





Arizona Department of Forestry and Fire Management

18-Month Followup of Report 23-108

The September 2023 Arizona Department of Forestry and Fire Management performance audit and sunset review found that the Department has not established a statutorily required fire safety inspection program, implemented key wildfire planning recommendations, or developed a complaint-handling process, increasing the risk of fire-related deaths, injuries, and property damage. We made **33** recommendations to the Department.

Department's status in implementing 33 recommendations

| Implementation status | Number of recommendations |
|--|---------------------------|
|  Implemented | 2 recommendations |
|  In process | 13 recommendations |
|  In process in a different manner | 1 recommendation |
|  Not implemented | 17 recommendations |

We will conduct a 24-month followup by the end of calendar year 2025 with the Department on the status of the recommendations that have not yet been implemented.

Recommendations to the Department

Finding 1: Department's Fire Marshal's Office has not established statutorily required fire safety inspection program, increasing the risk of fire-related deaths, injuries, and property damage

1. The Department should require the Fire Marshal's Office to develop and implement a written plan that outlines key steps it will take to establish a regularly scheduled fire safety inspection program as required by statute, including associated completion deadlines for each step. Its written plan should include steps and deadlines for:
 - a. Developing and implementing a documented process for compiling and maintaining a complete inventory of buildings it is required to inspect, including for buildings that local fire authorities inspect. As part of this process, the Department should review and incorporate the relevant recommendations from our 1999 audit report and the practices of similar agencies in other states to help ensure it develops and maintains a complete building inventory.

► Status: **Not implemented.**

The Fire Marshal's Office has not developed a written plan outlining the key steps it should take, with associated completion deadlines, to establish a regularly scheduled fire safety inspection program (fire safety inspection program) as outlined in recommendations 1a through 1g. These key steps include assigning risk classifications to each building in its inventory, identifying and tracking inspections of buildings, developing a regular fire safety inspection schedule, and implementing a fire safety management information system to support its fire safety inspection program. We made these recommendations to develop and implement a written plan because the Fire Marshal's Office has not sustained improvements made in response to the numerous recommendations we made to it to develop a fire safety inspection program in 4 previous performance audits we issued from 1988 through 2011.¹ Without a written plan to guide the systematic development and implementation of a program, the Department risks developing a fire safety inspection program that does not meet statutory requirements and limits its ability to identify and address fire code violations that can potentially place public health and safety at risk and increases the risk of fire-related deaths, injuries, and property damage. Despite our requests, the Department did not explain why it has not required the State Fire Marshal's Office to develop a written plan for developing the necessary components of a fire safety inspection program or provide information on when it expects to do so.

Although not guided by a written plan, the Department has taken some steps to develop individual components of a regularly scheduled fire safety inspection

¹ We made recommendations to the Fire Marshal's Office to develop a fire safety inspection program in 4 previous performance audits issued in 1988 (Arizona Auditor General Report 88-4 *Department of Building and Fire Safety*), 1999 (Arizona Auditor General Report 99-16 *Department of Building and Fire Safety*), 2001 (Arizona Auditor General Report 01-23 *Department of Building and Fire Safety*), and 2011 (Arizona Auditor General Report 11-13 *Department of Fire, Building and Life Safety*).

program as outlined in recommendations 1a through 1g. For example, in calendar year 2024, the Department implemented a new fire safety management information system to maintain its building inventory and track fire safety inspections, building risk classifications, and other key data; however, it has not finalized the system's procedure guides and did not provide an expected completion date to do so, despite our request. Similarly, other steps the Department reported taking related to developing a fire safety inspection program have not been completed, and fire safety inspection program data is incomplete and/or potentially inaccurate. Specifically, the Department:

- Contacted counties, public universities, and school districts throughout the State requesting updated building information within their jurisdictions. The Department reported using this information to help update its building inventory. However, the Department has not developed a documented process for compiling, maintaining, and regularly updating the inventory of buildings it is required to inspect.
- Reported assigning a National Fire Protection Association (NFPA) risk classification to each building in its existing building inventory. However, our review found that 161 of 5,745 buildings in the existing inventory, or approximately 2.8%, lacked an NFPA risk classification. Additionally, as indicated in the previous bullet, the Department reported it is working to update its building inventory and buildings not included in its inventory would also lack an NFPA risk classification.² Finally, although the Department's fire safety management system is programmed to automatically calculate the inspection frequency and next inspection date based on a building's assigned NFPA risk classification and previous inspection date, buildings without an assigned risk classification and/or missing information on previous inspection dates may not be inspected according to the minimum fire safety inspection frequency required by NFPA (see below for more information on missing dates).
- Reported developing policies and procedures to identify buildings in its inventory that are covered by inspection agreements with local fire authorities but had not completed these policies and procedures or, after repeated requests, had not provided a draft for our review as of February 2025.
- Uses a project inspection date report generated by its fire safety management information system to track the fire safety inspections it performs. However, we found that 560 of 6,343 listed building inspections in the report did not include dates for previous fire safety inspections, and 363 listed building inspections did not have a scheduled date for the next fire safety inspection. The Department also has not developed policies and procedures for ensuring each building in its inventory has documented dates for previous and upcoming fire safety inspections. By not ensuring each building in its inventory has documented dates for previous and upcoming fire safety inspections, the Department is not

² As indicated in our September 2023 performance audit and sunset review, the Department estimated that it is responsible for inspecting approximately 17,400 State- and county-owned public buildings, including schools.

able to inspect buildings at the frequency required by NFPA standards and statute.

- Reported that the new fire safety management system automatically creates a schedule of required fire safety inspection reports that is automatically sent to a regional queue that is monitored by Deputy Fire Marshals. However, despite our requests, the Department did not provide documentation or evidence of Deputy Fire Marshal review and monitoring of these reports. Additionally, as previously stated, our review of the system found that the database used to create the reports is inaccurate or incomplete. As a result, these reports may not include the information that Deputy Fire Marshals need to ensure fire safety inspections are timely scheduled and performed in accordance with NFPA standards and statute.

Finally, the Department has not developed a process to track inspections conducted by local fire authorities and, despite our repeated requests, did not provide us with information or documentation of its efforts to do so. We will further assess the Department's implementation of these recommendations during our next followup.

- b.** Assigning each building in its inventory an NFPA risk classification and identifying the required fire safety inspection frequency for each building based on its risk classification.

▶ Status: **Not implemented.**

See explanation for Recommendation 1a.

- c.** Identifying which buildings in its inventory are covered by agreements with local fire authorities to conduct fire safety inspections on its behalf.

▶ Status: **Not implemented.**

See explanation for Recommendation 1a.

- d.** Identifying the date of the last fire safety inspection for each building not covered by agreements with local fire authorities and the date the next fire safety inspection is/was due based on NFPA inspection frequency requirements.

▶ Status: **Not implemented.**

See explanation for Recommendation 1a.

- e.** Developing a regular fire safety inspection schedule using information gathered in the previous steps.

▶ Status: **Not implemented.**

See explanation for Recommendation 1a.

- f.** Developing a process for tracking inspections conducted by local fire authorities under a Letter of Authorization (LOA) to ensure the inspections are conducted consistent with

NFPA inspection requirements, such as requiring local fire authorities to report on which buildings they have inspected and the associated inspection dates.

► Status: **Not implemented.**

See explanation for Recommendation 1a.

- g.** Developing, implementing, and maintaining an information system to support the effective management of its fire safety inspection program, including collecting and entering into the information system data to support steps a through f.

► Status: **Implementation in process.**

See explanation for Recommendation 1a.

- 2.** The Department should develop and implement a plan to hold the Fire Marshal's Office accountable for establishing a regularly scheduled fire safety inspection program, including requiring the Fire Marshal's Office to provide quarterly written reports to the Department Director on its progress in implementing the steps outlined in Recommendation 1 and developing regular reporting mechanisms, such as management reports, to ensure the sustained implementation of the inspection program thereafter.

► Status: **Not implemented.**

The Department has not developed or implemented a plan to hold the Fire Marshal's Office accountable for establishing a regularly scheduled fire safety inspection program. This includes not establishing a requirement for the Fire Marshal's Office to submit quarterly written reports detailing its progress in implementing the components of the written plan outlined in recommendations 1a through 1g and not establishing any other type of regular reporting mechanism to help ensure sustained implementation of a fire safety inspection program. Because the Fire Marshal's Office has not sustained improvements made in response to our previous audit recommendations related to establishing a fire safety inspection program since 1988, its continued failure to do so and report to Department management on its progress, or lack thereof, in establishing a regularly scheduled fire safety inspection program puts the Department at continued risk for not timely developing this program and protecting the public. We will further assess the Department's implementation of this recommendation during our next followup.

- 3.** The Department should update and/or develop and implement fire safety inspection policies and procedures that, at a minimum, address each of the steps outlined in Recommendation 1.

► Status: **Implementation in process.**

Absent a written plan that outlines steps for developing a regularly scheduled fire safety inspection program that complies with statute and helps to protect the public, the Department is not able to fully update and/or develop and implement policies and procedures that comprehensively address the steps outlined in Recommendation 1. However, the Department has developed policies and procedures related to some steps outlined in recommendation 1, such as policies and procedures for conducting fire and

life safety inspections and fire code enforcement at State- and County-owned buildings. We will further assess the Department's implementation of this recommendation during our next followup.

4. The Department should perform a workload analysis to determine the number of staff needed to conduct required inspections within NFPA frequency requirements and, if necessary, pursue additional agreements with local fire authorities and/or private vendors to conduct inspections. If after completing these actions the Department determines it needs additional resources for its inspection program, it should work with the Legislature to obtain these additional resources.

► Status: **Implementation in process.**

Although the Department conducted a workload analysis for performing various fire safety inspection program activities, the analysis did not include a review and determination of resources needed to develop and implement a written plan for establishing a fire safety inspection program (see recommendations 1a through 1g), nor did it consider alternatives for addressing its fire safety inspection workload. Specifically, the Department's analysis considered the time required to perform various fire safety inspection program activities, such as conducting different types of fire safety inspections, reviewing building plans, and enforcing compliance with the Fire Safety Code, and Department staff's average available work hours. Based on this analysis, the Department identified the need for 27 additional positions at an estimated annual cost of nearly \$4.8 million to conduct required inspections within NFPA frequency requirements. The Department reported that it used the analysis to support its fiscal year 2026 budget request.

However, the analysis did not include a review and determination of resources needed to develop and implement a written plan for establishing a regularly scheduled fire safety inspection program, and the Department reported it has not explored alternative solutions to address its workload, such as agreements with local fire authorities or private vendors. Both of these considerations potentially affect the resources the Department needs to conduct required fire safety inspections. For example, as reported in our September 2023 performance audit and sunset review, the Department has entered into 60 agreements with private vendors, local fire departments, and fire districts to help conduct fire safety inspections on the State's behalf, and there may be an opportunity to enter into more agreements with additional local fire authorities and/or private vendors to perform inspections. Finally, because the Department has not yet completed planning for and/or implemented several key steps for developing its inspection program, such as ensuring it has a complete and accurate inventory of buildings requiring fire safety inspections and assigning NFPA risk classifications and inspection frequencies for these buildings, the Department's workload analysis may not be comprehensive or accurate. We will further assess the Department's implementation of this recommendation during our next followup.

Finding 2: Department has not implemented most recommendations for assisting Arizona communities with wildfire planning, potentially impacting communities' wildfire vulnerability

5. The Department should fully implement the Ecological Restoration Institute (ERI) assessment recommendations, including:

- a. Updating the Community Wildfire Protection Plan (CWPP) content requirements document to include intended purpose, audience, and use; wildfire-risk assessment and treatment-prioritization process; and strategies for implementation.

► Status: **Implementation in process.**

Although the Department reported updating its CWPP consistent with the recommendation, its updates did not address all aspects of the recommendation. Specifically, the Department updated its CWPP guidance/requirements document to include intended purpose, audience, and implementation strategies, but did not update the CWPP guidance to include a description of its use or add a requirement for CWPPs to include wildfire risk assessment and treatment-prioritization processes. We will further assess the Department's implementation of this recommendation during our next followup.

- b. Establish CWPP guidance and resources for how communities can conduct wildfire-risk assessments, prioritize areas for hazardous-fuel-reduction treatments, and integrate CWPPs with existing county, State, and other federal planning documents relevant to reducing wildfire threat.

► Status: **Implementation in process.**

Similar to recommendation 5a, although the Department reported updating its CWPP guidance and resources consistent with the recommendation, its updates did not address all aspects of the recommendation. Specifically, the Department updated its CWPP guidance/requirements and developed a CWPP template, both of which are available to the public on its website. The CWPP guidance includes information on conducting wildfire risk assessments and integrating CWPPs with existing county, State and federal emergency management plans. However, these documents do not include guidance on prioritizing areas for hazardous-fuel-reduction treatments or guidance and resources for conducting wildfire-risk assessments. We will further assess the Department's implementation of this recommendation during our next followup.

- c. Establish CWPP accomplishment tracking and reporting requirements, such as information about completed hazardous-fuel-reduction treatments.

► Status: **Not implemented.**

The Department has not established tracking and reporting requirements for CWPP accomplishments. For example, although the Department tracks whether CWPPs are active, expired, or in progress, it does not track or require counties to report on whether tasks or activities identified in CWPPs, such as wildfire risk assessments or

hazardous fuel-reduction treatments, have been completed. The Department stated that it will perform more detailed tracking and reporting of CWPP accomplishments only if it receives funding to do so. However, by not tracking these accomplishments, the Department does not have the information it would need to help ensure that CWPPs sufficiently address issues such as wildfire response, hazard mitigation, community preparedness, or structure protection, which potentially places the public at risk of fire dangers. We will further assess the Department's implementation of this recommendation during our next followup.

- d.** Establish CWPP update requirements, including how frequently CWPPs should be reviewed and updated.

- ▶ Status: **Implemented at 18 months.**

The Department updated its CWPP requirements document to require counties to review CWPPs annually to determine if changes are needed and update them every 5 years if significant changes occur, such as changes in land-use zoning and related land use types, wildfires that affect the presence of hazardous vegetation, and increased development of housing and commercial properties. According to the CWPP guidance, CWPPs expire after 10 years if not updated.

- 6.** The Department should evaluate available funding and staffing, including State and federal funding sources, and determine if additional funding and/or staffing is needed to assist communities with developing and implementing CWPPs. If additional funding and/or staffing is needed, perform a cost analysis and work with the Legislature to obtain the needed resources.

- ▶ Status: **Implementation in process.**

The Department reported that it performed an evaluation of its available funding and staffing to assist communities with CWPP development and implementation and created 4 new positions to support CWPP development and implementation. Although the Department did not provide documentation of its evaluation or performing a cost analysis of its funding and staffing needs, according to a February 2025 Department organizational chart, 1 position is funded with appropriated State monies, and 3 positions are funded by nonappropriated monies. The nonappropriated monies consist of monies the Department received from a federal grant. Specifically, the Department applied for and received federal grant funding from the United States Forest Service to help pay for these 3 positions. For example, according to the grant application, the Department intended to use some grant monies to support the CWPP program, including using grant monies to pay for a CWPP program coordinator who is responsible for the oversight and administration of the CWPP program. We will further assess the Department's implementation of this recommendation during our next followup.

Finding 3: Department did not comply with some State conflict-of-interest requirements, and its conflict-of-interest process was not fully aligned with recommended practices, increasing risk that employees and public officers had not disclosed substantial interests that might influence or could affect their official conduct

7. The Department should develop and implement comprehensive conflict-of-interest policies and procedures that align with State conflict-of-interest requirements and recommended practices, including:

- a.** Requiring employees and committee members to complete a conflict-of-interest disclosure form upon hire or appointment and requiring all employees and committee members to use a disclosure form that addresses both financial and decision-making conflicts of interest.

► Status: **Implementation in process.**

In October 2024, the Department developed conflict-of-interest policies and procedures that align with State conflict-of-interest requirements and recommended practices. These policies and procedures:

- Require all employees and committee members (public officers) to complete a conflict-of-interest disclosure form upon hire or appointment. The Department's conflict-of-interest disclosure form also requires employees and public officers to disclose any business interests, secondary employment, and relatives that work for the State of Arizona.
- Require all employees and public officers to complete conflict-of-interest disclosure forms annually and submit updated forms when changes occur. Our review of a random sample of 6 of 277 Department employees as of June 1, 2024, found that all 6 employees had completed a conflict-of-interest disclosure form for fiscal year 2024. The Department reported that it expects its employees and public officers to complete fiscal year 2025 conflict-of-interest forms by the end of June 2025.
- Require the Department's human resources staff to review, remediate, and/or mitigate all disclosed conflicts and place the disclosure forms and notes about any mitigation actions into each employee's personnel file. Additionally, human resources should place a copy of all forms into a special file that is organized by year, maintained electronically, and readily available to the public upon request. However, the policies and procedures do not require human resources staff to also store all applicable committee meeting minutes in the Department's special file when a disclosure is made.
- Require employees who disclose secondary employment on their conflict-of-interest disclosure form to also complete a secondary employment disclosure form. Once completed, this form must be reviewed by the required personnel, such as the employee's supervisor and/or department director, to determine

if the secondary employment represents a conflict of interest and whether it impairs the employee's ability to perform their duties.

Because the Department began implementing these policies and procedures in October 2024, we will assess the Department's implementation of the policies and procedures during our next followup.

- b.** Reminding employees and committee members at least annually to update their form when their circumstances change, including attesting that no conflicts exist, if applicable.

- ▶ Status: **Implementation in process in a different manner.**

As discussed in recommendation 7a, the Department's policy requires all staff and public officers to complete annual conflict-of-interest forms, and the Department reported that it expects fiscal year 2025 conflict-of-interest forms to be completed by the end of June 2025. We will further assess the Department's implementation of this recommendation during our next followup.

- c.** Storing all substantial interest disclosures, including disclosure forms and meeting minutes, in a special file available for public inspection.

- ▶ Status: **Implementation in process.**

See explanation for recommendation 7a.

- d.** Establishing a process to review and remediate all disclosed conflicts.

- ▶ Status: **Implementation in process.**

See explanation for recommendation 7a.

- 8.** The Department should ensure that employees who disclose secondary employment complete a supplemental disclosure form and work with their supervisor to determine if a conflict exists, as required by Department policy.

- ▶ Status: **Implementation in process.**

See explanation for recommendation 7a.

- 9.** The Department should develop and provide periodic training on its conflict-of-interest requirements, process, and disclosure form, including providing training to all employees and committee members on how the State's conflict-of-interest requirements relate to their unique programs, functions, or responsibilities.

- ▶ Status: **Implementation in process.**

As of April 2025, the Department has developed conflict-of-interest training and has communicated to its staff they must complete the training by the end of May 2025. However, the Department did not provide evidence of similarly communicating this training requirement to its committee members. Additionally, Department conflict-of-interest policies and procedures state that all employees and public officers must complete conflict-of-interest and secondary-employment-policy training every

year. We found that the conflict-of-interest training course includes information on the Department's conflict-of-interest requirements, process, disclosure forms, and how the State's conflict-of-interest requirements relate to their program, functions, and responsibilities. We will further assess the Department's implementation of this recommendation during our next followup.

Finding 4: Department does not have complaint-handling processes to ensure it investigates and resolves all complaints, increasing public safety risk

- 10.** The Department should establish a method for the public to submit complaints through its website or by other easily accessible means.

► Status: **Implemented at 18 months.**

As of May 2024, the Department had established an online feedback form accessible on its website that the public can use to submit complaints (see recommendation 11 for more information).

- 11.** The Department should make complaint-handling information readily available on its website, including a description of the Department's complaint-handling process and forms.

► Status: **Implementation in process.**

The Department has established a readily available method for the public to submit complaints and feedback through an online feedback form on its website. The feedback form asks the person submitting the feedback to indicate whether they are providing general feedback or making a complaint, to identify the applicable division within the Department that the feedback or complaint involves, and to provide a summary of the feedback or complaint. However, the website does not include a description of the Department's complaint-handling process, including the types of complaints it has jurisdiction to handle, or ask the member of the public to provide specific details or documentation regarding the complaint. We will further assess the Department's implementation of this recommendation during our next followup.

- 12.** The Department should develop and implement written policies and procedures for complaint handling that include:

- a.** Minimum documentation standards, such as retaining complaint forms, correspondence with all parties and other investigative documents, final investigative reports, Department decisions, and dates associated with investigative steps and Department decisions.

► Status: **Not implemented.**

The Department has developed some draft complaint-handling policies and procedures. Although these draft policies and procedures specify that complainants should be notified if their issue cannot be resolved within 48 hours, they do not establish complaint-handling documentation standards, time frames for completing key complaint-handling steps, standards for prioritizing complaints,

complaint-screening protocols, or notification requirements, as outlined in recommendations 12a through 12e. The Department reported that it has hired a Special Projects and Policy Manager to further develop complaint-handling policies and procedures, but did not provide a timeline for doing so. Without comprehensive policies and procedures, the Department cannot ensure it meets its 48-hour notification requirement or that it appropriately, consistently, and timely investigates and resolves complaints, which may put public safety at risk. We will further assess the Department's implementation of this recommendation during our next followup.

- b.** Time frames for completing key complaint-handling steps and tasks and for resolving complaints.

- ▶ Status: **Not implemented.**

- See explanation for Recommendation 12a.

- c.** Standards for prioritizing complaints based on the severity of allegations.

- ▶ Status: **Not implemented.**

- See explanation for Recommendation 12a.

- d.** Complaint-screening protocols, including determining which complaints are within its jurisdiction.

- ▶ Status: **Not implemented.**

- See explanation for Recommendation 12a.

- e.** Notification requirements for parties involved, such as when a complaint is being opened or resolved, or when a complaint falls outside the Department's jurisdiction.

- ▶ Status: **Not implemented.**

- See explanation for Recommendation 12a.

- 13.** The Department should develop and implement a complaint-tracking process that allows the Department to track all complaints it receives, monitor complaints it receives to ensure that they are investigated and resolved, and ensure that complaints are being resolved in a timely manner.

- ▶ Status: **Implementation in process.**

- The Department has implemented a web-based system to track and monitor complaints it receives, but we found that the system does not track all key information needed to ensure that complaints are investigated and resolved timely. For example, the system does not include dates for when key investigative steps are completed or when complaints are resolved, the staff members assigned to address complaints, the complainant's contact information, and the complaint's assigned investigation priority. We will further assess the Department's implementation of this recommendation during our next followup.

Sunset Factor 2: The extent to which the Department has met its statutory objective and purpose and the efficiency with which it has operated.

- 14.** The Department should implement the recommendations made in our November 2016 procedural review and align its implementation of these recommendations with applicable State of Arizona Accounting Manual (SAAM) requirements.

► Status: **Not implemented.**

The Department has not taken steps to implement the recommendations from our November 2016 procedural review, such as preparing an annual budget, performing financial reporting risk assessments, and establishing internal controls for payroll processing. As of April 2025, the Department had hired 4 employees to perform these responsibilities and develop and implement the recommended internal controls and reported it is in the process of recruiting an additional 2 employees that would assist in these responsibilities. However, our review of the job descriptions for these new positions found they do not incorporate the responsibilities/functions we recommended and/or are required by the SAAM. We will further assess the Department's implementation of this recommendation during our next followup.

Sunset Factor 4: The extent to which rules adopted by the Department are consistent with the legislative mandate.

- 15.** The Department should adopt rules required by Arizona Revised Statutes (A.R.S.) §§37-1305, 37-1383, and 37-1422.

► Status: **Not implemented.**

The Department has not initiated a rulemaking to adopt the rules required by A.R.S. §§37-1305, 37-1383, and 37-1422. Instead, the Department reported that it plans to pursue revisions to statute to remove the rules required by A.R.S. §§37-1305, 37-1383, and 37-1422, except for the rules related to implementing a State Fire Code. The Department reported it has not initiated a rulemaking to adopt these rules because other statutes specify processes it must follow to meet the requirements of A.R.S. §§37-1305, 37-1383, and 37-1422, and rules would be redundant of these processes. For example, A.R.S. §37-1383 requires the Department to adopt rules for the allocation of monies from the arson detection reward fund established by A.R.S. §37-1387; however, A.R.S. §37-1387 requires the Department to follow the processes prescribed in this statute. Although the Department reported that it will work with the Legislature to eliminate the rule requirements, as of April 2025, the Department did not provide evidence of working with the Legislature to revise statute or separately initiating the rulemaking process to adopt rules for a State Fire Code. Absent any statutory changes, the Department is still required to adopt all the rules required by A.R.S. §§37-1305, 37-1383, and 37-1422. We will further assess the Department's implementation of this recommendation during our next followup.

Sunset Factor 5: The extent to which the Department has encouraged input from the public before adopting its rules and the extent to which it has informed the public as to its actions and their expected impact on the public.

- 16.** The Department should include a statement on its website indicating where public meeting notices will be posted, as required by statute.

▶ Status: **Not implemented.**

As of April 2025, the Department has not included a statement on its website indicating where all public meeting notices will be posted, as required by statute. We will further assess the Department's implementation of this recommendation during our next followup.

Sunset Factor 8: The extent to which the Department has addressed deficiencies in its enabling statutes that prevent it from fulfilling its statutory mandate.

- 17.** The Department should conduct and document an assessment to determine whether the State Fire Safety Committee should be eliminated and, if necessary, work with the Legislature to seek a statutory change to eliminate the State Fire Safety Committee.

▶ Status: **Not implemented.**

In December 2024, the Department reported that it had determined that the State Fire Safety Committee (Committee) should be eliminated; however, it did not conduct an assessment or provide information regarding how it arrived at this determination. The Department indicated that it is working with the Governor's Office to pursue elimination of the Committee, but as of March 2025, a bill eliminating the Committee had not been proposed and introduced in the Legislature. The Department reported that it expects to propose a bill to eliminate the Committee in fiscal year 2026. We will further assess the Department's implementation of this recommendation during our next followup.