

Fiscal Compliance System Training

For Youth Development Services Contractors



Date: December 4, 2015

Location: Community Care Licensing

1000 Corporate Center Drive, 2nd Floor

Monterey Park, CA 91754



If you encounter problems with these programs, please email the DCFS support staff at SAAS@dcfs.lacounty.gov

MYAPPS.DCFS.lacounty.gov is the centralized portal of Los Angeles County, Department of Children and Family Services available applications. **MYAPPS.DCFS.lacounty.gov** acts as your app launcher, and it is displayed by default when you select <https://myapps.DCFS.lacounty.gov>. Select the application in which you want to access and provide your credentials.

Welcome to DCFS MYAPPS web page

- **Homeless / FIRST 5 LA**

The Homeless program is sponsored by the FIRST 5 LA. The program provides financial assistance to homeless families to obtain and maintain permanent housing. To verify if the family has at least one (1) family member that is currently or has in the past been involved with LA County DCFS, please click on the link to login and verify the family.

- **Fiscal Compliance System**

Fiscal Compliance System is a web-based application for DCFS services contractors to enter their yearly fiscal Internal Control Questionnaire (ICQ) responses.

<https://myapps.dcfs.lacounty.gov/fiscalcat.html>


Fiscal Compliance System - Internet Explorer

https://myapps.dcfslacounty.gov/fiscalcat.html

County of Los Angeles [US]


MYAPPS.DCFS.lacounty.gov

Fiscal Compliance System



Los Angeles County Department of Children & Family Services

Fiscal Compliance System



User ID

Password

Login

[Agency user account support](#) [DCFS Employee password reset](#)



Los Angeles County Department of Children & Family Services

Fiscal Compliance System



[nobody](#) [User Manual](#) [Logout](#)

[Reset Password](#)[User ID Recovery](#)[Support](#)

Reset Password

* User ID

* Email *Registered email to DCFS only*

[Reset Password](#)[Return to Login](#)

Forgot User ID

* Email *System registered email only*

[User ID Recovery](#)[Return to Login](#)

Email for Support

For general questions on the application or log in issues, please email to

SAAS@DCFS.LACOUNTY.GOV

[Return to Login](#)


Fiscal Compliance System - Internet Explorer

https://myapps.dcfslacounty.gov/fiscalcat.html

County of Los Angeles [US]


MYAPPS.DCFS.lacounty.gov

Fiscal Compliance System



Los Angeles County Department of Children & Family Services

Fiscal Compliance System



User ID

Password

Login


[Agency user account support](#) [DCFS Employee password reset](#)

Change Password - Internet Explorer


http://dcfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:3:4410791129177:::

Change Password

ag User Manual Logout

 Los Angeles County Department of Children & Family Services

Fiscal Compliance System



User Password Management

* Current Password

* New Password

* Verify New Password

Change Password

release 1.0.0

Password Requirements

1. Must have at least 8 characters and no more than 15 characters.
2. Must have one upper case alphabetic character.
3. Must have at least one numeric character.
4. Cannot use previous password.

FILEMESSAGEMcAfee E-mail Scan

Ignore

Junk

Delete

Reply

Reply All

Forward

More

Meeting

Kinship

Team Email

Reply & Delete

To Manager

Done

Create New

Move

Rules

OneNote

Actions

Mark Unread

Categorize

Follow Up

Translate

Find

Related

Select

Zoom

Thu 10/8/2015 3:52 PM

donotreply@dcfs.lacounty.gov

DCFS/FISCAL Compliance System - User password changed

To Calvin Hoang; Justine Park; Donna Li; Jerry Fong (BIS)

Retention PolicyInbox 3 Year (3 years)

Expires10/7/2018

You have updated your password for your account at DCFS/FISCAL Compliance System.

[Click here to access the system.](#)

Do not reply to this automated email

See more about donotreply@dcfs.lacounty.gov.

Fiscal Compliance System - Internet Explorer

https://myapps.dcfslacounty.gov/fiscalcat.html

County of Los Angeles [US]

Fiscal Compliance System

Los Angeles County Department of Children & Family Services

Fiscal Compliance System

User Manual Logout

Contact Internal Control Questionnaire

Contractor Information

* Contractor Name: Aspiranet

* Preparer Name:

* Date Completed:

* Fiscal Year: 2015-2016

SECTION 1: ADMINISTRATIVE

Next >

1. Does your agency have a fiscal policy and procedures manual? * 1. ☐ Y ☐ N

2. Does your Agency have an employee handbook? * 2. ☐ Y ☐ N

3. Is your Agency an approved Federal and State tax-exempt organization? * 3. ☐ Y ☐ N

4. Does your Agency file timely quarterly and yearly tax statements? * 4. ☐ Y ☐ N

release 1.0.0

Fiscal Compliance System - Internet Explorer

https://myapps.dcfss.lacounty.gov/fiscalcat.html

County of Los Angeles [US]

Fiscal Compliance System

Los Angeles County Department of Children & Family Services

Fiscal Compliance System

User Manual Logout

Contact Internal Control Questionnaire

Primary Contact Change Password

Primary Contact Information

* Title

Prefix

* Last Name

* First Name

Middle Initial

Suffix

* Contact Email

* Phone Ext.

Fax

* Address 1

Address 2

* City

* State

* Zip Code -

Fiscal Compliance System - Internet Explorer


https://myapps.dcfslacounty.gov/fiscalcat.html

County of Los Angeles [US]

Fiscal Compliance System


User Manual

Logout



Los Angeles County Department of Children & Family Services

Fiscal Compliance System



ContactInternal Control Questionnaire

Contractor Information

* Contractor Name:Aspiranet

* Date Completed:

* Preparer Name:Preparer Name

* Fiscal Year:2015-2016

SECTION 1: ADMINISTRATIVE

Next >

1. Does your agency have a fiscal policy and procedures manual?

* 1. ☒ Y ☐ N

2. Does your Agency have an employee handbook?

* 2. ☒ Y ☐ N

3. Is your Agency an approved Federal and State tax-exempt organization?



* 3. ☒ Y ☐ N

4. Does your Agency file timely quarterly and yearly tax statements?

* 4. ☒ Y ☐ N

release 1.0.0

Fiscal Compliance System - Internet Explorer
https://myapps.dcfslacounty.gov/fiscalcat.html
County of Los Angeles [US]
Fiscal Compliance System
ag1
User Manual
Logout


Los Angeles County Department of Children & Family Services

Fiscal Compliance System

Contact
Internal Control Questionnaire

SECTION 2: FINANCIAL POSITION
< Previous
Save
Next >

5. Is your Agency's financial reporting period on a calendar year or Fiscal Year?

If Fiscal Year, please provide period:

* 5. Fiscal Year
Calendar Year
Fiscal Year
From: To: Oct 2015

6. Does your Agency complete yearly financial statements (e.g. Balance Sheet, Income Statement, Trial Balance, and Cash Flow statement)?

7. Does your Agency employ a Certified Public Accountant or state-licensed public accountant to conduct audits of your financial statements, who does not have a relationship with the functions or activities being audited, or with the provider, its Board of Directors?

If yes, are they conducted annually or every three years?

8. Does your Agency loan/advance Department of Children and Family Services (DCFS) funds to anyone?

If yes, what amount was loaned and/or advanced?

9. Does your Agency invest DCFS contract funds?

If yes, what amount was kept in a higher risk investments (e.g. stocks and bonds)?

10. Does your Agency operate any other programs?


If yes, please indicate program(s):


* 6. Su Mo Tu We Th Fr Sa
* 7. 1 2 3
4 5 6 7 8 9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
* 8. 25 26 27 28 29 30 31
Amount:
* 9. Y N
Amount:
* 10. Y N
Add Remove

Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:5:10528986820770::NO:::8success_msg=Section' LAKids Home Page Questionnaire

ag1 User Manual Logout

Los Angeles County Department of Children & Family Services

Fiscal Compliance System

ContactInternal Control Questionnaire

SECTION 2: FINANCIAL POSITION

< PreviousSaveNext >

5. Is your Agency's financial reporting period on a calendar year or Fiscal Year?

If Fiscal Year, please provide period:

6. Does your Agency complete yearly financial statements (e.g. Balance Sheet, Income Statement, Trial Balance, and Cash Flow statement)?

7. Does your Agency employ a Certified Public Accountant or state-licensed public accountant to conduct audits of your financial statements, who does not have a relationship with the functions or activities being audited, or with the provider, its Board of Directors?

If yes, are they conducted annually or every three years?

8. Does your Agency loan/advance Department of Children and Family Services (DCFS) funds to anyone?

If yes, what amount was loaned and/or advanced?

9. Does your Agency invest DCFS contract funds?

If yes, what amount was kept in a higher risk investments (e.g. stocks and bonds)?

10. Does your Agency operate any other programs?

If yes, please indicate program(s):

* 5. Fiscal Year

From: 07/31/2015

To: 06/30/2016

* 6. Y N

* 7. Y N

-- Select an audit period --

* 8. Y N

Amount:

* 9. Y N

Amount:

* 10. Y N

AddRemove



Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/www_flow.accept

LAKids Home Page

Questionnaire

ag1 User Manual Logout



Los Angeles County Department of Children & Family Services

Fiscal Compliance System

ContactInternal Control Questionnaire

SECTION 2: FINANCIAL POSITION

< PreviousSaveNext >

5. Is your Agency's financial reporting period on a calendar year or Fiscal Year?

If Fiscal Year, please provide period:

6. Does your Agency complete yearly financial statements (e.g. Balance Sheet, Income Statement, Trial Balance, and Cash Flow statement)?

7. Does your Agency employ a Certified Public Accountant or state-licensed public accountant to conduct audits of your financial statements, who does not have a relationship with the functions or activities being audited, or with the provider, its Board of Directors?

If yes, are they conducted annually or every three years?

8. Does your Agency loan/advance Department of Children and Family Services (DCFS) funds to anyone?

If yes, what amount was loaned and/or advanced?

9. Does your Agency invest DCFS contract funds?

If yes, what amount was kept in a higher risk investments (e.g. stocks and bonds)?

10. Does your Agency operate any other programs?

If yes, please indicate program(s):

* 5. Fiscal Year

From: 07/31/2015

To: 06/30/2016

* 6. Y N

* 7. Y N

Annually

* 8. Y N

Amount:

* 9. Y N

Amount:

* 10. Y N

Add Remove

Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/www_flow.accept

LAKids Home Page

Questionnaire

funds to anyone?

If yes, what amount was loaned and/or advanced? Amount:

9. Does your Agency invest DCFS contract funds? * 9. ☐ Y ☒ N

If yes, what amount was kept in a higher risk investments (e.g. stocks and bonds)? Amount:

10. Does your Agency operate any other programs? * 10. ☒ Y ☐ N

If yes, please indicate program(s): Add Remove

11. Does your Agency receive funds from counties other than Los Angeles for Group Home and/or Foster Family Agency services?

If you answer "No" to questions 10 AND 11, skip question 12.

12. Does your Agency have a current Cost Allocation Plan?

13. Did your Agency obtain loans from sources other than a banking institution (e.g. Agency employees, Board of Directors members, relatives of Agency employees or Board members, etc.)?

If yes, please indicate:

13A. Did your Agency have loan agreements?

13B. Are the loan agreements signed by both parties?

13C. Are the loans non-interest bearing?

14. Does your Agency receive donation?

If yes, how much in the current reporting period?

release 1.0.0

Search Dialog - Internet Explorer

CHILD CARE STAFFING SERVICES
EDUCATION CONSULTANTS

AB1733/2994 (CAPIT)

ACADEMIC REMEDIATION SERVICES (CYFC)

ADOPTION PROMOTION AND SUPPORT SERVICES (APSS)

CASE FILE RECORDS MANAGEMENT

CHILD ABUSE PREVENTION & EARLY INTERVENTION PROGRAM FOR DEVELOPMENTALLY DISABLED (ALMA FAMILY SERVICES)

CHILD CARE STAFFING SERVICES

CHILD WELFARE SERVICES-NEW SYSTEM (CWS-NS)

COMMUNITY CHILD ABUSE COUNCILS COORDINATION (CCACC)

COMMUNITY TREATMENT FACILITY

DILIGENT RECRUITMENT OF FAMILIES FOR CHILDREN IN FOSTER CARE SYSTEM

EDUCATION ADVOCACY & LIAISON AND INTERVENTION SERVICES

EDUCATION CONSULTANTS

EMERGENCY SHELTER CARE

Next >

Questionnaire - Internet Explorer

http://dfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:5:35141749707963::NO::PS_DISPLAY_SECTION:2

Questionnaire

if yes, are they conducted annually or every three years?

-- Select an audit period --

8. Does your Agency loan/advance Department of Children and Family Services (DCFS) funds to anyone?

If yes, what amount was loaned and/or advanced?

9. Does your Agency invest DCFS contract funds?

If yes, what amount was kept in a higher risk investments (e.g. stocks and bonds)?

10. Does your Agency operate any other programs?

If yes, please indicate program(s):

11. Does your Agency receive funds from counties other than Los Angeles for Group Home and/or Foster Family Agency services?

If you answer "No" to questions 10 AND 11, skip question 12.

12. Does your Agency have a current Cost Allocation Plan?

13. Did your Agency obtain loans from sources other than a banking institution (e.g. Agency employees, Board of Directors members, relatives of Agency employees or Board members, etc.)?

If yes, please indicate:

13A. Did your Agency have loan agreements?

13B. Are the loan agreements signed by both parties?

13C. Are the loans non-interest bearing?

14. Does your Agency receive donation?

If yes, how much in the current reporting period?

8. ☒ Y ☐ N

Amount

9. ☒ Y ☐ N

Amount

10. ☒ Y ☐ N

Add Remove

CHILD CARE STAFFING SERVICES
EDUCATION CONSULTANTS

11. ☒ Y ☐ N

12. ☒ Y ☐ N

13. ☐ Y ☒ N

13A. ☐ Y ☐ N

13B. ☐ Y ☐ N

13C. ☐ Y ☐ N

14. ☐ Y ☐ N

Amount

Next >


release 1.0.0

Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/www_flow.accept


Questionnaire

ag1ManualLogout



Los Angeles County Department of Children & Family Services

Fiscal Compliance System



ContactInternal Control Questionnaire

SECTION 3: BOARD OF DIRECTORS

< PreviousSaveNext >

15. Are there any "interested" or related parties (e.g. anyone paid by the corporation as an employee or independent contractor, or anyone related to someone who has received payment from the corporation) on the Agency's Board of Directors?

If yes, how many? Please explain.

Please provide the total number of members to your Board of Directors?

* 15. ☒ Y ☐ N

Explanation: Explanation is required.

Total Number: 24 of 3850

16. Is the Agency's Executive Director a voting member of the Board of Directors?

* 16. ☒ Y ☐ N

17. Does your Agency provide any compensation to the Board of Directors (e.g., as consultants, employees, or for attending meeting, etc.)?

If yes, please explain:

* 17. ☒ Y ☐ N

Explanation:

18. Does your agency Board meet at least every three (3) Months?

If yes, are the Board meeting minutes certified by the Board Secretary?

* 18. ☒ Y ☐ N

☐ Y ☐ N

Next >


release 1.0.0

Questionnaire - Internet Explorer


http://dcfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:5:2723979797989::NO::P5_DISPLAY_SECTION,PE

Questionnaire

ag1User ManualLogout



Los Angeles County Department of Children & Family Services

Fiscal Compliance System

ContactInternal Control Questionnaire

SECTION 4: CASH

< PreviousSaveNext >

19. Does your Agency have more than one bank account?

If yes, list all Agency bank accounts and indicate the account(s) that have contained DCFS funds:

20. If other program funds are maintain with DCFS funds in the same bank account, are revenues for each program clearly identifiable in the accounting records through the use of cost centers or separate accounts?

21. Frequency of cash receivables deposited?

21A. Does your Agency ensure those deposits remain intact?

22. Does your Agency use pre-numbered receipts to receipt all cash receipts (including checks)?

23. Does your Agency ensure that bank reconciliations are prepared by an individual with no cash handling responsibilities?

24. Does your Agency use electronic signatures?

If yes, are there any non-payroll expenditure checks signed by electronic signatures?

25. Do authorized check signers ever sign checks payable to themselves?

If yes, is a second signature required?

26. Does your Agency ever make checks payable to "CASH"?

If yes, based on the bank statement for the last three months, what is the total amount that was paid to "CASH"?

27. Does your Agency ever sign blank checks?


28. Does your Agency ever issue checks to employees for reasons other than payroll?

If yes, list the non-payroll checks paid to employees for the last three months.

* 19. Y N

eList - Internet Explorer

ag150034User ManualLogout



Los Angeles County Department of Children & Family Service

Fiscal Compliance System

QUESTION 19

CancelDeleteSave and Close

☐

Bank Account

Contain DCFS funds

☒

Bank of America

Y N

Add Row

release 1.0.0

Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:5:2723979797989::NO::P5_DISPLAY_SECTION,PE

Questionnaire

Fiscal Compliance System

Contact Internal Control Questionnaire

SECTION 5: EXPENDITURES

< Previous Save Next >

34. Does your Agency have a current list of persons authorized to sign checks on file? * 34. ☐ Y ☐ N

35. Does your Agency require at least two signatures to authorized checks for disbursement? * 35. ☐ Y ☐ N

36. Does your Agency's accounting system track expenses by program and funding sources? * 36. ☐ Y ☐ N

37. Does your Agency have any shared or indirect costs? * 37. ☐ Y ☐ N

38. Does your Agency maintain supporting documentation for each expense (e.g. invoices, receipts, approvals, etc.)? * 38. ☐ Y ☐ N

39. Does your Agency maintain written agreements with its independent contractors? * 39. ☐ Y ☐ N

39A. If yes, did the agreements include billing rates and a description of services being provided? 39A. ☐ Y ☐ N

39B. If yes, were expenditures properly supported (e.g. itemized receipt/invoice)? 39B. ☐ Y ☐ N

40. Were there any "interested" or related party transactions (e.g. Agency employees, Board of Directors members, relatives of Agency employees or Board members, etc.)? * 40. ☐ Y ☐ N

If yes, please explain:

Explanation:

41. Does your Agency maintain a petty cash fund? * 41. ☐ Y ☐ N

If yes, how many different funds?

Number of Funds:

What is the total amount of all funds?

Amount:

42. Does your Agency maintain an inventory list of all fixed assets and equipment? * 42. ☐ Y ☐ N ☐ NA

43. Does your Agency's inventory and equipment listing show the funding source(s)? * 43. ☐ Y ☐ N ☐ NA

44. Does your Agency require approval by the Board of Directors or their authorized representatives for fixed assets purchase with contract funds with an acquisition cost of \$5,000 or more? * 44. ☐ Y ☐ N

Next >

release 1.0.0

Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:5:2723979797969::NO::PS_DISPLAY_SECTION,PE

Questionnaire

Contact Internal Control Questionnaire

SECTION 6: PAYROLL AND PERSONNEL

< Previous Save Next >

45. Who handles the payroll functions of the Agency?

If contracted out, then provide the name of the contractor:

* 45.

Contractor Name(s):

46. How frequently and when are employees paid?

* 46. -- Select One --

Explanation:

47. Does your Agency prepare timecards for each pay period?

* 47. ☐ Y ☐ N

48. Does your Agency compensate anyone that does not complete a timesheet (e.g. Executive Director)?

* 48. ☐ Y ☐ N

48A. Does your Agency compensate anyone as an employee and as a contractor?

* 48A. ☐ Y ☐ N

49. Does your Agency have any employees who work on the DCFS program also work on other program?

If yes, please indicate how these employees' time is allocated (e.g. actual hours work, time study, etc.)

* 49. ☐ Y ☐ N

Explanation:

50. Does your Agency have any employees that are related to each other?

If yes, explain who they are and their job duties:

* 50. ☐ Y ☐ N

Explanation:

51. Does your Agency compensate any County employees (e.g. as consultants, employees, etc.)?

If yes, list the name of the County employee and his/her duties:

* 51. ☐ Y ☐ N

Explanation:

52. Does your Agency maintain an employee benefits log?

* 52. ☐ Y ☐ N

53. Does your Agency maintain a file for each employee that includes their current position, job description, rate of pay, and Fair Labor Standards Act status?

* 53. ☐ Y ☐ N

54. Does your Agency have any employees that also provide services as an independent contractor?

If yes, please list employee name, title, job description and provide contract agreement. Use a separated sheet if necessary.

* 54. ☐ Y ☐ N

List of Employees:

55. Does your Agency ensure time records are signed and approved by the employee and the employee's supervisor

* 55. ☐ Y ☐ N

Questionnaire - Internet Explorer

http://dcfsapxbin2.co.la.ca.us/pls/apextest/f?p=20150403010:5:2723979797989::NO::P5_DISPLAY_SECTION,PE

Questionnaire

ag1 User Manual Logout

Los Angeles County Department of Children & Family Services

Fiscal Compliance System

Contact Internal Control Questionnaire

CERTIFICATION

< Previous Submit

To be completed by the Contractor's Chief Executive Officer/Chief Financial Officer or a designee.

In compliance with the False Claims Act (31 U.S.C. § 3729-3733), I certify that all the information of this form is true and correct.

* Completed By: Justine Park

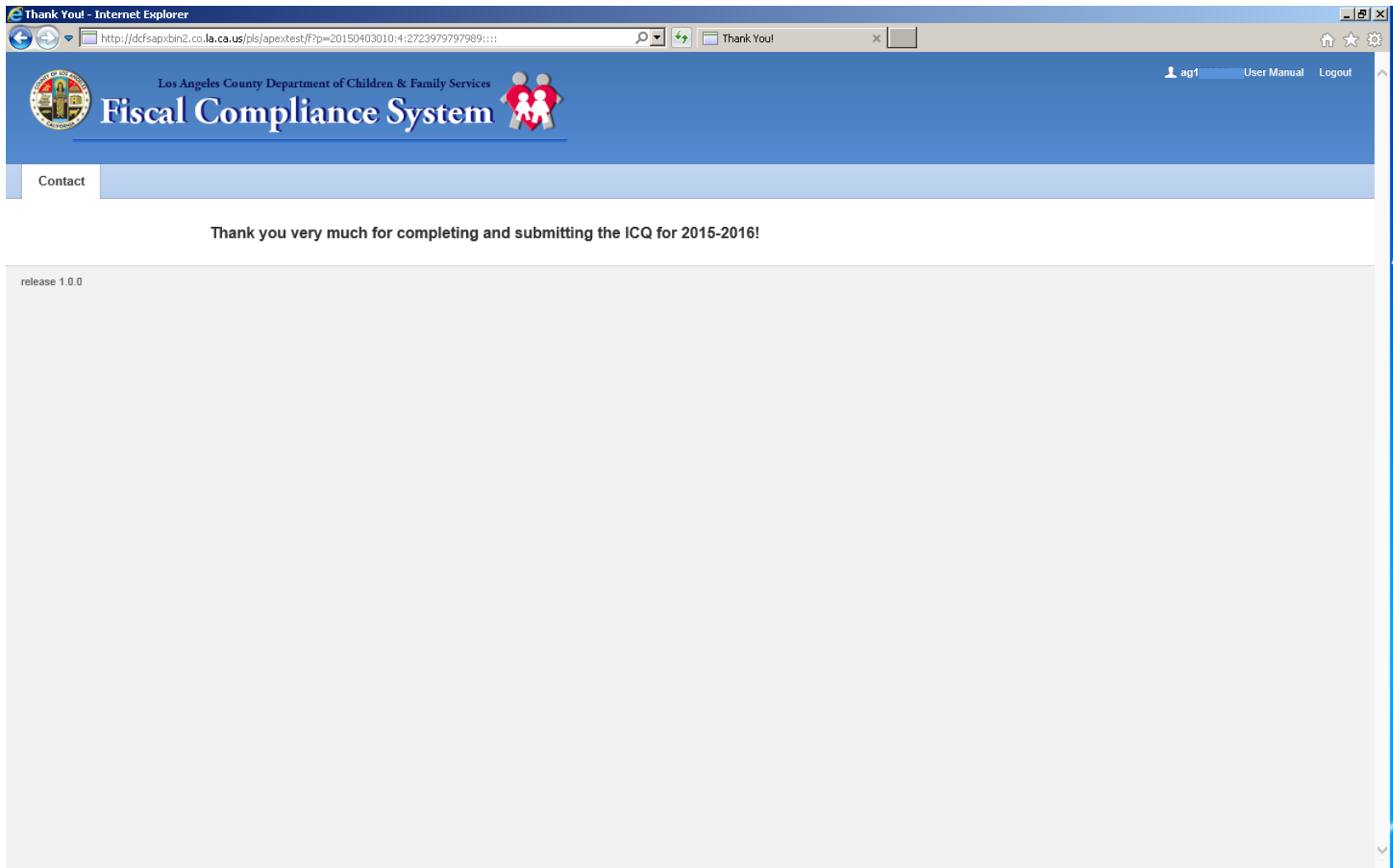
* Title: Presenter

release 1.0.0

Message from webpage

? You are about to submit ICQ. All answers are final once you submit.

OK Cancel



FILEMESSAGEMcAfee E-mail Scan

Ignore

Junk

Delete

Reply

Reply All

Forward

More

Meeting

More

Kinship

Team Email

Reply & Delete

To Manager

Done

Create New

Move

Move

Rules

OneNote

Actions

Mark Unread

Categorize

Follow Up

Translate

Find

Related

Select

Zoom

Fri 10/9/2015 11:57 AM

donotreply@dcfs.lacounty.gov

DCFS/FISCAL Compliance System - Completed ICQ Confirmation

To Calvin Hoang; Justine Park; Donna Li; Jerry Fong (BIS)

Retention PolicyInbox 3 Year (3 years)

Expires 10/8/2018

You have completed this fiscal year questionnaire at DCFS/FISCAL Compliance System. Thank you very much!

[Click here to access the system.](#)

Do not reply to this automated email

See more about donotreply@dcfs.lacounty.gov.

