

OFFICE OF THE CITY AUDITOR

AUDIT OF THE ENVIRONMENTAL AND HEALTH SERVICES MANAGEMENT CONTROLS



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March 31, 2006

Memorandum



CITY OF DALLAS

March 31, 2006

Honorable Mayor and Members of the City Council
City of Dallas

We performed an audit of the Department of Environmental and Health Services (EHS) Management Controls. This audit was conducted under the authority of Chapter IX, Section 3 of the Dallas Charter and in accordance with the Annual Audit Plan approved by the City Council. Our audit period was October 1, 2002, through December 31, 2005.

As a result of our review, we determined that EHS' management controls in some areas appear adequate based on its defined missions, goals, objectives, and the laws and regulations applicable to each program identified. However, we noted other areas in service planning and delivery that need improvement to address:

- The use of a strategic approach to enhance department effectiveness including an assessment of health issues pertaining to the City of Dallas that is used for funding considerations.
- The internal controls over some cash handling operations and to correct concerns reported in prior audits.
- Compliance with rules and regulations pertaining to hiring personnel and ensure that employees are currently certified for those jobs which require certification.
- Timely information reporting for decision making.

Our concerns are addressed in the Opportunities for Improvement Section of this report.

We appreciate the cooperation of City staff during our examination.

Paul T. Garner
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Assistant City Auditor

c: Mary K. Suhm, City Manager

AUDIT OF THE ENVIRONMENTAL AND HEALTH SERVICES MANAGEMENT CONTROLS

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EXECUTIVE SUMMARY

We performed an audit of the Department of Environmental and Health Services Management Controls. Our audit period was October 1, 2002, through December 31, 2005.

Our opportunities for improvements are summarized below:

- EHS internal controls over program results need improvement.
 - EHS does not use a strategic approach to enhance department effectiveness.
 - EHS' planning efforts do not adequately identify health issues that warrant funding considerations.
- Internal controls over some EHS cash handling operations do not ensure/enforce staff accountability.
- All EHS sanitarians are not currently licensed.
- EHS did not follow Civil Service hiring procedures in filling a manager position.
- The City Code was not promptly updated to comply with Texas Food Establishment Rules.

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Authorization

We have completed a performance audit of the management controls of the Department of Environmental and Health Services (EHS). We conducted this audit under the authority of Chapter IX, Section 3 of the Dallas City Charter and in accordance with the Annual Audit Plan approved by City Council.

Scope and Methodology

We performed our audit in accordance with generally accepted government auditing standards and included inquiries, tests of the accounting and related records, and other audit procedures that we considered necessary in the circumstances. Our audit period was October 1, 2002, through December 31, 2005. However, we also reviewed certain related procedures, events, and matters occurring before and after this period.

Our audit objectives were to determine whether EHS has management controls to reasonably ensure that:

- Programs are achieving their intended results.
- Resources are used consistent with agency mission.
- Programs and resources are protected from waste, fraud, and mismanagement.
- Laws and regulations are followed.
- Reliable and timely information is obtained, maintained, reported, and used for decision making.
- Prior audit recommendations were implemented.

During the audit it was not feasible to review all the programs/services provided by EHS in order to satisfy our audit objectives. Thus, based on factors such as budgeted revenues and expenditures; prior audit issues; organizational changes as well as other factors; our audit primarily focused on five programs/areas. These program/services included Food Protection, Contracts and Grants, Community Centers, Public Health, and Administration. The budgeted expenditures for these programs/services represent 77 percent of the total proposed General Fund budget for EHS for FY 2004-2005. Our audit focused on assessing the adequacy of management controls with respect to these programs/services. We performed limited tests to ensure that the controls were functioning as intended. We also sought to identify opportunities to improve the current management control system.

We did not evaluate or assess Management Focus, a software tool developed during FY 2004-2005 by the Department of Communication and Information Services (CIS). Management Focus is intended to track actual performance against established targets for each service.

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To develop our understanding of relevant control structures, we:

- Interviewed EHS management and employees, as well as employees with Dallas County Public Health Department.
- Met with a City Councilmember and discussed issues/concerns specific to EHS.
- Reviewed policies, procedures, organizational charts, and other departmental documentation.
- Obtained and reviewed briefings to the Health, Environment and Human Services Committee.
- Reviewed federal, State, and local regulations pertaining to food handling and restaurant inspections.
- Reviewed selected employee information.
- Contacted other cities.

Overall Conclusion

Based on the procedures performed, management controls appear to be working in the following areas:

- EHS missions, goals and objectives are defined and laws and regulations applicable to each program are identified.
- The continued cooperative efforts between the City and the County seem to maximize the utilization of limited program resources.

However, as a result of the review we noted areas in service planning and delivery that need improvement to address:

- The use of a strategic approach to enhance department effectiveness including an assessment of health issues pertaining to the City of Dallas that is used for funding considerations.
- The internal controls over some cash handling operations and to correct concerns reported in prior audits.
- Compliance with rules and regulations pertaining to hiring personnel and ensure that employees are currently certified for those jobs which require certification.
- Timely information reporting for decision making.

Specific issues are discussed in the Opportunities for Improvement section of this report.

Background

The Federal Government Office of Management and Budget (OMB) Circular A-123, Section II states “Management Controls are the organization, policies, and procedures used by agencies to reasonably ensure that (i) programs achieve their intended results; (ii) resources are used consistent with agency mission; (iii) programs and resources are protected from waste, fraud, and mismanagement; (iv) laws and regulations are

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followed; and (v) reliable and timely information is obtained, maintained, reported and used for decision making.”

During the audit of EHS we considered and applied these components/factors/elements. EHS mission is “To provide quality, health, environmental and social services that are responsive to the needs of the community, now and in the future.” For FY 2004-2005, EHS’ adopted operating budget is summarized below:

Description	Amount	Full-Time Equivalents (FTEs)
General Fund	\$13,399,314	210.4
Additional Operating Resources	\$19,927,424	223.5

In addition to the General Fund, EHS receives operating resources from federal, state, private grants, and specified trusts. EHS operates 13 programs comprised of 44 services that are funded by the General Fund. Two additional programs, Child Care and Women, Infants, and Children (WIC) are 100 percent grant funded.

All EHS programs are intended to ensure that citizens have access to needed health and human services and to promote self-sufficiency, especially among the disadvantaged. In addition to traditional public health services such as restaurant inspection, air pollution control, immunizations, mosquito control, and health education, the Department administers a wide range of programs designed to enable citizens to make informed decisions and achieve and maintain an improved quality of life. Services are provided to all age groups - from premature infants to senior citizens - and are geographically located in areas of greatest need. Additionally, EHS staff provides oversight for grants and city funds allocated to community-based organizations for a variety of needs.

Most of EHS programs have been offered long term. New programs may be identified and added based on identified community needs and new funding sources. The department considers whether the program it offers overlaps with programs offered by Dallas County. Although the City of Dallas EHS and Dallas County Health and Human Services (DCHHS) generally plan and operate their programs separately, there are areas of contractual and informal cooperation to benefit from the expertise of Dallas County, leverage limited resources, and avoid duplication of efforts.

EHS Administration includes the Director who reports to an Assistant City Manager, and two Assistant Directors who report to the Director. Program Managers are assigned to the various EHS programs/services. Employees assigned to the various programs/services report to assigned Program Managers who report to the designated Assistant Director (AD).

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During our audit, we identified certain policies, procedures, and practices that can be improved. Our audit was not designed or intended to be a detailed study of every relevant system, procedure, and transaction. Accordingly, the opportunities for improvement presented in this report may not be all-inclusive of areas where improvements may be needed.

1. EHS internal controls over program results need improvement.

A. EHS does not use a strategic approach to enhance department effectiveness.

EHS' program results are measured on the basis of outputs which are activity based and do not evaluate program effectiveness/impact. To more meaningfully measure program impact, EHS' program activities should be based on outcomes. This would entail activities being measured based on results and not on the processes of providing services. Programs based on outcomes should include the following key steps:

- Choosing the desired outcome/result. This can be achieved by researching relevant literature or by a community consensus, or a combination of both.
- Identifying appropriate indicators to measure the chosen outcome. The chosen indicator should be readily available and several indicators may be necessary for each outcome.
- Developing a baseline measurement for each indicator. A baseline measurement is established at a starting point and will also be used later as a basis for comparing data for program activities.
- Identifying activities that might impact target indicators. This may be accomplished by researching relevant literature as well as using available program data.
- Monitoring results to assess the performance of the program.

Although EHS mission, goals, and objectives are defined, other components such as outcome measures, strategies, etc., are not as clearly defined. Based on EHS' mission and the programs provided to the public by the department, the programs appear to align with the mission. EHS uses an assortment of resources, such as Dallas City Code, Texas Commission on Environmental Quality, Public Hearings, United Way Community Needs Assessment, etc., to assess EHS programs.

EHS also prioritizes each program based on weighted criteria such as whether:

- There is a legal mandate to provide the service.
- The service generates revenues or leverages 100 per cent of the cost.
- The service is required by charter.
- The service is provided to the entire city.
- Other criteria.

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A strategic approach to determine outcomes involves developing the department's mission, external/internal assessments, goals, objectives, outcome measures, strategies, output measures, efficiency measures and explanatory measures.

Without using a strategic approach, there is no assurance that Dallas' policy makers have relevant information to make budgetary decisions to adequately address EHS program needs.

B. EHS' planning efforts do not adequately identify health issues that warrant funding considerations.

EHS has not conducted an independent analysis and assessment of the specific health issues to determine whether additional funding is needed to improve program services effectiveness. As mentioned above, EHS relies upon Public Health needs assessments provided by external sources. However, EHS has not conducted an independent analysis and assessment of the public health issues, specific to the City of Dallas (COD), to determine whether additional funding is needed to improve programs/services effectiveness. A needs assessment is defined as a systematic set of procedures undertaken for the purpose of setting priorities and making decisions about program or organizational improvement and allocation of resources.

EHS, to the best of our knowledge, has not done an independent epidemiological study for the COD. An epidemiological study investigates the factors determining and influencing the frequency and distribution of disease, injury and other health-related events and their causes in a defined human population.

Planning efforts used to identify and address public health issues should include:

- Having/Developing a mechanism to identify the public health issues facing the COD.
- Including/Identifying the public health issues which are provided by the different governmental and private entities.
- Determining/Identifying the gaps in public health issues that are not provided by external providers.
- Prioritizing the public health issues resulting from the gap analysis.
- Identifying other public health issues.
- Providing the results of this analysis to the decision policy makers for funding considerations.

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This analysis can be illustrated as follows.

Public Health Issues	Providers				
	Federal*	State*	County*	City*	Other Private*
Infant Mortality	✓	✓			
Obesity					
Child Immunizations			✓	✓	
Chronic Illnesses					✓

* Information included for illustrative purposes only. Does not reflect actual level of services provided.

As illustrated above, obesity may be an indicator where there is a gap in funding for this public health issue. Additional information would be needed to actually determine levels of service provided and funding available.

Without using a mechanism to analyze and communicate COD public health issues, there is no assurance that Dallas' policy makers have relevant information on public health issues to make budgetary decisions.

We Recommend the Director of the Department of Environmental Health Services:

- A. Develop a methodology to measure outcomes based upon funding.
- B. Conduct an independent analysis and assessment of the public health needs for the citizens of Dallas annually; and
Provide this assessment, via a model, to the policy makers for consideration during the budgetary decision making process.

Management's Response:

- A. Beginning in FY 04-05 and under the direction of the City Manager, all City departments, including EHS, developed and implemented a performance measurement system that included indicators for program inputs, outputs, efficiency, and effectiveness, as well as service targets and community indicators.

This system was implemented to promote staff accountability, improve city services by establishing performance measures and targets for improvements and tracking and reporting progress over time, and to increase the transparency of city services. City services were aligned with the City Council Key Focus Area Priorities, ICMA performance measures, and performance plans for executives and employees, as appropriate.

Efforts to further implement this strategic approach are also underway through the Budgeting for Outcomes process to develop the proposed FY2006-07 City budget. EHS will tailor its programs and services to address purchasing

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strategies that in turn achieve results aligned with the City Council Key Focus Area Priorities.

- B. EHS has not merely relied upon needs assessments provided by external services, but rather has actively contributed and participated in the development of the United Way Community Assessment. Public Health issues are addressed by a variety of governmental, non-profit and private entities and there is great benefit and more manageable costs through the cooperative development of such a comprehensive assessment.

Further, the Planning & Evaluation program in EHS is proposing to conduct an annual assessment of City of Dallas citizens' health status using a standardized tool that can be benchmarked against other communities (Behavioral Risk Factor Surveillance System) in FY06-07. This will include an annual assessment of immunization rates of children 15 to 36 months of age and a gap analysis of identified problems and service providers addressing those needs.

Auditor's Comment:

Although the Texas Behavioral Risk Factor Surveillance System (BRFSS) may provide data on lifestyle risks factors contributing to the leading cause of death and chronic diseases statewide, this system may not provide health needs specific to the citizens of Dallas.

Additionally, any assessment should have specific components defined and the results/conclusions should be presented to the policy makers for review and budgetary consideration on an annual basis.

2. Internal controls over some EHS cash handling operations do not ensure/enforce staff accountability.

Cash handling issues specific to the Martin Luther King, Jr. (MLK) Utility Pay Station (UPS) operations have been addressed in previous audit reports issued by the City Auditor's Office on December 7, 2001, and December 27, 2002, in addition to a Follow-Up report issued August 13, 2004. Also, an investigative report, dated June 16, 2004, was issued on an unexplained \$851.26 shortage in the Change Fund during May 2003. The investigative report stated that the matter was referred to the DPD Integrity Unit, and that DPD responded that due to a lack of checks and balances at the MLK Utility Pay Station they (DPD) could not establish evidence of criminal wrongdoing on the part of UPS employees.

The several reports mentioned above contained specific recommendations to EHS management to address the cash handling and related issues. EHS management indicated that various changes in policies, procedures, personnel and other changes had been made. However, the frequent changes/vacancies in UPS and MLK Center

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personnel have not provided the stability needed to consistently address the cash handling issues and ensure that established policies and procedures are followed, employees are properly trained, retained, and held accountable.

During the audit period, EHS informed us of the following two cash handling shortages at EHS operations.

- A memo dated March 16, 2005, revealed that the Dallas WIC Program reported a shortage of \$122.00 in the Petty Cash Fund. The shortage occurred between December 2, 2004, and January 1, 2005. The incident was reported to the Dallas Police Department on January 18, 2005, fourteen days after the employee returned from vacation and noticed the shortage. There is no indication that the \$122 was recovered/resolved. Based on the memo, it seems that some cash handling procedures, such as counting cash received for petty cash reimbursements, and ensuring that the drawer with the cash was locked, were not followed. The memo indicated that some corrective actions were taken by changing some procedures and requesting that the Petty Cash balance be reduced from \$400 to \$200. However, there is no indication of actions taken relative to personnel.
- A memo dated December 15, 2004, revealed that variances had occurred in the Change Fund at the MLK UPS. Two specific instances were mentioned.
 - A November 29, 2004, EHS audit of the Change Fund revealed a shortage of \$438.35, most of which was incurred three years earlier and addressed in the City Auditor's Report issued December 7, 2001.
 - In June 2004, the City Controller's Office notified the Interim MLK Center Manager that two change orders totaling \$1,125, from October 28, 2002, and October 29, 2002, were never repaid. Thus, the overall shortage in the Change Fund was \$1,563.35.

Management stated that "The reason for the shortages appears to be due to UPS management not following established internal controls over cash, compounded by a lack of oversight due to vacancies in the UPS manager and supervisor positions, and in the Center Manager position. Another contributing factor is that staff would typically "float" the repayment of change orders to the bank for two to three weeks in order to have sufficient cash on hand. This practice, along with not following appropriate checks and balances for ordering and receiving change from the bank, allowed the two un-reimbursed change orders to go unnoticed."

Corrective actions noted in the memo included - the hiring of a new MLK Center manager, monthly mandatory training for all UPS staff to ensure compliance with all internal controls and accounting policies and procedures, conducting surprise audits, and requiring the UPS to submit signed weekly reports, by the UPS

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Manager and the MLK Center Manager, of reconciliations of the Change Fund, Change Fund reimbursement requests, and the Petty Cash Fund, to the Assistant Director.

Administrative Directive 4-9 (AD) states “It is the policy of the City of Dallas to establish and maintain a system of internal controls designed to ensure that ... resources are safeguarded against waste, loss, and abuse.” Under the AD, the Department Director is responsible for modifying and updating internal control policies and procedures regarding change management for methods of operation.

Standards for Internal Control (Standards) states that control activities are one of the five standards for Internal Control. Control activities are an integral part of an entity’s planning, implementing, reviewing, and accountability for stewardship of government resources and achieving effective results. The Standards lists as examples of control activities:

- The accountability for resources and records.
- Management of human capital.
- Proper execution of transactions and events.
- Accurate and timely recording of transactions and events.

The Standards also state “Access to resources and records should be limited to authorized individuals, and accountability for their custody and use should be assigned and maintained.”

EHS has not established/enforced effective internal controls that ensure compliance with policies and procedures and hold individuals, who are entrusted with the responsibility of handling cash, accountable.

Financial resources received through cash handling operations may be at risk. EHS may not be meeting their strategic or annual performance goals for the effective and efficient use of some financial resources.

We Recommend the Director of Environmental and Health Services:

- Address the management of personnel issues, including training.
- Enforce compliance with established approved policies and procedures.
- Implement procedures to hold employees accountable for noncompliance with approved policies and procedures.
- Hold assigned staff responsible for cash shortages.

Management’s Response:

EHS has filled critical personnel positions and continues to provide training for all staff on established policies and procedures. Staff continues to perform and document

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regular audits of the change fund and petty cash. EHS administration continues to conduct unscheduled, quarterly audits of petty cash funds and any variances are reported to executive staff.

3. All EHS sanitarians' licenses were not current.

We reviewed the licensing status of all sanitarians employed with EHS and noted that 25 of the 26 employees are licensed as sanitarians with the State of Texas, Department of State Health Services (TDSHS). TDSHS records revealed that the unlicensed employee's sanitarian license expired August 31, 2005. We contacted the TDSHS, Licensing Department and asked for clarity as to this employee's license, license renewal, and job duties. TDSHS confirmed that the employee's license had expired but added that the license could be renewed if the employee pays a late fee, in addition to the renewal fee, within one year of the expiration date. Additionally, the TDSHS indicated that the individual should not conduct food inspections as a licensed sanitarian and should not use the sanitarian title until the license was renewed.

We examined the Human Resources Information System (HRIS) and determined that, as of January 6, 2006, the employee in EHS is an active full-time employee and is listed as a sanitarian. We contacted EHS regarding the employee's current job responsibilities since August 2005. EHS responded that the identified employee was primarily working inside the office. However, the employee could be used as a sanitarian to conduct food inspections, if needed.

Texas Administrative Code, Title 25 (Health Services) states that a registrant must renew the registration annually or every two years and that a registered sanitarian whose registration has expired may not claim to be a sanitarian or sanitarian-in-training or use the titles "sanitarian" or "sanitarian-in-training". Also, according to the Texas Statute, Occupations Code, Chapter 1953, Section 1953.101, a person who engages or offers to engage in work in sanitation may not represent that the person is a sanitarian or use a title containing the word "sanitarian" unless the person holds a certificate of registration under this chapter. Section 1953.251, states "(a) A person commits an offense if the person violates Section 1953.101 and (b) An offense under this section is a Class C misdemeanor."

Although EHS knows that the employee is not currently licensed as a sanitarian, EHS has not documented any changes to the employee's current job responsibilities and duties. As a result, EHS and the City of Dallas are not in compliance with the regulations for the TDSHS and the Texas Statute. The City of Dallas may be at risk of civil liabilities if an unlicensed employee conducts food inspections as a sanitarian.

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We Recommend the Director of Environmental and Health Services:

- Ensure that all sanitarians maintain current licenses according to the applicable Texas Code, and
- Ensure that inspections are being conducted by only licensed sanitarians.

Management's Response:

EHS has developed a database of staff with professional licenses and expiration dates which will be reviewed monthly for expiration dates by both managers and supervisors. All staff positions which require a professional license are current. There was only one sanitarian which had allowed his license to expire due to illness.

4. EHS did not follow Civil Service hiring procedures in filling a manager position.

EHS hired an individual without using the register of eligible applicants certified by the Department of Civil Service (CS). We judgmentally selected employees in various EHS management positions and reviewed their Human Resources (HR) employee files for selected information. During our review, as well as consulting with employees in CS, we noted there was not a CS certified register used for selecting and placing one employee in an EHS manager position. CS suggested that we contact EHS for clarity regarding filling the identified manager position. EHS confirmed that the employee was not on the register for the manager position that he presently occupies. EHS indicated that although this was inconsistent with CS rules, the employee was very well qualified and had performed well in his job.

We contacted the City Attorney's Office and provided the relevant information and requested an opinion on the hiring status of the identified employee. The City Attorney's Office indicated that since the employee had been in the position in excess of six months, any action by the City, at this time, may not be in the City's favor.

In a subsequent meeting with CS employees, they indicated that the EHS employee had not falsified the personnel records or taken any unnecessary actions to be placed in the management position. Additionally, CS indicated that since the employee had passed probation, no corrective measures favorable to the City are available.

Civil Service Rules and Regulations state:

- The Civil Service Board is authorized to establish and announce the necessary minimum qualifications deemed essential to the various services as preliminary to examination for employment and promotion therein.
- A register of eligibles shall be prepared by the Civil Service Board as the needs of the service may require, for each position in the Classified Service, from candidates who have been found duly qualified.

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- Every vacancy in the Classified Service not filled by promotion, transfer, reinstatement, or reduction shall be filled by appointment from the eligible register established for that position upon the requisition of the City Manager.
- Appointments shall be made to, or employment shall be given in all positions in the competitive class, by selection of persons certified from the eligible register resulting from open competitive examinations held by the Civil Service Board.

Since EHS did not follow the established procedures of the CS Board in filling the management vacancy within its department, all applicants for the manager position may not have been treated equitably. The City of Dallas may not be following established guidelines for employment laws and regulations.

We Recommend the Director of Environmental and Health Services ensure that Civil Service Board hiring procedures are followed for applicable staffing positions within the department.

Management's Response:

EHS adheres to all Civil Service Board hiring procedures. Yet, in this one instance, EHS agrees with the finding. In late 2004, a strong applicant that was not selected for an open Manager II position was hired for a critical Manager I position. EHS will continue to ensure that all hiring procedures are satisfied.

5. The City Code was not promptly updated to comply with Texas Food Establishment Rules.

Revisions to Chapter 17 of the City Code were not made timely to reflect changes made to the State rules governing food establishments. The purpose of the Texas Food Establishment rules (TFER) is to safeguard public health and provide to consumers food that is safe, unadulterated, and honestly presented. The TFER, part of the Texas Department of Health Bureau of Food and Drug Safety, revised its rules on October 6, 1998. The TFER rules are based on the 1997 United States Food and Drug Administration (FDA) Model Food Code (Food Code). The FDA Model Food Code assists food control jurisdictions at all levels of government by providing a scientifically sound technical and legal basis for regulating the retail and food service segment of industry.

We reviewed the City Code comparative table that lists the revisions to the code and the date of the revision. The comparative table showed the last revision to Chapter 17 was made on October 1, 2002, under Ordinance Number 25048, which addressed various fees and other changes.

EHS-FP personnel stated that during 2000, revisions to the ordinance were submitted to the then EHS management. However, due to changes in EHS management, the

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revisions to the ordinance were not pursued. During 2004, under EHS current management and with oversight and input from the city council committee and participation by the food and restaurant establishments, revisions to the ordinance were revisited.

During a meeting held on March 28, 2005, the EHS-Food Protection Division (EHS-FP) briefed the city council committee regarding the proposed changes to the ordinance. At that time, EHS-FP indicated that the proposed changes to the City Code/Ordinance, Chapter 17, follow the TFER which are based on the 1997 FDA Model Food Code.

Although the TFER revised its rules on October 6, 1998, it was not until June 8, 2005, that the City Council approved amending the ordinance regulating food establishment operations. Ordinance No. 051790 amended the entire Chapter 17 of the Dallas City Code to adopt the Texas Food Establishment Rules published by the Texas Department of State Health Services, with local amendments; and to repeal obsolete City regulations relating to codeine preparations. The ordinance became effective on August 1, 2005.

The Standards for Internal Control defines internal control as “An integral component of an organization’s management that provides reasonable assurance that the following objectives are being achieved: 1) effectiveness and efficiency of operations, 2) reliability of financial reporting, and 3) compliance with applicable laws and regulations.”

Public health, within the City of Dallas, could be jeopardized if food establishments are not following the most up-to-date standards in the food industry. Retail and food service businesses may not be following the best practices on how to prevent food borne illnesses.

We Recommend the Director of Environmental and Health Services ensure that the Food Protection division continues to monitor changes in the FDA Food Code and the TFER annually, and address more timely the impact on the City’s ordinance.

Management’s Response:

EHS began working on the code revisions at least 3 years ago when the decision was made to incorporate the Texas Food Establishment Rules into the City Code, in addition to including criteria for homeless feeders. Departmental staff changes coupled with the impact on restaurant operating procedures and community agencies, which feed the homeless, required ongoing discussions with all partners to reach consensus. The changes to the City Code was adopted and approved by Council in June 2005.