

# PROVIDER SELF-EVALUATION CHECKLIST

This checklist is designed to assist the Department of Health in determining whether the contracted agency has adequate administrative procedures in place to ensure that funds disbursed by the Department will be safeguarded.

**Instructions:** This checklist should be completed by senior management of your organization. Please answer all questions by checking the applicable box. If you need to provide additional information or cannot respond to a question, please attach an explanation on a separate page. **Please provide a brief explanation for any negative response.**

## I. SEGREGATION OF DUTIES

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Someone other than the timekeeper and person who delivers paychecks to employees prepares the payroll.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The duties of the recordkeeper are separated from any cash related functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Check signing is limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personnel performing the disbursement function are excluded from purchasing, receiving, inventory, and general ledger functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mail receipts are opened and listed by someone not involved in posting, deposit preparation and deposit-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The person making the deposit is different from the person who prepares the deposit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. An official who is not responsible for its preparation and is outside the payroll department approves the payroll.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The Board of Directors meets at least quarterly and meetings are recorded in the minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. INSURANCE

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. The organization maintains comprehensive liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The organization has a formal process for identifying its business risks and periodically assesses need for additional coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. CASH

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Cash Handling Procedures			
1. All revenue is deposited into one operating account on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The organization maintains a cash receipts journal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Revenue received that is not deposited on the same day is stored in a locked and secure location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The person reconciling the monthly bank statement is different than the person responsible for the check register.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Payments received in the mail are opened and logged by someone not involved with posting or cash functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Checks received in the mail are restrictively endorsed immediately upon opening the mail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cash received from fund raising events is properly controlled, accounted for, and reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bank reconciliations are performed monthly, reviewed, and signed by the next higher level of management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Petty Cash

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
9. A specific employee is designated, in writing, as custodian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Petty cash is not commingled with other funds and is used for small, emergency expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cash is kept in a locked, secure location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Payments are made through vouchers that are completely and accurately filled out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Payments are supported by invoices or receipts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Payments are under \$50 (for small incidental purchases).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Travel payments are not made from petty cash.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Documents are effectively canceled (marked paid) when the expense is paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. ACCOUNTS RECEIVABLE**

**Yes   No   N/A**

- 1. A detailed accounts receivable aging schedule is maintained.
- 2. The accounts receivable aging schedule is reconciled to the general ledger monthly.
- 3. The agency has established accounts receivable write-off procedures that are properly documented in writing and approved by the Executive Director and the Board of Directors.

**V. ASSETS AND PROPERTY**

**Yes   No   N/A**

- 1. An annual asset inventory is taken and recorded in writing.
- 2. Property purchased wholly or partially with department funds are specifically authorized by the terms of the contract or award instrument.
- 3. Property records are reconciled to the general ledger at least annually.

**VI. ACCOUNTS PAYABLE**

**Yes   No   N/A**

Disbursements

- 1. The organization maintains an accounts payable ledger (checkbook) for its operating account.
- 2. During the payment process, the following are verified by management:
  - a. Checks are issued in sequence.
  - b. Voids are clearly documented and accounted for.
  - c. Multiple payments made to one payee during the month are researched.
  - d. Payments are based on original invoices.
  - e. Payments are approved by appropriate levels of management.
  - f. The check amount and invoice amount agree.
  - g. Bills are timely paid.
  - h. Payments to the Executive Director are countersigned by a Board member.
  - i. For tax-exempt providers, sales tax is not being paid on purchases of good or services.

Employee Expense Transactions

**Yes   No   N/A**

- 3. Expense reports/vouchers are utilized.

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|---|--------------------------|--------------------------|--------------------------|
| 4. All expenses are supported with original receipts.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Travel expenses charged to department funding are in accordance with Section 112.061, Fla. Stat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The business purpose of the expense is clearly stated.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Credit Card Transactions

- |   | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|---|--------------------------|--------------------------|--------------------------|
| 7. The organization maintains a listing of staff members and officers who are authorized to use corporate credit cards in the organization's name and keeps a listing of corresponding credit card numbers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The organization performs monthly reconciliations of credit card statements.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The organization has review procedures that are used to track and pay balances.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The organization verifies that the cardholder is not making purchases for personal use.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Corporate credit cards that are loaned to employees are controlled through a log indicating the date, person's name, purchase amount, and description.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Advance Payments – If advance payments are not made to your organization under your contracts with the Department, skip this section and go to Section VII.

- |  | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|--|--------------------------|--------------------------|--------------------------|
| 12. Funds advanced by the department under the contract(s), were deposited into an interest bearing account. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Interest earned on advanced funds were identified and returned to the Department.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**VII. PERSONNEL MANAGEMENT/PAYROLL**

- |   | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|---|--------------------------|--------------------------|--------------------------|
| 1. All employees document their work hours through a time sheet or punch clock and timesheets are signed by both the employee and their supervisor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Employees who work in multiple programs record time by cost center or, if not, a time study has been conducted within the last year.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Federal withholdings are based on updated W-4 Forms signed by employees.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Payroll checks are distributed by an assigned individual other than the person in charge of preparing payroll and signing payroll checks.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
| 5. Unclaimed payroll checks on payday are placed in a locked and secured location.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Personnel files are updated periodically to ensure that employee information is current and up-to-date.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Salary allocations are based on actual activities and not on budgeted amounts.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. The organization has written policies and procedures with established criteria for making determination of employee vs. subcontractor employment determinations.

**VIII. FINANCIAL REPORTING**

- |  | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Monthly financial statements are prepared and include at least:   |                          |                          |                          |
| a. An income statement by cost center.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Balance sheet by cost center.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Budget variance report.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Supporting documentation is retained for all journal entries.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The organization performs a monthly closing and prepares/prints a complete set of accounting books (general ledger, accounts payable journal, accounts receivable journal, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The organization maintains a current chart of accounts which:   |                          |                          |                          |
| a. Allows for cost center accounting.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tracks administration as a cost center.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has a written methodology for allocating indirect costs including administration.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The organization has an adequate recordkeeping system where records are kept in a central location and are neat and organized.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Organization management submits financial statements to the Board of Directors at least on a quarterly basis.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The organization has an operating budget that was approved by the Board of Directors.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The organization has a federally approved indirect cost rate.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**IX. EMPLOYEE LOANS**

If loans are made to employees, please answer the following questions. If not, please skip this section and go to Section X.

- |   | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|---|--------------------------|--------------------------|--------------------------|
| 1. For loans made to employees, formal, signed agreements are secured.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Loan agreements contain:   |                          |                          |                          |
| a. Date loan was made, amount, and maturity.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Terms and conditions regarding repayment.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Approval by the Executive Director.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Disclosure to the Board of Directors through an aging schedule or other report.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are loans being granted to officers and/or directors of the organization? If YES, please explain on a separate attachment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**X. OTHER:**

- a. Please list any and all family relationships that exist between your Board of Directors, your organization's principal officers, and your organization's employees.

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2. Please list all persons and their titles who are currently authorized to sign checks for your organization.

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3. Has there been any change in structure/operations of your programs? If yes, please describe in detail.

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4. Has staff turnover occurred in key positions? If yes, what are the affected positions and reasons for the turnover?

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5. Please list any Board members who are employed by, or own an interest in, an organization with whom your organization has a contractual relationship with.

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I HEREBY CERTIFY that the answers provided in this self-evaluation instrument are true and accurate to the best of my knowledge.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title