

Department of Human Services

DHS AUDIT CORRECTIVE ACTION PLAN Form - FOR DHS MANAGEMENT USE ONLY

Please respond by: 11/15/12

RESPONSIBLE AGENCY OFFICE: *Office of Fiscal Services* **AUDIT NAME:** *Financial Audit - FY2012*

CONTACT NAME: *Carol Kraus - CFO/Michael Layden – Director, Fiscal Services*

FINDING STATEMENT: Draft financial statements and footnotes as of June 30, 2012, were not provided in compliance with recently passed legislation (15 ILCS 405/19.5) requiring all information to be provided not later than October 31, 2012. Additionally, responses to the Comptroller's Office review comments, and a request for a revised SCO-538 Capital Asset Summary were not provided as of November 5, 2012.

RESPONSE: DHS will continue efforts to increase communication and work closely with the Illinois Office of the Comptroller. DHS is also establishing and implementing a corrective action plan to improve the quality and timeliness of accounting information provided to the Comptroller for year-end preparation of the CAFR and SEFA.

Corrective Action Plan (Bulleted List)	Est. Date of Completion	Percentage Complete	Date Completed
<i>A Hire sufficient number of qualified personnel with the education, certification, experience and training capable of producing timely and accurate financial statements. Existing CMS job titles do not allow the Agency to hire personnel with the proper qualifications. Under new legislation related to CAFR and SEFA production, candidates would be able to be hired outside of the current Personnel Code. Currently, DHS has only two qualified staff that can prepare the GAAP financial information.</i>	<i>06/30/2013</i>	<i>5%</i>	
<i>B Ensure Financial Statements are provided to Office of the Auditor General (Sickish, LLP).</i>	<i>11/21/2012</i>	<i>95%</i>	
<i>C Ensure Final General Revenue Fund comments are provided to the Illinois Office of the Comptroller.</i>	<i>11/09/2012</i>	<i>100%</i>	<i>11/09/2012</i>
<i>D Ensure a revised Form SCO-538 is provided to the Illinois Office of the Comptroller.</i>	<i>11/12/2012</i>	<i>100%</i>	<i>11/12/2012</i>
<i>Update (Those items completed since last response or still outstanding since last response)</i>	<i>Updated Est. Date of Comp.</i>	<i>Updated % Complete</i>	<i>Date Completed</i>
	<i>/ /</i>	<i>_____%</i>	<i>/ /</i>

<p><i>*Please use number from above only - i.e., don't need to retype wording (Unless you are adding a new corrective action plan item)</i></p>	<p>//</p>	<p>_____%</p> <p><i>* Attach supporting documentation to substantiate any corrective action noted completed above.</i></p>	<p>//</p>
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Form Completed by: _____
(Please Print Name)

Date: _____

Signed: Carol A. Kraus
Bureau Chief/Business Administrator

Date: 11/14/12

Signed: Nichelle P. Saldes
Division/Facility Director

Date: 11/14/12