

Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

Contractor Name: Collin County Title IV Legal

Fiscal Year: FY2016

Contract Number: 23939924

Please refer to instructions at end of this questionnaire.

SECTION I: FINANCIAL POSITION

(This section should be answered about your organization as a whole.)

1.	Please indicate the accounting system in place (e.g., accrual, cash, or modified accrual). <p style="text-align: center;"><u>Modified Accrual</u></p>
2.	Does your organization complete yearly financial statements (e.g., Balance Sheet, Income Statement, Cash Flow)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes: a. Please list the name(s) of the person(s) responsible for preparing the annual financial statements: <p style="margin-left: 20px;"><u>Jeffry May - Collin County Auditor</u></p> b. Please attach copy of your most current statements as ATTACHMENT# I-2. If no, please provide any manual or automated information maintained regarding your current financial position as ATTACHMENT #I-2.
3.	Are your accounting and financial system operations audited at regular intervals by an independent auditor (Certified Public Accountant)? Note that this is not referring to compliance monitoring performed by State Contract Managers. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes: a. Attach an original, bound audit report and management letter (if applicable) as provided by the independent auditor as ATTACHMENT #I-3. b. Please indicate the frequency with which your accounting records are audited by an independent auditor. <p style="margin-left: 20px;"><u>Annual Audits</u></p> c. Please describe how independent audit results are shared with the governing body of your organization. <p style="margin-left: 20px;"><u>Presented to Commissioners Court</u></p>

SECTION II: INTERNAL CONTROLS

II. A. GENERAL/ACCOUNTING CONTROLS

(This section should be answered about your organization as a whole. When a question mentions "contracts," it is referring to any contract or grant you administer with funding received through DFPS or any other state or federal agency.)

1.	Has the county submitted a cost allocation plan to DFPS for review?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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	<i>If no, please attach a description of your allocation process as ATTACHMENT #II-1.</i>																															
2.	Please attach a list of all of your contracts with state agencies, including DFPS. For each contract, include: state agency name, type of service provided, contract number, dollar amount, and payment method (e.g., cost reimbursement, fee for service) as ATTACHMENT #II-2.																															
3.	<p>Does your organization maintain a separate ledger account for:</p> <p>a. Deposits for each source of funds?</p> <p>b. Disbursement of each source of funds?</p> <p>Please provide a copy of your chart of accounts, and a description of how your accounting system identifies contract revenues and expenditures separately as ATTACHMENT #II-3.</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>																														
4.	<p>Are costs and expenditures under budgetary control for:</p> <p>a. Total contract budget?</p> <p>b. By budget category?</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>																														
5.	Do all purchases require approval from an authorized individual in the requesting department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
6.	<p>Indicate the name and title of individual(s) authorized to:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 16.6%;">SIGN CHECKS OR AUTHORIZE PAYMENTS</th> <th style="width: 16.6%;">APPROVE PURCHASES <small>(INCLUDING ON-LINE AND CREDIT CARD)</small></th> <th style="width: 16.6%;">PREPARE PAYMENTS <small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small></th> <th style="width: 16.6%;">RECONCILE ACCOUNTS <small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small></th> <th style="width: 16.6%;">CONTROL INVENTORY</th> <th style="width: 16.6%;">RECEIVE CASH</th> </tr> </thead> <tbody> <tr> <td>Name: Jeff May</td> <td>Name: Purchasing Department</td> <td>Name: Auditor's Staff/Office</td> <td>Name: Treasury</td> <td>Name: Purchasing Department</td> <td>Name: Treasury</td> </tr> <tr> <td>Title: County Auditor</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> </tr> <tr> <td>Name: Stacy Kemp</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Title: County Clerk</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> </tr> </tbody> </table>		SIGN CHECKS OR AUTHORIZE PAYMENTS	APPROVE PURCHASES <small>(INCLUDING ON-LINE AND CREDIT CARD)</small>	PREPARE PAYMENTS <small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small>	RECONCILE ACCOUNTS <small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small>	CONTROL INVENTORY	RECEIVE CASH	Name: Jeff May	Name: Purchasing Department	Name: Auditor's Staff/Office	Name: Treasury	Name: Purchasing Department	Name: Treasury	Title: County Auditor	Title:	Title:	Title:	Title:	Title:	Name: Stacy Kemp	Name:	Name:	Name:	Name:	Name:	Title: County Clerk	Title:	Title:	Title:	Title:	Title:
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Name: Stacy Kemp	Name:	Name:	Name:	Name:	Name:																											
Title: County Clerk	Title:	Title:	Title:	Title:	Title:																											
7.	<p>Are all expenditures reconciled with your general ledger?</p> <p>If no, please explain.</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
8.	<p>How often are bank accounts reconciled to internal check registers?</p> <p><input checked="" type="checkbox"/>Monthly <input type="checkbox"/>Quarterly <input type="checkbox"/>Other (please specify) _____</p>																															
9.	<p>Is your accounting system automated?</p> <p>If no, please skip to Question #17.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														

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	<p>_____</p> <p>b. Is a check register (disbursement journal) used to record disbursements and maintain balances?</p> <p>If no, how are disbursements and balances tracked?</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	<p>Are all disbursements approved prior to payment?</p> <p>If no, please explain.</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	<p>Is there any additional review or special approval required for payment transactions (check or electronic disbursement) that exceed a specific dollar amount?</p> <p><i>If yes, please specify the dollar limit(s), name(s) and title(s) of responsible staff.</i></p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	<p>Does your organization have a system for tracking:</p> <p>a. Voided checks?</p> <p>b. Credit card transactions?.....</p> <p>c. Other electronic transactions?</p> <p>If no, please explain.</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22.	<p>Does your organization use a check-signing machine?</p> <p><i>If yes, please describe how the facsimile signature plates are safeguarded from improper use.</i></p> <p><u>Locked Storage, Authorized Access</u> <u>Only</u></p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	<p>Are unused checks safeguarded and in the custody of a person who does not manually sign checks, control the use of facsimile signature plates or operate the facsimile signature machine?</p> <p>Please indicate name and title of person who has custody of unused checks.</p> <p><u>Locked Storage - Access restricted to Accounts Payable & Payroll Authorized Personnel</u></p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<p>Are the following practices prohibited:</p> <p>a. The drafting of checks to "CASH"?</p> <p>b. The signing of blank checks?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	c. The removal of blank checks from the checkbook? If no, please explain. _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25.	Are purchase orders/requisitions controlled in such a way that they can all be accounted for (e.g., by sequential pre-numbering, by entry in a register)? <i>If yes, please attach an explanation of your purchase orders/requisition controls as ATTACHMENT #II-25.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26.	Are supporting documents (e.g., service authorizations, invoices, receipts, approvals, receiving reports, canceled checks) maintained with each disbursement and clearly referenced for easy location and retrieval? <i>If yes, please attach an explanation as ATTACHMENT #II-26. The attachment should describe your process for maintaining supporting documentation, such as:</i> <ul style="list-style-type: none"> • How supporting records are kept and filed (e.g., filed by check number, month of payment)? • How documents are marked when paid to prevent duplication of claims? • How authorizations are maintained internally? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27.	Do supporting documents accompany checks for the check signer's signature?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28.	Are invoices marked to identify allocation of payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29.	Does your organization have procedures to identify costs and expenditures not allowable under federal and/or state regulations? <i>If yes, please attach an explanation of your system for identifying unallowable costs/expenditures as ATTACHMENT #II-29.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30.	Does your organization have a contract file for each contract? <i>If yes, does each contract file contain:</i> <ul style="list-style-type: none"> a. The executed contract with all attachments? b. A copy of each contract amendment (as applicable)? c. Billing documents?..... d. Documentation of contract performance? e. Related correspondence?..... f. A copy of each subcontract agreement (as applicable)? If no to any of the above, please explain. _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
31.	Does your organization have a process to prevent unauthorized access to confidential information related to your contracts (for example, sensitive client information or records)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	<p><i>If yes, please attach a copy of your procedures for safeguarding contract information as ATTACHMENT #II-31.</i></p>	
II. B. PERSONNEL		
32.	<p>Does your organization have written personnel policies?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>If yes, are personnel policies distributed to all employees?</p> <p>Do the personnel policies include:</p> <p>a. Hiring?</p> <p>b. Performance evaluations?</p> <p>c. Time and leave?</p> <p>d. Conflict of interest?</p> <p>e. Nepotism?</p> <p>f. Related-party transactions?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
33.	<p>Does your organization require individual time or activity sheets to be prepared at least monthly for personnel (part-time, full-time, and/or in-kind volunteers)?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><i>If yes, please submit a blank time sheet and/or activity sheet and a copy of the related policy as ATTACHMENT II-33.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
34.	<p>Does your organization have on file an established rate of pay and withholding information for each employee?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
35.	<p>Does your organization have a written job description with a set salary level for each position?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
36.	<p>Is the amount being paid to each employee based on documentation of actual hours worked?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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37.	a. Is your organization current with your payroll taxes? b. Does your organization pay payroll taxes directly? If no, please explain and indicate name of withholding agent. _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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II. C. TRAVEL

Reimbursements for travel expenses will be paid according to the State of Texas travel rates in effect on the date of travel as approved by the Office of the Comptroller of Public Accounts.

38.	Are travel expenditures substantiated by travel vouchers, travel logs or other supporting documentation? If no, please explain. _____ <i>If yes, please submit a copy of your travel policy, a blank travel voucher and a blank travel log as ATTACHMENT II-38.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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II. D. EQUIPMENT

39.	a. Please specify the level of capitalization (dollar amount) used by your organization. _____ \$5,000	
	b. Please provide your organization's definition of equipment: <u>Furniture & Equipment valued at \$5,000 or more, with a useful life of one year or more</u>	
40.	Does your organization conduct a physical inventory of capital equipment purchased with federal funds? If yes, how often? _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41.	Has DFPS funds been used (in whole or in part) to purchase equipment or controlled assets (e.g., computers, furniture, cameras, camcorders, laser disc (DVD) players, TVs)? Note: Contractors should review the Comptroller's State Property Accounting User Manual at https://fmx.cpa.state.tx.us/fmx/spa/classcodes/control.php for the most current listing of controlled assets. Contractors must add these items classified as controlled assets to their inventory list based on the noted acquisition costs. If no, please skip to Section II.E. Subcontractors.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42.	Are inventory records maintained that include: item description, serial number, funding source(s), acquisition cost, acquisition date and inventory number?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	<i>Please attach a blank inventory form as ATTACHMENT #II-42</i>	
43.	Are all equipment items and controlled assets tagged for the purpose of internal tracking and inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Does your organization have policies regarding the documentation required for equipment that has been disposed of? If yes, please attach a copy of your equipment disposal policy as ATTACHMENT #II-44 .	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. E. SUBCONTRACTORS

If your organization does not subcontract DFPS services, or does not intend to subcontract DFPS services, mark N/A here and skip to Section II.F. Title IV-E Child Welfare Services Contract Information.

45.	Does your organization have written policies and procedures for subcontracted services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Does your organization have a state contract of \$100,000 or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II. F: TITLE IV-E CHILD WELFARE SERVICES CONTRACT INFORMATION

This section pertains only to any **County Title IV-E Child Welfare Services Contracts** with DFPS and *does not* pertain to any **Title IV-E County Legal Services Contract** with DFPS. For purposes of this Section, the terms County and County Child Welfare Board are synonymous.

47.	If administrative costs will be claimed, has the county submitted an administrative budget to DFPS for review and approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
48.	Does the County Child Welfare Board have a process that Caseworkers must follow in order to obtain assistance from the County Child Welfare Board for a Foster Child? If yes, is the above policy a written (published) policy? <i>If yes, please attach a description of the process or a copy of the written policy as ATTACHMENT #II-48</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49.	Has/have the county Title IV-E contract(s) been audited by county internal or external auditors? If yes, please enter date of last audit. <u>9/30/2014</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
50.	Do the region and the county conduct an annual review of the county Title IV-E contracts? If yes, please enter date of last review. <u>9/30/2014</u> Note: An annual review of the contract is specified in the contract.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
51.	How does the Child Welfare Board pay for supplemental child-care expenses? N/A - DOES NOT <i>Please provide a description of the process used to pay supplemental child care expenses, including the name and/or position of responsible person/staff as ATTACHMENT #II-51.</i>	
52.	What back-up documentation does the county maintain to support Title IV-E reimbursements? <i>Please provide a description of the required documentation as ATTACHMENT #II-52.</i>	

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53.	Who maintains the documentation within the county (e.g., Child Welfare Board, County Auditor)? Please provide the name of the county Department or name and/or position of responsible person/staff. <u>Collin County Auditor</u>	
54.	Who, within the county, signs the County Title IV-E Claims Voucher (Form 4116 – State of Texas Purchase Voucher Quarterly Billing)? Please provide the name and/or position of the responsible person/staff. <u>Keith Self, County Judge</u>	
55.	How does the county ensure the County Title IV-E Claims Voucher is reconciled with the county's general ledger? <u>Quarterly Reconciliation Procedures</u>	
56.	Does the county have a process to ensure that all expenditures claimed are allowable? If yes, please attach a description of the process as ATTACHMENT #II-56.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57.	Does the county have a process to ensure that all raised or donated funds used as certified match for the County Title IV-E Claims Voucher are unrestricted funds? If yes, please attach a description of the process as ATTACHMENT #II-57.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
58.	How does the county know which children are IV-E eligible? Please provide a description of the process and the name and/or position of responsible person/staff as ATTACHMENT #II-58.	

CERTIFICATION

Signed by an individual with documented authority as designated by the business entity.

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED HEREIN IS TRUE, CORRECT, AND COMPLETE.



 Signature

 Jeff May

 Printed/Typed Name

9/14/15

 Date

 County Auditor

 Title