





## Arizona Department of Public Safety Performance Audit and Sunset Review

### 42-Month Followup of Report 21-120

The September 2021 Arizona Department of Public Safety performance audit and sunset review was the second of 2 audit reports of the Department we issued as part of its sunset review.<sup>1</sup> This performance audit and sunset review found that the Department has met some of its statutory objectives and purposes but did not include information on the sex offender website for some offenders and included information it should not have for others we reviewed. We made **17** recommendations to the Department and **1** recommendation to the Legislature.

#### Department's status in implementing 17 recommendations

Implementation status	Number of recommendations
 Implemented	13 recommendations
 Implemented in a different manner	1 recommendation
 Partially implemented	2 recommendations
 Not implemented	1 recommendation

<sup>1</sup> The first performance audit found that the Department and other criminal justice agencies share statutory responsibility for ensuring the central repository includes accurate criminal history records, but incomplete records may potentially put public safety at risk. For more information on this performance audit we issued as part of the Department's sunset review, including any applicable followup reports, see [Report 21-110](#).

# Legislature’s status in implementing 1 recommendation

Implementation status	Number of recommendations
 Not implemented	1 recommendation

Unless otherwise directed by the Joint Legislative Audit Committee, this report concludes our follow-up work on the Department’s efforts to implement the recommendations from the September 2021 sunset review report.

## Recommendations to the Department of Public Safety

**Finding 1: For some offenders we reviewed, Department did not publish or update, or should not but did publish their names, photographs, or other information on the sex offender website, and for some others it did not determine whether they should be published, potentially increasing public safety risk**

1. The Department should publish on the sex offender website offender information, including names, photographs, and other information of sex offenders, as statutorily required, for those offenders who meet statutory publication requirements.

► Status: **Implemented at 42 months.**

As noted in our last followup, the Department had taken steps to improve the accuracy and completeness of the information on its sex offender website, including appropriately publishing or not publishing on its website a sample of offenders from the original audit who had been published on the website without sufficient documentation. Additionally, the Department has developed policies and procedures for its Sex Offender Compliance Unit (SOCU), which is responsible for reviewing and publishing offender information on the sex offender website, to improve the accuracy and completeness of offender information, both on the sex offender website and within the supporting database. These policies and procedures include requirements for staff to perform weekly website reviews and random quarterly verifications of offender information published on the website. Our review of a random sample of 10 of 121 offenders of various risk levels that the Department received in March and May 2025, found that it timely published all required information for the 10 offenders on the sex offender website, including 6 of 10 offenders who were identified as high risk.<sup>2</sup>

2. The Department should update on the sex offender website photographs of sex offenders, as required by statute

<sup>2</sup> The random sample of 10 offender files we reviewed consisted of 1 offender file from May 2025 and 9 offender files from March 2025.

► Status: **Implemented at 12 months.**

**3.** The Department should develop and implement policies and procedures to:

- a.** Verify, as part of its quality control review, that offenders' risk levels are correctly recorded in the sex offender database, offenders with convictions from other jurisdictions have been referred for legal review to assess whether the offenders meet sex offender website publication requirements, and that the required information for offenders who meet publication requirements is published on the sex offender website. Also, establish a time frame for conducting these reviews and monitor for compliance with the established time frame.

► Status: **Implemented at 42 months.**

The Department has developed various policies and procedures to ensure that offenders' risk levels are correctly recorded in the sex offender database, offenders with convictions in other jurisdictions receive legal review from the Arizona Attorney General (AG) to assess whether they meet sex offender website publication requirements, and the required information for offenders who meet publication requirements is published on the sex offender website. Specifically, Department policy requires staff to use a tracking log to document that information from initial sex offender registrations and any updates are timely entered into the sex offender database and reviewed according to time frames specified in policy. Additionally, Department policy requires staff to perform weekly checks to ensure that information from the offender registration forms, including names, aliases, addresses, physical descriptions, and risk levels, is accurately reflected in the Department's sex offender database. The Department has also established a process for staff to request reviews by the AG for offenders with convictions from other jurisdictions to determine whether they should be published on the sex offender website. Department staff should use the tracking log to document this process. Further, Department policies require supervisors to perform weekly reviews of a sample of offenders published to the sex offender website and the tracking log to help ensure offenders are appropriately published to the website and that all necessary offenders have been referred to the AG for legal review. Finally, as of April 2025, the Department updated its policies and procedures to specify that staff have 3 days to determine if an offender requires AG review and 45 days to provide the required offender information to the AG for review.

Our review of a random sample of 10 of 121 offender files the Department received in March and May 2025, found that the Department adhered to its policies and procedures for processing offender files, accurately publishing offenders to the sex offender website, and monitoring staff compliance with the policies and procedures for all 10 offenders. Additionally, 2 of 10 offenders we reviewed had convictions from other jurisdictions requiring referral to the AG for legal review. Our review found that the Department referred these offenders for legal review within the required 45 days.

- b.** Track and follow up on the requests that it makes to other jurisdictions to obtain conviction documents.

► Status: **Implemented at 42 months.**

The Department has developed a policy and procedures to track and follow up on requests it makes to other jurisdictions to obtain conviction documents. Specifically, the policy requires Department staff to use a tracking log to document pending requests for court documents associated with an out-of-State conviction and to record in the tracking log the date when requested court documents are received. If the requested documents are not received after 30 days, the tracking log automatically sends staff a reminder to make a second request. If documents are still not received after an additional 30 days, the tracking log provides an additional reminder for staff to make a final request. If documents are not received after 90 days from the initial request, the Department will update the tracker to indicate that documents were never received.<sup>3</sup> Our review of the tracking log found that the Department tracked and updated the status of cases requiring conviction documents from other jurisdictions, consistent with Department policy.

c. Annually publish offenders' updated photographs to the sex offender website.

► Status: **Implemented at 12 months.**

4. The Department should update its policies and procedures for preparing and referring hard copy files for legal review, and ensure its staff comply with them.

► Status: **Implemented in a different manner at 42 months.**

As indicated in our last followup, the Department reported that it no longer prepares hardcopy files for legal review and instead revised its policies and procedures for preparing and referring electronic files for legal review, which includes steps for tracking the status of these reviews. Specifically, the policies and procedures require Department staff to maintain a tracking log showing the determination that a legal review is needed, the status of legal reviews, the date that an offender file review was completed by a supervisor and sent to the AG for legal review, the date that the AG returns the offender file, and the outcome of the AG's legal review. Department policy also requires supervisors to perform weekly spot checks of the tracking log to ensure convictions requiring legal review were sent to the AG within required time frames.

Our review of 10 of 121 offender files the Department received in May and March 2025, found that the 2 offender files that staff determined required AG review were correctly referred to the AG within required time frames.

5. The Department should refer for legal review the files of sex offenders that it did not refer between March 2020 and June 2021.

► Status: **Implemented at 12 months.**

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<sup>3</sup> According to the Department, if requested documents are not received, based on information in the offender's registration documentation, including the offender's risk level, the Department will proceed with publishing the offender to the sex offender website in accordance with statutory requirements.

6. The Department should ensure that its staff follow its policy to track offender files referred to legal review and the legal review outcome, including logging the date referred, the outcome of the legal review, and the legal review outcome date.

▶ Status: **Partially implemented at 42 months.**

As indicated in recommendation 4, our review of 10 of 121 offender files the Department received in May and March 2025, found that the 2 offender files that staff determined required AG review were correctly referred to the AG within required time. However, for these 2 files, Department staff had not documented the outcome of the legal review and the legal review outcome date because the AG had yet to complete its review. Specifically, as of June 25, 2025, the AG had yet to complete its review of 1 offender file submitted for review in April 2025, and the Department submitted the second file to the AG for review on June 25, 2025.

7. The Department should train applicable staff on its existing, updated, and newly implemented policies and procedures for publishing offender information on the sex offender website and quality control review process.

▶ Status: **Implemented at 42 months.**

Our June 2025 review of training rosters provided by the Department found that all SOCU staff received updated training on the Department's policies and procedures for publishing offender information on the sex offender website and the quality control review process.

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

8. The Department should train staff who use purchasing cards and supervisory staff responsible for reviewing purchasing card purchases to ensure that purchasing card transactions comply with the Department's policies and procedures and with the State of Arizona Accounting Manual (SAAM).

▶ Status: **Implemented at 42 months.**

As indicated in our last followup, the Department provided purchasing card training to some staff in October 2021 on some SAAM purchasing card requirements and Department purchasing card policies and procedures. It also provided updated purchasing card training to some staff from August 2023 to January 2024 on relevant SAAM purchasing card requirements and Department purchasing card policies and procedures. Further, Department documentation indicate that almost 400 staff completed the P-Card training between calendar years 2023 and 2025. According to the Department, only staff and supervisors who use purchasing cards or are responsible for reviewing purchasing card purchases attended the training.

9. The Department should review and follow up on the instances of noncompliance with the Minimum Standards for the 13 school districts that we reported to it during calendar years 2019 and 2020.

► Status: **Implemented at 12 months.**

10. The Department should continue to develop and implement written policies and procedures to track, review, and follow up on instances of noncompliance with the Minimum Standards that are reported to it.

► Status: **Partially implemented at 42 months.**

As indicated in our last followup report, the Department had developed procedures to track, review, and follow up on instances of noncompliance with the school bus maintenance safety minimum standards that our Office reported to it. The Department also issued an interoffice memorandum in October 2023 that requires supervisors to assign a complaint and complaint number with an opened status within the Student Transportation System (STTR) regarding instances of potential noncompliance with the minimum standards. However, the Department has yet to update its policies and procedures to track, review, and follow up on instances of noncompliance with the Minimum Standards other parties, such as by the public, reported to it.

### **Sunset Factor 3: The extent to which the Department serves the entire State rather than specific interests.**

11. The Department should update its policy and procedures to reflect its conflict-of-interest disclosure process and requirements, and train Department employees on its updated process.

► Status: **Implemented at 42 months.**

As indicated in our last followup, the Department updated its conflict-of-interest policy and procedures in April 2022 to reflect its conflict-of-interest disclosure process. Our review of Department training logs for calendar years 2023 through 2025 found that approximately 2,200 employees completed the Department's conflict-of-interest training, which included the updated policies and procedures between 2023 and 2025.

12. The Department should remind all employees at least annually to complete a new disclosure form when their circumstances change, such as by requiring its employees to complete annual conflict-of-interest disclosure forms that include a statement where its employees can affirm that they do not have any conflict if no conflict exists.

► Status: **Not implemented.**

As indicated in its response to the performance audit report, the Department did not agree with this finding and indicated it would not implement the recommendation. However, by not implementing our recommendation to annually remind its employees to complete a new disclosure form when their circumstances change, the Department is at risk of failing to obtain updated conflict-of-interest forms from employees who may have a conflict that might influence or affect their official conduct.<sup>4</sup>

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<sup>4</sup> According to the Department's website, the Department employs nearly 2,071 employees. The total number of employees listed on the training log includes new employees and employees who have since left the Department after taking the training.

## **Sunset Factor 6: The extent to which the Department has been able to investigate and resolve complaints that are within its jurisdiction and the ability of the Department to timely investigate and resolve complaints within its jurisdiction.**

- 13.** The Department should ensure a review of disciplinary history is conducted and documented when applicable, as required by its complaint and discipline policies and procedures.

► Status: **Implemented at 42 months.**

The Department revised its procedures to require reviewing and documenting the review of disciplinary history during the disciplinary process. Our review of all 5 complaints the Department investigated and sustained from January through March 2025 that should have included a review of disciplinary history, found that each of these complaints included documentation demonstrating that disciplinary history was reviewed.

- 14.** The Department should document how complaint inquiries were resolved, as required by its complaint and discipline policies and procedures.

► Status: **Implemented at 12 months.**

- 15.** The Department should notify external complainants of the outcome, as required by its complaint and discipline policies and procedures, and document the complainant notification.

► Status: **Implemented at 42 months.**

Our review of the 5 complaints the Department investigated and sustained between January and March 2025, found that 1 of 5 complaints required external notification. For this complaint, the Department notified the complainant of the complaint outcome and documented the complaint notification, as required by its policies and procedures.

## **Sunset Factor 9: The extent to which changes are necessary in the laws of the Department to adequately comply with the factors listed in this sunset law.**

- 16.** To help ensure that the Department notifies the appropriate fingerprint clearance card sponsoring agencies of clearance card driving restrictions, suspensions, and revocations, the Legislature should consider revising statute to require fingerprint clearance cardholders to notify the Department of changes in fingerprint clearance card sponsoring agencies.

► Status: **Not implemented.**

As of the 2025 legislative session, the Legislature has not revised statute to require fingerprint clearance cardholders to notify the Department of changes in fingerprint clearance card-sponsoring agencies.