

## Report in Brief

Date: April 2023

Report No. A-02-21-02004

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

The Indian Child Protection and Family Violence Prevention Act established requirements for Federal background investigations for individuals in contact with Indian children as well as supervision of such individuals pending completion of the background investigation. Prior OIG work in this area found that several Tribes and their health programs did not comply with Federal requirements to perform FBI fingerprint background investigations for individuals in contact with Indian children. In this audit, we evaluate the background investigation and supervision processes for individuals in contact with Indian children at Crow/Northern Cheyenne Hospital (the Hospital), an Indian Health Service (IHS)-operated health facility located within the IHS Billings Area Office, in Crow Agency, Montana. Our objective was to determine whether the Hospital met Federal requirements for conducting background investigations and supervision of staff in contact with Indian children.

### How OIG Did This Audit

We reviewed the background investigation and supervision processes and related documentation at the Hospital for a randomly selected sample of 50 staff in contact with Indian children during calendar year 2020.

## Crow/Northern Cheyenne Hospital—an IHS-Operated Health Facility—Did Not Timely Conduct Required Background Checks of Staff and Supervise Certain Staff

### What OIG Found

The Hospital did not fully comply with Federal requirements for conducting background investigations of staff members in contact with Indian children. Specifically, for 44 of the 50 staff members we reviewed, the Hospital did not comply with Federal requirements for conducting background investigations, including failing to initiate or timely initiate and adjudicate certain investigations. Further, the Hospital could not document that it supervised certain staff members with pending background investigations (provisional staff) in accordance with Federal requirements. Specifically, for 47 of the 50 staff members we reviewed, the Hospital did not provide evidence documenting compliance with Federal supervision requirements while their background investigations were pending. These deficiencies generally occurred because the Hospital did not monitor compliance with background check requirements for permanent staff or ensure background checks for temporary staff were performed in accordance with the applicable requirements. Finally, the Hospital could not document supervision in accordance with Federal requirements. As a result, Indian children faced an increased risk of harm and abuse.

### What OIG Recommends and Indian Health Service Comments

We made a series of recommendations to the Hospital, the Billings Area Office, and IHS Headquarters, including that they work together to (1) complete and adjudicate necessary background investigations for staff members identified in our report, (2) ensure provisional staff supervision is adequately documented, and (3) update standard operating procedures and establish monitoring systems for background investigations and provisional staff supervision.

In written comments on our draft report, IHS, commenting on behalf of the Hospital, concurred with our recommendations and described steps it has taken and plans to take to address them. For example, IHS is updating its standard operating procedures for background investigations and issuing related memoranda, and reinforcing the use of a recently implemented electronic tracking system to monitor and track compliance with background check requirements. We commend IHS for the actions it has already taken and encourage IHS to follow through on its planned actions.