



# City of New York

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## OFFICE OF THE COMPTROLLER

**Scott M. Stringer**  
**COMPTROLLER**



## MANAGEMENT AUDIT

**Marjorie Landa**

Deputy Comptroller for Audit

Audit Report on the Department of  
Health and Mental Hygiene's Response  
and Follow-up to Pest Control  
Complaints

MD13-101A

**October 10, 2014**

<http://comptroller.nyc.gov>



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
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NEW YORK, NY 10007

SCOTT M. STRINGER  
COMPTROLLER

October 10, 2014

Dear Residents of the City of New York:

My office has audited the Department of Health and Mental Hygiene (DOHMH) to determine whether it adequately responded to and followed-up on pest control complaints. We perform audits such as this to ensure that City agencies are operating in accordance with their procedures and in the best interest of the public.

This audit determined that DOHMH did not adequately follow its procedures for addressing pest control complaints. Among other things, the audit found that in response to 24% of the complaints received, DOHMH did not attempt initial inspections within the 10 day target response time it has set for such inspections and that DOHMH prematurely closed complaints without making the required number of inspection attempts. In addition, the audit found that only 1.4 percent of inspections received supervisory checks, far fewer than the agency's goal of 5 percent, and there was no indication that in 44 percent of the instances where inspectors requested clean-up services the required assessments were done. Finally, the audit found that DOHMH had no timeframe goals for exterminations, clean-up assessments and property clean-ups nor did the agency conduct follow-up for certain failed inspections.

To address these issues, the audit recommended that DOHMH generate aging reports to identify complaints that are pending too long and establish timeliness targets for conducting exterminations, clean-ups, and assessments. The audit also recommended that DOHMH: ensure that inspectors use their handhelds in the field to improve the reliability of the information entered in the database, modify its process to ensure that complaints are not closed prematurely, and ensure that abatement orders are issued to the owners of all properties that failed inspections. Lastly, DOHMH should strengthen its supervisory review process to ensure that the supervisory checks for inspections are conducted at or above the percentage specified in its procedures and it should ensure that supervisors perform assessments when clean-ups are requested.

The results of the audit have been discussed with DOHMH officials and their comments have been considered in preparing this report. Their complete written response is attached to this report.

If you have any questions concerning this report, please e-mail my audit bureau at [audit@comptroller.nyc.gov](mailto:audit@comptroller.nyc.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Scott M. Stringer".

Scott M. Stringer

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# THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER MANAGEMENT AUDIT

## Audit Report on the Department of Health and Mental Hygiene's Response and Follow-up to Pest Control Complaints

MD13-101A

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### EXECUTIVE SUMMARY

The objective of this audit was to determine whether the Department of Health and Mental Hygiene (DOHMH) adequately followed the procedures it established to address pest control complaints. DOHMH enforces the City Health Code and protects and promotes the mental and physical health of New Yorkers. DOHMH's Pest Control Services (PCS) division performs inspections, notifications, baiting, and clean-ups of properties when owners fail to act, in order to reduce the presence of rodents in New York City. In Fiscal Year 2013, PCS received 24,586 complaints and conducted 21,563 initial pest control inspections in response to those complaints.

### Audit Findings and Conclusions

DOHMH did not adequately follow its own procedures for addressing pest control complaints. When we accompanied inspectors on their daily routes, we found discrepancies between our observations and the inspection results recorded by the inspectors in its database. We also found that initial and compliance inspections were not consistently performed in a timely manner; the agency had no established timeframes for assessments,<sup>1</sup> exterminations, and clean-ups; a number of complaints were closed prematurely; and there was no follow-up for failed inspections of addresses recorded as "unknown" in its database. These issues resulted from inadequate oversight of the PCS operations. Our review found that only 1.4 percent of the inspections performed during our review period received supervisory checks, far fewer than the agency's stated goal of 5 percent. Our review also found no indication that senior crew chiefs performed the required assessments in 44 percent of the instances where inspectors requested clean-up services.

### Audit Recommendations

To address the findings raised by this audit, we made 12 recommendations including that:

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<sup>1</sup> An assessment is an evaluation of a property to determine whether DOHMH should conduct a clean-up of the property.

- DOHMH should ensure that all inspectors use the handhelds provided to them to enter results in real time while conducting the inspections to improve the reliability of the information entered into its database and to accurately account for their time.
- DOHMH should periodically generate aging reports to identify complaints that are pending too long to help ensure that initial and compliance inspections are performed in a more timely manner.
- DOHMH should improve controls over pest control processes to ensure that all requested exterminations and approved clean-ups are conducted.
- DOHMH should modify its process to ensure that complaints are not closed after only one “no access” attempt because the procedures require making two attempts.
- DOHMH should ensure that abatement orders are issued for properties that failed inspections where addresses in its database were recorded as “unknown.”
- Based on DOHMH’s assertion that it is re-establishing a new percentage of inspections that will receive supervisory review, we recommend that the revised percentage be based on analysis of DOHMH’s past inspections and other data. This new percentage should reasonably ensure the quality of the staff inspections conducted and not be based on the number of supervisors available to conduct these reviews.

## Agency Response

In its response, DOHMH agreed with three recommendations, partially agreed with four recommendations, and disagreed with five recommendations. However, as to four of the recommendations DOHMH asserted that it disagrees with, its basis for disagreeing is that it claims the recommendations have already been implemented. Consequently, DOHMH appears to generally agree in principle with all but one of the audit’s twelve recommendations.

Regarding the audit’s findings, however, DOHMH officials stated that the agency “strongly disagrees with the auditors [sic] assessments and believes that the auditors reached incorrect conclusions because they focused only on complaints while ignoring non-complaint based inspections.” However, DOHMH’s assertion regarding the basis for the audit’s conclusions is incorrect. In determining whether DOHMH made adequate efforts to address complaints, the audit took into consideration all efforts made by the agency, whether or not those efforts were related to specific complaints. In every instance where DOHMH provided relevant, competent evidence to rebut an audit finding or a deficiency, the audit findings were adjusted accordingly.

# AUDIT REPORT

## Background

DOHMH is responsible for protecting and promoting the physical and mental health of all New Yorkers and enforcing the City Health Code. DOHMH's PCS division aims to reduce the presence of rodents in New York City through inspection, notification, baiting, and clean-up of properties when owners fail to act. PCS operates out of five regional offices in four boroughs, with two different locations in Brooklyn (Staten Island is covered by Brooklyn South).

DOHMH receives complaints online and through the City's 311 complaint call system. Complaints are assigned to the appropriate regional office to be investigated by PCS inspectors under what is known as the "complaint program." Article 151 of the City Health Code requires owners to clean their properties and eliminate conditions that lead to rodent infestations. If an inspector finds active rat signs (ARS)<sup>2</sup>, the inspector issues the property owner a Commissioner's Order to Abate (COTA), notifying the property owner to correct the conditions within five days. PCS will subsequently conduct a follow-up inspection (compliance inspection) nine days after the COTA is mailed to the owner to determine whether the conditions have been corrected. If the conditions have not been corrected, PCS will issue a Notice of Violation (NOV) to the property owner. Depending on the severity of the problem, PCS may exterminate or clean up the property itself. These services are billed to the property owner by the Department of Finance (DOF). (The pest control process is described in the flowchart annexed to this report as Appendix I.)

When responding to complaints, inspectors also conduct "geographic" inspections in which they look at other properties in the nearby complaint vicinity for ARS to ensure that there are not additional properties contributing to rodent conditions in the community. PCS has also instituted a "Rat Indexing Program"—a proactive inspection program in which PCS identifies areas with large infestations of rats and inspects every block and lot in that vicinity. The Rat Indexing Program is in operation in all of the boroughs except Staten Island.

To track complaints from registration to close-out, PCS uses a computer system called the Veterinary, Rodent, and Vector Surveillance System (VRVSS).<sup>3</sup> PCS requires its personnel in the field to use handhelds to record their efforts, including the conditions identified during the inspections. Information from the handhelds is uploaded to VRVSS using a wireless system (NYCWIn) managed by the New York City Department of Information Technology and Telecommunications.

In Fiscal Year 2012, DOHMH received 22,300 complaints, according to the Mayor's Management Report (MMR).<sup>4</sup> PCS received 24,586 complaints in Fiscal Year 2013, (according to data from VRVSS) a slight increase from the Fiscal Year 2012 MMR-reported figure, and conducted 21,563 initial pest control inspections in response to these complaints.<sup>5</sup>

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<sup>2</sup> Active rat signs include live rats, rat droppings, burrows, gnaw marks from rats' teeth, tracks or runways (rub marks or flattened paths outside burrows), and excessive garbage or clutter that gives rats a place to hide.

<sup>3</sup> VRVSS was formerly known as the Pest Control Tracking Database.

<sup>4</sup> This information was not reported in the Fiscal Year 2013 Mayor's Management Report by DOHMH.

<sup>5</sup> The number of complaints includes duplicates received for the same properties and complaints with insufficient address information to allow for inspections.

## Objective

The objective of the audit was to determine whether DOHMH adequately followed its procedures for addressing pest control complaints.

## Scope and Methodology Statement

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. This audit was conducted in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The audit scope was July 1, 2011, through April 8, 2014. Please refer to the Detailed Scope and Methodology at the end of this report for the specific procedures and tests that were conducted.

## Discussion of Audit Results with DOHMH

The matters covered in this report were discussed with DOHMH officials during and at the conclusion of this audit. A preliminary draft report was sent to DOHMH officials on May 22, 2014, and discussed at an exit conference held on June 9, 2014. On September 16, 2014, we submitted a draft report to DOHMH officials with a request for comments. We received a written response from DOHMH officials on October 1, 2014.

In its response, DOHMH agreed with three recommendations, partially agreed with four recommendations, and disagreed with five recommendations. However, DOHMH's basis for disagreeing with four of the recommendations is that the agency claims to have already implemented them prior to the audit. Consequently, DOHMH generally agreed in principle with all but one of the audit's twelve recommendations.

Regarding the audit's findings, however, DOHMH officials stated, "DOHMH strongly disagrees with the auditors [sic] assessments and believes that the auditors reached their incorrect conclusions because they focused only on complaints while ignoring non-complaint based inspections." In addition, officials stated that "DOHMH disagrees with the auditors' position that DOHMH (we) did not provide any support or adequate evidence to support our claims relevant to the auditors' findings."

DOHMH's assertion regarding the way we reached our conclusions is incorrect. In determining whether DOHMH made adequate efforts to address complaints, we took into consideration all efforts made by the agency, whether or not those efforts were related to specific complaints. During the course of the audit we shared our findings with DOHMH and requested that officials provide relevant, credible evidence to support their position if they believed that a finding was incorrect. Unfortunately, in many instances the evidence that DOHMH provided was either unsupported or unrelated to the finding being challenged. For example, to challenge a finding that the agency did not conduct a requested extermination, DOHMH provided an Excel spreadsheet that listed the cited complaint with typed comments stating that the property in question passed an inspection conducted in connection with another program. However, the

agency failed to provide credible evidence (e.g., a print-out of an entry into VRVSS) that documented the inspection. Furthermore, that inspection occurred seven months after the inspector requested the extermination in question, well past the time that it is expected that DOHMH would have performed the extermination.

In those instances in which DOHMH provided relevant, credible evidence to challenge a finding, we adjusted the related finding accordingly. When such evidence was not provided, however, there was no basis to alter our finding.

The full text of DOHMH's response is included as an addendum to this report.

# FINDINGS AND RECOMMENDATIONS

DOHMH did not adequately follow its procedures for addressing pest control complaints. The audit identified numerous instances in which complaints were not processed correctly, including: 1) incorrect information entered in VRVSS; 2) inspections and follow-up activities not timely performed, if at all; and 3) complaints closed prematurely. These deficiencies resulted, in large part, from inadequate oversight of PCS's complaint processing. These issues are discussed in further detail in the following sections of this report.

## Deficiencies in Pest Control Efforts

### Inaccurate Inspection Results Entered in VRVSS

We accompanied 10 inspectors, two from each borough office, on their daily routes covering 50 inspections and found discrepancies between our observations and the inspection results recorded by the inspectors in VRVSS. In particular, we found occasions: (1) where the inspectors did not correctly identify properties as having failed inspections, (2) where they did not follow agency protocols requiring that they use hand held computers to enter data at the scene of an inspection, and (3) where they did not correctly note the time they spent on individual inspections. We note that in each instance where these failures were observed, the inspectors were aware that auditors from the Comptroller's Office were monitoring their conduct and nonetheless, the problems described below were found:

- The inspection results were incorrectly recorded in VRVSS for three of the 50 inspections in which we accompanied the inspectors. These inspections should have been recorded as failed based on DOHMH's own criteria. For each inspection, one or more of the following conditions were found: rat droppings, burrows, uncovered trash cans and a water drainage pipe with a broken cover. We confirmed with the inspectors at the time of the inspections that the conditions observed warranted a failing grade. However, when we later reviewed VRVSS, we found that two were recorded as passed and one was recorded as "no access."<sup>6</sup> Curiously, none of the conditions we noted during our observations of these three inspections were noted in VRVSS. We discussed these discrepancies with PCS officials, who disagreed with the inspectors' verbal conclusions made to audit staff that these locations failed inspections, explaining that rat droppings alone would not always warrant a failed inspection. However, they did not address the other observations made at the inspection or provide an explanation for why the inspectors failed to document these conditions in the system.
- Inspectors recorded in VRVSS that their inspections took longer than the actual time that was observed by audit staff for 35 of the 50 inspections. The start times for 29 inspections and the end times for 35 inspections were incorrectly recorded in VRVSS<sup>7</sup>. (The recorded inspection times observed by auditors are shown in Appendix II to this report.) The average duration of the 50 inspections based on our notes was eight minutes, while the average inspection duration based on the times entered in VRVSS was 18 minutes. Inspectors are supposed to record travel time separately as non-

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<sup>6</sup> Under DOHMH procedures, if an inspector cannot gain access to a premise, it is supposed to be noted as "no access."

<sup>7</sup> When comparing the start and end times, we allowed for a +/- five-minute grace period. If the times were within five minutes of each other, we considered them to match.

productive activity. On average, the inspection times noted in VRVSS were 56 percent longer than what we observed. For example, VRVSS showed that one inspection took an hour; however, we observed that the inspection took 28 minutes. In another instance, VRVSS indicated that the inspection took 50 minutes, but the auditors' notes indicated that it took 22 minutes. Additionally, for six complaints, the inspections were recorded in VRVSS as taking place in the afternoon between 1:13 p.m. and 2:41 p.m. However, the auditors observed and noted that the inspections actually occurred in the morning between 11:01 a.m. and 11:16 a.m. In 38 of these instances, the handhelds were not used during the inspections. In only one instance out of the 50 inspections was the duration of the inspection recorded in VRVSS shorter than we noted.

Notwithstanding a PCS requirement that inspectors input information into handheld computers in real time at the sites of inspections, we observed that these handheld devices were not used by 8 of the 10 inspectors we accompanied. Instead, 4 of these 8 inspectors recorded notes in notebooks or on a piece of paper, while the 4 others recorded the findings in the handhelds when they returned to their cars. The remaining 2 inspectors recorded data into the handhelds while the inspection was ongoing. We found the inspection times and results recorded in VRVSS to be more accurate for those inspectors who used their handhelds during the inspections than for those who did not.

Handhelds were designed to allow inspectors to easily record relevant data related to an inspection, including start and end times, reportable conditions (e.g., rodent droppings, harborage, and burrows), and recommended follow-up action. The PCS policy requires inspectors to use the handhelds while conducting inspections. PCS officials stated that some inspectors were afraid to use handhelds because they did not want to have them stolen. However, those inspections that did not use handhelds raised the risk that pertinent information was not recorded or was recorded inaccurately, hindering the agency's efforts to ensure that deficient conditions were abated. For 8 (21 percent) of the 38 inspections where handhelds were not used, we noted that inspection findings were not always reflected in VRVSS. Conversely, for the 12 inspections where handhelds were used, the inspection details for all 12 were accurately recorded.

**DOHMH Response:** Regarding the example cited above in which a failed inspection was instead recorded in VRVSS as “no-access,” DOHMH attributed the discrepancy to the weather and stated “during one of the days that the auditors accompanied DOHMH inspectors (November 13, 2013), there were frigid temperatures. On this same day, it was the NYC Comptroller’s auditors who incorrectly recorded inspector findings, leading them to mistake a ‘no access’ result for a failed inspection. Subsequently, on November 25, 2013, a second inspection was performed on this property which resulted in rat findings.”

**Auditor Comment:** It is unclear whether DOHMH is asserting that an inspection for which we were able to gain access and document the rodent conditions thereof was correctly labeled by the inspector as “no access.” If so, we find the claim puzzling. In fact, DOHMH itself confirmed our observations when it conducted a second inspection at that location 12 days later. We believe that had the inspector used his handheld during the initial inspection and properly noted the rodent conditions that existed, DOHMH would not have had to use additional resources to conduct the second inspection.

## Recommendation

1. DOHMH should ensure that all inspectors use the handhelds to enter results in real time while conducting the inspections to improve the reliability of the information entered into VRVSS and to accurately account for their time.

**DOHMH Response:** “DOHMH partially agrees. DOHMH is working to address deficiencies in our handhelds (i.e., laptops) that prevent the inspectors from using them consistently. We also recognize that issues, primarily rain and other weather-related conditions, sometimes prevent inspectors from utilizing the handhelds during the inspections themselves. ... Recognizing that real time data entry is sometime difficult or nearly impossible, we plan to update our protocol to require that all work be entered into the handheld on the same day that inspections are completed.”

**Auditor Comment:** We recognize that there may be extenuating circumstances when inspectors may not be able to use their handhelds while conducting inspections. However, based on our observations of the 10 inspectors, the use of handhelds seemed to be the exception rather than the rule. Allowing inspectors to enter inspection results at a later time that day increases the risk, whether intentionally or unintentionally, that results may be incorrectly recorded. Accordingly, we urge DOHMH to fully implement this recommendation.

## Weaknesses in the Delivery of Pest Control Services Responding to Complaints

### *Initial and Compliance Inspections Were Not Consistently Performed in a Timely Manner*

Our review of PCS’s records reveals that critical steps in the inspection process were not undertaken within the timeframes established by PCS. Specifically, PCS requires initial inspections to be conducted within 10 business days of DOHMH receiving a complaint. Further, compliance inspections are supposed to be made within 30 calendar days of the owner’s receipt of the COTA. DOHMH allocates 9 calendar days from the COTA mailing date to allow for owner receipt, which means that compliance inspections should take place within 39 calendar days from the date a COTA is mailed to a property owner.

However, our review of VRVSS records revealed that for 4,484 (24 percent) of the 18,415 complaints<sup>8</sup>, the initial inspection attempts did not take place within the 10-day time frame set by PCS, including 160 complaints where we found no evidence that there ever was an inspection. Of the remaining 4,324 complaints, 2,546 had inspections performed at least one week after the two-week target. A frequency distribution showing the timeliness of the initial inspections is shown in Table I below.

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<sup>8</sup> For Fiscal Year 2013, DOHMH received 24,586 complaints. Of these, 620 could not be inspected because the block and lot number indicating the location of the complaints could not be identified and 5,391 were identified by VRVSS as being duplicate complaints. PCS attempted initial inspections for 18,415 of the remaining 18,575 complaints.

**Table I**

**Frequency Distribution of the Timeliness of Initial Inspections**

Time period from receipt of complaint to first initial inspection attempt	Number of complaints	Percentage
Within 10 business days	14,091	75.86%
11-15 business days	1,778	9.57%
16-30 business days	1,841	9.91%
31-60 business days	550	2.96%
61-90 business days	107	0.58%
91-180 business days	46	0.25%
Over 180 business days	2	0.01%
Not inspected and closed	146	0.79%
Not inspected as of March 2014	14	0.08%
Total	18,575	100%

After the exit conference, DOHMH provided information that showed that 520 of the 4,324 inspections were severely delayed due to resources being diverted to Superstorm Sandy response. However, 63 percent of these 520 complaints were received by DOHMH prior to October 12, 2012 (more than 10 business days before the storm hit the City on October 29, 2012). Therefore, the storm would not have delayed any of these inspections having been made within the requisite 10 day period.

Of the 160 complaints for which there was no evidence that an initial inspection was ever conducted, 14 still had an open status in VRVSS as of March 2014 even though they were received between January and June 2013<sup>9</sup>. After the exit conference, DOHMH officials stated that 4 of these 14 complaints were subsequently inspected under other job identification numbers. However, they failed to provide any evidence of the subsequent inspections or to show that they were done for the same addresses as the original complaints. The remaining 146 were closed without any indication that an inspection was conducted. PCS officials stated that most of the other complaints were administratively closed because they were located in Superstorm Sandy-damaged areas.<sup>10</sup> In these cases, PCS officials informed us that they opted to assess Sandy-affected neighborhoods outside of VRVSS and to provide free baiting to properties that had rats. However, PCS officials did not provide any inspection documents or work orders indicating that these properties were assessed and that baiting was performed where necessary.

**DOHMH Response:** “In the final FY2014 Mayor’s Management Report (MMR), DOHMH’s target is to respond to 70% of the rodent 311 complaints within 14 days. This is comparable to the auditor’s analysis which used 10 business days (excluding weekends) as the standard. According to the latest MMR report, DOHMH has exceeded the Mayor’s Office assigned target in each of the last 4 fiscal years (FY2011 through FY2014) presented in the report. Table I in the auditor’s report shows that 75% of all complaints received were responded to in less than 10 days and 95% were responded to in less than 30 days.”

<sup>9</sup> PCS officials stated that the inspections with an open status were not inspected due to a “bug” in the system, which, according to PCS officials, has been corrected.

<sup>10</sup> PCS officials stated that they have implemented a new protocol with the goal of avoiding writing COTAs and NOV’s to properties that had been flooded, damaged or abandoned.

**Auditor Comment:** DOHMH provides no information indicating how the target of 70 percent was developed so we are unable to assess whether it is reasonable. Additionally, at no time during the course of the audit did DOHMH officials indicate that the agency’s goal was to respond to at least 70 percent of complaints within 14 (calendar) days. Rather, officials stated that the agency’s goal was to respond to all complaints within 10 business days. The audit reports the degree to which the agency met this target.

For Fiscal Year 2013, there were 7,428 initial inspections where the properties failed inspection and so PCS should have issued COTAs and followed up with timely compliance inspections. Our review found that PCS generally issued COTAs as required; of the 7,428 failed inspections, PCS issued COTAs for 7,311 (98.4 percent) of the properties.<sup>11</sup> Of the 7,311 issued COTAs, PCS performed compliance inspections at 6,942 of the properties. Our analysis indicated that only 5,185 (75 percent) of the 6,942 compliance inspections were attempted within 39 calendar days of the COTA being mailed. Of the remaining 1,757, 1,430 were performed 45 or more days after the COTA was mailed. A frequency distribution showing the timeliness of the compliance inspections is shown in Table II.

**Table II**

Frequency Distribution of the Timeliness of Compliance Inspections

Time period from COTA mailing date to first attempted compliance inspection	Number of COTAs	Percentage
Within 39 calendar days	5,185	74.24%
40-44 calendar days	327	4.68%
45-59 calendar days	555	7.95%
60-90 calendar days	459	6.57%
91-120 calendar days	238	3.41%
121-180 calendar days	157	2.25%
Over 180 calendar days	21	0.30%
Not inspected as of March 2014	42	0.60%
Total	6,984	100%

As shown in Table II, 875 of these compliance inspections were attempted 60 or more calendar days (approximately two months) after the COTA was mailed.

**DOHMH Response:** “From the auditors’ own frequency distribution of the timeliness of compliance inspections (Table II), DOHMH calculated that on a weighted average, it took 33 days to conduct a compliance inspection after a Commissioner’s Order to Abate (COTA) was mailed. This is well under the 39 day target mentioned by the auditors.”

**Auditor Comment:** The 39 day target “mentioned by the auditors” was established by DOHMH itself. At no time during the course of the audit did the agency indicate that this target was applicable to a weighted average; rather, DOHMH stated this target applied to all compliance inspections. The audit reports the degree to which DOHMH met its own target.

PCS officials stated that some inspections (initial and compliance) were delayed due to Superstorm Sandy. They said that there was a 2-3 week period after the storm when normal

<sup>11</sup> A discussion of the 117 (7,428 - 7,311) failed inspections for which PCS did not issue COTAs begins on page 14 of this report.

operations were suspended or curtailed because of transportation issues. Additionally, PCS inspectors, exterminators, and supervisors were redeployed to check storm-damaged areas for rat problems and perform search and rescue canvassing with the National Guard for approximately three weeks after the storm (through the end of November 2012). However, we determined that the overall timeliness for 20 percent of the initial and compliance inspections seemed to have been affected by Sandy. Of the late initial inspections, 16 percent were related to complaints received between October 12, 2012 (approximately 10 days prior to the storm) and December 31, 2012. Similarly, for cases in which compliance inspections were required and did not happen, in 31 percent of the cases, the COTA mailing dates occurred between September 1, 2012, and December 31, 2012. As with the initial inspections that were not performed, PCS officials stated that compliance inspections were not performed due to the property being located in a Superstorm Sandy-damaged area. In these cases, they said the complaints were administratively closed.

**DOHMH Response:** “DOHMH disagrees with the auditor’s assessment that Super Storm Sandy did not increase complaint response times and did not affect DOHMH’s ability to address complaints in areas affected by Sandy with conventional inspections.”

**Auditor Comment:** As noted above, 63 percent of the 520 complaints that DOHMH claimed were impacted by Sandy were received by DOHMH prior to October 12, 2012. Had DOHMH attempted the inspections within the requisite 10-day period, they would have been completed before the storm occurred. The same applied for 41 percent of the compliance inspections which, if attempted within 39 days of the COTA mailing dates, would also been performed before Sandy arrived.

*No Established Timeframes for Exterminations and Clean-ups Resulted in a Failure to Conduct More Than 20% Within Two Months After Work Was Mandated*

Exterminations: During Fiscal Year 2013, PCS inspectors requested that exterminations be performed in 1,385 cases. Our review found that 1,380 (99.6 percent) were performed as of March 2014. Of these, the average amount of time between the request and the extermination was 39 calendar days, ranging from 0 days (service performed within 24 hours) to as much as 305 calendar days. A frequency distribution showing the timeliness of the exterminations is shown in Table III.

**Table III**

Frequency Distribution of the Timeliness of Exterminations

Time period from failed inspection to extermination	Number of exterminations	Percentage
Within 30 calendar days	760	54.87%
31-45 calendar days	202	14.58%
46-60 calendar days	117	8.45%
61-90 calendar days	162	11.70%
91-120 calendar days	83	5.99%
121-180 calendar days	50	3.61%
Over 180 calendar days	6	0.43%
Not performed as of March 2014	5	0.36%
Total	1,385	100%

**DOHMH Response:** “The auditors’ frequency distribution of the timeliness of extermination (Table III) is also misleading. DOHMH reviewed 16 jobs chosen as examples of very late work (more than 6 weeks after the compliance inspection) and found that more than half had been baited in an appropriate time-frame under one of the ‘proactive’ programs.”

**Auditor Comment:** DOHMH provides limited details in its response. DOHMH fails to indicate in its response the 16 jobs it is referring to and also fails to define what it considers to be a reasonable timeframe. As shown above, the audit identified 418 complaints in which the exterminations took place more than 6 weeks after the compliance inspections. During the course of the audit, we shared these findings with DOHMH and offered officials an opportunity to provide supporting evidence of their view that any of the preliminary audit findings were incorrect. We considered all evidence that the agency provided in response to this finding and, based on the sufficient, appropriate evidence presented, we adjusted the audit figures accordingly. In the absence of further evidence to the contrary, we have no basis to make any other changes to the finding.

PCS does not have established timeframes within which exterminations and clean-ups should be performed.<sup>12</sup> Without established timeframes, PCS is hindered in its efforts to ensure that the requested exterminations and clean-ups are performed and completed within reasonable amounts of time. Furthermore, in the absence of any specific standards dictating the time for performance, the likelihood that no exterminations or clean-ups are conducted at all is increased.

PCS officials stated that some exterminations were not done in a timely manner because multiple job tickets were open for the property and they did not perform exterminations in an effort to avoid duplicating efforts. However, this explanation is not supported by the evidence. Multiple complaints that come in for a property within 90 days of each other are flagged by VRVSS and those received subsequent to the initial one are coded as duplicates. Complaints coded as duplicates are not routed for inspections or exterminations, eliminating the risk of inspectors duplicating efforts. After the exit conference, DOHMH officials said that two of the five exterminations that were not performed received additional pest control services under subsequent job identification numbers—neither of which appear to be related to our sampled complaints. In addition, in one instance, the additional services were not provided until seven months after the extermination was requested.

Clean-ups: During Fiscal Year 2013, PCS inspectors requested that clean-ups be performed for 386 cases. An assessment was conducted for 250 of them. For 110 of the 386 cases, the supervisor determined clean-up was not necessary. In another two cases, PCS referred the properties to the Department of Sanitation (DSNY) for clean-up. For the remaining 274 cases, our review found that only 70 clean-ups were performed as of March 2014. Of these, the average amount of time between the request and the clean-up was 93 calendar days, ranging from 0 days (service performed within 24 hours) to 270 days. A frequency distribution showing the timeliness of the clean-ups is shown in Table IV.

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<sup>12</sup> When rodent conditions are identified during a compliance inspection, the inspector can fail the inspection and issue an NOV to the property owner. If the conditions are significant, the inspector can also request that the property be referred for extermination and/or clean-up. PCS inspectors request extermination when serious rodent activity is noted at a property and baiting is necessary. They request clean-up when there are serious issues with garbage or harborage on a property. Clean-ups require an assessment before being performed; exterminations do not.

**Table IV**

Frequency Distribution of the Timeliness of Clean-ups

Time period from failed inspection to clean-up	Number of clean-ups	Percentage
Within 30 calendar days	10	3.65%
31-45 calendar days	10	3.65%
46-60 calendar days	10	3.65%
61-90 calendar days	13	4.74%
91-120 calendar days	10	3.65%
121-180 calendar days	6	2.19%
Over 180 calendar days	11	4.01%
Clean-up not performed due to no access	5	1.82%
Clean-up not performed due to owner remediation	1	0.36%
Not performed as of March 2014	198	72.26%
Total	274	100%

In some cases, the delay in conducting clean-ups was attributed, in part, to delayed assessments. DOHMH has not established set timeframes for completing assessments. We found that assessments were not completed within 30 calendar days for 160 of the 250 cases that were referred for clean-up and for which an assessment was conducted. The longest took 374 days from the date the request was made. In two instances only, clean-ups were performed without assessments.

**DOHMH Response:** “With regard to clean-ups, the frequency of distribution of the timeliness of clean-ups (Table IV) is also misleading. Clean-ups are requested after a property fails a compliance inspection. The figure implies that properties that are recommended for clean-up by inspectors are always cleaned. This is not the case. There is a three stage process to determine whether a property will be scheduled for a clean-up; first, an assessment for access and safety is done by the lot cleaning crew chief to determination [sic] if a clean-up is needed. Second, due to limited resources DOHMH assesses the availability of clean-up crews in that particular borough. Third, if no resources are available, it is referred to the Department of Sanitation (‘DSNY’).”

**Auditor Comment:** DOHMH incorrectly asserts that the audit report implies that properties recommended for clean-up by inspectors are always cleaned. The report clearly states that we omitted 112 of the 386 requested clean-ups from our review because either clean-ups were deemed unnecessary (110) or the properties were referred to DSNY (2).

After the exit conference, DOHMH officials said that additional work was performed in 25 of the 198 instances where a clean-up was not conducted. However, in most of the instances identified by DOHMH, the additional work it claims was performed was actually done for subsequent job identification numbers and DOHMH failed to provide evidence to substantiate the additional work. DOHMH also claimed that an additional 124 complaints had some follow-up remediation work or inspections performed. However, as with the other 25 complaints, the claimed services were provided under different job identification numbers, in many instances months later or DOHMH did not provide any evidence to substantiate the claimed services.

### *Complaints Closed Prematurely*

We identified 497 Fiscal Year 2013 complaints that were closed after only one unsuccessful attempt to inspect notwithstanding PCS procedures that mandate that cases be closed only after two unsuccessful attempts to access a property for inspection. DOHMH officials stated that these cases were prematurely closed due to a training issue and that inspectors used the wrong “no access” code when recording the results of these inspections. However, this error was not caught by PCS supervisors when they reviewed and approved these inspections in VRVSS. PCS officials stated that this issue was brought to the attention of these inspectors so that they would be more careful when selecting inspection results in the future.

### *No Follow-up for Certain Failed Inspections*

Our audit found that COTAs were not issued in certain cases due to no addresses in VRVSS. As noted above, our review of 7,428 failed inspections in Fiscal Year 2013 found that COTAs were issued by PCS for all but 117 of these properties. Of the 117, 31 were not issued for what appears to be reasonable circumstances and did not require a COTA.<sup>13</sup>

Of the remaining 86 cases, we found that there were no addresses recorded in VRVSS for 69 of these complaints. During Fiscal Year 2013, PCS received 2,764 complaints for which the address was recorded as “unknown” in VRVSS because the complainants did not provide an exact address to 311. PCS officials said that, in many instances, inspectors could use supplemental information (e.g., an intersection, cross street, or landmark) provided by the complainants to identify the approximate address. For the 2,764 complaints, inspectors were able to use supplemental information to conduct inspections for 902 of them. Of these, 69 resulted in failed initial inspections and 166 resulted in minor violations (minor harborage, garbage cans without lids, etc.).

PCS officials informed us that address information in VRVSS could not be edited. However, in instances where properties were located and failed inspection, the address information could be recorded within the notes field in VRVSS.

For the remaining 17 complaints for which no COTA was issued, our review indicated that 13 cases were administratively closed. PCS officials stated that twice a year, they review all jobs that have been pending in the system for longer than six months and administratively close these jobs due to age. DOHMH provided no evidence indicating that it performed any analysis to determine why these complaints remained open in the system and whether any public safety issues remained unaddressed before they were administratively closed. The other four cases were still pending in the system as of April 1, 2014. After the exit conference, DOHMH officials stated that 6 of these 17 complaints were inspected (in five instances, months later) under new job identification numbers. They also stated that COTAs were not issued in two instances because the properties were bank-owned. However, the officials provided no evidence to support these claims.

By not ensuring that property owners receive COTAs when warranted, there is an increased risk that the deficiencies identified at these properties will not be rectified and may worsen over time.

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<sup>13</sup> In 13 cases, the owner of the property could not be identified; in 3 cases, the properties appeared to be in foreclosure; and in 15 cases, the inspectors' supervisor did not agree with the inspectors' determination that the property failed inspection.

## Recommendations

2. DOHMH should periodically generate aging reports to identify complaints that are pending too long to help ensure that initial and compliance inspections are performed in a more timely manner.

**DOHMH Response:** “DOHMH does not agree with this recommendation because it was implemented prior to the audit. PCS has a ‘pending list’ for all field work that was developed and implemented in April, 2010. This report is available to all PCS managers and supervisors and is reviewed weekly in Manager’s Meetings. Starting in 2013, a Director of Quality Assurance (QA) was hired by PCS to manage the ‘pending lists’ work and coordinate reduction of backlogs with each regional office.”

**Auditor Comment:** DOHMH’s assertion that it implemented our recommendation prior to the audit and that the pending list report does exist contradicts the agency’s “disagreement” with the recommendation. In light of our audit findings, we urge DOHMH to more closely monitor its aging reports to help ensure that inspections are completed in a timely manner.

3. DOHMH should establish timeliness measures for conducting exterminations, clean-ups, and assessments.

**DOHMH Response:** “DOHMH agrees. PCS is working to update the protocol with target turnaround times for all field work, including exterminations, assessments, and clean-ups.”

4. DOHMH should improve controls over pest control processes to ensure that all requested exterminations and approved clean-ups are conducted.

**DOHMH Response:** “DOHMH partially agrees with this recommendation. . . . Not all properties that are scheduled for exterminations ultimately need baiting as owners may remediate on their own, and conditions may change. Unless the exterminator observes rat activity DOHMH does not bait properties, nor can DOHMH do so under New York State pesticide application law. DOHMH ensures that all properties that need extermination are treated appropriately.”

“It should be noted that DOHMH has limited capacity to conduct lot cleaning. PCS cleans about 150 properties a year and recently began referring assessments and clean-ups pending in the system to DSNY for inspection and clean-up. Not all properties that are referred for cleaning go un-remediated by their owners over time, and others will be evaluated by DSNY for appropriate actions.”

**Auditor Comment:** We recognize that properties may not need baiting or clean-up because owners sometimes remediate or conditions originally cited may change. We excluded from the extermination finding any complaints where VRVSS indicated owner remediation. With regard to clean-ups, there were 2 instances where VRVSS indicated that they were referred to DSNY (which we also excluded from our finding) and 1 instance where there was owner remediation. For those cases in which exterminations or clean-ups are no longer required, DOHMH should ensure that the reasons are documented in VRVSS.

5. DOHMH should review complaints for which requested exterminations and approved clean-ups were not conducted and take action accordingly.

**DOHMH Response:** “DOHMH partially agrees with this recommendation. As mentioned above, our managers currently review all exterminations and clean-ups pending in the system to determine appropriate action and follow-up. Our Director of QA also works with each regional office to ensure that work is completed. In 2013, we formalized a process with DSNY whereby we pull assessments that are pending in our queue and refer them to DSNY for inspection and clean-up, if needed. This partnership between DOHMH and DSNY has furthered our ability to ensure that clean-up occurs for more properties. DOHMH, however, will make an effort to improve documentation of our review of pending works in the system.”

**Auditor Comment:** DOHMH does not indicate the portion of the recommendation to which it disagrees. Nevertheless, we are pleased that DOHMH agrees to make an effort to improve documentation of its review of pending works.

6. DOHMH should modify its process to ensure that complaints are not closed after only one no access attempt, since the procedures require making two attempts.

**DOHMH Response:** “DOHMH does not agree with this recommendation because this recommendation has already been implemented. Jobs closed after only one ‘no access’ attempt were occurring because two inspectors needed to be re-trained. After the initial findings of the auditors were shared in 2013, DOHMH provided additional training to these two inspectors that were making this error and corrected this issue.”

**Auditor Comment:** Notwithstanding DOHMH’s “disagreement,” DOHMH’s acknowledgment that the agency corrected this issue after we brought it to its attention indicates that it agrees in principle with the recommendation.

7. For those properties in which the addresses are recorded as “unknown” in VRVSS, DOHMH should use supplemental information included in the complaint when possible to identify the address. That information should be entered in VRVSS.

**DOHMH Response:** “DOHMH does not agree with this recommendation because DOHMH already implemented this procedure in August of 2010. In fact, DOHMH provided training to regional office staff on how to geocode addresses to support property lookups. . . . However, not all complaints have enough information to geocode, and as a result these cases must be closed.”

**Auditor Comment:** Again, DOHMH’s claim that it already implemented the procedure in April 2010 is at odds with its “disagreement” and indicates that the agency agrees in principle with the recommendation. We recognize that not all complaints can be inspected due to lack of address information. However, for those instances in which the addresses are identified—such as the 69 instances cited in the report where the properties failed the inspections—DOHMH should ensure that the addresses are recorded in VRVSS.

8. DOHMH should ensure that COTAs are issued for properties that failed inspections where addresses in VRVSS were recorded as “unknown.”

**DOHMH Response:** “DOHMH disagrees with this recommendation. Over 95% of all properties receive a COTA if warranted. PCS cannot always identify ownership of a property; however this happens for an extremely small percentage of properties. PCS continues to work with all available data sets to identify property information so that owners can be correctly identified and notified of rodent related conditions on their property.”

**Auditor Comment:** The basis for DOHMH’s disagreement with this recommendation is unclear. As stated previously, we identified 69 properties for which the addresses were recorded in VRVSS as “unknown” that failed inspections. However, the fact that the inspections were conducted is evidence that DOHMH ultimately identified the addresses for these properties. DOHMH did not issue COTAs for any of these properties nor did it provide evidence that it was unable to identify their respective owners. To help ensure that deficiencies identified during inspections are corrected and that resources are not wasted on failed inspections that do not result in COTAs, we urge DOHMH to reconsider its response and implement this recommendation.

## Inadequate Supervisory Review Process

In connection with PCS’s quality assurance program and to ensure compliance with PCS policies, PCS supervisors are required to: 1) conduct supervisory checks to re-inspect properties to confirm inspectors’ findings; 2) perform assessments to approve clean-ups of properties by DOHMH personnel; and 3) review and approve inspection details and documents in VRVSS. We determined that there were failures in performing this supervisory oversight.

### Failure to Meet Goals for Supervisory Checks

Our audit found that DOHMH conducted far fewer supervisory checks on its inspectors’ work than the goal set by the agency. PCS officials informed us that the DOHMH goal for supervisory checks of inspections was 5% during the audit period. This would mean that, of the 28,623 inspections that PCS conducted during Fiscal Year 2013, 1,431 of them should have received a supervisory re-inspection. However, we found that only 391 (1.4 percent) of the 28,623 inspections actually received supervisory checks. None of the 31 inspectors employed by PCS during the scope period had at least 5 percent of their inspections re-inspected by a supervisor; in fact, 8 inspectors never had any of their complaint inspections re-inspected<sup>14</sup>.

PCS officials stated that approximately 5 percent of inspections received supervisory checks in the years prior to the introduction of the Rat Indexing Program. They also claimed that the number of inspections overall has significantly increased since the introduction of the Rat Indexing Program. Therefore, they asserted that because under the Rat Indexing Programs supervisors were required to split their time between conducting supervisory checks for the complaint program and conducting checks for the Rat Indexing Program, they were now unable to conduct as many checks for the complaint program at issue in the audit.<sup>15</sup> However,

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<sup>14</sup> According to DOHMH officials, one of the eight inspectors was on medical leave for three months during the fiscal year.

<sup>15</sup> This audit examined the number of inspections in the complaint program only.

according to information provided by DOHMH, 1 of the 8 inspectors whose work was reviewed in our sample never had supervisory checks conducted of any of their inspections in connection with the complaint program or the Rat Indexing Program. DOHMH officials said that they would reduce the goal for the percentage of inspections to be re-inspected from 5 percent to a figure they determine to be achievable, but did not say what the new percentage will be. To offset the decreased percentage of inspections that are re-inspected, DOHMH officials said that they now “have better data analytics within the PCS Database to track progress of the inspectors.” However, we did not test this because it was outside the scope of our audit.

## **Failure to Conduct Required Assessments Resulting in Failure to Remediate Rodent Conditions**

We found no indication in VRVSS that assessments were conducted in 171 (44 percent) of the 386 instances where inspectors requested clean-up services during Fiscal Year 2013. Assessments are required for DOHMH remediation to proceed. According to PCS procedures, a senior crew chief is required to perform an assessment for all properties with serious rodent conditions that are referred for clean-up. Since remediation efforts cannot proceed without an assessment being conducted, we found that for all but 2 of the 171 instances in which assessments were not conducted, the requested clean-up was not conducted. As a result, properties with serious rodent conditions received no remediation and the rodent conditions continued to exist and may, in fact, have worsened over time.

After the exit conference, DOHMH officials said that 124 of the 171 complaints had some form of follow-up remediation work or inspections performed. DOHMH provided information for 15 of the 124 complaints that reflected that additional services (such as exterminations or second compliance inspections) were performed under the same job identification number. However, the audit found that these actions did not include the required assessments and the clean-ups. For another 47 complaints, DOHMH provided evidence to show that additional services were provided to these addresses under subsequent job identification numbers. However, those 47 do not appear to be related to our sampled complaints. Furthermore, in many of these 47 complaints, the services were not provided until months after the initial complaint—in 2 instances, the services were not provided for 16 months. For the remaining 62 complaints, DOHMH did not provide any evidence to substantiate that services were provided, inspections were rejected, or clean-ups were referred to the DSNY as it claimed. Consequently, we have no basis for altering our finding.

## **Missing Supervisory Sign-offs**

Our review of a sample of 149 complaints with failed inspections found that PCS records for 52 (35 percent) had no evidence that a PCS supervisor had reviewed and signed off on one or more documents associated with the complaints in accordance with DOHMH rules. PCS supervisors are required to review, approve, and sign off on the initial forms, the compliance inspection forms, and extermination and clean-up work orders in VRVSS to ensure that complaints are completely and adequately processed. In 1 complaint file reviewed in connection with the audit, there were 13 documents that were missing required signatures, including initial inspection forms, compliance inspection forms, and work orders. Of these, 8 documents were not signed by a supervisor and 4 of these were not signed by the staff. In total, the 52 complaints had 364 documents associated with them, of which 149 (41 percent) had not been signed by the appropriate PCS staff. The absence of supervisory sign-offs makes it difficult to determine whether the work was properly conducted by inspectors, whether it had

been reviewed, and whether it was followed up on in a timely manner. At the exit conference, DOHMH officials stated that complaints cannot move to the next stage in the process without supervisory review, however, they provided no evidence to support this.

## Recommendations

9. In connection with DOHMH's plan to revise its goal for the number of complaint-based inspections that will be given a supervisory review, we recommend that the new goal be based on analysis of DOHMH's past inspections as well as other relevant data and that it should reasonably ensure the quality of the staff inspections conducted. We further recommend that it not be based on the number of supervisors available to conduct these reviews.

**DOHMH Response:** "DOHMH agrees with this recommendation in principle and will develop a sound sampling scheme. It is unrealistic to suggest, however, that there is an optimal number of supervisory checks that would be independent of supervisory resources. We do not believe that a set percentage should be the sole factor in determining an appropriate number of supervisory checks."

10. DOHMH should strengthen its supervisory review process to ensure that the supervisory checks are conducted for inspections at or above the percentage specified in its procedures.

**DOHMH Response:** "DOHMH agrees with this recommendation in principle. As mentioned in the prior response, we do not believe that a set percentage should be the sole factor in determining an appropriate number of supervisory checks."

11. DOHMH should ensure that assessments are conducted when clean-ups are requested in order to determine whether clean-up is necessary.

**DOHMH Response:** "DOHMH partially agrees with this recommendation. An assessment is performed prior to a clean-up in order for a senior crew chief to determine if the site is appropriate for a clean-up. As stated above in the response to Finding 2, often additional inspections or exterminations can occur on properties that are awaiting assessment for clean-ups or clean-up work. During these new visits, DOHMH can determine that conditions have changed that obviate outstanding clean-up assessments or clean-ups. In these cases, it is not appropriate to conduct an assessment. DOHMH, however, will make an effort to improve documentation of follow-up work."

**Auditor Comment:** DOHMH does not indicate the portion of the recommendation to which it disagrees. Regarding this finding, there was no indication in VRVSS for the cited properties that the conditions that originally resulted in requests for clean-up assessments or clean-ups changed.

12. DOHMH should ensure that supervisors regularly review and approve inspection details and documents in VRVSS to ensure that all necessary actions are taken and all complaints are adequately processed.

**DOHMH Response:** “DOHMH does not agree with this recommendation because DOHMH already implemented this recommendation when the VRVSS (then known as PCTD) was developed in 2009. . . . The system is designed in such a way that no inspection or work order will go forward without a supervisors’ approval in the system. The documents missing signatures were all reviewed and approved by a supervisor. Due to a glitch in the data system the resulting printed documents were missing the electronic signature (e.g., the supervisor reviewed and approved the inspection, but their electronic signature was somehow deleted from the system). This glitch was corrected when the auditors reported their findings.”

**Auditor Comment:** Again, DOHMH’s claim that it already implemented this recommendation indicates that agency agrees in principle with the recommendation.

## DETAILED SCOPE AND METHODOLOGY

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. This audit was conducted in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The primary audit scope was July 1, 2011, through April 8, 2014.

To obtain an understanding of the regulations governing the City Health Codes related to the Pest Control Program, we reviewed the New York City Health Code Articles #1, #3, and #151 and New York City Administrative Code Title 17. To gain an understanding of PCS operations and its handling of the rodent complaints, we reviewed its policies and procedures including the *Complaint Operational Procedures*, *PCTD Training Manual*, *Pest Control Billing Procedure*, *Research Manual*, and *Vector Surveillance*. We also reviewed the most recent *Agency Biennial Report* (2007-2008), the 2004-2006 and 2009-2011 Triennial reports, prior audits relevant to the audit objectives and other relevant information from DOHMH's website on PCS.

To further our understanding of PCS operations, VRVSS, and the controls over the process significant to achieving our audit objectives, we conducted interviews and walk-throughs with DOHMH units and officials responsible for processing complaints, billing services and pest control services, and conducting field inspections. In addition, to gain an understanding of DOHMH's pest control programs and its approach to the management of the rodent population, we attended the New York City Rodent Academy courses and a Community Board meeting on rat prevention outreach.

To assess the reliability of the computer-processed data we received from PCS, we used the Audit Command Language (ACL) program and generated lists of gaps in the 2012 job identification numbers that were assigned to complaints and duplicate complaints, which were analyzed for discrepancies and unusual trends. We selected random samples of identified gaps to determine whether they were 311 complaints that were excluded from the data sent to us.

To determine whether PCS had adequate controls over the processing of rodent complaints received through 311 calls and was in compliance with its procedures, we randomly selected an initial sample of 150 complaints from a population of 10,620 rodent complaints for Fiscal Year 2012 that failed their initial inspection. We examined the corresponding information in VRVSS, including the job detail information, the inspection reports, the COTAs, the NOV's, the disposition notes, the work orders, the inspection detail history, the extermination and clean-up detail, when applicable, and the billing detail information.

To determine whether DOHMH accurately billed property owners for pest control-related services (failed compliance, exterminations, and clean-ups), we reconciled the amount billed to the billable hours for all sampled complaints. We also determined whether PCS supervisors approved and signed off on all pest control-related documents for the sampled complaints.

To determine whether PCS complied with pest control procedures and was accurately monitoring the pest control process, we examined 24,586 complaints received in Fiscal Year

2013. Using ACL, we sorted the entire population of inspections and generated listings of all inspection results by outcomes (no access, passed, unknown addresses, and insufficient time) and examined each category for unusual trends.

PCS received 24,586 complaints in Fiscal Year 2013. Of these, 620 could not be inspected because the block and lot number indicating the location of the complaint could not be identified, and 5,391 were not inspected because they were identified by VRVSS as being duplicate complaints. Of the remaining 18,575, we determined whether the initial and compliance inspections, when applicable, were conducted in a timely manner. In addition, we determined the timeliness of exterminations, clean-ups, and assessments.

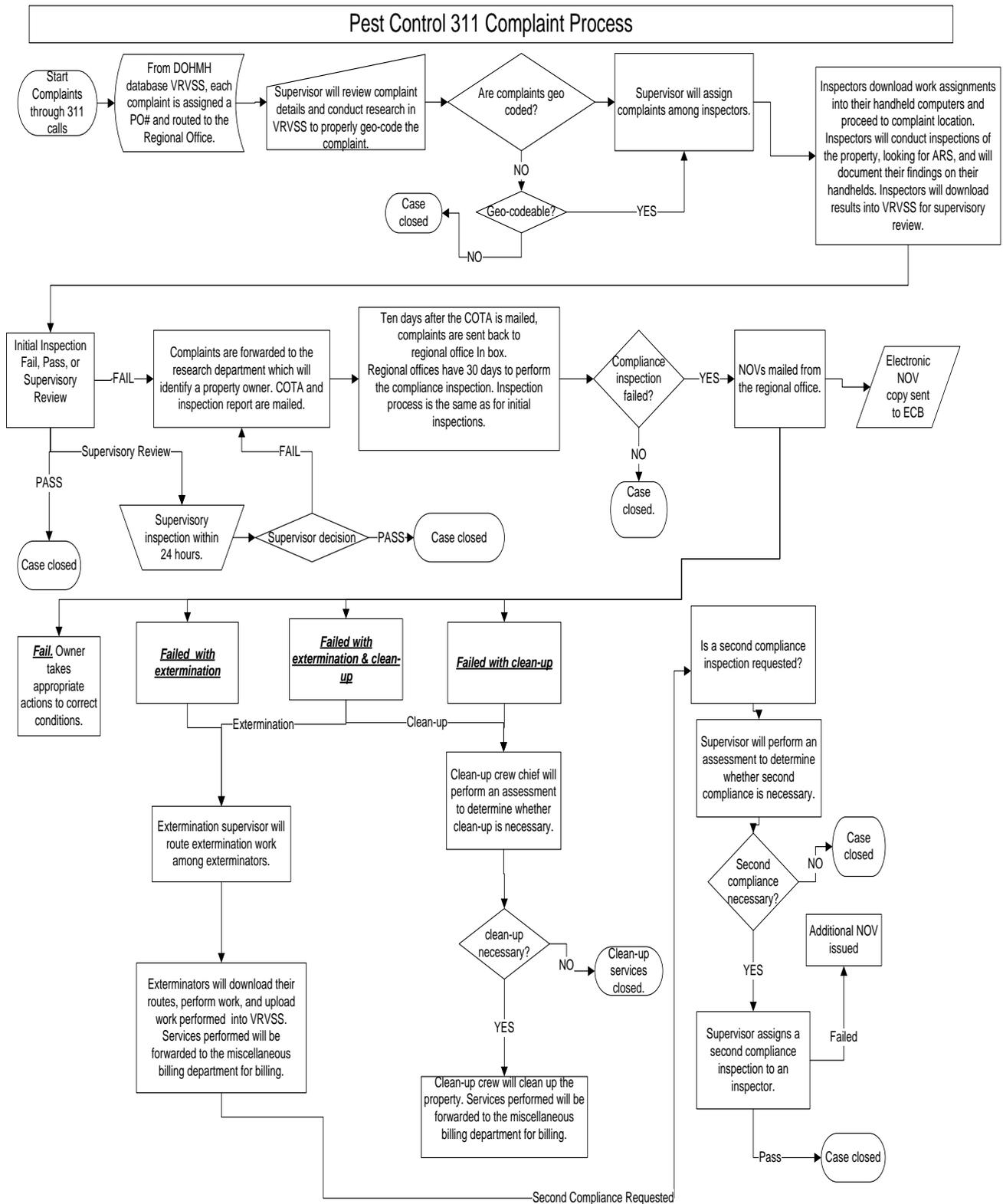
To determine whether PCS supervisors were adequately monitoring the inspections, we examined the 21,563 initial inspections (including 18,415 first attempts and 3,148 subsequent attempts) conducted and sorted them by inspector name, borough, and address to look for unusual trends by inspector or address. In addition, we reviewed the population of inspections without outcomes to determine why they did not have outcomes.

We examined the 391 inspections that were flagged for supervisory checks and the 249 inspections that were subject to assessments during Fiscal Year 2013 to determine whether the recommended supervisory checks and assessments were conducted.

To get an understanding of how inspectors conducted inspections, we observed 10 field inspectors (two from each of the five regional offices) conduct inspections. We observed the way in which handhelds were used to record the inspection results. We compared the inspection reports and the information recorded in VRVSS on those inspections to our observation notes.

We reviewed all Fiscal Year 2013 failed initial inspections to ensure that COTAs were issued and compliance inspections were conducted when required. In addition, we determined whether NOVs were issued for all failed compliance inspections. Further, in instances when exterminations were requested or clean-ups were requested and approved, we determined whether they were conducted.

The results of the above tests, while not statistically projected to their respective populations, provided a reasonable basis to determine whether DOHMH was adequately following its procedures for addressing pest control complaints.



APPENDIX II

Table of Recorded Inspection Times

#	Auditor's Start time	Start Time in VRVSS	Match*		Auditor's End time	End Time in VRVSS	Match*		If ANY of the times did not match, was the amount of time in VRVSS:			Auditor Total Time	VRVSS Total Time
			Yes	No			Yes	No	Greater	Less	N/A		
1	9:55 A.M.	9:52 A.M.	X		10:13 A.M.	10:15 A.M.	X				X	18	23
2	10:24 A.M.	10:25 A.M.	X		10:27 A.M.	10:26 A.M.	X				X	1	1
3	10:26 A.M.	10:26 A.M.	X		10:46 A.M.	10:46 A.M.	X				X	20	20
4	10:58 A.M.	10:59 A.M.	X		11:00 A.M.	11:04 A.M.	X				X	2	5
5	11:00 A.M.	11:05 A.M.	X		11:15 A.M.	11:17 A.M.	X				X	15	12
6	11:19 A.M.	11:18 A.M.	X		11:28 A.M.	11:28 A.M.	X				X	9	10
7	11:28 A.M.	11:29 A.M.	X		11:33 A.M.	11:39 A.M.		X	X			5	10
8	12:09 P.M.	11:40 A.M.		X	12:14 P.M.	12:00 P.M.	X	X				5	20
9	12:15 P.M.	1:31 P.M.	X		12:43 P.M.	2:31 P.M.	X	X				28	60
10	12:45 P.M.	1:00 P.M.	X		12:58 P.M.	1:30 P.M.	X	X				13	30
11	9:11 A.M.	9:10 A.M.	X		9:20 A.M.	9:20 A.M.	X				X	9	10
12	9:20 A.M.	9:20 A.M.	X		9:25 A.M.	9:25 A.M.	X				X	5	5
13	9:25 A.M.	9:25 A.M.	X		9:30 A.M.	9:30 A.M.	X				X	5	5
14	9:29 A.M.	9:30 A.M.	X		9:34 A.M.	9:35 A.M.	X				X	5	5
15	9:39 A.M.	9:40 A.M.	X		9:58 A.M.	10:00 A.M.	X				X	19	20
16	10:33 A.M.	9:45 A.M.		X	10:55 A.M.	10:35 A.M.		X	X			22	50
17	11:27 A.M.	11:05 A.M.		X	11:45 A.M.	11:35 A.M.		X	X			18	30
18	9:15 A.M.	9:15 A.M.	X		9:26 A.M.	9:40 A.M.	X	X				11	25
19	9:26 A.M.	9:42 A.M.		X	9:27 A.M.	10:05 A.M.	X	X				1	23
20	9:31 A.M.	10:17 A.M.		X	9:34 A.M.	10:25 A.M.	X	X				3	8
21	9:35 A.M.	10:27 A.M.		X	9:39 A.M.	10:50 A.M.	X	X				4	23
22	9:45 A.M.	11:05 A.M.		X	9:50 A.M.	11:15 A.M.	X	X				5	10
23	10:45 A.M.	11:00 A.M.	X		10:47 A.M.	11:20 A.M.	X	X				2	20
24	10:47 A.M.	11:21 A.M.	X		10:49 A.M.	11:35 A.M.	X	X				2	14
25	10:53 A.M.	11:36 A.M.	X		10:56 A.M.	11:50 A.M.	X	X				3	14
26	11:01 A.M.	1:13 P.M.	X		11:04 A.M.	1:30 P.M.	X	X				3	17
27	11:07 A.M.	1:31 P.M.	X		11:10 A.M.	1:50 P.M.	X	X				3	19
28	11:11 A.M.	1:51 P.M.	X		11:12 A.M.	2:07 P.M.	X	X				1	16
29	11:12 A.M.	2:08 P.M.	X		11:15 A.M.	2:25 P.M.	X	X				3	17
30	11:15 A.M.	2:25 P.M.		X	11:16 A.M.	2:40 P.M.		X	X			1	15
31	11:16 A.M.	2:41 P.M.		X	11:19 A.M.	3:00 P.M.	X	X				3	19
32	10:20 A.M.	10:20 A.M.	X		10:23 A.M.	10:35 A.M.	X	X				3	15
33	10:31 A.M.	10:35 A.M.	X		10:33 A.M.	10:45 A.M.	X	X				2	10
34	10:36 A.M.	10:45 A.M.		X	10:49 A.M.	11:00 A.M.	X	X				13	15
35	11:08 A.M.	11:10 A.M.	X		11:18 A.M.	11:20 A.M.	X				X	10	10
36	11:20 A.M.	11:20 A.M.	X		11:23 A.M.	11:25 A.M.	X				X	3	5
37	11:28 A.M.	11:35 A.M.		X	11:35 A.M.	11:45 A.M.	X	X				7	15
38	11:44 A.M.	11:50 A.M.	X		12:01 P.M.	12:00 P.M.	X			X		17	10
39	12:33 P.M.	12:31 P.M.	X		12:40 P.M.	12:42 P.M.	X				X	7	11
40	1:00 P.M.	12:57 P.M.	X		1:17 P.M.	1:25 P.M.	X	X				17	28
41	1:00 P.M.	12:57 P.M.	X		1:17 P.M.	1:25 P.M.	X	X				17	28
42	9:50 A.M.	9:20 A.M.		X	9:57 A.M.	9:35 A.M.	X	X				7	15
43	9:57 A.M.	9:35 A.M.		X	9:58 A.M.	9:50 A.M.	X	X				1	15
44	9:58 A.M.	9:55 A.M.	X		10:00 A.M.	10:10 A.M.	X	X				2	15
45	10:00 A.M.	10:10 A.M.		X	10:01 A.M.	10:30 A.M.	X	X				1	20
46	10:02 A.M.	10:30 A.M.		X	10:07 A.M.	11:00 A.M.	X	X				5	30
47	11:32 A.M.	12:35 P.M.	X		11:40 A.M.	12:50 P.M.	X	X				8	15
48	11:40 A.M.	12:50 P.M.	X		11:47 A.M.	1:15 P.M.	X	X				7	25
49	11:48 A.M.	1:15 P.M.		X	11:54 A.M.	1:40 P.M.	X	X				6	25
50	11:55 A.M.	1:40 P.M.		X	12:00 P.M.	2:10 P.M.	X	X				5	30
			21	29			15	35	35	1	14	8	18
												<b>Average Time</b>	

\* Allowing for a +/- 5 minute variation in time.



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH

*Commissioner*

ADDENDUM  
Page 1 of 10

**Oxiris Barbot, M.D.**  
First Deputy Commissioner  
[obarbot@health.nyc.gov](mailto:obarbot@health.nyc.gov)

**Gotham Center**  
42-09 28<sup>th</sup> Street  
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September 30, 2014

Marjorie Landa  
Deputy Comptroller for Audit  
Office of the New York City Comptroller  
1 Centre Street, Room 1100  
New York, NY 10007-2341

Re: Audit Report on the Department  
of Health and Mental Hygiene's  
Response and Follow-up to Pest  
Control Complaints  
Audit Number MH13-101A

Dear Deputy Comptroller Landa:

The NYC Department of Health and Mental Hygiene (DOHMH) reviewed the draft report on the response and follow-up to Pest Control Complaints issued on 9/16/2014. The objective was to determine whether DOHMH adequately followed its procedures for addressing pest control complaints.

DOHMH strongly disagrees with the auditors assessments and believes that the auditors reached incorrect conclusions because they focused only on complaints while ignoring non-complaint based inspections. The attached response details DOHMH's position in regards to the auditors' findings and recommendations.

We appreciate the efforts and professionalism of your staff during the audit. If you have any question, please contact Sara Packman, Assistant Commissioner for Audit Services at (347) 396-6679.

Sincerely,

A handwritten signature in black ink that reads "Oxiris Barbot".

Oxiris Barbot, M.D.

cc:

Mary T. Bassett, M.D., MPH, Commissioner, DOHMH

Daniel Kass, MSPH, Deputy Commissioner, Environmental Health, DOHMH

Sara Packman, Assistant Commissioner, Audit Services, DOHMH

Mario Merlino, Assistant Commissioner, Veterinary and Pest Control Services, DOHMH

George Davis, Director, Mayor's Office of Operations

Attachments:

**RESPONSE TO THE NEW YORK CITY COMPTROLLER'S AUDIT OF  
THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S RESPONSE AND  
FOLLOW-UP TO PEST CONTROL COMPLAINTS  
AUDIT NUMBER MD13-101A**

The Department of Health and Mental Hygiene (DOHMH) reviewed the draft report on the DOHMH's response and follow-up to pest control complaints and thanks the auditors for the opportunity to respond. The objective of the audit was to determine whether DOHMH adequately followed its procedures for addressing pest control complaints. The scope of the audit was July 1, 2011 through April 8, 2014.

The audit concludes that DOHMH did not adequately follow its procedures for addressing pest control complaints. The auditors state that (i) incorrect information was entered in Pest Control Services database known as VRVSS; (ii) inspections and follow-up activities were not timely performed, if at all; and (iii) complaints were closed prematurely. The auditors attribute the above findings to inadequate oversight of Pest Control Services (PCS) complaint

DOHMH strongly disagrees with the auditors' assessment and believes that the auditors reached their incorrect conclusions because (i) the auditors focused only on complaints while ignoring non-complaint based inspections which account for more than 85 percent<sup>1</sup> of the inspections done by PCS; and (ii) the auditors failed to incorporate the fact that PCS coordinates the scheduling and conduct of complaint-based and non-complaint based inspections (known as proactive inspections which include "indexing" and "geographic" inspection types). By conducting inspections in this manner, PCS ensures that properties are not inspected multiple times in a short time period, and multiple field-work (exterminations, clean-ups) job tickets for individual properties are not open at the same time. In many cases, what the auditors cite as a lack of follow-up on complaints are often cases that are closed because non-complaint based work has begun on a property.

The auditors fail to include in the Background section or in the body of the report that in FY2013 PCS performed over 120,000 annual inspections (approximately 100,000 initial inspections plus 20,000 compliance inspections), extermination and clean-up work that generated from both complaint and non-complaint based sources, proactive "indexing" and "geographic" inspection types that are directed by DOHMH to neighborhoods with more severe rat conditions. The 311 complaint inspections that originated from the public (the focus of the audit) represent only 15 percent of the 100,000 initial inspections conducted by PCS in FY2013. The auditors fail to acknowledge that the system PCS adopted to coordinate complaint response and proactive inspections increases the efficiency in the use and deployment of staff resources, promotes more effective response to rat conditions in communities, and results in improved interactions with property owners.

The auditors also fail to note DOHMH's extensive outreach and education programs in which DOHMH provides (i) free "Rat Academy" training events to the community, and (ii) free technical assessments and recommendations to property owners and neighborhood organizations. In addition, the auditors don't mention DOHMH's print and web outreach materials like the Rat Information Portal that gives user up-to-date access to inspection results, and provides property owners and professional exterminators with detailed guidance on how to assess and address rat problems.

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<sup>1</sup>. In FY2013, PCS conducted 99,170 initial inspections, of which 14,851 were 311 complaint based inspections. In FY2012, PCS conducted 128,482 initial inspections, of which 13,315 were 311 complaint based inspections.

DOHMH disagrees with the auditor's assessment that Super Storm Sandy did not increase complaint response times and did not affect DOHMH's ability to address complaints in areas affected by Sandy with conventional inspections. DOHMH provided the auditors with documentation showing that in the storm's aftermath, DOHMH could not conduct routine inspections, exterminations, and clean-ups for three weeks because staff were diverted to storm recovery tasks that included surveying flooded areas for active rodent signs. DOHMH provided the auditors with an analysis of the compliance inspection and extermination by months. The analysis demonstrated a significant spike in compliance inspections delays in December of 2012 following Super Storm Sandy which has subsequently resulted in delays of timely exterminations in later months (Jan, Feb and March of 2013). DOHMH also shared with the auditors a protocol for Sandy impacted areas that is in use to this day. DOHMH sought to provide help to storm-affected property owners without the threat of financial penalty. In order to operationalize penalty-free inspections, the protocol called for closing out all existing complaints and inspections in the affected areas. Instead, DOHMH conducted surveys in these areas, informed in part by the complaints that were treated as a different type of inspection that would not result in violations being issued to property owners and allowed DOHMH to bait any property with Active Rodent Signs (ARS) without billing the owner. In 2014, this protocol was modified to allow violations to be issued, but property owners were allowed 40 days (instead of the 10 days allowed normally) to correct violations.

DOHMH provided data to the auditors that showed that these issues were the cause of many specific complaints that were completed outside the 10 day target window and were mostly the cause of specific complaints that did not receive an inspection after Super Storm Sandy. As stated, these properties were surveyed in the storm's aftermath, but the complaint record does not show the inspection result because DOHMH did not want to burden property owners with violations after the storm. In addition, the debris generated by the storm had to be cleared, a process that took many months. It would not have been appropriate to issue violations based on normal complaint response for harborage or garbage violations. It should be noted that DOHMH applied bait without charge to properties that had rats as a service to storm-ravaged communities.

The following is DOHMH's detailed response to the auditors' findings and recommendations.

***Finding 1: Deficiencies in Pest Control Efforts***

The auditors state that inspection results were incorrectly recorded in VRVSS for three of the 50 inspections that they had accompanied and that the inspectors did not correctly note the amount of time spent on individual inspections. The auditors also state that the handhelds computers were not used by eight of the 10 inspectors accompanied by the auditors during their inspection.

Auditor's Recommendation

1. DOHMH should ensure that all inspectors use the handhelds to enter results in real time while conducting the inspections to improve the reliability of the information entered into VRVSS and to accurately account for their time.

DOHMH Response:

DOHMH partially agrees. DOHMH is working to address deficiencies in our handhelds (i.e., laptops) that prevent the inspectors from using them consistently. We also recognize that issues, primarily rain and other weather-related conditions, sometimes prevent inspectors from utilizing the handhelds during

the inspections themselves. For example, during one of the days that the auditors accompanied DOHMH inspectors (November 13, 2013), there were frigid temperatures. On this same day, it was the NYC Comptroller's auditors who incorrectly recorded inspector findings, leading them to mistake a "no access" result for a failed inspection. Subsequently, on November 25, 2013, a second inspection was performed on this property which resulted in rat findings. Recognizing that real time data entry is sometime difficult or nearly impossible, we plan to update our protocol to require that all work be entered into the handheld on the same day that inspections are completed.

***Finding 2: Weaknesses in the Delivery of Pest Control Services Responding to Complaints.***

The auditors state that initial and compliance inspections were not consistently performed in a timely manner. The auditors also state that PCS does not have established timeframes within which exterminations and clean-ups should be performed, complaints were closed prematurely and there was no follow-up for certain failed inspections.

DOHMH Response:

DOHMH disagrees with the auditors' assessment that initial and compliance inspections were not consistently performed in a timely manner. The auditors attempt to make their case by highlighting the frequency distribution of the timeliness of initial and compliance inspections resulting from complaints (Tables I and II), extermination and clean-up (Tables III and IV) that are outside PCS' performance targets. The auditors fail to mention that the average time to inspect for both initial and compliance inspections are within PCS' established targets as follows:

- To perform initial inspection within an **average** of 10 business days from receipt of rodent complaint;
- To perform compliance inspection within **an average** of 30 days from the property owner's receipt of the Commissioner's Order to Abate (COTA). We allow 9 days for mailing.

In working with the 311 Program and the Mayor's Office, DOHMH has always tracked the time between the receipt of a complaint and the initial inspection. In the final FY2014 Mayor's Management Report (MMR), DOHMH's target is to respond to 70% of the rodent 311 complaints within 14 days. This is comparable to the auditor's analysis which used 10 business days (excluding weekends) as the standard. According to the latest MMR report, DOHMH has exceeded the Mayor's Office assigned target in each of the last 4 fiscal years (FY2011 through FY2014) presented in the report.<sup>2</sup> Table I in the auditors' report shows that 75% of all complaints received were responded to in less than 10 days and 95% were responded to in less than 30 days.

The auditors do not acknowledge or seem to incorporate in their assessment the importance of managing a program efficiently. It is not appropriate for every single response to be managed within a very narrow time window. The program strives to use staff resources efficiently by (i) routing multiple inspections in close proximity on any given day; (ii) conducting inspections that are nearby in a short timeframe to support simultaneous responses by property owners following discovery of rodent conditions; and (iii) not repeatedly and unnecessarily diverting staff from proactive inspections in higher rat activity areas.

<sup>2</sup> MMR is the City's charter-mandated management reporting tool. The DOHMH section of the FY2014 Mayor's Management Report is a public document available on-line at <http://www.nyc.gov/html/ops/downloads/pdf/mmr2014/dohmh.pdf>

From the auditors' own frequency distribution of the timeliness of compliance inspections (Table II), DOHMH calculated that on a weighted average, it took 33 days to conduct a compliance inspection after a Commissioner's Order to Abate (COTA) was mailed. This is well under the 39 day target mentioned by the auditors.

The auditors' frequency distribution of the timeliness of extermination (Table III) is also misleading. DOHMH reviewed 16 jobs chosen as examples of very late work (more than 6 weeks after the compliance inspection) and found that more than half had been baited in an appropriate time-frame under one of the 'proactive' programs.

With regard to clean-ups, the frequency of distribution of the timeliness of clean-ups (Table IV) is also misleading. Clean-ups are requested after a property fails a compliance inspection. The figure implies that properties that are recommended for clean-up by inspectors are always cleaned. This is not the case. There is a three stage process to determine whether a property will be scheduled for a clean-up: first, an assessment for access and safety is done by the lot cleaning crew chief to determination if a clean-up is needed. Second, due to limited resources DOHMH assesses the availability of clean-up crews in that particular borough. Third, if no resources are available, it is referred to the Department of Sanitation ("DSNY"). DOHMH's analysis indicates that the timeliness of many of the clean-up jobs was affected by Super Storm Sandy.

DOHMH disagrees with the auditors' position that DOHMH (we) did not provide any support or adequate evidence to support our claims relevant to the auditors' findings. Specifically,

- The auditors state that DOHMH provided no evidence that an initial inspection was conducted in 4 of fourteen complaints that had an open status (page 7). We provided the auditors with detailed information concerning these 4 inspections on June 12, 2014. The auditors did not request any additional documentation.
- The auditors state that our evidence did not support the fact that sometimes multiple Job Tickets (JT) were open on one property resulting in some JT's being closed to minimize duplication of efforts (Page 9). We provided the auditors with detailed documentation of these examples on June 12, 2014. The auditors did not request any additional documentation.
- The auditors did not accept DOHMH's supporting evidence that additional 124 complaints had some follow-up remediation work or inspections performed (Page 10). On June 12, 2014, we provided the auditors with detailed information of subsequent remediation work or inspections on those properties such as job ID, outcome of the compliance inspection, follow up notes and screen shots (where applicable). The auditors did not request any additional documentation.

Auditors' Recommendations and DOHMH Response:

2. DOHMH should periodically generate aging reports to identify complaints that are pending too long to help ensure that initial and compliance inspections are performed in a more timely manner.

DOHMH Response:

DOHMH does not agree with this recommendation because it was implemented prior to the audit. PCS has a "pending list" for all field work that was developed and implemented in April, 2010. This report is available to all PCS managers and supervisors and is reviewed weekly in Manager's Meetings. Starting in 2013, a Director of Quality Assurance (QA) was hired by PCS to manage the "pending lists" work

and coordinate reduction of backlogs with each regional office. PCS also has a 311 complaint pending list implemented in May, 2010 that is also available to managers to review and identify priority jobs and neighborhoods for routing. DOHMH furnished a list of all management reports to the auditors on March 13, 2013 which included the pending list referenced above. No further documentation was requested by the auditors.

3. DOHMH should establish timeliness measures for conducting exterminations, clean-ups, and supervisory assessments.

DOHMH Response:

DOHMH agrees. PCS is working to update the protocol with target turnaround times for all field work, including exterminations, assessments and clean-ups.

4. DOHMH should improve controls over pest control processes to ensure that all requested exterminations and approved clean-ups are conducted.

DOHMH Response:

DOHMH partially agrees with this recommendation. A doctoral-trained Rodentologist trained all DOHMH's extermination staff in best practices on identifying and treating rat infestation. Not all properties that are scheduled for extermination ultimately need baiting as owners may remediate on their own, and conditions may change. Unless the exterminator observes rat activity DOHMH does not bait properties, nor can DOHMH do so under New York State pesticide application law. DOHMH ensures that all properties that need extermination are treated appropriately.

It should be noted that DOHMH has limited capacity to conduct lot cleaning. PCS cleans about 150 properties a year and recently began referring assessments and clean-ups pending in the system to DSNY for inspection and clean-up. Not all properties that are referred for cleaning go un-remediated by their owners over time, and others will be evaluated by DSNY for appropriate actions.

5. DOHMH should review complaints for which requested exterminations and approved clean-ups were not conducted and take action accordingly.

DOHMH Response:

DOHMH partially agrees with this recommendation. As mentioned above, our managers currently review all exterminations and clean-ups pending in the system to determine appropriate action and follow-up. Our Director of QA also works with each regional office to ensure that work is completed. In 2013, we formalized a process with DSNY whereby we pull assessments that are pending in our queue and refer them to DSNY for inspection and clean-up, if needed. This partnership between DOHMH and DSNY has furthered our ability to ensure that clean-up occurs for more properties. DOHMH, however, will make an effort to improve documentation of our review of pending works in the system.

6. DOHMH should modify its process to ensure that complaints are not closed after only one no access attempt because the procedures require making two attempts.

DOHMH Response:

DOHMH does not agree with this recommendation because this recommendation has already been implemented. Jobs closed after only one "no access" attempt were occurring because two inspectors needed to be re-trained. After the initial findings of the auditors were shared in 2013, DOHMH provided additional training to these two inspectors that were making this error and corrected this issue.

7. For those properties in which the addresses are recorded as "unknown" in VRVSS, DOHMH should use supplemental information included in the complaint when possible to identify the address. That information should be entered in VRVSS.

DOHMH Response:

DOHMH does not agree with this recommendation because DOHMH already implemented this procedure in August of 2010. In fact, DOHMH provided training to regional office staff on how to geocode addresses to support property lookups. This training is also posted in our online HELP tool and was shared with the auditors. DOHMH allocates time in the office to geocode properties with unknown addresses so that they can be appropriately routed. However, not all complaints have enough information to geocode, and as a result these cases must be closed. In 2013, DOHMH further updated VRVSS to make it easier to geocode properties without a street address by allowing staff to enter block and lot information.

8. DOHMH should ensure that COTAs are issued for properties that failed inspections where addresses in VRVSS were recorded as "unknown."

DOHMH Response:

DOHMH disagrees with this recommendation. Over 95% of all properties receive a COTA if warranted. PCS cannot always identify ownership of a property; however this happens for an extremely small percentage of properties. PCS continues to work with all available data sets to identify property information so that owners can be correctly identified and notified of rodent related conditions on their property.

***Finding 3: Inadequate Supervisory Review Process***

The auditors state that PCS conducted fewer supervisory checks on its inspector's work than the 5% goal set by PCS. The auditors determined that 1,438 of 28,762 inspection conducted during FY 2013 should have received supervisory checks and only 391 or 1.4 percent of the total inspections actually received supervisory checks.

The auditors also state that they found no indication in VRVSS that assessments were conducted in 171 (44%) of the 386 instances where inspectors requested clean-up services during FY2013. In addition, in a sample of 149 complaints with failed inspections, the auditors found 52 (35%) to have missing supervisory sign off.

DOHMH Response:

DOHMH strongly disagrees with the auditors' assessment that stems from a singular focus on follow-up to complaints without giving consideration to PCS' objective and overall approach to oversight. A field-based supervisory check is only one element of oversight and is a mean by which the inspection itself and its findings are evaluated. DOHMH uses advanced analytics and reporting to track the work of inspectors and evaluate quality. A Director of QA was hired in 2013 to review data with managers in PCS and to identify areas for improvement. Managers have access to a number of supervisory reports that allow them to assess productivity and view trends in inspector activity. In addition, DOHMH hired a doctoral trained Rodentologist in November 2007 to provide staff training in Pest Control best practices. DOHMH provides training to all of our field staff at least twice a year both in the class room and in the field.

The auditors assessed supervisory-checks related to complaints without considering supervisory checks that are done for the 85% of the 100,000 initial inspections that are not complaint generated. In addition, the auditors reviewed the work of 9 inspectors and state "2 of 9 inspectors whose work was reviewed... never had supervisory checks conducted of any of their inspections...<sup>3</sup>". Our review of the two inspectors noted that 1 inspector was actually a supervisor and would not have been subject to supervisory check. The other inspector left DOHMH in 2013 and had supervisory checks in FY2012.

The auditors support their conclusion on PCS's inadequate supervisory review process by stating that PCS failed to conduct assessments for some properties with serious rodent conditions. As previously stated, an assessment is performed prior to a clean-up in order for a senior crew chief to determine if the site is appropriate for a clean-up. These assessments are not part of any supervisory review process.

In the VRVSS system, supervisory sign-off occurs for every DOHMH inspection. In fact, no job can proceed to the next step in VRVSS without approval by a supervisor. Every one of the 52 jobs that the auditors found to have missing supervisory sign-off was reviewed and approved by the supervisor. The issue that was identified by the auditors was that one of the supervisors in the Queens office was missing her electronic signature in the system. This issue has been corrected.

Auditors' Recommendations and DOHMH's Response:

9. In connection with DOHMH's plan to revise its goal for the number of complaint-based inspections that will be given a supervisory check, we recommend that the new goal be based on analysis of DOHMH's past inspections as well as other relevant data and that it should reasonably ensure the quality of the staff inspections conducted. We further recommend that it not be based on the number of supervisors available to conduct these reviews.

DOHMH Response:

DOHMH agrees with this recommendation in principle and will develop a sound sampling scheme. It is unrealistic to suggest, however, that there is an optimal number of supervisory checks that would be independent of supervisory resources. We do not believe that a set percentage should be the sole factor in determining an appropriate number of supervisory checks.

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<sup>3</sup> Page 12 of the draft audit report of DOHMH's Response and Follow-up to Pest Control Complaints

10. DOHMH should strengthen its supervisory review process to ensure that the supervisory checks are conducted for inspections at or above the percentage specified in its procedures.

DOHMH Response:

DOHMH agrees with this recommendation in principle. As mentioned in the prior response, we do not believe that a set percentage should be the sole factor in determining an appropriate number of supervisory checks.

11. DOHMH should ensure that assessments are conducted when clean-ups are requested in order to determine whether a clean-up is necessary.

DOHMH's Response:

DOHMH partially agrees with this recommendation. An assessment is performed prior to a clean-up in order for a senior crew chief to determine if the site is appropriate for a clean-up. As stated above in the response to Finding 2, often additional inspections or exterminations can occur on properties that are awaiting assessment for clean-ups or clean-up work. During these new visits, DOHMH can determine that conditions have changed that obviate outstanding clean-up assessments or clean-ups. In these cases, it is not appropriate to conduct an assessment. DOHMH, however, will make an effort to improve documentation of follow-up work.

12. DOHMH should ensure that supervisors regularly review and approve inspection details and documents in VRVSS to ensure that all necessary actions are taken and all complaints are adequately processed.

DOHMH's Response:

DOHMH does not agree with this recommendation because DOHMH already implemented this recommendation when the VRVSS (then known as PCTD) was developed in 2009. A supervisor reviews and approves every inspection and work order in the system prior to the creation of any document. The system is designed in such a way that no inspection or work order will go forward without a supervisors' approval in the system. The documents missing signatures were all reviewed and approved by a supervisor. Due to a glitch in the data system the resulting printed documents were missing the electronic signature (e.g., the supervisor reviewed and approved the inspection, but their electronic signature was somehow deleted from the system). This glitch was corrected when the auditors reported their findings.