

FOLLOW-UP

The Department of Education's Administration of the Comprehensive Health Education Act (November 2001)

AUDIT BACKGROUND

The audit focused on the Department of Education's (SDE's) administration of the Comprehensive Health Education Act. Enacted in 1988, this law governs the provision of health education in South Carolina's public schools. The law establishes topics of school health instruction for grades 1-12 that emphasize healthy lifestyles, including nutrition, physical activity, and remaining free from tobacco, drugs and alcohol. The law also specifies requirements and restrictions for reproductive health education.

SDE has relied primarily on federal funds from the Centers for Disease Control and Prevention (CDC) to operate the state's healthy schools program. The funds are used for staffing SDE's efforts to coordinate the program, monitoring student health risk behavior, and providing staff development and training to district personnel.

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IMPROVED MANAGEMENT OF HEALTH EDUCATION

The Department of Education (SDE) has improved its administration of the Comprehensive Health Education Act. SDE implemented better controls over its grants in the healthy schools program and terminated agreements with a non-profit organization which had charged an excessive rate for indirect costs. The department also has improved its efforts to ensure that school districts comply with the Act. SDE addressed 10 of 11 recommendations in the audit. No legislative action has been taken to either stiffen penalties for noncompliance or to clarify the law where there are differing interpretations.

2001 AUDIT FINDINGS

The November 2001 audit found that SDE did not exercise adequate oversight in administration of its grants for the program. In many cases, SDE did not obtain information about the results of the grants and did not require activity reports. Also, SDE paid excessive indirect costs for grant administration. The department paid a non-profit organization 9.5 % of grant amounts to provide administrative services that could have been provided by the department.

Also, SDE had not adequately ensured that school districts comply with the law. The department had relied on indirectly encouraging compliance. Many school districts had not complied with various provisions of the law. Although each school district is required by law to have a school health advisory committee to review curricular materials, 21% of districts responding to a survey did not have a committee. Also, evidence indicated that not all schools had policies for parents to exempt their children from all or part of the required education. Further, evidence indicated that not all schools offered the required curriculum. In addition, we found that the Attorney General and the Department of Education had different interpretations of the law's requirements relating to reproductive health education.

IMPROVED GRANT ADMINISTRATION

The department has implemented better controls over grant administration. For example, the department now requires grantees to submit quarterly program and financial reports. Also, the department revised its grant form to incorporate more specific grant deliverables.

The department terminated its grants with the non-profit organization which had charged 9.5% for administration and obtained refunds of more than \$33,000. SDE reported that it currently does not have contracts for the administration of grants that it could administer itself.

Although the 2001 audit found that SDE generally complied with the requirements of the cooperative agreements with the CDC, through which it receives federal funds, improvements were needed in some areas. Since the audit, the department has taken the following steps:

- SDE maintains documentation of the training attended by its staff.
- SDE has developed a policy outlining the purpose, membership, and operating procedures of a panel formed to review HIV education materials for content and quality.
- SDE obtained professional evaluations of the training programs it offers for school personnel.

METHODOLOGY

We received information from the Department of Education regarding the implementation of the audit's recommendations. We reviewed this and other information, interviewed officials, and verified evidence supporting the Department of Education's information as appropriate.

FOR MORE INFORMATION

Our full report, its summary, and this document are published on the Internet at

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IMPROVED CONTROLS OVER COMPLIANCE

The department has also improved its efforts to ensure that school districts comply with the law. Previously SDE did not have adequate information on district compliance with the Act, and there was evidence that districts were not complying. Since the audit, in 2002 the department undertook a more complete survey of the school districts and made increased efforts to follow-up and offer assistance to districts that did not comply. As a result, there is evidence that compliance has improved.

- 78 (96%) of the 81 districts that reported in a 2002 survey had a health advisory committee to review curriculum materials.
- In the 2002 survey, the department began collecting information about the organization of the school health curriculum at each grade level.

While SDE has improved its monitoring, it still relies on self-reported information that could inflate the level of compliance. The audit recommended that SDE revise and expand the accreditation standards relating to comprehensive health education and conduct site visits to verify compliance. However, the accreditation standards have not changed, and the number of site visits made by the department has been limited to schools with unsatisfactory ratings.

LEGISLATIVE RECOMMENDATIONS

The 2001 audit recommended that the General Assembly might wish to amend the law to allow SDE to withhold funds from districts that do not comply with the Comprehensive Health Education Act. We also recommended that the General Assembly consider amending the law in some areas where there have been conflicting interpretations. No legislative changes have been enacted in these areas.

The audit also reported on federal abstinence education funds, which are administered through DHEC and contracted to a private provider. We recommended that these funds, which have been directed by an appropriations act proviso to a specific provider, be competitively bid out. No legislative action has occurred. In follow-up, we found that while that audit reported that the provider had not spent all the funds in any one year, the provider has spent the allotted funds within the two-year period authorized by the grant. However, a competitive procurement would ensure that the provider selected is of higher quality and/or lower cost than other potential providers.