

HCSB Internal Account Corrective Action Plan Based on Audit Finding

School Site _____

Administrator/Auditee _____

Site Bookkeeper _____

All School Internal Accounts with audit findings require follow up procedure to be performed to improve district-wide accuracy and comprehensiveness of financial information reporting. Students have the right to expect appropriate accounting of their funds, as the funds are generated by them as part of their co-curricular activities.

It is the responsibility of the site to develop a Corrective Action Plan to address each finding reported by the auditors. A corrective action is action taken by the Auditee that corrects identified deficiencies, produces recommended improvements or demonstrates that audit findings are either invalid or do not warrant action. HCSB must verify the status of Corrective Action Plans to ensure that all audit findings are resolved in a timely manner.

The site must report as assigned on the status of their Corrective Action Plans. Please fill in the requested information below and submit.

Audit Finding/Comment

Incomplete Report of Monies Collected
Monies Collected Form Only 1 Signature
Incomplete Receipt Book Log
Event Activity Form Did Not Include 2 Signatures
Incomplete Ticket Inventory
Missing Receipt Books
Untimely Remittance of Collections to Bookkeeper
Untimely Deposits
Fund Raising Activity Form Not Approved
Purchases Not Marked Received or Invoices Cancelled
Disbursement without Adequate Documentation
Journal Entries not approved by Principal/Sponsor

Recommendation

Auditee Response

Root Cause of Nonconformance

(Please check applicable answer)

- ☐ Knowledge-Did the problem occur due to lack of awareness or knowledge?
- ☐ Assignment-Did the problem occur because responsibility was not clearly assigned?
- ☐ Tools-Did the problem occur because appropriate tools are not available?
- ☐ Training-Did the problem occur due to lack of proper training?
- ☐ Accountability-Did the problem occur because little/no accountability? (Ex. Nothing occurs when the task is not done)

Proposed Description of Corrective Action for Nonconformance

Anticipated Completion Date of Corrective Action_____

Application/Implementation of Corrective Action

Preventative Action

-----For District Use Only-----

Initial Date Received by Auditee: _____

Initial Date CAP Reviewed: _____ Reviewed By: _____

Dates for Submission on Follow Up on CAP Requested by Finance: _____/_____

1st Follow up Review Date: _____ Reviewed By: _____

Status of corrective action:

- ☐ Corrected-previously reported corrective action implemented
- ☐ Corrected-different correction action implemented. Provide explanation.
- ☐ Partially Resolved-Explain:

- ☐ Un-Resolved-Explain:

Comments:

2nd Follow up Review Date: _____ Reviewed By: _____

Status of corrective action:

- ☐ Corrected-previously reported corrective action implemented
- ☐ Corrected-different correction action implemented. Provide explanation.
- ☐ Partially Resolved-Explain:

- ☐ Un-Resolved-Explain:

Comments:

