



North Carolina Department of Health and Human Services
Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
(919) 733-3055

June 1, 2005

Dear County Director of Social Services:

SUBJECT: SFY 05-06 Schedule for Certification of Self-Assessment and Audit Reviews

In compliance with federal and Departmental requirements, the NCDSS revised its plan for monitoring programs and subrecipient in 2003. One of the major components of the Division's plan is the "Subrecipient Self-Assessment of Internal Controls and Risks". To date 96 counties have completed the self-assessment. Thank you for your efforts in helping to meet our monitoring requirements.

As required by the Division's Monitoring Plan, every local DSS must complete the "Subrecipient Self-Assessment of Internal Controls and Risks". This annual requirement may be waived up to 4 times provided you meet all of the following conditions:

- 1) There were no findings or questioned costs cited in the single audit for year ending 6/30/04 and;
- 2) Agency Director and fiscal officer have two or more years experience in that position, and;
- 3) There were no weaknesses reported on your previous "Subrecipient of Self-Assessment of Internal Controls and Risks" survey without mitigating controls in place.

Your county met all three conditions and is therefore eligible to complete a Certification of Self Assessment for SFY 06. The Certification Form (page 2 of this document) can also be downloaded at the following website <http://www.dhhs.state.nc.us/dss/Monitoring/sa.htm>. The completed Certification form (**Directors Signature required**) should be emailed with electronic signature, faxed or mailed to your LBL at their home address by **October 31, 2005**. Keep a copy of the completed Certification form for your records.

If you have any questions, contact your LBL or Lee Quick at 910-582-4174.

Sincerely,

Pheon E. Beal

PB/LQ/sb
BG-03-2005

CERTIFICATION OF SELF ASSESSMENT

AGENCY NAME: _____

SINGLE AUDIT

Yes N/A No

- ____ 1. Is the agency audited on a yearly basis by an objective public accounting firm?
- ____ 2. Does appropriate agency staff review the findings of the previous years' audit as preparation for current year audit?

ADDITIONAL INFORMATION/ EXAMINATIONS OF AGENCY

Yes N/A No

- ____ 1. Has the agency undergone any other examination, monitoring, or investigation (either by an external entity or by internal audit staff) during the past year? **If so, please indicate the name of the review.**
- _____

- ____ 2. Has the agency undergone any reviews by the Division of Social Services in the past year? **If so, please indicate the name of the review.**
- _____

CERTIFICATION

I hereby certify that the _____ County Department of Social Services has on file a completed "Subrecipient Self-Assessment of Internal Controls and Risks" dated _____. To the best of my knowledge there has been no significant deviation from the indicated responses on that document.

Agency Name

Signature, Agency Director

Date