



COLLIN COUNTY

OFFICE OF COUNTY AUDITOR
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September 11, 2023

Candy Blair
Health Care Administrator
825 N. McDonald Street, Suite 130
McKinney, Texas 75069

In accordance with Local Government code 114.043 and 115.002(b), a Third Quarter 2023 Cash Count and Monthly Reporting Compliance Audit of the Substance Abuse department was conducted. The following procedures were performed:

- Counted all funds on hand and verified with the amount on the Cash Till Report.
- Counted the change fund and verified the amount with the General Ledger balance.
- Reviewed checks for endorsement and proper date.
- Reviewed the procedures for safeguarding the funds collected.
- Verified the contents of the safe.
- Verified that monthly reports were submitted to the Auditor's office by the 15th calendar day of each month.

Based upon the procedures performed, there were no reportable items.

The time and assistance provided by the Health Care Administrator and staff is greatly appreciated.

Sincerely,

Linda Riggs
County Auditor



Collin County Auditor
Compliance Audit Report Summary

Auditee: Substance Abuse

Audit Period: Third Quarter FY2023

Cash Count

Yes No

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. The office is following the check endorsement policy.
Comments: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. The total amount counted matches the total amount on Till Report.
Comments: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. The cash drawer change fund counted agrees with General Ledger.
Comments: This office does not have a change fund. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Cash, checks, and receipts are kept in a secure place.
Comments: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. The contents of the safe were verified.
Comments: This office does not have a safe. |

Recommendation: N/A

Response: N/A

Monthly Reports

Yes No

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. Signed by the appropriate official and submitted by the 15th calendar day of the subsequent month.
Comments: |
|-------------------------------------|--------------------------|---|

Recommendation: N/A

Response: N/A