implementing these recommendations.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – December 2019	June 10, 2020 June 20, 2022
First follow up – March 2023	–

What our original report examined

We examined the adequacy of the Department of Infrastructure's oversight of commercial vehicle safety (now called the Department of Transportation and Infrastructure). This included examining processes related to its:

- Motor-carrier safety fitness program.
- On-road commercial-vehicle inspections.
- Strategic planning and performance management.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

As shown in the table below, 11 of our 17 recommendations (65%) have been reported as *implemented/* *resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Transportation and Infrastructure	17	11	65%
TOTAL	17	11	65%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented. For the recommendations considered implemented as at September 30, 2022, no further work was done this year.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	6
March 2023	5
TOTAL	11

The Department has chosen not to implement Recommendation 16. Recommendation 16 deals with requiring operators to provide proof that vehicle deficiencies not immediately corrected during inspection have been repaired. The Department continues to require operators to confirm repairs have been completed by attestation by the person that performed the repair and the operator's management. However, it notes that the costs of additional requirements would outweigh any additional benefits.

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation		Status reported by management as at September 30, 2024 (unless otherwise noted)
We recommended that:		
1. The Department better assess and promote new entrants' safety fitness by: • Administering safety-knowledge tests. • Reviewing applicant's safety plans and other safety-related documents (such as vehicle inspection forms). • Performing site reviews or audits. • Drawing greater attention to its transportation safety guide and its importance.	Implemented/resolved	
2. The Department strengthen its checks for chameleon carriers by collecting more information from applicants and developing processes to flag anomalies in its database for follow-up.	Implemented/resolved	
3. The Department improve the method it uses to grade and assess operators' safety performance by: • Comparing all operators in the total population to a predetermined standard that takes into account the km driven by operators' fleets, as well as fleet size. • Assigning negative points to inspection "fails" (and not just "out-of-services"), so that the "fails" are not treated the same as "passes".	Work in progress	
4. The Department include available U.S. data in grading and assessing operators' safety performance, as prescribed by section 322.1 of <i>The Highway Traffic Act</i> .	Work in progress	
5. The Department flag for follow-up those operators within the total population who pose the greatest safety risk to the public and are most in need of improvement. In doing this, we further recommend that the Department assess whether there are operators not currently subject to facility audits who nonetheless pose significant safety risks (such as those who haul hazardous goods).	Implemented/resolved (as at September 30, 2022)	
6. To help poor-performing operators identify underlying safety-management weaknesses and take appropriate corrective action, we recommend that the Department include in the warning letters it sends to these operators: • Copies of safety-performance records and safety scores, together with explanatory material. • Requests for action plans for improvement.	Implemented/resolved	

Recommendation	Status reported by management as at September 30, 2024 (unless otherwise noted)
7. In order to better focus on the actions needed for improvement when conducting facility audits on operators with poor safety-performance profiles, we recommend that the Department determine and document the likely underlying causes and corrective actions needed to address any identified noncompliance with safety regulations. This should include interviews with a variety of facility staff, including drivers, so as to better understand the operator's safety culture.	Implemented/resolved (as at September 30, 2022)
8. To better link its annual safety-fitness-certificate renewal process to its monitoring activities, we recommend that the Department require all operators flagged as poor performers to include reports on their progress in implementing action-plans for improvement when renewing their certificates.	Implemented/resolved
9. The Department ensure that all methods used to award operators "satisfactory" safety-fitness ratings are transparent, can be logically defended, and treat all operators with similar safety-records consistently.	Implemented/resolved (as at September 30, 2022)
10. While continuing to collaborate with others to harmonize Canada/U.S. oversight of motor-carrier safety, the Department seek greater clarity and central government direction on its current practice of not requiring any U.S.-based carriers operating in Manitoba to be registered in Manitoba's safety-fitness program.	Work in progress
11. The Department stop registering commercial operators of heavy farm trucks in the safety-fitness program without requiring them to obtain safety-fitness certificates and that it instead: • Require those crossing provincial borders to both register and obtain safety-fitness certificates, consistent with applicable federal legislation and practice in other provinces. • Decide if those operating strictly within Manitoba should be registering and obtaining safety-fitness certificates by assessing the underlying safety risk.	Work in progress

Recommendation	Status reported by management as at September 30, 2024 (unless otherwise noted)
12. The Department improve the percentage of commercial truck traffic subject to inspection, using available data (such as commercial-truck traffic data) to: • Estimate and monitor the percentage of commercial-truck traffic occurring when weigh-stations are closed and patrols are inactive. • Rationalize where weigh-station staff are located. • Decrease the frequency of unmanned patrol territories. • Provide guidance to inspectors on areas to patrol within their assigned territories.	Implemented/resolved
13. The Department adopt greater variability in its weigh station and patrol operating hours in order to make them less predictable.	Implemented/resolved (as at September 30, 2022)
14. To build on its past success in increasing the number of inspections being performed, we recommend that the Department: • Investigate refining its inspection targets to see if it can more fully and effectively use its existing inspection capacity while continuing to balance the various demands on officers' time. • Provide officers with the insulated coveralls and face shields needed for more year-round inspections. • Clearly communicate to officers how and why targets have been set, plus expectations as to how they should be met.	Implemented/resolved
15. The Department develop a documented performance management process for its on-road enforcement officers that includes monitoring individual officer's performance and inspection results, investigating anomalies, and taking corrective action where necessary.	Implemented/resolved (as at September 30, 2022)
16. The Department require operators to provide proof that vehicle deficiencies not immediately corrected during inspection have been repaired, in addition to signatures indicating the deficiencies were corrected.	Do not intend to implement (as at September 30, 2022)

Recommendation	Status reported by management as at September 30, 2024 (unless otherwise noted)
17. The Department develop and implement a formal plan for commercial vehicle safety that: • Identifies, analyzes, and addresses risks. • Uses available CVSA and MPI statistical data, as well as recent industry literature and evaluation of past departmental initiatives, to guide planning. • Acknowledges and addresses MPI's role in commercial vehicle safety and the need for strengthened coordination and communication. • Sets targets and performance measures that will help it assess the effectiveness of its efforts to improve commercial vehicle safety.	Work in progress

Limited assurance attestation conclusion – *Department of Infrastructure: Oversight of Commercial Vehicle Safety*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Department of Infrastructure: Oversight of Commercial Vehicle Safety* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

This page is intentionally left blank.



SECTION 2: 2020 Recommendations

WEBSITE VERSION

Chapter 3 – <i>Quarry Rehabilitation Program Investigation</i>	45
Chapter 4 – <i>Vital Statistics Agency</i>	53
Chapter 5 – <i>Provincial Oversight of Drinking Water Safety</i>	61
Chapter 6 – <i>Oversight of Post-Secondary Institutions</i>	71

This page is intentionally left blank.

Chapter 3: *Quarry Rehabilitation Program Investigation*



This page is intentionally left blank.

Chapter 3 - Quarry Rehabilitation Program Investigation

All but one of our recommendations was originally directed to the Department of Agriculture and Resource Development. Due to government reorganizations, the Department of Business, Mining, Trade and Job Creation is now responsible for implementing these recommendations.

One recommendation is directed to the Department of Finance.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – May 2020	June 7, 2023
First follow up – March 2023	June 7, 2023

What our original report examined

On March 12, 2019, we received a special audit request under Section 16(1) of *The Auditor General Act*. The Minister of Finance requested that we conduct a forensic examination of the irregularities in the financial management of the Quarry Rehabilitation Program.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

As shown in the table below, 2 of our 15 recommendations (13%) were reported by management as *implemented/resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Business, Mining, Trade and Job Creation	14	2	14%
Department of Finance	1	0	0%
Total	15	2	13%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	2
March 2023	0
TOTAL	2

It has been 4 years since this report was issued. The Department of Business, Mining, Trade and Job Creation has taken significant actions beyond those included in our recommendations, however the vast majority of the recommendations are not implemented.

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
We recommended that:		
1. The Department prepare a documented risk assessment process which would include risk-based criteria for different project types to ensure appropriate guidance and approaches to identified risks. The risk analysis should include a rating, with justification, to predict likelihood of adverse impacts.	The Department of Business, Mining, Trade and Job Creation	Work in progress
2. The Department develop extended procedures for projects identified as high risk. These procedures could include, but are not limited to: • Increased monitoring • Environmental assessments • Safety impact studies	The Department of Business, Mining, Trade and Job Creation	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
3. The Department create and maintain a provincial database of all quarry sites, including crown quarries. Sites should be ranked based on risk, with higher risk sites prioritized for inspection and rehabilitation oversight.	The Department of Business, Mining, Trade and Job Creation	Work in progress
4. Quarry Returns be assessed for reasonability to ensure that the Department is receiving the levies and royalties owed to it as required by legislation. A risk based approach to reasonability assessments should be utilized.	The Department of Business, Mining, Trade and Job Creation	Work in progress
5. The Department develop a process to monitor Quarry Returns to ensure they are received on a timely basis as required by legislation. This process should also ensure that for every permit issued a corresponding return is received.	The Department of Business, Mining, Trade and Job Creation	Work in progress
6. The Department reconcile revenues recorded in the Integrated Mining and Quarrying System (iMaQs) to SAP.	The Department of Business, Mining, Trade and Job Creation	Work in progress
7. The Department ensure contractors/ landowners are provided with regular statements of account.	The Department of Business, Mining, Trade and Job Creation	Work in progress
8. The Department should ensure that required tendering practices are followed.	The Department of Business, Mining, Trade and Job Creation	Implemented/resolved
9. The quarry inspection function be separated from the administration of quarry rehabilitation projects.	The Department of Business, Mining, Trade and Job Creation	Implemented/resolved

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
10. The Department implement a formal cost recovery methodology that is substantiated by tracking of costs related to inspection and quarry rehabilitation functions. The information should be updated annually to ensure that cost recovery rates remain relevant.	The Department of Business, Mining, Trade and Job Creation	Work in progress
11. The Department develop a quality assurance process. The Department should update its file documentation standards to include a project file checklist, and ensure objective and sufficient evidence of rehabilitation is on file.	The Department of Business, Mining, Trade and Job Creation	Work in progress
12. The Department update its policy manual to ensure that it is using up to date technology practices to monitor rehabilitation projects.	The Department of Business, Mining, Trade and Job Creation	Work in progress
13. The Department of Finance monitor funds paid out of non-appropriation based general ledger accounts to ensure any contracts over \$10,000 are listed on the government's proactive disclosure website.	The Department of Finance	Work in progress
14. The Department ensure that all contracts over \$10,000 paid out of the Quarry Rehabilitation Reserve are listed on the government's proactive disclosure website.	The Department of Business, Mining, Trade and Job Creation	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
15. The Department review information provided on its inspection function and the Program in its annual report and ensure information included allows readers to determine whether the objective of the Program is being met and how the funds entrusted to the Department are being used. This would include the development and reporting of key performance indicators and explanations of any variances from planned results.	The Department of Business, Mining, Trade and Job Creation	Work in progress

Limited assurance attestation conclusion – *Quarry Rehabilitation Program Investigation*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Quarry Rehabilitation Program Investigation* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

Chapter 4: *Vital Statistics Agency*



This page is intentionally left blank.

Chapter 4 – Vital Statistics Agency

Our recommendations were directed to the Vital Statistics Agency (the Agency). At the time of our audit, the Agency was a Special Operating Agency of the Department of Finance. On March 31, 2021, the Agency was reorganized as a branch of the Department of Finance. Due to government reorganizations, the Department of Public Service Delivery is now responsible for implementing these recommendations.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – September 2020	June 20, 2022
First follow up – March 2023	–

What our original report examined

The Vital Statistics Agency (the Agency) holds a significant amount of personal and sensitive information about Manitobans that should be well protected and used effectively and efficiently in the course of its operations. We wanted to determine whether the Agency (now the Department of Consumer Protection and Government Services) was properly managing the security and privacy risks associated with vital events information, and properly managing the integrity of vital events information. To do this we examined the controls related to information protection and information integrity for registrations of births, deaths, adoptions, name changes, and changes of sex designation.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

As shown in the table below, 8 of our 19 recommendations (42%) were reported by management as *implemented/resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Public Service Delivery	19	8	42%
Total	19	8	42%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented. For the recommendations considered implemented as at September 30, 2022, no further work was done this year.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	5
March 2023	3
TOTAL	8

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation		Status reported by management as at September 30, 2024 (unless otherwise noted)
We recommended that:		
1. The Vital Statistics Agency conduct a comprehensive risk assessment on its environment to identify and assess the risks associated with vital events information, and subsequently implement controls to mitigate significant risks.		Work in progress
2. The Vital Statistics Agency conduct privacy impact assessments on its events registry information, and on significant changes to the Agency services or processes, and institute safeguards as needed.		Work in progress
3. The Vital Statistics Agency promptly implement the physical controls recommendations presented in our letter to management.		Work in progress
<i>The Vital Statistics Branch has substantially completed actions related to this recommendation as 8 of 9 recommendations from the letter to management have been completed at September 30, 2024. The remaining item is expected to be resolved soon.</i>		
4. The Vital Statistics Agency adequately separate the work area from the public area, and restrict access to the agency work area to only authorized Agency staff.		Implemented/resolved (as at September 30, 2022)

Recommendation	Status reported by management as at September 30, 2024 (unless otherwise noted)
5. The Vital Statistics Agency work with Accommodation services to: • Determine and install the fire suppression mechanism that adequately protects the employees, information and assets, and • Organize regular fire inspections.	Implemented/resolved (as at September 30, 2022)
6. The Vital Statistics Agency implement a process to review users' access rights on a regular basis.	Implemented/resolved
7. The Vital Statistics Agency configure the registry software to restrict and segregate users' access such that no single user is able to complete a transaction from beginning to end. Where segregation of duties is not possible, the Agency should monitor the activities of users performing conflicting roles.	Work in progress
8. The Vital Statistics Agency monitor privileged users' activities and investigate unauthorized or suspicious activities.	Work in progress
9. The Vital Statistics Agency disable all shared accounts and assign unique IDs to each user.	Implemented/resolved (as at September 30, 2022)
10. The Vital Statistics Agency classify its information resources in different information categories depending on sensitivity, and upon classification define and apply controls to those categories based on established data classification guidelines.	Implemented/resolved
11. The Vital Statistics Agency promptly implement the security control recommendations presented in our letter to management.	Implemented/resolved
12. The Vital Statistics Agency enter into information sharing agreements with all the parties it shares information.	Work in progress
13. The Vital Statistics Agency deliver and receive vital events documents and confidential or personal information using registered mail or other secure delivery services.	Work in progress
14. The Agency issue appointment letters to all event registrars which would detail their duties and responsibilities in accordance with <i>The Vital Statistics Act</i> and that the appointment letters include a sign off by the registrars acknowledging their responsibilities.	Work in progress

Recommendation	Status reported by management as at September 30, 2024 (unless otherwise noted)
15. The Agency: • Maintain a complete list of event registrars, including midwives, and • Validate the events registrar organizations' unique number and the certifying individuals' names before inputting the information into the events registry. In cases where the event registrars cannot be validated, the Agency should obtain other information to confirm the occurrence of the vital event.	Work in progress
16. The Vital Statistics Agency implement methods to expedite processing times for vital events' registrations.	Implemented/resolved
17. The Vital Statistics Agency promptly implement the control recommendations for linking deaths to births presented in our letter to management.	Implemented/resolved
18. The Vital Statistics Agency periodically train the events registrars, for example: • In vital events registration information creation, compilation and forwarding processes. • In maintaining privacy and security of the clients' information. • When introducing new forms and significant changes in processes.	Work in progress
<i>A Training Coordinator position with responsibilities for training Vital Statistics Branch staff and events registrars was filled in July 2024, however no training of events registers had occurred by September 30, 2024.</i>	
19. The Vital Statistics Agency implement, review and update their policy instruments where required.	Work in progress

Limited assurance attestation conclusion – *Vital Statistics Agency*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Vital Statistics Agency* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

This page is intentionally left blank.

Chapter 5: *Provincial Oversight of Drinking Water Safety*



This page is intentionally left blank.

Chapter 5 – Provincial Oversight of Drinking Water Safety

Our recommendations were directed to the Department of Conservation and Climate. Due to government reorganizations, the Department of Environment and Climate Change is now responsible for implementing these recommendations.

One recommendation is directed, in part, to the Province.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – September 2020	December 12, 2024
First follow up – March 2023	December 12, 2024

What our original report examined

We examined the adequacy of the Department of Conservation and Climate's oversight of drinking water safety (now the Department of Environment and Climate Change). This included examining processes related to its:

- Licensing of drinking water systems.
- Monitoring of drinking water systems' compliance with licensing and other requirements.
- Strategic planning and performance measurement.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

One of our 18 recommendations from our 2020 report was directed to more than one organization. For follow-up purposes, this recommendation was followed up with each organization named. This results in a total of 19 recommendations.

As shown in the table below, 12 of our 19 recommendations (63%) were reported by management as *implemented/resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Environment and Climate Change	18	12	67%
The Province (response received from the Clerk of the Executive Council)	1	0	0%
Total	19	12	63%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented. For the recommendations considered implemented as at September 30, 2022, no further work was done this year.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	6
March 2023	6
TOTAL	12

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
We recommended that:		
1. The Department work with the Department of Health, Seniors and Active Living to implement policies for unique water systems (for example non-consumptive and non-potable systems). Once finalized, all water systems meeting the criteria for	The Department	Implemented/resolved

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
these unique water systems should be appropriately dealt with, and applicable requirements enforced.		
2. The Department take steps to license unlicensed water systems and those operating with an expired licence as quickly as possible, and in the interim, all unlicensed systems should be given documented instructions for any treatment and testing required.	The Department	Implemented/resolved (as at September 30, 2022)
3. The Department develop information-sharing mechanisms with other parts of government to help identify unlicensed water systems.	The Department	Implemented/resolved
4. The Department periodically review and revise the Drinking Water Quality Standards Regulation to ensure standards are updated to reflect the Guidelines for Canadian Drinking Water relevant to Manitoba. Where these guidelines are not adopted as standards, the rationale, including support, should be documented.	The Department	Implemented/resolved
5. The Province require all schools and childcare centres to promptly, and periodically thereafter, test for lead, and that the Department publicly report the results of these tests and corrective actions taken.	The Department The Province	Work in progress Work in progress
6. The Department develop a process, preferably using an improved IT system (see Recommendation 15), to track and follow up on missed tests, and adverse test results.	The Department	Implemented/resolved (as at September 30, 2022)
7. The Department implement a risk-based approach, considering an individual water system's risks, for setting the priority and frequency of inspections of water systems.	The Department	Implemented/resolved (as at September 30, 2022)

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
8. The Department develop a more thorough inspection process that includes: • Updated guidance for following up items of non-compliance. • Supervisory review of inspection results and follow-up actions taken.	The Department	Implemented/resolved
9. The Department require all non-compliant water systems to develop plans, with timelines, for how they will come into compliance with all requirements. Where non-compliance persists, enforcement actions should be taken.	The Department	Work in progress
10. The Department collaborate with the Department of Economic Development and Training to adequately train and support water system operators in smaller communities, in particular those owned by the Department of Indigenous and Northern Relations.	The Department	Implemented/resolved
11. The Department use its enforcement activities when there is continued noncompliance or serious violations by any water system (including those owned by other government departments). In doing this the Department should monitor use of its enforcement activities to ensure: • Actions taken comply with the Department's guideline on enforcement. • Drinking water officers take enforcement actions consistently.	The Department	Implemented/resolved (as at September 30, 2022)

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
12. The Department use one database for water system and certified operator data. In the absence of this, we recommend that the Department regularly reconcile water system data to identify water systems without certified operators, and take steps to enforce compliance when necessary.	The Department	Work in progress
13. The Department review, and adjust as necessary, operator certification requirements to ensure they are appropriate for the size and complexity of the water system. The Department should then develop and implement a plan, including a timeline, for having all operators, including those operating 'very small systems,' properly trained and certified.	The Department	Work in progress
14. The Department enhance the publicly available information on drinking water safety to include data on individual water system compliance with key drinking water safety and quality standards.	The Department	Work in progress
15. The Department implement an IT system that would enable case management and better automation and tracking of water system reporting, allowing for efficient and effective management reporting.	The Department	Work in progress
16. The Department review existing policies and guidance and take steps to: • Compile and maintain one complete policy manual. • Clarify which policies are in effect. • Eliminate conflicting guidance.	The Department	Implemented/resolved (as at September 30, 2022)

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024 (unless otherwise noted)
17. The Department develop a strategic plan for its oversight of drinking water safety that includes measurable targets and timelines. The Department should report publicly on progress towards meeting its objectives.	The Department	Implemented/resolved
18. The Department, in developing its strategic plan for the oversight of drinking water safety, develop strategies and set targets for reducing long-term drinking water advisories.	The Department	Implemented/resolved (as at September 30, 2022)

Limited assurance attestation conclusion – *Provincial Oversight of Drinking Water Safety*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Provincial Oversight of Drinking Water Safety* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

This page is intentionally left blank.

Chapter 6: *Oversight of Post-Secondary Institutions*



This page is intentionally left blank.

Chapter 6 – Oversight of Post-Secondary Institutions

All but one of our recommendations were originally directed to the Department of Education and Training. Due to government reorganizations, the Department of Advanced Education and Training is now responsible for implementing these recommendations.

Two recommendations are directed, at least in part, to the Province.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – October 2020	–
First follow up – March 2023	–

What our original report examined

We chose to examine both government oversight of all 7 public post-secondary institutions in Manitoba, and the oversight provided by the governing boards of each institution. As such, the report was organized into 2 chapters.

- Chapter 1: Our audit objective was to determine whether an appropriate accountability framework was in place for the oversight of public post-secondary institutions by government.
- Chapter 2: Our objective was to determine whether opportunities existed to strengthen key governance practices in place at the 7 public post-secondary institutions, especially with respect to the oversight of the President.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

One of our 22 recommendations from our 2020 report was directed to more than one organization. For follow-up purposes, this recommendation was followed-up with each organization named. This results in a total of 23 recommendations.

As shown in the table below, 3 of our 23 recommendations (13%) were reported by management as *implemented/resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Advanced Education and Training	21	3	14%
The Government (response received from the Clerk of the Executive Council)	2	0	0%
Total	23	3	13%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	3
March 2023	0
TOTAL	3

Management advised that a renewed focus over the past year on addressing the report recommendations has resulted in progress towards implementation in some areas. This included considerable progress towards improved communication between government and post-secondary institutions that provides opportunities for 2-way feedback and open communication.

For recommendations still in progress, management advised of a number of actions planned for the upcoming year that will advance many of the recommendations in the report if implemented. Several key initiatives and potential legislative amendments are intended to address recommendations related to: overall system coordination and direction; enhanced transparency and consistency in reporting; and supporting governance and greater alignment across the system.

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
We recommended that:		
1. A roles and responsibilities document be developed outlining the accountabilities and responsibilities of all parties with respect to oversight of the post-secondary education system in Manitoba. We further recommend this document be: • Signed by all parties (the Minister, the institution's Board Chair and its President). • Reviewed and renewed on a periodic basis, and made publicly available.	The Department	Work in progress
2. The Department develop and document its strategic objectives and desired priority outcomes for the post-secondary education system in Manitoba, in consultation with all post-secondary institutions and other key stakeholders in the education system. This should be reviewed and renewed on a periodic basis.	The Department	Work in progress
3. The Minister and Department, in conjunction with the post-secondary institutions, review and update as needed each institution's mandate as per Section 2(4) of <i>The AEA Act</i>. In doing so, we recommend that the Minister publicly issue agreed-upon mandate letters that clarify refreshed mandates, as well as any strategic goals and priority outcomes for the institution to achieve over an applicable timeframe. Mandate letters are best developed in consultation with each post-secondary institution, with signed acknowledgement of the institution's Board Chair and President.	The Department	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
4. Once sector-wide strategic objectives are communicated, the Department develop institutional reporting guidance in conjunction with the institutions. In developing this guidance, we recommend it include the submission of institutions' strategic plans with any required plan components, and how institutions' strategic plans align with and contribute to the achievement of overall strategic priorities and system-wide outcomes.	The Department	Work in progress
5. The Department, in consultation with each institution, establish results-based performance metrics and the related information requirements to monitor financial and operational performance of institutions based on those metrics. Guidance and templates should be provided to institutions to ensure reporting information is provided in a consistent and useful format.	The Department	Work in progress
6. The Department, in consultation with the institutions, develop monitoring processes that are focused on results-based performance metrics for the institutions, and monitor progress towards achieving overall strategic priorities and system-wide outcomes. • If any areas of concern or other indications of poor performance or financial outcomes are identified, we recommend the Department request corrective action plans from the institution with timelines for completion, and provision of periodic update reports to the Department until resolved.	The Department	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
7. The Department develop a process to obtain assurance from institutions of compliance with all applicable legislation and regulations. When compliance issues are identified, we recommend the Department communicate its concerns with the institution(s), and if necessary, request corrective action plans be provided regarding planned remedies and timelines to achieve compliance.	The Department	Work in progress
8. The Department develop processes to evaluate and assess performance of the post-secondary education system as a whole. This must be linked to the strategic objectives and desired outcomes that have yet to be established for the post-secondary education system. We further recommend robust system-wide performance metrics be established in conjunction with the institutions, and accountability information from institutions collected in a manner that allows for the overall evaluation of the post-secondary education system in Manitoba.	The Department	Work in progress
9. The Department report on the performance and results of the post-secondary education system overall in its annual report to Manitobans.	The Department	Work in progress
10. The Minister and Department take steps to improve communication processes at all levels, especially the quality of the relationship with the Board Chairs of each institution. At a minimum, we recommend the Minister hold an annual meeting with each Board Chair and President.	The Department	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
Institutions also have a role in ensuring a strong, mutually respectful relationship exists with the Minister and the Department. Institutions developing communication plans and protocols to keep the Minister and Department informed of emerging issues, and any new or changing circumstances that may be pertinent to government, is also important.		
11. The Department, in consultation with the institutions, establish protocols to address significant issues/concerns that may arise, including when allegations of wrongdoing regarding an institution are brought forward to the Minister or Department.	The Department	Work in progress
12. The Department develop an effective communication process with the institutions regarding the Lieutenant Governor in Council (LGIC) appointments for board members. As part of this communication process, the Department should advise institutions in strict confidence of new board member appointments and revocations, after the Order-in-Council has received final approval and prior to the public announcement being issued.	The Department	Implemented/resolved
13. The Minister ensure information provided to the LGIC appointment process is fulsome and up-to-date, with a full list of all institution board members and their skillsets, not just LGIC appointees. To assist the Minister's office in this regard, we recommend the Department: Maintain a complete list of institutions' board membership, not just LGIC appointees.	The Department	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
• Provide complete information about the composition of the institutions' governing boards to the Agencies, Boards, and Commissions office, to ensure the Cabinet Committee on ABCs' is provided a complete picture of board composition when considering appointments. • Request institutions provide board member skills matrix and competency needs a minimum of six months prior to known vacancies, to help inform the LGIC appointment selection process.		
14. Government provide central guidance and support for governance and accountability matters that are common to board-governed public sector entities, and work with all departments and board-governed entities to adapt as needed to each unique context.	The Government	Work in progress
15. The Minister ensure LGIC appointments to post-secondary institutions occur in a timely manner, as a board cannot govern effectively if it is hindered by vacancies and does not have a full complement of diverse members with the required skillsets. Legislative inconsistencies regarding expired terms should be reviewed.	The Department	Work in progress
16. The Minister work in consultation with post-secondary institutions to review the legislative inconsistencies regarding board member appointments, in order to ensure legislation continues to meet the unique context and composition needs of each institution, including the appropriateness of the legislated size of the institutions' governing boards.	The Department	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
17. Given current students and faculty members are already represented on the institutions' governing boards through other stakeholder appointment processes, we recommend that the full allotment of LGIC appointments be used to appoint external board members that bring a diverse mix of skillsets, perspectives, experience and professional backgrounds to the board.	The Department	Work in progress
18. The Department obtain action plans from institutions and follow-up on the actions taken to address the areas for improvement highlighted to each institution in our detailed findings. We further recommend the Department obtain specific explanations and business rationale for any areas not acted upon or not implemented in a timely fashion, and ensure alternative approaches are consistent with good governance expectations.	The Department	Implemented/resolved
19. The Minister and Department work in consultation with post-secondary institutions to review the legislative inconsistencies regarding board committees, and whether the need exists to specify particular committees. The majority of institutions' legislation allows the governing board to create and dissolve its committees as deemed necessary. If the need to specify the establishment of a particular committee arose in future, the Minister could include such requests in a mandate letter.	The Department	Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
20. The Department provide guidance and standard minimum expectations for annual reports for post-secondary institutions. These should not only provide appropriate accountability information to government, but report to all Manitobans the financial and operational performance of the institution and its progress towards achievement of its strategic priorities. • We further recommend that the Department, in conjunction with the colleges and university-college hybrid institutions, review and assess the need for and expectations of the annual academic reports, as well as clarify the minimum required information to be included.	The Department	Work in progress
21. Government provide guidance to assist all public sector governing boards responsible for negotiating executive compensation. • We further recommend that the Minister work in consultation with the post-secondary institutions to develop guidelines reflecting an executive compensation framework appropriate to the sector. If the need arose to award benefits/perquisites beyond the guidelines, the documented business rationale should be provided to the Minister, and all discussions/approvals documented.	The Government The Department	Work in progress Work in progress
22. The Department ensure all institutions are complying with the disclosure requirements of <i>The Public Sector Compensation Disclosure Act</i> by making their compensation statements available on their website.	The Department	Implemented/resolved

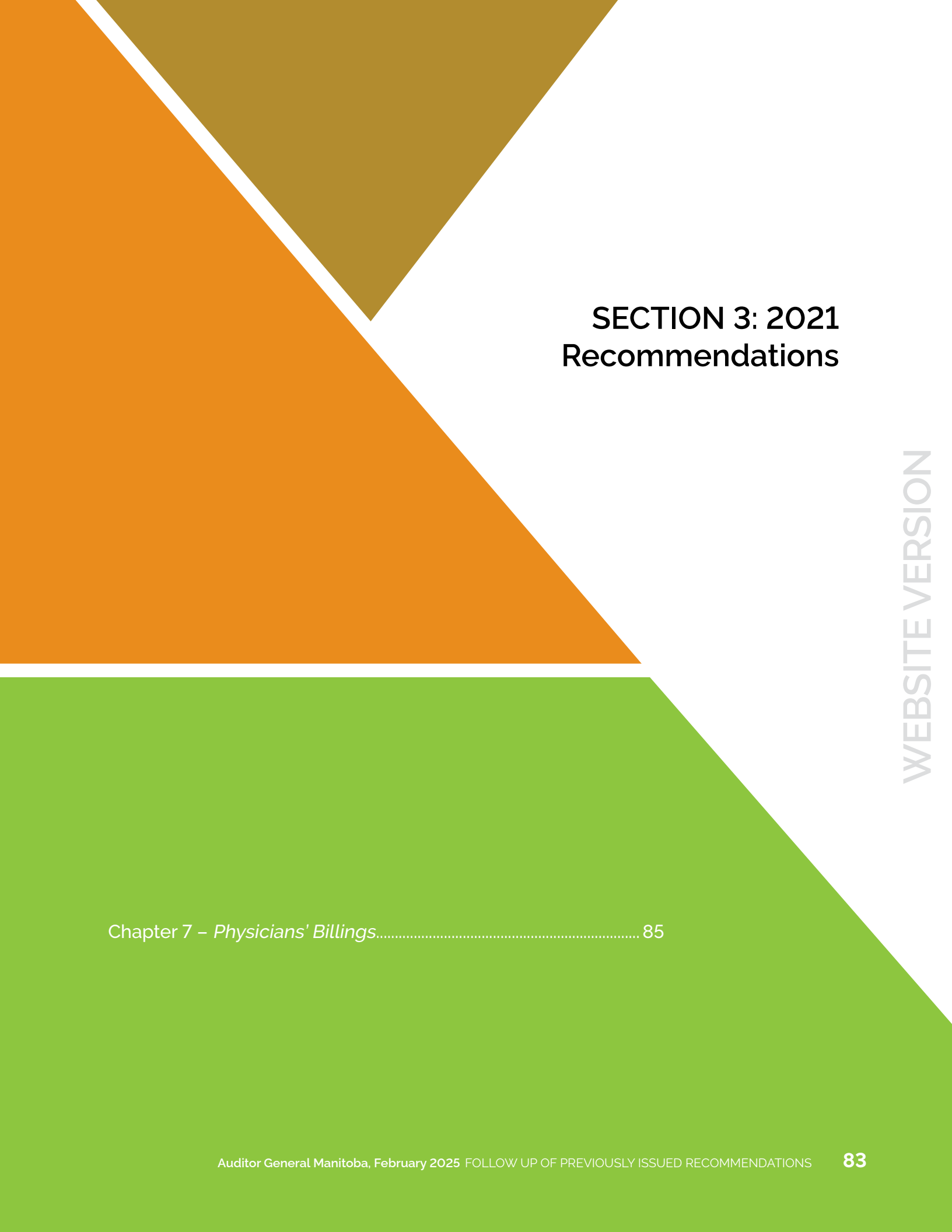
Limited assurance attestation conclusion – *Oversight of Post-Secondary Institutions*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Oversight of Post-Secondary Institutions* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.



SECTION 3: 2021 Recommendations

WEBSITE VERSION

Chapter 7 – <i>Physicians' Billings</i>	85
---	----

This page is intentionally left blank.

Chapter 7: *Physicians' Billings*



This page is intentionally left blank.

Chapter 7: Physicians' Billings

Our recommendations were directed to Manitoba Health, Seniors and Active Living. Due to government reorganizations, Treasury Board Secretariat is now responsible for implementing these recommendations.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – January 2021	June 20, 2022
First follow up – February 2024	–

What our original report examined

We assessed whether Manitoba Health, Seniors and Active Living (now the responsibility of Treasury Board Secretariat) had systems and procedures in place to ensure fees paid to and recovered from physicians are in accordance with applicable legislation, regulation and agreements.

We examined work performed by Manitoba Health, Seniors and Active Living. This included reviewing:

- The methodology used to select physicians for audits.
- The audit work performed on physicians' files.
- The process used to recover overpayments to physicians.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

As shown in the table below, 5 of our 6 recommendations (83%) were reported by management as *implemented/resolved* as at September 30, 2024.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Treasury Board Secretariat	6	5	83%
Total	6	5	83%

This is the second and final follow up for this audit. The table below summarizes when recommendations were considered implemented.

Timing of implementation of recommendations	
Follow-up report date	Implemented/resolved
This follow up	1
February 2024	4
TOTAL	5

Below we list all recommendations, noting the statuses reported by management for each. Recommendations no longer in progress are shaded, while those still outstanding are not shaded.

Recommendation	Status reported by management as at September 30, 2024 (unless otherwise noted)
We recommended that:	
1. The Department develop a structured training program for all staff involved in the fee-for-service process.	Implemented/resolved (as at September 30, 2023)
2. The Department analyze billing data to determine highest risk physician or tariff codes and focus audit resources in this area. Random audits should be used to supplement the highest risk audits.	Implemented/resolved
3. The Department publish results of physician audits performed by the Audit and Investigation Unit.	Work in progress
4. The Department set a service standard or timeframe for communication with physicians regarding potential overpayments.	Implemented/resolved (as at September 30, 2023)
5. The Department use the powers of <i>The Health Services Insurance Act</i> and recover all overbilled amounts paid to physicians.	Implemented/resolved (as at September 30, 2023)
6. The Department set a time limit to reach a decision in the dispute resolution process.	Implemented/resolved (as at September 30, 2023)

Limited assurance attestation conclusion – *Physicians' Billings*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Physicians' Billings* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

This page is intentionally left blank.



SECTION 4: 2022 Recommendations

WEBSITE VERSION

Chapter 8 – <i>Aging Information Systems</i>	93
Chapter 9 – <i>Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response</i>	99
Chapter 10 – <i>Information Systems – Privileged Access</i>	105

This page is intentionally left blank.

Chapter 8: *Aging Information Systems*



This page is intentionally left blank.

Chapter 8 – Aging Information Systems

Our recommendations were directed to the Department of Labour, Consumer Protection and Government Services. Due to government reorganizations the Department of Innovation and New Technology is now responsible for implementing these recommendations.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – February 2022	June 6, 2023

What our original report examined

The objective of the audit was to determine if the risks associated with the Province's aging information systems are identified and managed to reduce the probability of adverse impacts to system users and services delivered to Manitobans.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

As shown in the table below, 5 of our 8 recommendations (63%) were reported by management as *implemented/resolved* as at September 30, 2024. Implemented recommendations are excluded from any subsequent follow ups.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Innovation and New Technology	8	5	63%
Total	8	5	63%

Below we list all recommendations, noting the statuses reported by management for each. Recommendations that will no longer be followed up are shaded.

Recommendation	Status reported by management as at September 30, 2024
We recommended that:	
1. BTT implement measures to completely and accurately identify and record supporting technologies and business applications in the IT Application Portfolio Management system and IT Asset Condition Reports.	Implemented/resolved
2. a. The ICT Standards be updated to reflect all supporting technologies currently in use. b. A process be put in place to regularly update the Information and Communications Technology Standards in order keep pace with the changes in technology.	Work in progress
3. Additional risk and mitigating factors be used in the assessment of aging information systems risks to identify all potential threats and determine necessary actions to minimize such threats to acceptable levels.	Work in progress
4. BTT collaborate with the departments when assessing the risk of IT assets to ensure their first-hand knowledge is considered in a complete assessment of aging systems' risks.	Implemented/resolved
5. BTT implement methods to ensure the IT Application Portfolio Management system and IT Asset Condition Reports are free from errors and omissions.	Work in progress
6. BTT prepare and review a combined aging systems risk assessment report across departments.	Implemented/resolved
7. BTT meet with the departments to: a. Determine the appropriate content to include in the IT Asset Condition Report. b. Determine which stakeholders should receive the IT Asset Condition Report. c. Discuss the IT Asset Condition Report results and collaborate on adequate actions to respond to the risks.	Implemented/resolved
8. BTT revisit the timeline of completing IT Asset Condition Reports to better align with the IT demand planning process.	Implemented/resolved

Limited assurance attestation conclusion – *Aging Information Systems*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Aging Information Systems* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

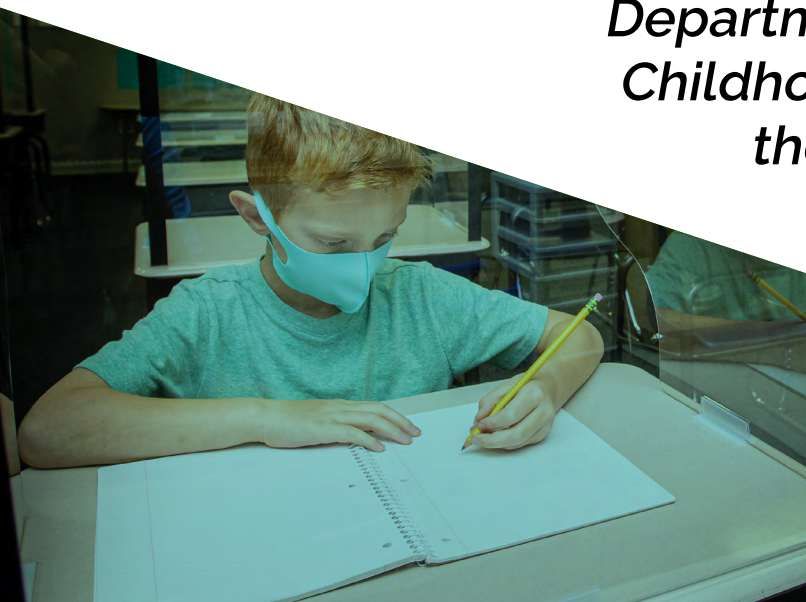
See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

This page is intentionally left blank.

Chapter 9: *Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response*



This page is intentionally left blank.

Chapter 9 – Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response

Our recommendations are directed to the Department of Education and Early Childhood Learning.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – April 2022	–

What our original report examined

We assessed whether the Department of Education and Early Childhood Learning was prepared for and effectively responded to the COVID-19 pandemic.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

As shown in the table below, 1 of our 8 recommendations (13%) was reported by management as *implemented/resolved* as at September 30, 2024. Implemented recommendations are excluded from any subsequent follow ups.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Education and Early Childhood Learning	8	1	13%
Total	8	1	13%

Below we list all recommendations, noting the statuses reported by management for each. Recommendations that will no longer be followed up are shaded.

Recommendation	Status reported by management as at September 30, 2024
We recommended that:	
1. The Department develop a comprehensive emergency management program. In doing so, the Department should: • Regularly assess and update the risks, hazards, and vulnerabilities of the K to 12 system. • Engage K to 12 stakeholders to ensure all identified system risks are addressed. • Conduct regular emergency response simulation exercises with system stakeholders. • Document lessons-learned from the COVID-19 pandemic as well as emergency response simulation exercises.	Work in progress
2. The Department, together with relevant stakeholders, explicitly define roles and responsibilities for responding to a pandemic, or similar emergency, that could impact the K to 12 school system.	Work in progress
3. The Department ensure all schools and school divisions have emergency response plans that address a pandemic, and are aligned with the Department's emergency management program developed in Recommendation 1.	Work in progress
4. The Department, in developing a comprehensive emergency management program in Recommendation 1, develop and maintain a communication strategy.	Work in progress
5. The Department work with schools and school divisions to determine what data it would need during a pandemic, and develop mutually agreed-to processes for obtaining quality data in a timely manner during a future pandemic.	Work in progress
6. The Department work with K to 12 school system stakeholders to develop and implement evidence-based plans to address significant long-term impacts from the pandemic.	Work in progress
7. The Department work with K to 12 stakeholders to gather system-level data, and analyze it to inform the plans implemented in Recommendation 6.	Work in progress
8. The Department work with the Department of Labour, Consumer Protection and Government Services to develop solutions (short and long-term) to improve internet connectivity, to ensure access to online learning is available to all students across the province.	Implemented/resolved

Recommendation

Status reported by
management as at
September 30, 2024

We note that even with improved access to internet connectivity, there may be other barriers to accessing online learning. It is important the Department, as well as school divisions and individual schools, consider these barriers in their respective emergency planning, as part of implementing Recommendation 3.

Limited assurance attestation conclusion – *Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Department of Education and Early Childhood Learning: Leadership of the K-12 Pandemic Response* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

Chapter 10: *Information Systems – Privileged Access*



This page is intentionally left blank.

Chapter 10 – Information Systems – Privileged Access

Four of our 5 recommendations were directed to the Department of Labour, Consumer Protection and Government Services. Due to government reorganizations the Department of Innovation and New Technology is now responsible for implementing these recommendations.

Five recommendations are directed to Shared Health.

Public Accounts Committee (PAC) discussions	
Report, issued date	Discussed at PAC
Original report – October 2022	June 6, 2023

What our original report examined

Our objective was to determine if the use of privileged access rights is restricted and controlled to prevent unauthorized access to information systems.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All our reports are available at our website: oag.mb.ca/audit-reports.

Status of recommendations as at September 30, 2024

Four of our 5 recommendations from our 2022 report were directed to more than one organization. For follow-up purposes, these recommendations were followed-up with each organization named. This results in a total of 9 recommendations.

As shown in the table below, 2 of our 9 recommendations (22%) were reported by management as *implemented/resolved* as at September 30, 2024. Implemented recommendations are excluded from any subsequent follow-ups.

Organization	Total recommendations	Implemented/ resolved As at September 30, 2024	% implemented
Department of Innovation and New Technology	4	0	0%
Shared Health	5	2	40%
Total	9	2	22%

Below we list all recommendations, noting the statuses reported by management for each. Recommendations that will no longer be followed up are shaded.

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
We recommended that:		
1. Shared Health: • Prepare a list of authorized officials who will approve access to the applications. • Grant access only after validating access approval from the authorized officials. • Retain the access approval documents.	Shared Health	Implemented/resolved
2. The Department of Labour, Consumer Protection and Government Services, and Shared Health: • Investigate and implement automated solutions to improve management of privileged access. • Integrate access removal processes with human resources to remove users promptly.	The Department Shared Health	Work in progress Work in progress
3. The Department of Labour, Consumer Protection and Government Services, and Shared Health: • Regularly review the privileged users of all information systems to verify their access rights align with job responsibilities and to ensure unauthorized privileges do not exist. • Remove unnecessary access promptly after the review. • Retain the access rights review documents.	The Department Shared Health	Work in progress Work in progress

Recommendation	Responsible organization(s)	Status reported by management as at September 30, 2024
4. The Department of Labour, Consumer Protection and Government Services, and Shared Health implement the identification and authentication standard and control recommendations presented in our letters to management.	The Department Shared Health	Work in progress Work in progress
5. The Department of Labour, Consumer Protection and Government Services, and Shared Health: • Log all privileged user activities. • Determine and regularly review risky activities. • Where not already implemented, investigate methods to automate privilege user monitoring, including alerts of activity that should be reviewed.	The Department Shared Health	Work in progress Implemented/resolved

Limited assurance attestation conclusion – *Information Systems - Privileged Access*

Conclusion on *implemented/resolved* recommendations – Based on the limited assurance procedures performed and evidence obtained, nothing has come to our attention that causes us to believe the recommendation statuses reported by management as *implemented/resolved* in relation to the *Information Systems - Privileged Access* report, are not, in all material respects, fairly stated. Additional information provided in this report is not intended to take away from our overall conclusion.

See the **LIMITED ASSURANCE ATTESTATION ENGAGEMENT DESCRIPTION** section for a detailed description of our engagement, and the limitations of limited assurance attestation.

Date of the assurance report

We obtained sufficient and appropriate evidence on which to base our conclusion on December 20, 2024, in Winnipeg, Manitoba.

» Vision

Government accountability and public administration excellence for Manitobans.

» Mission

To provide independent information, advice and assurance on government operations and the management of public funds.

» Values

Independence – We are independent from government and our work is objective and unbiased.

Integrity – We act with honesty and uphold high ethical standards.

Innovation – We promote innovation and creativity in what we do and how we do it.

Teamwork – We work as a team by sharing each other's knowledge and skills to reach our goals.

Auditor General

Tyson Shtykalo, FCPA, FCA

Director Strategic

Operations

Melissa Emslie

Assistant Auditor General

IT and Projects

Wade Bo-Maguire

Assistant Auditor General

Investigations and Projects

Jeffrey Gilbert

Principals

Ian Montefrio

Dallas Muir

Jon Stoesz

James Wright

Contractor

Maria Capozzi

Communications Manager

Frank Landry

Admin Support

Alex Dela Cruz

Tara MacKay

Ivanna Romero

Graphic Design

Waterloo Design House

The Office of the Auditor General of Manitoba acknowledges with respect that we conduct our work on the ancestral lands of Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline, and Nehethowuk Nations, and on the National Homeland of the Red River Métis. We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



Auditor General
MANITOBA

For more information, please contact our office at:

Office of the Auditor General
500-330 Portage Avenue
Winnipeg, Manitoba R3C 0C4
Phone: 204-945-3790
contact@oag.mb.ca | www.oag.mb.ca



@AuditorGenMB



@AuditorGenMB



@AuditorGenMB



company/manitoba-auditor-general