**SUMMARY OF INTERNAL CONTROL DEFICIENCIES AND CORRECTIVE ACTIONS**

**For the Year Ended June 30, \_\_\_\_\_\_\_\_**

From the internal control self-assessment, please list any identified internal control deficiencies\* along with planned corrective actions, a timeline for completion, and the responsible individual. *(See the example below.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rating #** | **\*Control Deficiency** | **Planned Corrective Action** | **Anticipated Completion Date** | **Contact Person/Title/Office** |
| *2* | *The agency conducts training on internal policies and procedures.* | *The Office of Compliance will conduct e-Trainings periodically on internal policies and procedures.* | *6/30/2019* | *Melissa May Compliance Officer**Office of Compliance* |
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|  |  |  |  |  |

*\*Internal control deficiencies are “No” responses with a rating of 2 or 3 on the DFA internal control assessment or the MDE self-assessment.*

Submitted by: Approved by Chief:

 Signature Signature

 Printed Name Printed Name

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 Date Date