Rev. 7-1-2010

CERTIFICATION OF SELF ASSESSMENT

AGENCY NAME: .....

I. DAY SHEET TRAINING

Yes N/A No

☒ ☐ ☐ 1 The agency provided Day Sheet training for all appropriate staff during this past fiscal year.
If yes, indicate the total number of staff trained. appro. 90 staff

II. SINGLE AUDIT

Yes N/A No

☒ ☐ ☐ 1. The agency was audited by an objective public accounting firm this past fiscal year?
.....

☒ ☐ ☐ 2. Does appropriate staff review findings from the previous years' single audit as preparation for the current year audit?
If no please explain. .....

☒ ☐ ☐ 3. All findings and questioned costs from previous year's single audit have been appropriately resolved.
If no please explain. .....

III. COMPLIANCE WITH APPLICABLE CIVIL RIGHTS LAWS

Yes N/A No

☒ ☐ ☐ 1. Are program staff aware of requirements to comply with civil rights laws including Civil Rights Act of 1964, and the Americans with Disabilities Act?
..... *(Dear Director Letter FAEP-14-2004, Civil Rights Assurances; Dear Director Letter PM-PC-03 NC Title VI County Compliance Officers Workshop dated 9/22/06)*

☒ ☐ ☐ 2. Is annual training provided to appropriate staff to review civil rights laws and expectations for providing benefits and services in a nondiscriminatory manner?
..... *(Dear Director Letter FAEP-14-2004, Civil Rights Assurances; FNS Certification Manual Section 120.02 B)*

☒ ☐ ☐ 3. Are required civil rights posters prominently displayed in the lobby/reception area(s) of the agency?
..... *(FNS Certification Manual Section 120.02 C; Dear Director Letter PM-PC-03)*

☒ ☐ ☐ 4. Are persons with Limited English Proficiency (LEP) provided the opportunity to obtain information from the agency both in person and by telephone?
..... *(Dear Director Letter PM-PC-02-2008)*

☒ ☐ ☐ 5. Does the agency have adequate staff and/or contracts in place to provide language interpretation to LEP customers when the need is identified?
..... *(Dear Director Letter PM-PC-02-2008)*

Yes N/A No

☒ ☐ ☐ 6. Does the agency have measures in place to communicate effectively with deaf or hard of hearing customers? (These may include sign language interpreters, access to a TTY machine or NC Relay telephone connectivity.)
.....*(Dear Director Letter PM-PC-02-2008)*

☒ ☐ ☐ 7. Does the agency have in place a Limited English Proficiency Plan?
.....*(Dear Director Letter PM-PC-02-2008)*

☒ ☐ ☐ 8. Does the agency have the required non-discrimination statement on each locally developed form intended for and used by customers?
.....*(Dear Director Letter PM-PC-01-2007)*

IV. 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 yes, please indicate the name and date of the review. see attachment I

☐ ☐ ☒ 2. Has the agency undergone any reviews by the Division of Social Services in the past year?
If yes, please indicate the name and date of the review. .....

V. SECURITY ACCESS FOR INFORMATION SYSTEMS

(North Carolina Division of Social Services Information Security Manual)

The State of North Carolina's information and information systems are valuable assets that must be protected. Appropriate policies and procedures, must be in place to protect all information assets from accidental or unauthorized use, theft, modification, destruction, and to prevent the unauthorized disclosure of restricted information.

Control Activities / Information and Communication:

Yes N/A No

☒ ☐ ☐ 1. When an employee changes positions within the agency, system access for the prior position is revoked. This request must be completed via an updated Information Resource Access Authorization Form (IRAAF).
.....

☒ ☐ ☐ 2. When an employee terminates employment for any reason, the Security Officer will request the CSC to terminate all accesses immediately. This request must be completed via an updated Information Resource Access Authorization Form (IRAAF).
_____

☒ ☐ ☐ 3. The Agency Security Officer will review and document findings on the following reports for assigned security information systems. This review must occur at least every six months starting in FY beginning July 2009. Documentation of findings shall be kept for audit purposes. Appendix 13 of the Security Manual must be completed and kept on file for audit purposes.

Reports

SYSTEM	REPORT NAME
Crisis Intervention Program (CIP)	In the CIP system, under the Reports Section, click on the County Staff Listing and select your county.
Central Registry	NCXPTR: DHRCYA CYA SECURITY REPORT
Eligibility Information System (EIS)	NCXPTR: DHREJA SECURITY REPORT BY COUNTY
Enterprise Program Integrity Control System (EPICS)	NCXPTR: DHRFRD FRD440-1 ACTIVE USERS
Employment Programs Information System (EPIS)	NCXPTR: DHRWFJ SECURITY-ACTIVE IDS
Foster Care and Adoptions	NCXPTR: DHRPQA SECURITY TABLE REPORT
Foster Care Facility Licensing System (FCFLS)	NCXPTR: DHRFCF FCF FCF900-1 SECURITY REP
Food Stamp Information System (FSIS)	NCXPTR: DHRSLA RACF SECURITY COUNTY REPORT & DHRSLA RACF SECURITY REFERENCE (if needed)
Low Income Energy Assistance Program (LIEAP)	NCXPTR: DHREPA LIEAP SECURITY REPORT
Services Information System (SIS)	NCXPTR: DHRSYA SYA SECURITY REPORT

☒ ☐ ☐ 4. The Agency Security Officer will review and document findings on the following two reports: DHRBDA DHHS RACF USERID REPORT, available in NCXPTR; and the WIRM REPORT PROD report, available via the WIRM portal (https://wirm.dhhs.state.nc.us). The "Local DSS System Access Control" form must be emailed to DSS.Security.Review.Manager@dhhs.nc.gov to document findings of these reviews. The reviews must be conducted monthly and documentation must be emailed to the Performance Management Section (at the email address above) by the 20th of each month, unless an alternative schedule is specified by the DHHS Privacy and Security Office and the Performance Management Section.

Please list dates Agency Security Officer completed the above listed Security Reviews.
_Security Officer completes this monthly by the 20th of the month_____

CERTIFICATION

I hereby certify that the Lee County Department of Social Services has on file a completed "Subrecipient Self-Assessment of Internal Controls and Risks" dated _October 6, 2010_. To the best of my knowledge there has been no significant deviation from the indicated responses on that document.

Brenda B. Potts 10-8-2010

Signature, Agency Director Date