



ARIZONA AUDITOR GENERAL

Lindsey A. Perry, Auditor General

March 5, 2026

Members of the Arizona Legislature

The Honorable Katie Hobbs, Governor

Executive Director Whitney
Arizona Board of Respiratory Care Examiners

We have issued an initial followup report regarding the implementation statuses of the recommendations from the September 2024 *Performance Audit and Sunset Review of the Arizona Board of Respiratory Care Examiners* report (see report 24-111) conducted by the independent firm Sjoberg Evashenk Consulting under contract with the Arizona Auditor General. This audit was in response to a November 21, 2022, resolution of the Joint Legislative Audit Committee and was conducted under the authority vested in the Auditor General by Arizona Revised Statutes §41-1279.03.

The September 2024 report made 32 recommendations to the Arizona Board of Respiratory Care Examiners. My Office contracted with Sjoberg Evashenk Consulting to conduct initial followup work with the Arizona Board of Respiratory Care Examiners, and as of this initial followup report, 3 recommendations have been implemented, 19 recommendations are in process, 1 recommendation is not yet applicable, and 9 recommendations have not been implemented.

My Office has contracted with Sjoberg Evashenk Consulting to follow up with the Arizona Board of Respiratory Care Examiners again at 18 months to assess its progress in implementing the 29 outstanding recommendations.

Sincerely,

Lindsey A. Perry

Lindsey A. Perry, CPA, CFE
Auditor General

The September 2024 Arizona Board of Respiratory Care Examiners (Board) performance audit and sunset review found that the Board did not timely issue licenses to qualified applicants we reviewed. It further found that the Board did not investigate or timely investigate and resolve all complaints or prioritize them based on risk. We made 32 recommendations to the Board.

Board’s status in implementing 32 recommendations

Implementation status	Number of recommendations
 Implemented	3 recommendations
 In process	19 recommendations
 Not yet applicable	1 recommendation
 Not implemented	9 recommendations

We will commence an 18-month follow-up in March 2026 with the Board on the status of recommendations that have not yet been implemented.

Finding 1: Board did not issue licenses in a timely manner, potentially delaying applicants’ ability to work, impacting availability of practitioners to treat patients, and resulting in the Board potentially paying unnecessary penalties.

1. The Board should issue or deny licenses within the 105-day time frame established by the Board’s administrative rules.

Implementation in process—The Board developed an initial application tracking spreadsheet and reporting from its new licensing database that contains information to monitor time frames for initial licenses, license renewals, and complaints. The spreadsheet covered the period between January and May 2025 and showed that all 97 initial applications the Board received during this time frame were issued within 105 days, as required by the Board’s rules. We selected a judgmental sample of 6 of these licenses and confirmed timely issuance. However, we found that this spreadsheet was not yet sufficiently reliable, and that the Board’s monitoring processes were still undergoing review, adjustments, and improvements. For example, the spreadsheet includes the date when applicants are notified of application completeness but does not include the date when the application was complete and cannot be used to calculate the substantive review time frame. Additionally, it incorrectly calculates the administrative review time frame. The Board has 15 days to conduct an

administrative review to determine if the application is complete. However, the licensing database calculated the administrative time frame as the number of days from when the application was received to the Board review date as opposed to when the Board determined the application was complete. Because of these shortcomings, the Board did not have a reliable process to ensure timely issuance of licenses going forward.

In September 2025, the Board hired a new Executive Director, who reported designing and, in January 2026, implementing a replacement licensing tracking tool that will enable the Board to monitor, measure, and track licensing activity. Given the recent implementation of this tool, we will further assess the Board's efforts to implement this recommendation during our 18-month follow-up.

2. The Board should determine the status of its licensing application backlog, develop a written plan to reduce any backlog it identifies, and report monthly the status of the backlog to the Board until the backlog has been eliminated.

Implementation in process—In March 2025, the Board indicated that it had worked to resolve backlogs that existed prior to August 2024 and had initiated a comprehensive review to ensure no other applications were unresolved and to develop a written plan to reduce any others it may identify. Further, as of June 2025, the Board was still reviewing, adjusting and refining its monitoring system, as discussed in recommendation 1, to help monitor and identify any new or potential license application backlogs. According to the Board, at each Board meeting, staff provide a status of any backlogs to the Board. We reviewed Board meeting agendas and recordings for all meetings between December 2024 and May 2025 and confirmed that the Executive Director continued to brief the Board on the status of the backlog during this time. However, the Board could not provide a report to demonstrate the entire backlog has been eliminated. The Board's new Executive Director reported that the Board's new tracking tool, as discussed in recommendation 1, will identify licensing backlogs, which will facilitate reporting to the Board. We will further assess the Board's efforts to address its licensing database backlog during our 18-month follow-up.

3. The Board should send and maintain documentation of required application notifications, including notices of completeness.

Implementation in process—We judgmentally selected and reviewed 6 of 97 applicant files for which both applications were received and licenses issued between January 2025 and May 2025 and verified that the new licensing database included some required documentation for these 6 licenses, such as the initial application, proof of required education, and licenses from other states, but did not include all required documentation, such as notifications of substantive review or application completeness. For all 6 licenses we reviewed, the licensing database contained dates for initial deficiency letters and notifications of application completeness issued; however, for 5 of 6 applications, the notification of application completeness was not in the licensing database and the notifications of substantive review were missing for all 6. The Board reported that it is still working to improve the quality of the data in the new licensing database and the monitoring reports. We will further assess the Board's implementation of this recommendation during our 18-month follow-up.

4. The Board should develop and implement a process to monitor its licensing application process and compliance with its licensing time frames until its new licensing database is fully implemented and functional, including steps to record dates when it receives license applications, sends deficiency letters and notices of completeness to applicants, and issues licenses or denies/closes applications.

Implementation in process—The Board has implemented its new licensing database and has begun tracking and recording dates when it receives license applications and sends deficiency letters and other notices. However, as discussed in recommendation 1, the Board reported that its new licensing database does not yet contain reliable information and its system-generated monitoring tools and management reports are still being revised. As a result, as of June 2025, the Board has not yet fully developed a process to monitor its licensing application process and compliance with its licensing time frames, including steps to record dates when applications are complete, notices of completeness were sent to applicants, and when it issues licenses or denies/closes applications. Our review of 6 of 97 applicant files in the licensing database for which both applications were received and licenses issued between January 2025 and May 2025 found that the Board recorded the dates when the Board sent notifications of deficiencies and when it received required documents from the applicant to complete the application and close the administrative review period, but the database did not contain the dates when the substantive review was completed and the licensing database appears to be calculating the number of days for administrative completeness incorrectly. Additionally, as of June 2025, the Board reported that new desk procedures and new policies related to the use of the new licensing database and the license intake and review process have been drafted but not yet been submitted to the Board for approval and that it is in the process of improving system-generated reports.

Also as discussed in recommendation 1, the Board hired a new Executive Director in September 2025. Upon review of the existing licensing tracking tools, the Executive Director reported implementing a new licensing tracking tool in January 2026 to address these shortcomings, and that the Board will continue to evaluate the functionality of the current licensing system through December 2026. We will further assess the Board's efforts to develop and implement its application monitoring process during our 18-month follow-up.

5. The Board should complete implementation of its new database including ensuring that the database includes complete and accurate licensing information and can generate management reports necessary for monitoring and overseeing compliance with licensing time frames.

Implementation in process—The Board has developed and begun using its new licensing database, including working to develop reports for the purpose of monitoring compliance with licensing time frames. However, as stated in recommendations 1 and 4, the Board reported that data in the new licensing database is not yet sufficiently reliable, and the reports generated from and the data quality in its licensing database are still undergoing review, adjustments, and improvements. We will further assess the Board's efforts to fully implement its new licensing database during our 18-month follow-up.

6. The Board should regularly review management reports for all in-process applications and track compliance with its time frames for issuing licenses.

Implementation in process—As discussed in recommendation 5, the Board reported that the reports generated from and the data quality in its licensing database are still undergoing review, adjustments, and improvements. We will further assess the Board's efforts to regularly review reports and track compliance with time frames during our 18-month follow-up.

Finding 2: Board did not investigate or timely investigate, document, or review all complaints it received, increasing public safety risk.

7. The Board should investigate and resolve complaints within 180 days.

Implementation in process—The Board received 33 complaints between October 1, 2024, and April 21, 2025, of which the Board had resolved 7; the Board resolved all 7 in less than 180 days. The remaining 26 open complaints had been open between 0 and 199 days, as of April 21, 2025. We will further assess the Board's efforts to investigate and resolve complaints within 180 days during our 18-month follow-up.

8. The Board should determine the status of its complaint backlog, develop a written plan to reduce any backlog it identifies, and report monthly the status of the backlog to the Board until the backlog has been eliminated.

Implementation in process—Our review of the Board meeting minutes from December 2024 through May 2025 indicate that the Executive Director provided a status to the Board of some complaints identified as part of the backlog as of the date of these Board meetings. However, according to the Board, it has not fully determined the status of the complaint backlog because of the condition of some of the complaint records due to turnover in the Board's executive leadership and staff nor has the Board developed a written plan to reduce the backlog. Additionally, the Board indicated that it is in the process of reconciling, analyzing, and working through the backlog of open complaints, and indicated that the data migration to its new licensing database complicated and extended this effort as Board staff are still attempting to validate the data in the new licensing database, as discussed in recommendations 1 and 4. The new licensing database was designed to contain all data related to licensees including any complaints received and investigations, and to track complaints, but as of June 2025 the records were not always complete or did not include all information on active complaints submitted before the database was implemented. The Board's new Executive Director reported that the Board was still working through backlogged complaints as of February 2026. We will further assess the Board's efforts to determine the status of its complaint backlog and reduce the backlog while investigating and resolving ongoing complaints during our 18-month follow-up.

9. The Board should ensure Board staff provide the Board with a complete investigative report that includes all the Board required information for every complaint the Board reviews.

Implementation in process—To address this recommendation, the Board began developing and using a template for investigative reports. While the template is still new, our review of 4

investigative reports submitted for the May 2025 Board hearing revealed that the investigative reports contained most of the required information but needed additional information required by Board policy such as historical background and last reported employer. The Board's new Executive Director stated that the Board will implement a new investigations report template by April 2026 to address this recommendation. We will further assess the Board's efforts to fully implement an investigative report template that includes all Board required information for every complaint during our 18-month follow-up.

10. The Board should prioritize and investigate complaints within specified time frames, as required by its policy.

Implementation in process—As discussed in our September 2024 audit report, the Board had established a policy to prioritize complaints based on potential harm to the public that includes time frames for processing complaints based upon the assigned priority level, but the Board did not always comply with this policy. Beginning in Fall 2024, Board staff began prioritizing complaints for investigation in accordance with this policy, and reflecting this prioritization in its complaint tracking spreadsheet. Additionally, as discussed in recommendations 1 and 8, Board staff continue to validate the data in the new licensing database and revise current complaint tracking spreadsheets, which continue to contain incomplete and contradictory information about dates certain actions are taken for some complaints. We will further assess the Board's implementation of this recommendation during our 18-month follow-up.

11. The Board should train staff on how to investigate complaints.

Not implemented—According to the Board, it has begun providing on-the-job training to staff regarding investigating complaints, but has not developed formal training during the onboarding process or periodically. The Board's new Executive Director anticipates developing an operating procedures manual and training by January 2027. We will further assess the Board's efforts to train staff to investigate complaints during our 18-month follow-up.

12. The Board should develop and implement a process to track and monitor its complaint investigation process and timeliness until its new database is fully implemented and functional, including steps to record dates that key complaint handling steps are completed to help ensure it timely investigates and resolves complaints.

Implementation in process—As of June 2025, the Board's licensing database was not yet fully functional, so the Board utilized a combination of manual and system-generated spreadsheets for tracking and monitoring of complaints and investigations. However, the Board lacks assurance that its spreadsheets contain all relevant information related to complaints filed prior to October 2024. As described in the audit report, the tracking spreadsheets lacked key information and staff failed to record some complaints in the licensing database. While new complaints are filed within the licensing database, creating an accurate log of those complaints, the Board has been in the process of migrating open complaint information into its new licensing database. Additionally, staff maintain electronic files of complaint information both in the new licensing database and internal files to validate the information and update spreadsheets to record dates that key complaint handling steps are completed. As explained in recommendation 13, the Board reported that data

migration to its new licensing database caused some data duplication but that it is working to reconcile complaint data in order to track and monitor the complaint investigation process and time frames and ensure its licensing database is fully functional. The Board plans to complete development and implementation of its complaint tracking tool in the licensing database by Spring 2026. We will further assess the Board's efforts to track and monitor complaints during our 18-month follow-up.

13. The Board should complete implementation of the Board's new database including ensuring that the database includes complete and accurate complaint information and can generate management reports necessary for monitoring and overseeing complaint handling timeliness.

Implementation in process—As discussed in recommendations 1 and 8, the Board indicated that it has implemented a new licensing database and reported that migrating to this new database has created issues such as duplicate or missed data. The Board reported it is in the process of ensuring the information in the new licensing database is accurate and complete by analyzing and reconciling information in the new licensing database against information from other manual and electronic files. Further, it reported that it is in the process of developing and refining management reports for monitoring and overseeing complaint handling timeliness, and thus implementing this recommendation is ongoing and is expected to be completed by Spring 2026. We will further assess the Board's efforts to implement the new database during our 18-month follow-up.

14. The Board should regularly review management reports for all in-process complaints and track compliance with its time frames for investigating and resolving complaints.

Implementation in process—As discussed in recommendation 13, the Board reported that it is in process of developing the management reports recommended in this audit, including reports for monitoring and overseeing complaint-handling timeliness, but that implementation of these reports is not yet complete. According to the Board, the new system-generated management reports will contain pertinent information about complaints to allow the Board to track compliance with its time frames for investigating and resolving complaints, such as dates complaints are received, complaint priority, date closed, outcomes, and various key steps and actions taken in handling the complaint. The Board reported that it expects to develop and implement these reports by Spring 2026. We will further assess the Board's efforts to review management reports and track compliance with time frames during our 18-month follow-up.

Sunset Factor 2: We identified 4 areas where the Board could better meet its statutory objective and purpose and/or improve its efficiency.

15. The Board should assess license applications received in calendar years 2022, 2023, and 2024 to determine if any were issued/denied beyond the 105-day time frame for issuing licenses.

Not implemented—As of June 2025, the Board had not initiated a review of licenses issued in 2022, 2023, and 2024 to identify any that were issued after 105 days and provided a spreadsheet used to evaluate past compliance with the 105-day requirement. The Board plans to complete this

review by Spring 2026. We will further assess the Board's efforts to determine if applications were issued/denied beyond the time frame during our 18-month follow-up.

16. For any license application it received in calendar years 2022, 2023, and 2024 that were issued beyond the 105-day time frame, the Board should refund the licensing fees to the applicants, calculate the amount of time beyond the 105-day time frame the licenses were issued, and remit a 2.5 percent penalty to the State General Fund for each month beyond the 105-day time frame that the Board did not issue or deny the license.

Not yet applicable—As explained in recommendation 15, because the Board had not started this review as of June 2025 and planned to complete it in Spring 2026. Because of this, this recommendation is not yet applicable. We will further assess the Board's implementation of this recommendation during our 18-month follow-up.

17. The Board should develop and implement policies and procedures outlining a process for identifying licenses that are issued beyond the 105-day time frame, refunding licensing fees to applicants, calculating the amount of time beyond the 105-day time frame the licenses were issued, and remitting a 2.5 percent penalty to the State General Fund for each month beyond the 105-day time frame that the Board did not issue or deny a license.

Not implemented—The Board reported that it had not yet developed or implemented policies and procedures outlining a process for identifying licenses that are issued beyond the 105-day time frame, or for issuing refunds of applicable license fees and penalties because it has prioritized resolving problems with its licensing database and working through the complaints backlog. The Board expects to implement this recommendation or to make progress towards implementing the recommendation by Spring 2026. We will further assess the Board's efforts to develop and implement the recommended policies and procedures during our 18-month follow-up.

18. The Board should perform continuing education audits on license renewals.

Implementation in process—Although the Board had a process for manually auditing licensees' continuing education after license renewal, our September 2024 audit found that the Board stopped performing these audits because of a significant backlog and other priorities. Since September 2024, functionality in the Board's new licensing database automated part of the continuing education verification process, and the database prevents renewal applicants from renewing their licenses without submitting evidence of continuing education. As of June 2025, the Board downloads license renewal information provided by every applicant onto a spreadsheet on a monthly basis, including reported continuing education hours and documentation uploaded, reviews the continuing education documentation provided by every license renewal applicant, and determines whether the licensee met continuing education requirements. Our review of the spreadsheets for the period between October 2024 and March 2025 show that the Board verified continuing education for all renewal applications.

Additionally, our review of the 5 Board meeting minutes for Board meetings held from December 2024 through May 2025 found that the Executive Director reported continuing education audit results to the Board. The licensing database renews licenses automatically if the renewal applicant

submits required information, including continuing education hours and courses. The Board audited continuing education compliance of all applicants after the renewal is issued, and if noncompliance was found the Board issues non-disciplinary action (e.g., letters of concern or probationary orders). This non-disciplinary action typically requires licensees to complete required continuing education by a certain date. Specifically, for the approximately 830 licenses that were renewed during this time period, the Board issued 60 non-disciplinary actions for noncompliance with continuing education requirements. While this process is generally effective, ensuring ongoing compliance with continuing education requirements, particularly given staffing changes over time, requires the Board to memorialize this process in formal policies or procedures. According to the Board's new Executive Director, the Board now completes a continuing education audit of each licensee during the renewal period, and no longer performs this step after license renewal. We will further assess the Board's implementation of this recommendation during our 18-month follow-up.

19. The Board should develop and implement policies and procedures for periodically reviewing fees and performing a cost analysis to determine if fees should be adjusted.

Not implemented—The Board has not yet implemented this recommendation because it has been focusing on developing and implementing its new licensing database, ensuring the accuracy of the data in this new database, and that the database provides adequate and reliable licensing and complaint-handling reports. The Board reported that, as of February 2026, it is in the process of evaluating fees and that it expects to implement this recommendation by December 2026. We will further assess the Board's efforts to review fees during our 18-month follow-up.

Sunset Factor 5: The Board did not provide public information as required in several instances and did not comply with some open meeting law requirements for all meetings held in calendar years 2022 and 2023.

20. The Board should provide the public with information over the phone as required by statute.

Implementation in process—The Board has taken some steps to ensure all public information is available to respond to phone calls and that this information is provided in a manner that complies with the law, such as updating the website and ensuring appropriate complaint information is retained and available for staff to respond to inquiries by phone, additional steps are needed that are ongoing such as those recommended below. For example, the Board has provided more information on its website about what public information is available and how to request this information. It has also developed forms for public information requests and inquiries and provided directions to staff on responding to public inquiries using the new forms which provide details and steps for staff on what information to collect from the requestor and documenting what is provided. Moreover, it has worked on ensuring the new licensing database contains accurate and complete information so that the public can access correct information on the website and staff can access correct information to respond to public records. As we note in recommendation 25, when we reviewed information from the new licensing database available to the public via the website, we confirmed that the Board had taken action to ensure the appropriate information is available. However, as explained in recommendations 1, 8, 13, and 25, the Board continues to work towards

ensuring that information in the new licensing database is accurate and reliable so that public information is readily available to staff when providing the public with information by phone. We will further assess the Board's efforts to provide the public with information over the phone as required by statute during our 18-month follow-up.

21. The Board should develop and implement a tracking mechanism to track requests for public information and its responses to public records requested to ensure it complies with statutes.

Implemented at 6 months—The Board has implemented a log to record and track all public requests for information to enable it to monitor all actions taken in response to public records requests, and to identify instances in which its responses are not timely or do not comply with statute. The Executive Director routinely reviews the log and monitors requests for information including ensuring that any follow-up action is taken. As of June 2025, our review found that the log contains information regarding public record requests from January 2025 through May 2025. The Board logs pertinent information such as the date the information is requested, the name of the requestor, the information provided, the date the information is provided, who provided the information, and how it was provided. Additionally, the Board tracks whether any payment was made for the documents provided. Further, the Board's website now includes a webpage detailing what information is available to the public, the contact information for making requests, and the public information request form.

22. The Board should develop and implement policies and procedures for responding to public records requests in compliance with statutes.

Implementation in process—The Board has begun drafting but has not finalized or implemented policies and procedures for responding to public records requests. It has drafted a form for staff to use for a public information that outline some steps to take such as compiling information about the date and nature of the request, the format for the information requested, fee if any applied, and how the request will be processed. The Board reported that it expects to finalize and implement the policies and procedures by December 2026. We will further assess the Board's implementation of this recommendation during our 18-month follow-up.

23. The Board should post all final Board decisions, orders, and actions to its website no later than 5 days after the meeting during which the decision was made, as required by statute.

Implementation in process—The Board has not fully posted all final Board decisions, orders, and actions to its website no later than 5 days after the meeting during which the decision was made, as required by statute. The Board indicated that responding to this recommendation remains ongoing due to ongoing updates to its licensing database and the need to migrate historical complaint data with decisions, orders, and actions contained in the database to be available on the website. However, our review of the website noted that the Board has made progress in ensuring that it posts final Board decisions, orders, and action to its website. Specifically, we reviewed the information contained on the website as of May 2025 and confirmed decisions and actions had been posted immediately after meetings, but the Board reported it is still conducting a full review of past decisions, orders, and actions to ensure all required information is posted on the website. We

will further assess the Board's efforts to post all decisions, orders, and actions within 5 days during our 18-month follow-up.

24. The Board should review all final Board decisions, orders, and actions from calendar years 2022 and 2023 to ensure they are posted to its website as required by statute.

Not implemented—In June 2025, the Board reported that it had not yet reviewed all final Board decisions, orders, and actions from calendar year 2022 and 2023 to ensure they are posted to its website as required by statute. We will further assess the Board's efforts to post all 2022 and 2023 decisions, orders, and actions during our 18-month follow-up.

25. The Board should remove all Board disciplinary and nondisciplinary actions/orders from its website after 5 years as required by statute.

Implementation in process—The Board reported that it updated its website to remove all Board disciplinary and nondisciplinary actions/orders after 5 years as required by statute. Our review of a judgmental sample of 20 of approximately 700 licensees listed on a report generated from the Board's new licensing database indicating that these licensees had previous Board disciplinary and/or nondisciplinary actions/orders found that 12 of 20 were older than five years and 11 had no action posted or indication of an action posted on the Board's website. However, for 1 of the 12 licensees, the Board's website indicated there was a nondisciplinary action for this licensee, which exceeded the 5-year statutory requirement, but no other information about the action was available. Our review also found that disciplinary and/or nondisciplinary actions/orders for 8 of 20 licensees were posted on the website with accompanying documentation within the 5-year statutory requirement. We will further assess the Board's efforts to limit information on its website to the past 5 years during our 18-month follow-up.

26. The Board should post complete audio recordings of all its Board meetings on its website within 5 business days, as required by statute.

Not implemented—Contrary to the statutory requirement to post digital recordings of Board meetings on its website within 5 business days of the meetings, as of June 14, 2025, the Board only posted audio recordings for 3 of 5 Board meetings held from December 2024 through May 2025 in accordance with statute. The audio recordings for two virtual meetings—one on April 24, 2025, and another on May 1, 2025—had not been posted as of February 2026. The Board explained that, though they tested their recording equipment prior to these meetings, the recordings were inaudible. As discussed in recommendation 27, the Board uploaded the written meeting minutes for its May 1, 2025, meeting after we brought this issue to its attention in June 2025. We will further assess the Board's efforts to implement this recommendation during our 18-month follow-up.

27. The Board should ensure its written meeting minutes and audio recordings capture all details of the meetings, including ensuring that audio recordings cover the entire meeting.

Not implemented—We reviewed the written minutes and audio recordings that the Board posted to its website for the 5 Board meetings held from December 2024 through May 2025. The Board

posted written minutes for 4 of 5 meetings and, as explained in recommendation 26, posted audio recordings for 3 of 5 meetings held during that time period. The available written minutes contained statutorily required details of the meetings including details about public comment and conflicts of interest and each of the available audio recordings covered the entire meeting from start to finish. However, the Board did not post an audio recording of its April 24, 2025, Board meeting to its website, nor did it post any written meeting minutes or audio recording of its May 1, 2025 Board meeting to its website. The Board explained that they were in the process of trying to obtain clear audio recordings for these 2 Board meetings and uploaded the written meeting minutes for its May 1, 2025, meeting after we brought it to their attention in June 2025. We will further assess the Board's efforts to implement this recommendation during our 18-month follow-up.

28. The Board should ensure its written meeting minutes and audio recordings include the location of the Board meeting.

Not Implemented—Our review of the 4 available written meeting minutes and 3 audio recordings for the 5 Board meetings held from December 2024 through May 2025 found that the written meeting minutes contained the location of the Board meeting. However, the 3 audio recordings did not identify the location of the Board meeting. We will further assess the Board's efforts to include the location of Board meetings in audio recordings during our 18-month follow-up.

Sunset Factor 8: While the Board complied with certain State conflict-of-interest requirements and adopted some recommended practices, it did not comply with some requirements or its policy in some instances.

29. The Board should continue to store all substantial interest disclosures, including disclosure forms and meeting minutes, in a special file available for public inspection.

Implemented at 6 months—The Board has continued to store all disclosure forms and meeting minutes in a special file. As of June 4, 2025, the special file is available for public inspection and our review found that it contained all Board disclosure forms and meeting minutes.

30. The Board should continue to have all Board members and employees complete conflict-of-interest disclosure forms upon appointment/hire and remind them at least annually to update their form when their circumstances change.

Implemented at 6 months—The Board reminds all Board members and staff annually about the conflict-of-interest requirements and has an annual form that contains a list of all individuals—Board members and Board staff—who are required to complete a conflict-of-interest disclosure form. We reviewed the Board's files and found that all Board members and staff members completed a form in February and March 2025.

31. The Board should provide conflict-of-interest training annually to Board members and staff, as required by policy.

Not implemented—The Board has not started addressing this recommendation and has yet to provide conflict-of-interest training to its Board members and staff. The Board reported that it

expects to provide the annual training by the spring of 2026. We will further assess the Board's efforts to provide conflict-of-interest training during our 18-month follow up.

Sunset Factor 9: The Board identified 2 statutory changes that it believes would help it to more efficiently and effectively fulfill its key statutory objectives and purposes.

32. The Board should work with the Legislature to revise statute to address the needed changes it has identified.

Implementation in process—In December 2024, the Board reported and we noted in reviewing some correspondence that staff worked with and met with 2 legislators to discuss statutory changes but the legislators did not introduce any legislation. Because this change was identified by the Interim Executive Director, the Board decided not to pursue the changes based on the lack of interest from the legislators and to allow the Board's new Executive Director to determine whether to pursue the proposed statutory changes. In September 2025, a new Executive Director was hired, and the potential statutory changes identified in the audit report remain under evaluation. We will further assess the Board's efforts to provide conflict-of-interest training during our 18-month follow up.