



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

March 29, 2013

H. Tina Kim
Deputy Comptroller for Audit
Office of the New York City Comptroller
One Centre Street, Room 1100 North
New York, NY 10007-2341

Re: January 1, 2012 to December 31, 2012
Financial Integrity Statement

Dear Deputy Comptroller Kim:

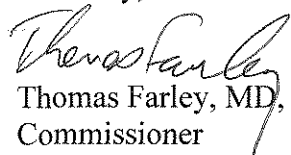
As required by the Comptroller's Directive #1 for the period January 1, 2012 to December 31, 2012, we conducted reviews of the Department of Health and Mental Hygiene's (DOHMH) internal controls. All DOHMH bureaus with relevant activities submitted checklist responses and provided explanations as needed.

No material weaknesses were identified during our review. In 2012, we continued to make progress in enhancing DOHMH's internal controls relevant to areas previously reported as having some weaknesses. These areas included inventory controls, the billing process for certain clinic services, system risk assessment, data classification, disaster recovery, and incident response.

In our opinion, DOHMH's present internal control structure, taken as a whole, is sufficient to meet internal control objectives that pertain to the prevention and detection of irregularities that would be material to the Agency.

The attached Financial Integrity Statement presents DOHMH's progress and continued efforts to improve compliance with relevant internal control objectives. If there are any questions regarding this submission, your staff should contact Sara Packman, Assistant Commissioner of Audit Services at (347) 396-6679.

Sincerely,


Thomas Farley, MD, MPH
Commissioner

mc/sp

Attachments

cc: Elizabeth Weinstein, Director, Mayor's Office of Operations
Patsy Yang, DrPH, Executive Deputy Commissioner & Chief Operating Officer
Sara Packman, DOHMH Assistant Commissioner, Audit Services

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PROGRESS STATEMENT / CORRECTIVE ACTION PLAN - DIRECTIVE #1
Calendar Year 2012

We have reviewed the internal controls of areas listed in the checklist as of December 31, 2012. The following sections summarize Department of Health and Mental Hygiene (the Agency)'s process and corrective actions in areas that require improvements.

PART A: EFFECTIVENESS AND EFFICIENCY

The Agency continues to enhance its internal controls to assure that its mission, goals and objectives are effectively and efficiently met and to improve its program review process to provide the Commissioner with regular updates. The Agency is updating its policies and procedures to reflect new regulations, technologies, and best practices. The Agency continues to enhance its risk assessment process to identify high risk areas and prioritize areas for audits. The Agency performs internal audits to verify that internal controls are designed and are operating effectively and that programs and functional areas are complying with established policies and procedures.

The Agency continues to monitor its compliance with Article 28 requirements and is implementing corrective actions to address identified weaknesses in collecting complete clinical data of services provided. The Agency has submitted Certificate of Need applications to correct operating certification for all Article 28 locations. The Agency is also preparing to file Medicaid Cost Reports for FY2010 and FY2011.

PART D: BILLING AND RECEIVABLES

The Agency continues to enhance controls in the collection of billing information for clinical services, system processing, and quality assurance reviews. The Agency is updating its policy and procedures to reflect the implemented improvements and provide ongoing training to personnel to ensure compliance with policies and procedures.

With regard to billing and receivables for early intervention services, the Agency is updating its policy and procedures to reflect the New York State's redesign of the Early Intervention Program.

Also, regarding receivables, the Agency is in the process of establishing a formal write-off policy, which will be consistent with Directive #21, and will be completed in April 2013.

PART F: INVENTORY

The Agency continues to focus on automating its manual processes and controls in tracking capital and non-capital assets. The Division of Informatics, Information Technology and Telecommunications (IITT) tracks all new computers using a new application (Distribution Management System: DMS), serial numbers, and equipment tags. All equipment at DOHMH

headquarters (a.k.a., Gotham Center) has been registered and inventoried based on the serial number in DMS. Computers that are no longer usable are retired following the approved city-wide procedures for retirement of personal computers (PC). The Divisions of IITT and Finance continue to ensure that all purchases of PC and IT equipment are procured with IITT oversight. PCs for all Agency sites are delivered centrally to the Agency's Distribution Center, where equipment is received and recorded according to established standard operating procedures. The Divisions of IITT, Finance and Administration are exploring system capabilities to track federal grant funded IT equipment purchases to perform physical inventory counts of the equipment, as required by federal grant regulations.

The Divisions of Administration and IITT are integrating the Warehouse Management System (WMS) with the Distribution Management System (DMS), and interfacing DMS with the Procurement system (ConTrak). The integrated system (a.k.a., PRISMS) will enhance the Agency's controls over its inventory. In 2012, the Agency deployed the use of PRISMS to track consumption of supplies at the Gotham Center.

The Bureau of Public Health Laboratory (PHL) within the Division of Disease Control (DC) does not have an automated system to track and record inventory activities for each lab, minimum/maximum inventory levels, reorder points, and expiration dates. The goal of PHL is to achieve a fully automated inventory system that encompasses every aspect of inventory tracking. PHL has consulted with IITT's Bureau of IT Solutions and Delivery (BITS/D) to acquire web server space for the new application, to access SQL server to house application databases, and to connect ancillary applications to PHL Powerlab or StarLIMS data, if needed.

With regard to capital assets valuation, impairment and disposition, the Agency is reviewing its inventory plans and records to update its policy and procedures consistent with Directive No. 30 requirements. The Agency also plans to use DMS to track capital assets for further enhanced controls.

PART H: MANAGEMENT INFORMATION SYSTEM (MIS): MAINFRAME/MIDRANGE

Vital Records is the only application that continues to use the mainframe because online ordering of vital records requires the mainframe to match vital events data with order data. The current vital events data on the mainframe is needed only for online ordering. In 2013, the mainframe will be integrated into the Electronic Vital Events Registration System (EVERS), and then will be retired.

PART I: MIS: PERSONAL COMPUTERS/LOCAL AREA NETWORKS

Backup and Recovery:

While waiting for DoITT's final disaster recovery plan for all City agencies and in light of Hurricane Irene (Summer 2011), IITT created the IT Business Continuity Unit. IITT is developing an interim agency-wide disaster recovery plan in coordination with the Office of Emergency Preparedness and Response (OEPR)'s Emergency & Continuity of Operations Planning (COOP) and the Agency's business divisions. The Agency's disaster recovery plan will

be aligned with DoITT's backup and records retention guidelines. Program-level disaster recovery capability already exists at the Bedford and Metrotech facilities.

A new yet redundant data center is being built in Metrotech. A few IITT-managed applications use Metrotech as their disaster recovery site. Moving other applications to Metrotech will require the purchase of servers and consulting services for the appropriate redundancy capacity for the applications. IITT regularly tests its infrastructure, redundant connectivity, remote access, power generator, IT staff recovery services capability, and the Agency's ability to maintain critical functions without DOHMH Data Center services.

Data Security:

With regard to data security, in 2012, DOHMH developed and/or updated seven policies; Email Retention, Acceptable Use of Office and Technology Resources, Mobile Device and Application Development and Deployment Standards, Data Transmission Policy, Password Management, Backup Data Retention, and Confidentiality Agreement for IITT Staff and Consultants. Each employee is required to electronically sign the agreement with the Acceptable Use of Office and Technology Resources policy during the network login process. This policy emphasizes the employee's roles and responsibilities of how to properly use the Agency's technology resources and handle electronic data. IITT's Backup Data Retention Policy, which is in accordance with Citywide standards, ensures that DOHMH has a secondary copy of application, database and file data in the event of data loss (e.g., due to an emergency or an inadvertent change or deletion).

In addition to IITT's access security audits, the Chief Privacy Officer (CPO) conducts full investigations of all security incidents with assistance from designated Confidentiality Coordinators and other staff. If disciplinary sanctions appear to be required, Human Resources and the Employee Law Unit are notified. IITT is working on a new application to monitor and perform annual logical access audits and recertification.

PART J: INTERNET CONNECTIVITY

With regard to access to DOHMH's network, the Agency published three policies; (i) Bring Your Own Device (BYOD), (ii) Managing Access to DOHMH Email, Applications and Network Drives and Folders, and (iii) Remote Network Access. In addition, DOHMH installed encryption capability on new mobile equipment and portable storage purchased since 2009. All agency laptops are encrypted and only encrypted USB drives are used for confidential or sensitive data. DOHMH policy requires employees to use only encrypted USB drives to physically transport confidential data. Further, to transfer files securely, the Agency uses Secure File Transfer Protocol (SFTP) and BisComm Secure File Transfer, which is a manual file transfer solution that will store the data encrypted. The BisComm Secure File Transfer validates users and reports on user activities. Also, the Agency uses an encrypted email to protect confidential information.

All DOHMH staff, consultants, and vendors who have access to sensitive data are required to sign a confidentiality agreement.

IITT will continue to work with DoITT to review DoITT-hosted applications, to seek DoITT accreditation, and to identify other applications that require DoITT's accreditation.

PART K: RISK ASSESSMENT, DATA CLASSIFICATION, AND INFORMATION SECURITY

IITT's Application Inventory and Development Resources Application (AIDR) classifies and categorizes all Agency applications based upon the sensitivity of the data within the system and the level of risk.

Public-facing applications that contain confidential data are subject to mandatory security testing by the IT Security Team. This method of application data classification is an effective means of identifying and classifying Agency data. Every web-based or public-facing application undergoes mandatory security testing before it is deployed, and all identified high-risk issues are addressed and mitigated before deployment. All existing web-based and public-facing applications are reviewed annually to ensure that they are in compliance with the Agency's Application Security Standard and are free of any high-risk and medium-risk vulnerability.

PART L: INCIDENT RESPONSE

In July 2012, IITT updated "IT Incident Escalation, Management and Reporting Policy and Procedure". This policy ensures that all DOHMH employees that manage IT services follow a standard protocol for escalating and managing an unplanned interruption or reduction in IT service quality. Incident severity is classified based on the number of people affected, duration of impact, and the breach in agreed-upon service level. All incidents must be reported in writing, and the implementation of Incident Resolution/Risk Reduction Plans is monitored through monthly progress reporting and quarterly summary reviews. IITT continues to increase the number of audits of security compliance of active web-based systems, and compliance with DOHMH Acceptable Use Policy. IITT staff will receive training on how to identify risk factors and apply correct tools to increase visibility of risky behaviors.

PART Q: INTERNAL AUDIT FUNCTION

The Bureau of Audit Services performs assessments of operational, financial and compliance controls associated with the Agency's processes and programs. The risk-based audit coverage factors in the input from senior management and prior audit results. Audit coverage addresses key areas of concern to the Agency and is dynamically adjusted to address emerging risks. Audit Services engages Certified Public Accounting firms through an RFP process to perform compliance and internal control audits of DOHMH's third-party providers.

The Assistant Commissioner for Audit Services reports the results of audits and assessments at the Quarterly Performance Reporting reviews to the Executive Deputy Commissioner/Chief Operating Officer who reports to the DOHMH's Commissioner.

STATEMENT ON THE STATUS OF AUDIT RECOMMENDATIONS REGARDING
INTERNAL CONTROLS DETERMINED TO BE UNRESOLVED IN PREVIOUS AUDITS
BY OVERSIGHT AGENCIES AND/OR FOLLOW-UP REVIEWS/STATUS UPDATE
REPORTS

FY'2012 SINGLE AUDIT

FY'2012 Single Audit Conducted by Deloitte and Touché (Issued: August 8, 2012)

The Single auditor found that DOHMH does not have a policy to perform a physical inventory count of equipment purchased with federal grant funds. Per federal grant requirements, a physical inventory count must be performed every two years for equipment purchased with federal grant funds. The Division of Finance will provide a list of current federal grant funds, where equipment was purchased with an acquisition cost of \$5,000 or more per unit. The Division of Finance and Division of Administration will create a Physical Inventory Count policy for federal grant funded equipment purchases.

NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES

Fiscal Monitoring Visit Conducted by the NYS Division of Homeland Security and Emergency Services (DHSES) Fiscal Monitoring Unit (Issued: February 17, 2012)

The NYS Division of Homeland Security and Emergency Services (DHSES) Fiscal Monitoring Unit performed a fiscal audit of DOHMH to obtain reasonable assurance that DOHMH is administering federal funds in accordance with applicable State and federal requirements. DHSES found that the Agency does not conduct physical inventory counts of equipment purchased with federal grant funds, as required. The corrective action for the 2012 Single Audit finding, stated above, will also address DHSES' finding.

DOHMH INTERNAL AUDIT REPORTS

Controls over Intra-city Payments and Fund Transfers (Issued: May 28, 2010)

An internal audit of DOHMH's controls over the process of intra-city payments and fund transfers found that the Divisions of Mental Hygiene (MH) and Health Care Access & Improvement (HCAI) did not have signed contracts with other New York City agencies or Memorandum of Understanding (MOU) that details the budget and scope of services to be provided by other New York City agencies. The audit also found a lack of monitoring plans in the MOUs of the Divisions of Disease Control (DC) and HCAI with New York City Health and Hospital Corporation (HHC).

The Divisions of MH and HCAI have taken steps to implement the audit report's recommendations. In 2011, the Division of MH signed and executed an MOU with HHC to provide Alcohol and Drug Use Prevention services. In 2012, the Bureau of Children, Youth, and Families within the Division of MH signed and executed an MOU. Currently, HHC is reviewing

and is expected to soon sign-off on the approximately 15 completed MOUs with the Division of MH. As for the Division of HCAI, it had signed and executed (i) a five-year MOU with HHC for Prison Health Services for FY'11 and (ii) a FY'12 MOU with HHC for Child Health Clinic Services.

Parking Permits with People with Disabilities (Issued: March 3, 2010)

DOHMH's Employees Health Program (EHP) continues to progress in its implementation of recommendations of an internal audit performed in 2010. The audit found that EHP needs to improve the process for scheduling, tracking and monitoring the timelines of assessments. In addition, the audit found that written procedures need to establish the criteria for monitoring contracted providers and to have a contingency plan in a situation where the contracting physician is unable to conduct assessments.

EHP has temporarily instituted a Paper Review Procedure with the vendor to review applications for parking permits for the disabled. The tracking of the receipt and approval of parking permits for the disabled is temporarily being performed manually with the use of Excel spreadsheets. Program management continues to work to develop an electronic version of the application, and to research options for the obtainment of an enhanced system that is dedicated to the tracking of the receipt, and approval or denial for a parking permit for the disabled.

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

		Enter "X" below to indicate answer							
		Yes	No	Partial Compliance	Not Applicable				
A.	EFFECTIVENESS AND EFFICIENCY								
<p>Internal controls are intended to provide reasonable assurance that program goals and objectives are effectively and efficiently met; laws and regulations are complied with; resources are adequately safeguarded and efficiently used; and, reliable data are obtained, maintained, and accurately and fairly disclosed in reports.</p> <p>This section provides broad questions to help the agency determine whether it is achieving its mission, goals and objectives in an effective and efficient manner, and whether organizational changes may impact its ability to continue to do so. Definitions for some of the terms used in this section follow.</p> <p>"Customers" are broadly defined as any/all users of the agency's external or internal services. "Customers" could include: the public, Federal or State funding sources, other City agencies, other units within the same agency, etc.</p> <p>"Inputs" are defined as measures of the quantity of resources used in achieving program goals and objectives (e.g., personnel, materials, etc.).</p> <p>"Outputs" are defined as measures of the quantity of service (e.g., the number of 911 calls the Police Department responded to in a given period).</p> <p>"Outcomes" are defined as measures of the accomplishments or results that occur because of the provided services, the outputs (e.g., a reduction in the crime rate for given period due to the efforts of the Police Department).</p> <p>"Significant Deviations" may be defined as 10 percent or greater. Agencies that feel that this is an inappropriate definition, may define the term differently, but should explain their definition as a note at the end of the checklist.</p>									
1.	Does the agency, division unit, etc., have a written mission statement (i.e., what it is expected to accomplish)?					X			
2.	Does the agency, etc. have a clear understanding of its mission?					X			
3.	Is the agency's mission(s) carried out with the highest quality, at the lowest cost, and with integrity?					X			
4.	Does the agency's mission reflect its customers' expectations?					X			

**NEW YORK CITY COMPTROLLER'S OFFICE
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AGENCY EVALUATION OF INTERNAL CONTROLS
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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
a) Do the customers have a clear understanding of the agency's mission?	X			
b) Does the agency have a process for getting periodic customer feedback (i.e., suggestions, compliments or complaints)?	X			
c) Are customer complaints reviewed and addressed, when considered necessary?	X			
5. Are the agency's goals/objectives defined in measurable terms?	X			
a) Are the agency's outcomes measurable?	X			
b) Does the agency have specific outcome measurements?	X			
c) Does the agency have specific output measurements?	X			
d) Are the agency's outputs measurable?	X			
6. Has the agency achieved its defined goals and objectives for the year under review?	X			
a) Were there no or only insignificant deviations between the expected and actual goals and objectives?	X			
b) Were there no or only insignificant deviations between the expected and actual outcomes (if they are being measured)?	X			
c) Were there no or only insignificant deviations between the expected and actual outputs (if they are being measured)?	X			
d) Were any significant deviations between the expected and actual goals, objectives, outcomes or outputs investigated and appropriate action taken?		X		
7. Do the indicators published in the Mayor's Management Report effectively reflect the agency's performance?	X			
a) Do the indicators reflect the agency's principal activities?	X			
b) Were any significant deviations investigated and appropriate action taken?	X			
c) Were the indicators, and the underlying indicator definitions and assumptions the same as the previous year?	X			
d) If not, were any indicator changes (including changes to the underlying definitions or assumptions) fully disclosed in the MMR?				X
8. Are agency programs conducted in accordance with clearly defined management policies?	X			
a) Are these policies in writing?			X	
b) Are these policies in accordance with the intent of applicable laws and regulations?	X			
c) Are these policies properly communicated to the appropriate agency staff?	X			
d) Are these policies reflected in formal written operating procedures?			X	
e) Are these procedures communicated to the appropriate agency staff?	X			
f) Are these policies periodically reviewed and updated as needed?	X			
g) Are these procedures periodically reviewed and updated as needed?	X			
h) Have these policies and/or procedures remained substantially the same within the past year?	X			

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
9. a) Are agency programs evaluated according to specific criteria for performance measurement?	X			
b) Are marginal or unsatisfactory levels of performance investigated?	X			
10. Are the agency's outputs compared to the agency's inputs through efficiency performance measures?	X			
11. Are efficiency measures compared over time or among programs?	X			
12. Are the agency's outcomes compared to the agency's inputs through effectiveness performance measures?	X			
13. Are effectiveness measures compared over time or among programs?	X			
14. Has there been less than a 10% turnover in personnel performing the same job, within the past year?			X	
15. Has the contracting out of a significant percentage of the agency's workload (i.e., more than 10% of the agency's OTPS budget) resulted in more effective delivery of service?	X			
At the same or less cost?		X		
16. Have compensating controls been put into place to adjust for any significant organizational changes?	X			
17. Are there any significant unresolved audit findings that have been open for more than one year?	X			

TOTALS: 36 2 3 1

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
<p>B. CASH RECEIPTS</p> <p>CASH RECEIPTS refers to Currency, Checks, Money Orders, Credit Card payments, and Electronic Fund Transfers. Sources of cash receipts include: sales, grants, taxes, fees and refunds. Internal Controls should provide reasonable assurance that cash receipts will not be misappropriated or stolen. These controls should be commensurate with the value of the receipts that are to be safeguarded. Controls include adequate segregation of duties, ongoing reviews and monitoring functions, adequate security and timely reconciliations. Information pertaining to cash management can be found in Comptroller's Directive #11, "Cash Accountability and Control."</p>				
1. Segregation of Duties:				
a) Are responsibilities for cash receipt functions segregated from those of cash disbursement?	X			
b) Are responsibilities for billing, collecting, depositing, and accounting for receipts performed by different individuals?	X			
c) Are responsibilities for preparing and approving bank account reconciliations segregated from other cash receipts or disbursement functions?	X			
d) Does someone independent of processing and recording cash receipts follow-up on checks returned for insufficient funds?	X			
2. Control Over Cash Receipts:				
a) Are cash receipts recorded immediately and deposited daily?	X			
b) If not, are the mitigating controls stated in Comptroller's Directive #11 followed?				X
c) Do separate collection centers forward a timely notice of cash receipts to the agency's central accounting unit?	X			
d) Are electronic fund transfer transactions controlled in accordance with Directive #11?	X			
e) Is cash on-hand properly secured (i.e., in a locked safe with a periodically changed combination known to few individuals)?				X
f) Is a restrictive endorsement placed on incoming checks as soon as they are received?			X	
g) Are incoming checks listed when received by someone separate from the accounting unit?			X	
h) Is this list independently reviewed and compared to cash receipts and deposit slips?			X	
i) For sale, or other transactions with the public, are prenumbered receipts provided to payers?	X			

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
j) Are these receipts issued in numerical sequence and accounted for numerically, including those that are voided?	X			
k) Are these receipts matched to collection reports on a daily basis?	X			
l) Are non-cash methods of payment (e.g., electronic funds transfers, checks, money orders) promoted, whenever possible?	X			
m) Does someone ensure that all bank accounts are approved by the Department of Finance and registered with the Comptroller's Office?	X			
n) Does someone ensure that all bank account closings are routed through the Department of Finance and the Comptroller's Office?	X			
o) For bank deposits, are checks separately listed on the deposit slip and confirmed to the cash receipts record?	X			
p) Are deposit bags safeguarded (e.g., locked)?	X			
q) Are deposits made by authorized personnel?	X			
r) If deposits are made by courier service, is the service adequately insured and/or bonded?	X			
3. Bank Reconciliations:				
a) Are all of the agency's bank accounts reconciled within 30 days of the statement date?	X			
b) Are outstanding checks and deposits in transit traced to the following month and followed up?	X			
c) Are copies of the June 30th reconciliations sent to the Comptroller's Office promptly?	X			
d) Are procedures for follow-up on checks returned for insufficient funds adequate?	X			
e) Are checks in excess of \$25 and outstanding over 6 months cancelled?		X		

TOTALS: 21 1 3 2

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
C. IMPREST FUNDS (PETTY CASH)					
<p>IMPREST FUNDS (PETTY CASH) is a type of agency fund used for minor expenses incurred in daily operations, and is periodically replenished. Although large sums of money are not usually involved, and this is a cash disbursement function, this fund requires similar controls as those needed for the management of cash receipts, since funds may be easily misappropriated or stolen. For information about managing imprest funds, see Comptroller's Directives # 3 & 11, "Procedures for the Administration of Imprest Funds," and "Cash Accountability and Control."</p>					
1.	Are the functions of authorizing purchases, disbursing petty cash, signing checks, signing vouchers, recordkeeping and bank reconciliations performed by different individuals in accordance with Directive #3?	X			
2.	Is a maximum dollar limit established for the imprest fund?	X			
3.	Is a separate bank account maintained for the imprest fund?		X		
4.	Are controls in place to ensure that no individual purchase or disbursement exceeds \$250, and that purchases are not split to circumvent the \$250 limit?	X			
5.	Are petty cash vouchers presented with all requests for reimbursement?	X			
6.	Do invoices paid by petty cash reflect proof of purchase?	X			
7.	Are cash invoices approved by a responsible person other than the petty cash custodian?	X			
8.	Does a responsible employee check and verify all vouchers and supporting documentation for completeness and authenticity prior to replenishing the fund?	X			
9.	Does someone, other than the employee with respect to question 7 examine and cancel paid vouchers to prevent duplicate reimbursement?	X			
10.	Are imprest funds promptly replenished?	X			
11.	Has a maximum amount been established that can be withdrawn from petty cash at one time?	X			
12.	Are independent, surprise counts of the petty cash fund and reconciliations to its records periodically conducted?	X			
13.	Is the petty cash secured in a locked safe with limited access?	X			
14.	Are petty cash slips pre-numbered?		X		

TOTALS: 12 2 0 0

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
D. BILLINGS AND RECEIVABLES					
<p>BILLINGS AND RECEIVABLES are related processes that are subject to manipulation for the purposes of misappropriation or theft of City funds. Internal Controls are intended to minimize the possibility of such improper actions. Billings involves sending out accurate and timely bills for services rendered or for monies due to the City. Receivables are accounts set-up to record monies owed to the City, including unexpended advances to contractors, and the subsequent receipt of monies that reduce or eliminate the outstanding receivable. The receivables should be reviewed and aged periodically to determine if other collection actions should be taken or if accounts should be written-off. For information regarding billings and receivables, refer to Comptroller's Directive #21, "Revenue Monitoring".</p>					
1.	Segregation of Duties: Are receivable accounts maintained by employees who do not handle cash receipts?	X			
2.	Billing:				
	a) Are fees for inspections, licenses, tuition, rent, permits and other revenues billed fully and promptly?			X	
	b) Are unexpended advances to agency contractors promptly recouped as provided for in covering contracts?	X			
	c) Are disputed billing amounts promptly investigated by an individual, independent of receivables recordkeeping?	X			
	d) Do procedures provide for the prompt filing of liens on properties for nonpayment when permitted by law?	X			
3.	Receivables:				
	a) Are all receivable accounts reconciled on a monthly basis as per Directive #21?	X			
	b) Are accounts aged periodically?	X			
	c) Is nonpayment of accounts followed-up?	X			
	d) Does the agency maintain written collection procedures?	X			
	e) Are they periodically re-evaluated by individuals of appropriate authority?	X			
	f) Are adjustments to receivables accounts independently reviewed?	X			
	g) Are overdue accounts transferred to the Law Department for litigation, or an outside collection agency, in accordance with Comptroller's Directive #21?	X			
4.	Write-Off Procedures:				
	a) Do write-off amounts receive the proper level of authorization as required by Directive #21?			X	

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
b) Is a formal write-off policy established as required by Directive #21?			X	
5. Claims for State and Federal Aid:				
a) Are all claims for State and Federal Aid filed by the agency within 30 days of the close of the period being claimed?	X			
b) Is the claim for nonpayment by State and Federal agencies followed-up within the required 30 or 45 days?	X			
c) Are disputed claims investigated promptly?	X			

TOTALS: 14 0 3 0

**NEW YORK CITY COMPTROLLER'S OFFICE
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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
<p>E. EXPENDITURES AND PAYABLES</p> <p>EXPENDITURES AND PAYABLES are monies paid or owed by the City for the procurement of services or goods. Due to the many steps in the procurement process and the large sums of monies that are expended, the review, authorization and inspection controls are the most important. Ongoing monitoring reduces the risk of improper actions and misappropriation, and ensures that the City obtains quality goods and services at economical prices.</p> <p>See the Procurement Policy Board Rules (PPBR) and Comptroller's Directives # 2, 9, 24, and 29 about issues pertaining to expenditures and payables.</p>					
1.	Segregation of Duties: Are the functions of ordering, receiving, invoice processing and voucher preparation performed by different individuals?	X			
2.	Procurement Practices:				
a)	Are all purchases authorized by personnel of the proper level of responsibility?	X			
b)	Have specific agency contract procedures been developed to ensure compliance with the City's Procurement Policy Board Rules (PPBR) for:	X			
	i. Contract Formation?	X			
	ii. Vendor Source Selection?	X			
	iii. Contract Award?	X			
	iv. Contract Administration?	X			
	v. Dispute Resolution?	X			
	vi. Maintenance of Records?	X			
	vii. Contract Change Orders?	X			
c)	When competitive bidding is not used are "special case" determinations (per PPBR) documented and approved by the Agency Chief Contracting Officer (ACCO)?	X			
d)	Was prior approval sought and received from the Comptroller and Corporation Counsel for emergency purchases (per PPBR)?	X			
e)	Is follow-up done for contracts that are not shown as registered with the Comptroller's Office?	X			
f)	Are prequalified vendor lists maintained and updated?	X			
g)	Are only bid submission forms that are typed or printed in ink (no erasures) accepted?	X			
h)	Does someone, other than the individual requesting the procurement, review the City's VENDEX listing, and the contractor's stated qualifications and references, to determine if the contractor is qualified?	X			

**NEW YORK CITY COMPTROLLER'S OFFICE
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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
i) Does the agency's ACCO review the information obtained from VENDEX and related qualification/reference information, in making decisions regarding the contractor's qualifications?	X			
j) Do all procurement personnel receive training in the PPBR as needed?	X			
k) Are there formal procedures for purchasing items under \$5,000 that are not required to be bid?	X			
l) Are purchase orders for similar items under \$5,000 from the same vendor reviewed to ensure that they are not split-orders meant to circumvent the PPBR?	X			
m) Is there contract monitoring and is information pertaining to the applicable program collected and evaluated periodically to determine if the goals related to the contract are being met?	X			
n) Is supplier performance evaluated at least once a year per PPBR and procedures established by the City Chief Procurement Officer (CCPO)?	X			
3. Encumbrances: Are all encumbrances (contracts and orders) more than 90 days old reviewed monthly and adjusted as necessary to reflect the value of goods and services still to be received?	X			
4. Accountability for Resources:				
a) Are quantities verified upon receipt of merchandise?	X			
b) Is the merchandise examined or tested for quality as soon as possible after delivery?	X			
5. Invoice and Voucher Processing Procedures:				
a) Are copies of purchase orders and receiving reports obtained directly from the issuing department?	X			
b) Are purchase orders, purchase requisitions, and vouchers all prenumbered and recorded?		X		
c) Are missing purchase orders and/or requisitions investigated?	X			
d) Are invoice quantities, prices and terms compared with those indicated on purchase orders?	X			
e) Are invoice quantities compared with those indicated on receiving reports?	X			
f) Are invoices checked for clerical accuracy?	X			
g) Do invoices above a set amount need additional approval?		X		
h) Are all paid invoices marked "cancelled", "paid", or "voided" to indicate that they have been processed for payment?	X			
i) Are procedures in place to ensure that payment vouchers are approved by two agency assigned FMS users in accordance with Directive 24?	X			
j) Are vouchers processed promptly for payment?			X	
k) Are cash discounts taken?	X			
l) Are exemptions from sales, Federal excise and other taxes claimed?	X			
m) Are invoices and supporting documents furnished to and reviewed by the signer prior to signing a voucher?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
6.	FMS Reconciliation:				
	a) Are agency expenditures and purchasing records reconciled on a timely basis to appropriate FMS reports for all funds?				
	b) Do FMS reports reflect vouchers properly authorized by agency personnel?	X			
	c) Does the agency have proper documentation to support all FMS vouchers?	X			
7	a) Has the agency established controls and procedures to assure the accuracy and integrity of all information entered into the City-wide FMS payee/vendor database, in accordance with Directive 29, so that payee/vendors receive the appropriate 1099 forms(1099-MISC, 1099-INT)?	X			
	b) Has the agency established controls and procedures to determine that a new payee/vendor has not already been validated in FMS?	X			
	c) Has the agency established controls and procedures to assure that the information used for a payee/vendor is accurate?	X			
	d) Has the agency established controls and procedures to assure that the CWA-VNDR99-001 report is promptly reviewed in accordance with Directive 29, and any erroneous information corrected?	X			

1 QUESTION REMAINS UNANSWERED

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
<p>F. INVENTORY</p> <p>INVENTORY primarily refers to items used by the Agency for its operations. However, it could also include items stored by the agency for disbursement to its branches or other agencies, or confiscated or obsolete goods that are being held for sale. Supplies and some non-capital assets are particularly susceptible to theft and misuse; while capital assets require specific procedures for their purchase, maintenance and disposal. All of these inventory items require strong controls to ensure accurate recordkeeping and good security. For information regarding Inventory issues, refer to Comptroller's Directives #10, 24, and 30.</p>				
<p>1. Supplies and Non-Capital Assets: (Supplies and Non-capital assets are charged to the expense budget. Excluding capital assets, all other assets fall under these two categories.)</p> <p>a) Are supplies and non-capital assets kept under the strict control of designated employees?</p>	X			
b) Are detailed records maintained for supplies and non-capital assets?			X	
c) Is the responsibility for supervising the use of physical inventories of supplies and non-capital assets segregated from that for the maintenance of detailed records?			X	
d) Have inventory levels been established in such a manner as to prevent excess accumulations or unavailability of items?			X	
e) Are perpetual inventory records (if a perpetual system is maintained) compared to physical inventory counts, and significant variances investigated?		X		
f) Are physical inventories conducted and supervised by individuals independent of the departments maintaining the assets?		X		
g) Are government assets in a contractor's custody promptly retrieved and accounted for upon final termination of such contract?	X			
h) Are expensive non-capital items (e.g., computers, cars) positively identified (tagged)?			X	
2. a) Capital Assets: Are responsibilities for initiating, evaluating, approving and recording capital expenditures, leases and maintenance or repair projects performed by different individuals?	X			
b) Is the responsibility for supervising the use of physical inventories for capital assets segregated from the maintenance of detailed records?	X			
c) Does an appropriate employee ensure that accurate and complete inventory records are maintained for all assets?	X			
d) For new projects, are the criteria in Directives 10 and 30 complied with when determining capital eligibility?	X			

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
e) For all capital projects, are the criteria in Directives 10 and 30 complied with when determining whether an expense is capital eligible?	X			
f) Are capital assets valued in accordance with Directive 30?	X			
g) Are all capital projects reflected in FMS in accordance with Directive 10 and Directive 30 requirements, and in a timely basis (in accordance with the <i>FMS Procedures Manual for Capital Assets</i>)?	X			
h) Are assets monitored to determine that there is no permanent impairment as detailed in Directive 30?	X			
i) Are assets that have permanent impairments written down in accordance with Directive 30 requirements?	X			
j) Are assets that have no further utility disposed of in accordance with Directive 30 requirements?	X			
k) Are capital assets held for resale, e.g., foreclosed assets, recorded in the General Fund, at their appropriate value as required by Directive 30?	X			
l) Are assets classified as infrastructure included in the capital asset inventory if they meet the eligibility criteria in Directives 10 and 30?	X			
m) Is an annual physical inventory performed for all capital assets and the records maintained as required by Directive 30?	X			
n) Are the agency inventory records reconciled to both the FMS capital asset information and the agency's internal capital asset records?			X	
o) Are metal numbered tags or other means of positive identification used to identify motor vehicles, office furniture, and other equipment?			X	
p) Are assets maintained properly?	X			
q) Are adequate controls in place over the sale of scrap?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
G. PAYROLL AND PERSONNEL					
<p>PAYROLL AND PERSONNEL management involves cyclical functions that begin by recording accurate personnel data such as employee's name and address, time worked, authorized expenses, correct wages, tax withholding information, etc. and ends with the payment/earnings distribution. Good internal controls in this area ensure that only those persons entitled to compensation are paid; and such compensation represents the correct amount of money that each person is entitled to. Accurate, earned leave balances should be accrued and recorded, and employees leaving city employment be paid for any unused leave in accordance with applicable requirements. Refer to Comptroller's Directives 13 (Payroll), 14 (Leave Balance Payments), and 19 (Recouping Payroll Overpayments). Note: These questions should be answered to assess if appropriate payroll controls are in place whether the individual agency is using CityTime or an earlier timekeeping system.</p>					
1.	Segregation of Duties:				
	a) Are responsibilities for supervision, timekeeping, personnel, payroll processing and disbursements all performed by different individuals?	X			
	b) Are comparisons (reconciliations) of gross pay of current to prior period payrolls reviewed for reasonableness by knowledgeable persons not otherwise involved in payroll processing?	X			
	c) Is payroll reviewed (including an examination of authorizations for any changes noted on the reconciliations) by an employee not involved in its preparation?	X			
2.	Payroll Processing:				
	a) Does the Personnel or Human Resources Department ensure that all new employees are promptly placed on the payroll?	X			
	b) Does the Personnel or Human Resources Department ensure that all employees who have retired, or resigned, or who are on leave without pay, etc., are promptly removed from the payroll?	X			
	c) Does the Personnel Department ensure that all changes in employment (additions and terminations), salary/wage rates and payroll deductions are properly authorized, approved and documented?	X			
	d) Are payroll records periodically checked against personnel records, and are any discrepancies investigated?	X			
3.	Timekeeping:				
	a) Are appropriate records maintained for accumulated employee benefits (e.g., vacation)?	X			
	b) Have adequate timekeeping procedures been established to insure that employees arriving late or leaving early are charged leave?	X			
	c) Are leave balances/records periodically checked to source documents?	X			
	d) Are negative leave balances properly investigated to determine the exact causes and appropriate action(s) subsequently taken?	X			

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
e) Are periodic checks made to verify that non-managerial employees are accumulating and using sick and annual leave properly?	X			
f) Are periodic checks made to verify that managerial employees are accumulating and using sick and annual time in accordance with Personnel Orders 88-5 and 97-2?	X			
g) Are periodic checks made to verify that non-managerial compensatory time is authorized, accumulated and used properly?	X			
h) Are procedures in place to ensure that employees whose personnel status changes (e.g., from non-managerial to managerial, or from part-time to full-time) are still accruing and using their leave balances appropriately?	X			
i) Are all proposed managerial lump sum payments submitted to the Comptroller's Office for approval, prior to payment, per Directive #14?	X			
4. Personnel:				
a) Are periodic reconciliations made between all payroll records and central master records to ensure that all data is up-to-date?	X			
b) Are notices of additions, separations, and changes in salaries, wages, and deductions reported promptly to the payroll processing function?	X			
c) Is there a waiver (approval) on file for all employees that work for the City but live outside its limits? (Section 1127 which states employees will pay City taxes)	X			
d) Are Federal and New York State withholding status forms on file?	X			
e) Are there adequate controls to ensure that Form DP-1021 is submitted to the City's Personnel Department for each employee who is securing additional employment in any other civil service position in New York City or with any other governmental agency?	X			
f) Are controls in place to ensure compliance with DCAS Personnel Services Bulletin # 440-10 (transmitted 6/30/97) regarding Jury Duty?	X			
5. Disbursements:				
a) Are paychecks inadvertently generated for persons no longer on the payroll, returned immediately to the Office of Payroll Administration?	X			
b) Are all undistributed checks or payroll stubs for those who receive them, logged-in and their disposition noted?	X			
c) Are payroll registers adequately reviewed and approved before disbursements are made?	X			
d) Are employees required to sign for their paychecks or payroll stubs for those who receive them?	X			
e) Are all requests in writing with respect to holding a paycheck (or payroll stub for those who receive them) or authorizing someone else to claim it?	X			
6. Supervision:				
a) Is overtime properly authorized?	X			
b) Are adequate supervisory controls, such as field observations and productivity standards, established with regard to persons working in the field?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
7.	PMS Reports:				
	a) Are PMS reports, such as employee's leave, overtime, and absence control, reviewed periodically by management?	X			
	b) Are there adequate controls to ensure that no paycheck will be released to an employee until a time card, approved by a supervisor has been submitted to the Payroll Department as required by PMS regulations?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
H.	MANAGEMENT INFORMATION SYSTEMS (MIS): MAINFRAME/MIDRANGE				
	As the City stores increasing amounts of information in a computerized medium, it becomes increasingly important to assure that this data is reliable and adequately protected from unauthorized access, manipulation or destruction. An equally significant concern is whether the City is acquiring its computer hardware and software in a planned manner to ensure that anticipated future information processing, storage and retrieval needs are met.				
	The Department of Information Technology and Telecommunications (DoITT) has assumed the responsibility for information security policy formulation. It has published the Citywide Information Security Policies and Standards, which City agencies must comply with. Some of these have been classified as public documents and are available at: http://www.nyc.gov/html/doitt/html/business/security.shtml Others are internal and are available to authorized users on the City's intranet. Comptroller's Directive #18, "Guidelines for the Management, Protection & Control of Agency Information & Information Processing Systems" provides additional guidance.				
I.	Planning and Organization:				X
	a) Is there a MIS planning/steering committee?				X
	b) Has management established:				
	i. A written long range MIS plan?				X
	ii. A written short range MIS plan?				X
	c) Has management shared both its long range and short range plans with the appropriate field personnel?				X
	d) Has management established MIS policies, procedures and standards?				X
	e) Do these policies, etc. comply with DoITT Citywide Information Security Policies and Standards?				X
	f) Is there segregation of duties between MIS and the accounting and operating departments for which it processes data?				X
	g) Within the MIS organization are there separate and distinct groups responsible for:				X
	i. Operations?				X
	ii. Applications Development?				X
	iii. Applications Maintenance?				X
	iv. Quality Assurance?				X
	v. Technical Support?				X
	vi. Systems Programming?				X
	h) Are there written MIS position descriptions?				X
	i) Is there an internal MIS audit group?				X
	i. Reporting to MIS?				X

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
ii. Reporting to the Internal Audit Department?				X
j) Has any aspect of MIS been audited within the last four years? If so, please attach a list of the reports, organizations that issued them, and dates of issuance.				X
k) Are computer processing services provided by:				X
i. The Department of Information, Technology & Telecommunications?				X
ii. The Financial Information Services Agency?				X
iii. In-house personnel?				X
iv. Any other City agency?				X
v. Other vendors?				X
2. Systems Development Controls:				
a) Are new systems developed in accordance with DoITT's Systems Development Life Cycle (SDLC)?				X
b) Is there user involvement in systems development?				X
c) Is a separate Quality Assurance function used to assess the adequacy and appropriateness of system enhancements and/or new systems, as they are being developed?				X
d) Are the costs of system enhancements and/or new systems monitored and recorded on a system-by-system basis?				X
3. a) Does the agency maintain a list of all systems currently being developed?				X
b) Does the list identify: how each was procured?				X
i. Whether the system was approved (if applicable) by the Information Technology Steering Committee?				X
ii. Whether the system was approved by the Citywide Chief Information Security Officer (CISO)?				X
iii. Whether system maintenance was or will be purchased from an external vendor?				X
c) If the answer to a. is "Yes," please provide an agency contact for the list. Agency contact: Title: Telephone #				
d) Please enclose a copy of the list with your Directive 1 submission. Have you submitted the requested copy?				X
4. Application and System Software Maintenance:				
a) Are there written standards for the maintenance of applications software?	X			
b) Are application system modifications tested before implementation?	X			
c) Do operating departments (end-users) approve the test results?	X			
d) Is application system documentation revised to reflect the changes?			X	
e) Is an independent group, other than those groups responsible for applications development or maintenance, responsible for changes to computer operating system software?	X			
5. Documentation of Systems:				
a) Are there written standards for the documentation of computer applications?			X	

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
b) Do the documentation standards include:				
i. Data ownership and criticality classification?	X			
ii. Data syntax rules (file naming conventions)?	X			
iii. Security levels?	X			
iv. Comparison of information architecture to similar organizations?		X		
c) Do these standards require that such documentation include:				
i. Application overview?	X			
ii. Data dictionary?	X			
iii. A description of paper or other input sources?	X			
iv. User procedures?	X			
v. System processing?	X			
vi. Computer operations procedures?	X			
vii. A description of the system's output?	X			
viii. Instruction for report and output distribution?	X			
d) Are there written programming standards?			X	
e) Is adequate documentation maintained for computer operating systems software including:	X			
i. Version?	X			
ii. Parameters selected?	X			
iii. Modifications?	X			
iv. Computer operations procedures?	X			
v. Compliance with software licensing agreements and copyright laws?	X			
f) Is the documentation for all data processing systems adequate to ensure that the organization could continue to operate if key MIS employees, and/or key consultants leave?	X			
6. a) Does the agency maintain a list of all critical mainframe systems?	X			
b) Does the list provide a brief description of each system?	X			
c) If the answer to a) is "Yes," please provide an agency contact for the list.	<p align="center">Ronald Laboy EVERS Product Manager 347-396-2297</p>			
Agency Contact for List:				
Title:				
Telephone #				
d) Please enclose a copy of the list with your Directive 1 submission. Have you submitted the requested copy?	X			
7. Physical and Logical Security:				
a) Is physical access to computer operations facilities restricted to authorized personnel?	X			
b) Has all computer hardware been marked with, or can be identified by, the Agency Asset Identification number?	X			
c) Does policy prohibit MIS personnel from originating financial transactions?	X			
d) Is there an independent data security administrator?	X			
e) Is a general purpose security software product used to restrict logical access to data and to prevent data entry by unauthorized individuals?	X			
f) Do users have the capability of dialing into systems from a remote location?		X		
g) If so, are all such sessions authenticated by the system?				X

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
8.	Systems Operations Controls:				
a)	Is a computer operations schedule used to ensure timely submission and control over work?	X			
b)	Has that schedule been approved by:	X			
i.	The operating departments?	X			
ii.	The MIS department?	X			
c)	Are there detailed written instructions for the operation of each system?	X			
d)	Is there a log of computer operations activities?	X			
e)	Are these logs maintained for at least one year?	X			
f)	Are these logs reviewed by MIS management?			X	
g)	Are computerized records retained in accordance with an established schedule?	X			
h)	Does the data retention schedule comply with applicable legal requirements (i.e., in accordance with Department of Records and Information Services [DORIS] standards)?	X			
9. a)	Backup and Disaster Contingency Plans: Are backup copies of computerized records made on a regular schedule?				X
b)	Are additional backup copies of computerized records kept at a secure off-site location?				X
c)	Is there a written contingency and disaster recovery plan? When was it updated?				X
d)	Is the disaster recovery plan based upon an agency-wide information protection plan which assesses the agency's information risks and vulnerabilities?				X
e)	Does the agency have its own user site contingency and disaster recovery plan?				X
f)	For agencies maintaining their own data processing facilities, is the plan tested semiannually?				X
g)	For agencies whose processing facilities are supplied by an outside vendor or another City agency, has the agency participated in a semiannual disaster recovery test?				X
h)	Has the plan been tested within this calendar year? If the answer is "Yes," please provide the date.				X
10.	Execution and Authorization of Transactions:				
a)	Are there adequate controls over preparation and approval of input transactions by the operating departments?	X			
b)	Is there adequate MIS editing and validation of data entry (i.e., testing dollar fields for numeric data, testing for duplicate numbers)?	X			
c)	Are there adequate controls to assure that all transactions are accurately recorded and promptly posted?	X			
d)	Are there reconciliation procedures for batch processing?	X			
e)	Are rejected records corrected and reprocessed?	X			
f)	Do user controls include reconciliation of input to output?	X			
g)	Are system outputs reviewed for reasonableness?	X			
h)	Do the system balancing procedures reconcile opening balances plus current input to the closing balances?	X			

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
i) Are source documents retained in accordance with an approved schedule?	X			
j) Do all transactions have a readily accessible source document?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
I. MANAGEMENT INFORMATION SYSTEMS (MIS): PERSONAL COMPUTERS/LOCAL AREA NETWORKS					
This section raises the same concerns as Section H.					
1.	Personal Computer Procedures and Standards:				
a)	Have all employees, consultants and contractors who access information systems received a copy of DOITT's User Responsibilities Policy?	X			
b)	Has management established agency wide policies, procedures and standards for the installation and use of Personal Computers (PC)?	X			
c)	Do these comply with DoITT's Citywide Information Security Policies and Standards?	X			
d)	Have these policies, procedures, and standards been communicated to appropriate field personnel?	X			
e)	Do these policies, procedures and standards address the following issues:				
	i. Standardization of software?	X			
	ii. Standardization of hardware?	X			
	iii. Data retention?	X			
	iv. Data recovery?	X			
	v. Data Security?	X			
	vi. Application development controls?	X			
	vii. Inventory of hardware?	X			
	viii. Inventory of software?	X			
	ix. Compliance with software licensing agreements and copyright laws?	X			
f)	Do these policies, procedures and standards provide appropriate controls over the:				
	i. Use of the computers?	X			
	ii. Standardization of software?	X			
	iii. Periodic copying of programs and data?	X			
	iv. Acceptance and installation of new equipment?	X			
	v. Inventory of all hardware?	X			
	vi. Inventory of all software?	X			
	vii. Compliance with software licensing agreements and copyright laws?	X			
g)	Have all PCs and related hardware been marked with an Agency Asset Identification number?	X			
2.	Local Area Network Procedures and Standards:				
a)	Has management established agency-wide policies, procedures and standards for the installation and use of Local Area Networks (LANS)?	X			
b)	Do these comply with DoITT's Citywide Information Security Policies and Standards?	X			
c)	Do these policies and procedures define an Agency Support Function and its associated responsibilities?	X			

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
d) Do these policies and procedures address adherence to copyright infringement terms and licensing agreements for leased and purchased LAN software?	X			
e) Do these policies and procedures address:	X			
i. Program testing?	X			
ii. Documentation?	X			
iii. Backup and recovery?	X			
f) Are the policies and procedures reviewed and updated to reflect changes in technology, the organizational structure, and management directives?	X			
g) Do the policies and procedures reflect the agency's position on employees' personal, non-business related use of agency workstations?	X			
h) Do the policies and procedures address the need for applicable training from either in-house or external consultants, as appropriate?	X			
3. Agency Support Function:				
a) Is there a centralized group (or individual) designed to support end-user LAN installations?	X			
b) Is the support function adequately staffed?	X			
c) Are remote workstation processing locations provided with helpdesk consultation service for problems relating to workstation hardware and software?	X			
d) Are evaluations performed to avoid designing applications for LANs, for functions that can be performed more economically on the agency's mainframe computer?				X
4. Local Area Network Installations:				
a) Is there an inventory of all LANs currently installed throughout the agency?	X			
b) Are specific personnel assigned the functional responsibilities for LAN control and security?	X			
5. LAN Hardware:				
a) Are procedures in place to ensure hardware maintenance is performed on a periodic basis?	X			
b) Are alternative vendors available to provide hardware support if the current vendor fails to provide adequate support?		X		
c) Are there procedures for the disposition of surplus hardware?	X			
6. LAN Software:				
a) Is there a LAN purchased/leased software inventory list and is it kept current?	X			
b) Have procedures been developed and distributed to ensure compliance with software maintenance contracts and licensing agreements?	X			
c) Are LAN users knowledgeable of and in compliance with copyright infringement terms and licensing agreements for leased and purchased LAN software?	X			
d) Are network versions of LAN software being used (including any that may be licensed for off network use on individual drives)?	X			

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
e) Do vendors of LAN software provide maintenance agreements which clearly define maintenance services and costs, and make source code available if the vendor goes out of business?	X			
f) Are backup copies made of all software before installation on the LAN?	X			
7. a) Does the agency maintain a list of all systems currently being developed?	X			
b) Does the list identify: how each was procured?	X			
i. Whether the system was approved by the Information Technology Steering Committee (as applicable)?	X			
ii. Whether the system was accredited, if required, by the Citywide Chief Information Security Officer (CISO)?				X
iii. Whether system maintenance was or will be purchased from an external vendor?	X			
c) If the answer to a) is "Yes," please provide an agency contact for the list. Agency contact:	Jian Liu			
Title:	Deputy Commissioner, IIT & CIO			
Telephone #	347-396-2211			
d) Please enclose a copy of the list as part of your Directive 1 submission. Have you enclosed the requested copy?	X			
8. Physical Security Controls:				
a) Are workstations physically secure during and after normal business hours?			X	
b) Do locations (e.g., individual workstations, file servers, etc.) have adequate fire detection and prevention facilities?			X	
c) Do workstations log-off when not attended during business hours, or after hours?			X	
d) Are passwords changed periodically?	X			
e) Is password modification:				
i. required by the Network operating system?	X			
ii. manually controlled and enforced?	X			
iii. if manual, are there procedures to ensure password changes?	X			
f) Do policies and procedures prohibit user identification and confidential passwords to be written on or near the workstations or work areas?	X			
g) Are workstations with access to private or confidential data shielded from view by unauthorized personnel?	X			
h) Are log-on system commands, and on-line transaction documentation manuals placed in a secure area when not in use?	X			
i) Has each user department designated a person to be responsible for controlling access to and use of the department's workstations?	X			
j) Is a log maintained of all departmental personnel authorized to use workstations?	X			
k) Are workstation IDs and passwords changed, when departmental personnel are terminated or transferred?	X			
l) Are there procedures to follow in order to move or acquire workstations?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
	m) Is supervisory approval required in order to move or acquire workstations?	X			
9.	User Authorization and Identification:				
	a) Are there specific additional, security-related procedures required to bring a workstation and the LAN on-line, outside of normal operating hours?	X			
	b) Does the LAN security software uniquely identify each workstation and each workstation user?	X			
	c) Can all workstation usage and transaction processing be identified to a specific individual?			X	
	d) Are there software controls that limit the types of transactions/files/directories that are made available to individual users?	X			
	e) Are there different levels of access restrictions that can be placed on agency workstations and users?	X			
	f) Are all workstations protected by passwords or similar techniques?	X			
	g) Do procedures prohibit the sharing of passwords by individuals in the same department?	X			
	h) Does each user have his/her own password?	X			
	i) Are there established procedures to set up passwords for individual workstation users?	X			
	j) Are there documented procedures to follow when an authorized user forgets his or her password?	X			
	k) Can all workstation users change their passwords at any time?	X			
	l) Are workstation users precluded from personally deactivating their passwords?	X			
	m) Does the security software detect and prevent repeated attempts to log-on to the network by guessing passwords?	X			
	n) Are workstations that are left unattended for a specific period of time automatically logged off the network?			X	
	o) Is automatic file or record locking available and being used by the LAN operating system to prevent simultaneous update?	X			
10.	Activity, Utilization, and Violation Reporting:				
	a) Does the network operating system and/or security software report the following:	X			
	i. Workstation activity?				
	ii. Workstation utilization?		X		
	iii. Access violations?	X			
	b) Is there an individual responsible for following-up on workstation security violations?	X			
	c) Are security violations promptly investigated and are the violator's superiors notified?	X			
	d) Does the security software immediately report invalid access attempts?	X			
	e) Are all workstation reports reviewed by independent data processing and/or user administrators on a weekly basis?			X	
11.	Network Operating System and Security Table Maintenance:				
	a) Are security tables backed up frequently and rotated/transferred to an off-site storage location?	X			

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	Yes	No	Partial Compliance	Not Applicable
b) Are there restrictions limiting access to the security table (e.g., additional passwords, codes, etc.)?	X			
c) Is there an audit trail that documents all parameter changes that are made to the network operating system and security tables?	X			
12. Backup and Recovery:				
a) Are there documented procedures to guide LAN users in backing-up data from hard-disk drives and USBs?				X
b) Does a policy exist that defines adequate backup frequency and retention periods for backup data?	X			
c) Is track, disk, or server mirroring used to backup critical data?	X			
d) Do LAN software vendors provide backup and recovery training to LAN users?				X
e) Are there procedures to guide workstation users in recovering data from backup copies?				X
f) Are users responsible for their own hard disk backup if the information is not backed-up on a LAN?	X			
g) Is the LAN security administrator responsible for backing-up the file server(s)?	X			
h) Are there procedures for adequate in-house and off-site storage of backup data and programs?	X			
i) Is there an established source for replacing LAN hardware components when hardware failures occur?	X			
j) Is LAN hardware and software adequately insured against loss or damage from third party vendors or contractors?				X
k) Is recovery of LAN processing capabilities included in the agency's disaster recovery plan?			X	
l) Does your agency store e-mails in the event that this information may be used during litigation?	X			
m) Has your agency addressed the December 2006 electronic discovery-related amendments to the Federal Rules of Civil Procedure, (Rules 16, 26, 33, 34, 37, and 45, as well as Form 35) that electronically stored information must be produced during the discovery process?	X			
n) Has your agency created a policy and has a procedure been implemented that complies with the regulation in the above question?	X			
o) Does your agency track e-mails?	X			
p) Are all incoming, outgoing, and internal e-mails captured and archived?	X			
13. Software Acquisition and Application:				
a) Was agency MIS consulted to determine if desired software is:	X			
i. the most appropriate available?				
ii. listed in the agency's application software catalog or endorsed by MIS?	X			
b) Was the warranty registration card filed with the vendor?	X			
14. Documentation:				
a) Is there documentation for each recurring application (i.e., used more than once)?			X	
b) Is the application software catalog periodically updated?	X			
c) Do each of the applications have documentation?			X	

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
d) Does the documentation contain:				
i. a description of the application?	X			
ii. a filename and backup filename?	X			
iii. update frequency?	X			
iv. sources of data including other filenames?	X			
v. field definitions and names?	X			
vi. a printout of formulas (especially for spreadsheet programs)?			X	
vii. program execution instructions?	X			
viii. backup instructions?	X			
ix. copy of the software application?	X			
x. sample printouts?	X			
xi. distribution requirements?	X			
e) Are control, audit trail, and review procedures clearly set forth in software documentation?			X	
15. a) Does the agency maintain a list of all critical LAN/PC systems?	X			
b) Does the list provide a brief description of each system?	X			
c) If the answer to a) is "Yes," please provide an agency contact for the list. Agency Contact for List: Title: Telephone #	Jian Liu Deputy Commissioner, IITT & CIO 347-396-2211			
d) Please enclose a copy of the list as part of your Directive 1 submission. Have you enclosed the requested copy?	X			
16. Communications:				
a) Has agency MIS been consulted prior to any communications networking?	X			
b) Are all network users and microcomputers uniquely identified?	X			
c) Are modems used on the network?				X
d) Is access to dial-up telephone numbers restricted (i.e., need-to-know basis only)?				X
e) Are dial-up lines monitored for repeated failed-access attempts?				X
f) Is the mainframe operator notified of repeated violations?				X
g) Is the line disconnected after repeated violations?				X
h) Is dial-up access restricted to only authorized users?				X
i) Are automatic call-back devices used where microcomputers can access the mainframe through a "dial-up" facility?				X
j) Is data that is transmitted over public lines encrypted?	X			
k) If wireless technology is used, do you have policies and procedures in place to conform to DOITT's Wireless Security Policy?	X			
l) Do microcomputer users have access to private or confidential data stored on other computers?	X			
m) Does the mainframe computer or LAN have a security software package that prevents unauthorized access to data?	X			
n) Have passwords been assigned to users?	X			
o) Are passwords kept confidential and changed periodically?	X			
p) Are computer logs available and reviewed by the appropriate supervisor?	X			
q) Can users upload or change data on the mainframe?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
17.	Physical Security - Hardware:				
	a) Have all component serial numbers been recorded and stored in a secure location?	X			
	b) Is the hardware reasonably protected from unauthorized access?	X			
	c) Are components secured, e.g., bolted down?		X		
	d) Is the processing unit locked so that the cover cannot be removed and internal boards removed?		X		
	e) Is there a policy requiring proper authorization before microcomputers are allowed to leave the property (e.g., night or weekend use)?	X			
	f) Have adequate physical security policies for portable computers been developed, and distributed to users?	X			
18.	Physical Security - Data and Software:				
	a) Has management identified those individuals authorized to use the microcomputer(s)?	X			
	b) Have procedures been established for authorizing new users?	X			
	c) Have critical or sensitive data files been identified?			X	
	d) Are critical or sensitive data files protected from unauthorized access (by password)?	X			
	e) Are critical or sensitive data files protected from unauthorized update?	X			
	f) Are private and confidential data files encrypted?			X	
	g) Are deleted or erased files fully and properly destroyed or overwritten so they cannot be recovered by utility programs?			X	
	h) i. Are all accesses logged?	X			
	ii. Is the user uniquely identified?	X			
	iii. Is the date/time of access identified?	X			
	iv. Are the functions performed identified?			X	
	v. Is the microcomputer identified?	X			
	i) Are private individual data sets secure from "browsing" by unauthorized network users?	X			
	j) Have standardized file transfer formats been developed?	X			
	k) Is critical data properly managed when downloaded?			X	
	l) Is downloaded critical data used for analysis only, and not permanently stored on microcomputer storage media (e.g., USBs or hard drive units)?			X	
	m) If data must be permanently stored in the microcomputer, is it encrypted or protected with password access?				X
19.	Are consultants permitted to download City information? If the answer is "Yes," describe the controls in place to prevent unauthorized actions (e.g., misuse, theft of data).	X			
		Acceptable Use Policy, signed confidentiality agreement, and Websense			
20.	Are penalties included in consultant contracts for the unauthorized downloading of City information?	X			

TOTALS: 136 4 17 14

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
J. INTERNET CONNECTIVITY					
<p>The City makes use of the Internet to communicate, retrieve information, and provide information via City websites. It becomes increasingly important to assure that City data is reliable and adequately protected from unauthorized access, manipulation or destruction.</p> <p>The Department of Information Technology and Telecommunications (DoITT) has assumed the responsibility for information security policy formulation. It has published the Citywide Information Security Policies and Standards, which City agencies must comply with.</p> <p>Some of these have been classified as public documents and are available at: http://www.nyc.gov/html/doitt/html/business/security.shtml</p> <p>Others are internal and are available to authorized users on the City's intranet. Comptroller's Directive #18, "Guidelines for Computer Security and Control" provides additional guidance</p>					
1.	Does your agency obtain Internet Connectivity through DoITT's central internet connection?	X			
2.	Does your agency use DoITT's centralized web content filtering?		X		
3.	Does your agency manage internet facing and/or multi agency applications?	X			
4.	Have the applications been accredited by the Citywide Chief Information Security Officer (CISO)?			X	
If the answer is "Yes," please attach a list of all of the applications including the date accredited.					
5.	Has your agency designated a Chief Information Security Officer (CISO) and informed the Citywide CISO of same?	X			
Name of individual:		Jian Liu			
Title:		Acting Chief Information Officer			
Telephone #:		347-396-2211			
6.	Have all employees, consultants and contractors who access information systems received a copy of the User Responsibilities Policy?	X			
7.	Are usernames and password required?	X			
8.	Do usernames comply with the Citywide Identity Mangement Policy and Standard?	X			
9.	Do passwords controls comply with the Citywide Password Policy?	X			
10.	Are digital Certificates used?	X			
11.	Are tokens used?	X			
12.	Are SSL/HTTPS used?	X			
13.	i. Are they secured?	X			
14.	Has your agency encrypted all data, classified as private and/or confidential, stored on disks, removable drives, tapes, flash memory cards, CDs, USB memory devices, laptops, smart telephones, and PDAs ?			X	
15.	Is all hardware inventoried?	X			
16.	Is hardware protected from theft?	X			

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		Enter "X" below to indicate answer			
17.	Are Virtual Private Networks used?	X			
18.	Does your agency manage its own DMZ?	X			
	If the answer is "Yes," have you submitted a plan to DoITT to phase out this DMZ and migrate to a DoITT hosted DMZ?	We have no current phase-out plan, although the ultimate goal is for DoITT's DMZ to host DOHMH DMZ.			
19.	Are all applications monitored and configured to log system events?			X	

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
K	RISK ASSESSMENT, DATA CLASSIFICATION, AND INFORMATION SECURITY				
	The Department of Information Technology and Telecommunications (DoITT) has assumed the responsibility for information security policy formulation. It has published the Citywide Information Security Policies and Standards, which City agencies must comply with. Some of these have been classified as public documents and are available at: http://www.nyc.gov/html/doitt/html/business/business_it_security.shtml				
	Others are internal and are available to authorized users on the City's intranet.				
	DoITT's Data Classification Policy places responsibility on the agency head or designee for ensuring that agency information assets are appropriately categorized and protected. The value of the information must therefore first be assessed to determine the requirements for security protection. Data may be classified according to four levels: public, sensitive, private, confidential. The Data Steward is responsible for conducting this assessment.				
1.	Has your agency conducted a data classification assessment in accordance with the Data Classification Policy?	X			
2.	Has your agency classified data in accordance with the levels prescribed by the policy?	X			
3.	Has the Data Steward function been established and a Data Steward designated?	X			
	If a data classification assessment has been conducted, please provide the document				
	Name of individual who conducted the assessment:	Jian Liu			
	Title:	Deputy Commissioner, DHIT & CIO & Acting CIO			
	Telephone #:	347-396-2211			
4.	Can your agency's information transactions be reconstructed?			X	
5.	Have access control measures been imposed on information and processes?			X	
6.	Are user activity logs in place to provide accountability?			X	
7.	Are City information users assigned different levels of access (system privileges) depending on their function and responsibilities?	X			

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
L. INCIDENT RESPONSE					
<p>Despite an organization's best efforts, an information technology (IT) security incident may occur. When an incident occurs, the incident response process helps the affected organization respond to the event and resume normal operations as quickly as possible. Throughout the incident response process, the organization must have adequate controls to ensure that the following goals are achieved: determine the scope of the incident, maintain and restore data and evidence, maintain and restore services, determine how and when the incident occurred, determine the causes of the incident, prevent escalation and further incidents, prevent negative publicity, penalize or prosecute the attackers, and report the incident depending on its severity to appropriate agency management (i.e., CISO).</p>					
1.	Has your agency developed an incident response procedure as defined by DoITT's Incident Response Policy?	X			
2.	Does the procedure classify incidents in accordance with DoITT's policy?	X			
3.	Are system compromises defined and how these events are to be handled and reported described?	X			
4.	Are information compromises defined and how these events are to be handled and reported described?	X			
5.	Is unauthorized access defined and how these events are to be handled and reported described?	X			
6.	Is denial of service defined and how these events are to be handled and reported described?	X			
7.	Is the misuse of IT resources defined and how these events are to be handled and reported described?	X			
8.	Are hostile probes defined and how these events are to be handled and reported described?	X			
9.	Is suspicious network activity defined and how these events are to be handled and reported described?	X			
10.	Is excessive junk mailing defined and how these events are to be handled and reported described?	X			
11.	Is mail spoofing defined and how these events are to be handled and reported described?	X			
12.	Has an Agency Response Team been created and its responsibilities defined?	X			
13.	Have procedures for this team been developed?	X			
14.	If your agency has procedures do they include: incident detection, incident containment, incident resolution, incident handling, incident logging, and incident prevention?	X			
15.	Please attach the latest version of your incident response procedure and any written procedure/descriptions addressing questions 3 through 14. Have you attached the requested documentation?	X			

AGENCY: DOHMH

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Enter "X" below to indicate answer				
TOTALS:	15	0	0	0

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
M	SINGLE AUDIT				
<p>The City receives federal funding and therefore must comply with the Federal Single Audit Act and Amendments. These establish uniform requirements for audits of federal awards administered by states, local governments, and not-for-profit organizations (NPOs). Federal OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations" is the regulation issued by OMB to implement the Amendments. A-133 is effective for fiscal years beginning after June 30, 1996 and requires audits when an entity spends over \$500,000 in Federal awards for fiscal years ending after 12/31/03</p>					
1.	Was the agency/covered authority audited by the City's external auditors as part of the FY 2011 New York City Single Audit (i.e., external auditors conducted fieldwork at the agency)?	X			
2.	Was the agency/covered authority audited by external auditors in FY 2011 who subsequently issued a separate Single Audit report on the agency/covered authority?	X			
3.	Did the agency spend more than \$500,000 in Federal awards in FY 2012?	X			
4.	Have all Federal grants and other Federal assistance been identified by Federal funding source (CFDA#), including Federal revenues, agency expenditures, and any adjustments?	X			
5.	Does the agency maintain a list of all subrecipients who receive Federal funding through the agency?	X			
If the answer is "Yes," please provide an agency contact for the list.					
Agency Contact for List:		Wilmer Ortiz			
Title:		Director-Office of Grants Administration			
Telephone #:		347-396-6038			
6.	Does the agency maintain a list of vendors who received payments for goods and services that were Federally funded?	X			
If the answer is "Yes," please provide an agency contact for the list.					
Agency Contact for List:		Assunta S. Rozza			
Title:		Deputy Commissioner- Finance			
Telephone #:		347-396-6242			
7.	Does the agency receive Federal funds which it transfers/passes-through to other City agencies/covered authorities?	x			
If the answer is "Yes," please provide an agency contact for this information.					
Agency Contact:		Wilmer Ortiz			
Title:		Director-Office of Grants Administration			
Telephone #:		347-396-6038			

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		Yes	No	Partial Compliance	Not Applicable
8.	Does the agency receive Federal funds from other City agencies/covered authorities? If the answer is "Yes," please provide an agency contact for this information. Agency Contact:	X			
	Title:	Wilmer Ortiz			
	Telephone #:	Director-Office of Grants Administration 347-396-6038			
9.	Has the agency established a process for determining the difference between Federal subrecipients and vendors in accordance with the Single Audit Act?	X			
i.	If the answer is "Yes," has the agency documented the process through written procedures? If the answer is "Yes," please provide an agency contact for the written procedures. Agency Contact for written procedures:	X			
	Title:	Assunta S. Rozza			
	Telephone #:	Deputy Commissioner- Finance 347-396-6242			
10.	Has a specific individual been assigned to monitor all Federal funding & applicable agency expenditures? If yes, give name of individual:	X			
	Title:	Assunta S. Rozza			
	Telephone #:	Deputy Commissioner- Finance 347-396-6242			
11.	Has a specific individual been assigned to monitor Single Audit/A-133 compliance? Please identify below, if the individual is different from the one identified in Question 10. Name of individual:	X			
	Title:	Sara Packman			
	Telephone #:	Assistant Commissioner- Audit Services 347-396-6679			
12.	Is a list maintained of subrecipients who directly contract for A-133 Audits themselves? If the answer is "Yes," please provide an agency contact for the list. Agency Contact for List:	X			
	Title:	Sara Packman			
	Telephone #:	Assistant Commissioner- Audit Services 347-396-6679			
13.	Does the agency follow-up on all A-133 related audits to ensure appropriate and timely corrective action (e.g., issue management decisions on audit findings within six months of receiving the report)? If the answer is "Yes," has the agency assigned this responsibility to a single individual or unit? Please identify below, if the individual is different from the one identified in Question 12. Name:	X			
	Title:	Sara Packman			
	Telephone #:	Assistant Commissioner- Audit Services 347-396-6679			
14.	Apart from A-133 requirements, does the agency employ CPA firms to conduct audits of agency funded services (i.e., delegate agency audits/Comptroller's Directive #5)?	X			

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		Yes	No	Partial Compliance	Not Applicable
15.	Are the Procurement Policy Board Rules and Comptroller's Directive #5 followed in procuring these additional audits?	X			
16.	Does the agency have procedures/practices to monitor agency expenditures apart from those covered by A-133 and delegate agency CPA audits?	X			
17.	Has the responsibility for implementing and monitoring the effectiveness of the procedures in Question 16. been assigned to a specific individual?	X			
If yes, give name of individual:		Assunta S. Rozza			
Title:		Deputy Commissioner- Finance			
Telephone #:		347-396-6242			

TOTALS: 18 0 0 0

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
N	LICENSES/PERMITS				
	The city issues a variety of licenses and permits. It is therefore critical to ensure that they are appropriately issued, accurately recorded, and any applicable fees received are promptly deposited and accurately recorded.				
1.	Segregation of Duties:				
	a) Are responsibilities for the authorization, preparation, issuance and recording of licenses segregated?	X			
	b) Are the responsibilities for application review, recording cash receipts and inspection segregated?	X			
	c) Are all new license/permit applications reviewed for completeness?	X			
2.	Recordkeeping:				
	a) Are all application and renewal fees promptly recorded in FMS and deposited?	X			
	b) Are individuals promptly notified if their applications are rejected?	X			
	c) Is a permanent record of all issued licenses/permits maintained?	X			
	d) Is the disposition of all licenses/permits, including voids, maintained in a current log?	X			
	e) Are post issuance checks performed on samples of approved licenses/permits to verify that all approval requirements had been met?	X			
3.	Safeguarding of Assets:				
	a) Are required bonds properly recorded and invested in interest-bearing accounts through the City Treasury?	X			
	b) Are the blank, imprinted licenses/permits properly stored and secured?	X			
	c) Is a periodic inventory of blank licenses/permits made?	X			
	d) Are the blank license/permit forms pre-numbered?	X			
	e) Are the blank pre-numbered license/permit forms accounted for numerically, including voids?	X			
4.	Control Procedures:				
	a) Does the Licensing Department review all licenses/permits prepared by the Data Processing Department on a daily basis?	X			
	b) Is the number of employees who are authorized to print licenses/permits restricted?	X			
	c) Is there a daily reconciliation of the printed licenses/permits to the authorized licenses/ permits?			X	
TOTALS:		15	0	1	0

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
<p>O VIOLATIONS CERTIFICATES</p> <p>Violations should be appropriately issued and recorded promptly and accurately. Inspection and collection procedures should be adhered to and monitored. Following-up on outstanding violations is important and may be the most significant control feature in the entire process.</p>				
1. Segregation of Duties: Is the responsibility for issuing violation notices separated from the responsibilities for processing the notices or collecting the violation fees?	X			
2. Monitoring Procedures:				
a) Are violation notices followed-up in a timely manner when a violator fails to appear at a hearing?	X			
b) Is timely legal action taken when a violator fails to pay civil penalty fines?	X			
c) Is an accurate, up-to-date log maintained showing the status of each violation notice?	X			
d) Do controls over violation notices allow processing and collection of violation fines on a timely basis?	X			
e) Are controls in place and followed to ensure that field inspectors are following Agency Standard Operating Procedures in preparing violation notices?	X			
f) Are field inspectors prohibited from receiving cash/check payments for violations?	X			
g) If inspectors are allowed to accept cash/checks, are there controls that would mitigate the improper disposition of the cash/check?	X			
h) Are field inspectors' routes periodically rotated?	X			

TOTALS: 9 0 0 0

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		Enter "X" below to indicate answer							
		Yes	No	Partial Compliance	Not Applicable				
P	LEASES/CONCESSIONS/FRANCHISES								
LEASES/CONCESSIONS/FRANCHISES - Agencies that have Lease, Concession and/or Franchise agreements should closely monitor the lessees', concessionaires' or franchisees' compliance with these agreements. Agencies must also follow the requirements established by the City Charter, section 371, and the Franchise and Concession Review Committee. Fulfilling legal and monitoring requirements will enhance internal controls in this area.									
1.	Is certification obtained that the proposed lessor has fully satisfied all tax obligations outstanding as of the date of the lease?					X			
2.	Are copies of lease/concessions maintained with a current name and address of the party to whom the billings are to be sent?					X			
3.	Are proposed authorized resolutions submitted to the Mayor for all franchises after 1/1/90?					X			
4.	Are all franchises after 1/1/90 reviewed and approved by the Franchise and Concession Review Committee?					X			
5.	Do all concessions after 1/1/90 comply with the procedures established by the Franchise and Concession Review Committee?					X			
6.	Are all concessions after 1/1/90 that differ from the procedures established by the Franchise and Concession Review Committee (except those not subject to renewal and with a term of less than 30 days) reviewed and approved by the Committee?					X			
7.	When franchise agreements after 1/1/90 include rights of renewals, are the renewals less than an aggregate of 25 years?					X			
8.	Was a public hearing held, before each franchise contract, in accordance with the regulations of the City Charter, Section 371?					X			
9.	Has a copy of each concession agreement been registered with the Comptroller?					X			
10.	Are formal standards used to prepare estimates for alteration costs of leased space?					X			
11.	Does management formally review and approve cost estimates for alteration costs of leased space?					X			
12.	Are all bids that are obtained by the lessor for alteration costs reviewed by the agency?							X	
13.	Is compliance to prior contract requirements verified, before authorizing contract renewals?					X			
14.	Does this compliance check include follow-up to determine if any additional assessments per audit have been collected?	X							

TOTALS: 13 0 1 0

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

		Enter "X" below to indicate answer							
		Yes	No	Partial Compliance	Not Applicable				
Q.	INTERNAL AUDIT FUNCTION								
	<p>The existence of an internal audit function in an agency is an aid in establishing and monitoring internal control procedures. The Internal Audit group should be familiar with GAO's yellow book requirements (generally accepted government auditing standards - GAGAS, (December 2011 Revision) and may be required to follow its requirements if the agency or the function/program to be audited is federally funded. The key requirements are that the staff be independent, trained, competent and provide the agency with audit/review results and recommendations.</p> <p>The head of the internal audit function traditionally reports administratively to the head of the organization and functionally to the Audit Committee (if one exists).</p> <p>The "Audit Committee" may be defined as a body charged with the responsibility of providing oversight of the entity's financial reporting process (including the internal control environment). The Audit Committee's responsibilities generally include:</p> <ul style="list-style-type: none"> - Ensuring the independence of the external auditors, and the adequacy of their audit scope <p>Approving the scope of the internal audit plan, ensuring the quality of the Internal Audit Function by requiring adherence to professional standards, and responding to issues that may be raised by the Internal Audit Function</p> <ul style="list-style-type: none"> - Setting the tone for integrity in the financial reporting process, and - Ensuring that any reports to external regulators are accurate and filed in a timely manner. 								
1.	Does the agency have an internal audit function to examine and evaluate the adequacy and effectiveness of its policies and procedures?					X			
2.	If the agency has no formal internal audit function:					X			
	a) are built-in internal checks in place?					X			
	b) are self-assessments or management reviews conducted at least annually?	X							
	c) are risk assessments or management reviews discussed with officials/managers who are authorized to take action on findings/conditions and proposals/recommendations?	X							
3.	Does the internal audit function follow Generally Accepted Government Auditing Standards (GAGAS), i.e., the GAO Yellow Book?	X							
4.	Does the internal audit function adequately cover all of your audit concerns?			X					

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		Enter "X" below to indicate answer			
		Yes	No	Partial Compliance	Not Applicable
5.	Has your internal audit function been affected by any recent organizational changes: Unaffected?	X			
	Positively affected?	X			
	Negatively affected?	X			
6.	Has the number of reports or the scope of completed audits been affected by any recent organizational changes: Unaffected?	X			
	Positively affected?	X			
	Negatively affected?	X			
7.	Has the contracting out of a significant internal audit workload resulted in more effective audit coverage? At the same or less cost?	X			
		X			
8	General Audit Standards:				
	a) Are there adequate controls to ensure that the internal audit staff collectively possess adequate professional proficiency for the tasks required?	X			
	b) Is the internal audit unit organizationally independent of the staff or line management function of the audited entity?	X			
	c) Does the internal audit unit follow-up on findings and recommendations from previous internal and external audits that could have an effect on the current audit objectives?	X			
	d) Has the internal audit unit established a system of internal quality control to provide reasonable assurance that it is following prescribed audit policies and procedures, and that it has adopted and is following applicable auditing standards?	X			
	e) Has the internal audit unit established procedures to determine whether the staff assigned had any personal impairments that could prevent them from reporting audit findings impartially?	X			
9.	Field Work Standards:				
	a) Does the unit prepare an annual audit work plan based on a risk assessment analysis?	X			
	b) Was a written audit program prepared for each audit assignment?	X			
	c) Does the audit program detail the audit steps, procedures, and methodologies to be followed by the assigned staff?	X			
	d) Does the unit maintain adequate controls to ensure that its audit staff is properly supervised?	X			
	e) In conducting the audit, does the audit team make an assessment to determine if the audited entity is complying with applicable laws and regulations?	X			
	f) In conducting the audit, does the audit team assess the effectiveness of the audited entity's internal control structure relating to the audit objectives?	X			
	g) Is the audit designed to provide reasonable assurance of detecting abuse or illegal acts that could significantly affect the audit objectives?	X			

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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable
h) Are there adequate controls to ensure that the audit team collect sufficient competent evidential matter to afford a basis for an opinion?				
10. Reporting Standards:				
a) Are written reports prepared detailing the audit findings and recommendations?	X			
b) Are audit reports issued on a timely basis?	X			
c) Are audit reports distributed to officials/ managers who requested the audit and/or who are authorized to take action (s) on audit findings and recommendations?	X			
11. Does the head of the Internal Audit Function report to the chief executive of the agency?	X			
If not, please identify the agency executive to whom the head of Internal Audit does report. Name: Title:				

Additional questions follow; see note below.

1 QUESTION REMAINS UNANSWERED

SUBTOTALS: 29 0 1 0

NOTE: The remaining questions - # 12 through # 17 - only apply to agencies that issue their own financial statements; i.e., independent agencies. If this describes your agency, enter "X" in the box below and continue. Otherwise, STOP HERE.

→ Independent agency issuing own financial statements

12. Is your agency responsible for issuing its own financial statements?				
13. If your agency is responsible for issuing its own financial statements, does your agency have an Audit Committee?				
14. Are a majority of the Audit Committee members independent of agency senior management? Are some members totally independent of the agency? Are some members totally independent of the City?				
15. Is there a written Charter specifying the Audit Committee's responsibilities, administrative structure, and rules of operation?				
16. Is the Audit Committee responsible for:				
a) overseeing the agency's financial reporting process?				
b) participating in the selection of the agency's external auditing firm?				
c) ensuring the independence of the external auditors?				
d) ensuring the adequacy of their audit scope?				
e) approving the scope of the agency's Internal Audit Plan?				
f) ensuring the quality of the Internal Audit Function by requiring adherence to professional standards?				
g) addressing issues raised by the internal audits?				
h) monitoring compliance with the agency's governing Board policies?				
17. Does Internal Audit report its audit findings to the Audit Committee?				

**NEW YORK CITY COMPTROLLER'S OFFICE
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	Enter "X" below to indicate answer			
	Yes	No	Partial Compliance	Not Applicable

TOTALS:	0	0	0	0
<u>TOTALS:</u>	29	0	1	0

**NEW YORK CITY COMPTROLLER'S OFFICE
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**AGENCY'S EXPLANATION OF ALL "NO", "PARTIAL COMPLIANCE" and "NOT APPLICABLE"
RESPONSES**

Part Letter	Question #	Explanation
Part A	6	Yes. Agency's objectives were achieved except for implementing Citytime for the nurses in the Bureau of School Health, and reducing the number of retroactive contracts. The Division of Finance will reduce retroactivity in contracts and implement Citytime for nurses in the Bureau of School Health.
Part A	6 a&b	Yes. There were several emergency and continuity of operations incidents that occurred over the year. Consequently, priorities were re-negotiated to address identified needs. Based on the nature of work within the Office of Emergency Preparedness and Response (OEPR), goal completion may be impacted by emergency events. Corrective actions will be determined based on the assessment of Agency's emergency response.
Part A	6c	Yes. For achieving some emergency preparedness and response goals, we relied on decisions by other external City agencies. These decisions were complex and required far more time to execute than expected. Decisions that required input from other City agencies delayed DOHMH. We are working on a structure to pre-empt response gaps and continue to implement our goals and objectives.
Part A	6d	No. Due to Hurricane Sandy, the Office of Emergency Preparedness and Response mobilized and deployed resources to address the emerging needs resulting in not meeting some goals. In addition, the U.S. Department of Homeland Security's delay in publishing guidelines on testing and evaluation, planning for Bio Watch Generation 3 is delayed. OEPR will resume work to meet its goals in 2013.
Part A	8 a& d	Partial. The Division of Finance is in the process of documenting and updating its policies in writing.
Part A	14	Partial.
Part B	2a	Yes. The Office of Vital Records' daily receipts at walk-in entrance are picked up by the armored car service for deposit on the next business day. Checks received in the mail for certified copies of birth and death certificates are locked in a safe until they are reviewed and processed for deposit. In FY'12, checks by mail were deposited within an average of 20 calendar days for birth and death certificates.
Part B	2b	N/A due to response to Part B: Question 2a.
Part B	2e	N/A. DOHMH does not receive cash.
Part B	2f,g,h	Partial. The Office of Vital Records (OVR) receives a very large volume of mailed-in requests that are placed unopened in a safe until the requests are reviewed, and the checks endorsed and processed, which is separate from the accounting unit. The Cash Management System operators endorse checks and money orders during the process, which is separate from the accounting group. Checks are listed and grouped on the deposit slips by amount, and receipts are reconciled to deposit slips. An armored care service picks up the checks for delivery to the bank within 24 hours of processing. Receipts collected at the Burial Desk during the weekends are kept in a safe until Monday's pickup.
Part B	2o	Yes. The high volume of checks received by OVR precludes preparing an individual checklist. Checks are listed and grouped on the deposit slips by amount.
Part B	3e	No. Per Comptroller's Directives, checks in excess of \$25 and outstanding for over 6 months do not need to be cancelled.

Part Letter	Question #	Explanation
Part C	3	No. It is not practicable to maintain individual bank accounts for dollar amounts less than \$100.
Part C	14	No. Petty cash slips, downloaded from the internet, are not pre-numbered.
Part D	2a	Partial. The Agency continues to enhance its Medicaid billing process for clinical services. The Agency is also evaluating ways that will enhance clinical services' billing, controls and quality assurance. The Agency will update its policies and procedures to reflect the implemented improvements and provide ongoing training to personnel to ensure compliance.
Part D	4a-b	Partial. No debt has officially been written-off and the authorization levels are as stipulated in Directive #21. Division of Finance is expected to complete a formal write-off policy by April 2013, which will be consistent with Directive #21.
Part E	5b	No. Financial Management System (FMS) Purchase Order and Purchase Requisition forms are not pre-numbered. Purchase Orders are assigned sequential unique numbers by the Procurement Office. The FMS automatically assigns a unique number to the voucher when processed by Internal Accounting.
Part E	5g	No. Additional approval is not needed as long as invoices are in agreement with the approved purchase orders. No corrective action is necessary since the Comptroller's Directives are followed.
Part E	5j	Partial. Timely approval for payment is contingent upon the timely receipt of the receiving report and inspection report from the receiving unit. Vouchers are processed promptly when payment is authorized. No corrective action is necessary.
Part F	1b&d	Partial. Public Health Laboratory (PHL) does not have system-wide inventory control procedures, which includes: the tracking of inventory activities for each lab, establishment of minimum/maximum inventory levels, reorder points and the recording of expiration dates. PHL's goal is to achieve a fully automated inventory system that encompasses every aspect of inventory tracking. PHL has consulted with DOHMH's IT Solutions Director to acquire web server space for the new application, access SQL server to house application databases, and to connect ancillary applications to PHL Powerlab or StarLIMS data, if needed.
Part F	1c	Partial. Bureau of Operations-Plant Operations does not have the resources to separate the task. Supplies are ordered on an as-needed-basis in order to keep inventory at a minimum.
Part F	1c	Partial. Bureau of Operations-Plant Operations does not have the resources to separate the task. Supervising staff are also in charge of taking inventory. District OPS is currently developing plans to enhance controls.
Part F	1e	Partial. The Bureau of Vital Records Administration has developed a schedule for taking a physical inventory of all assets that began the second half of FY'2013. We will be in full compliance in Fiscal Year 2014.
Part F	1e	No. Physical inventory counts are not conducted for grant purchased equipment. Divisions of Finance and Administration will create a policy to perform physical inventory counts of grant purchased equipment.
Part F	1 (f)	No. Limited staff has resulted in the distribution center's inability to perform physical inventories conducted and supervised by individuals independently of the program maintaining the assets. Agency will purchase a new inventory tracking and security system for the new warehouse.
Part F	1 (f)	No. Due to lack of storage space and staffing, inventory is kept at a bare minimum. Supplies/items are ordered on an as needed basis only. Staff continues to conduct periodic spot check. Staff are rotated to maintain reliability of inventory.
Part F	1 (f)	No. Physical inventories are not conducted by independent individuals. Supplies are ordered on an as-needed-basis in order to keep inventory at a minimum.
Part F	1f	Partial. Not all units have staff assigned to enforce this provision. These units will assign and train an independent staff person outside the unit for periodic review when available.

Part Letter	Question #	Explanation
Part F	1h	Partial. All equipment at Long Island City location, 125 Worth Street, & 22 Cortlandt Street Data Center are tagged and tracked in inventory management system. Personal computers and peripherals at 253 Broadway and 22 Cortlandt Street locations will be replaced when staff move is completed (scheduled for end of June, 2013). Likewise, IT equipment at clinic locations is scheduled to be replaced by September, 2013. All new equipment is being tagged and tracked. It is not cost-effective to retag old machines that will be replaced. Citywide policies and procedures are followed for salvaging and discarding old equipment. All new computers will be tracked using serial numbers. Certain grant-funded computers will have grant-related tags.
Part F	1h	Partial. The Office of Emergency Preparedness and Response is currently working on reconciling all inventory and will tag the equipment, as appropriate.
Part F	2n	Partial. Capital eligibility is clearly defined for computer hardware. Finance decides and supervises the purchase and usage of computer hardware defined as capital assets. IITT need guidance from Finance Division to conduct FMS and IT inventory reconciliation
Part F	2n	Partial. Updating Financial Management System coding continues.
Part F	2o	Partial. Office furniture and other equipment are tagged in most locations. The Bureau of District Operations has developed identification and inventory of a significant portion of its office furniture and equipment in large central locations, but the process needs to be expanded to remote sites.
Part H	1	Not Applicable. The mainframe is being phased out. A single component remains and we anticipate that once the critical data therein are migrated (estimated to be completed by 9/1/13), the system will be discontinued.
Part H	2,3	Not Applicable. We are no longer developing applications for mainframe. Mainframe applications are being phased out.
Part H	4d	Partial. We aim to update documentation or run books when systems change. However, such update to documentation may occur at a future point rather than immediately after the change has been implemented. Mainframe applications are being phased out.
Part H	5a,d	Partial. Our developers work off of standards with regard to languages, versions, frameworks, technologies, templates. IITT has been working to develop written documentation. Mainframe applications are being phased out.
Part H	5b.iv	No. Mainframe applications are being phased out.
Part H	8f	Partial. Logs are reviewed as needed.
Part H	9	Not Applicable. Agency is no longer using Mainframe/Midrange based systems. Mainframe applications are being phased out.
Part I	3d	Not Applicable. Agency is no longer using Mainframe/Midrange based systems.
Part I	5b	No. IITT purchases all necessary IT equipment from the State Office of General Services or the Federal GSA contracts; therefore, the risk of vendor failure has been minimal in the past. In any case, where vendor support is minimal, those systems are used for Low Priority operations which mitigates risk.
Part I	7.b.ii	Not Applicable. In accordance with Lifecycle Project Management (LPM), all systems/applications in development are approved by the DOHMH CIO, CISO, and Deputy Commissioner of relevant agency Division before initiation. Reviews & approvals of requested IT projects are documented in IITT Project Request Pipeline System. Not applicable for DOHMH-hosted applications.

Part Letter	Question #	Explanation
Part I	8a	Partial. Although equipment is not always bolted, program offices are locked, and there is building-level security. Our Data Center which houses 99% of all production systems is highly secured, behind 3 doors requiring electronic keycard access and under 24X7 video surveillance. Smaller computer rooms that house some servers, mainly for testing or development, have 24x7 video monitoring (lights left on at all times) and require key card access.
Part I	8b	Partial. The Cortlandt Street Data Center and Gotham Center have fire prevention and detection capabilities. As various equipment migrates to the Data Center, key servers, workstations, etc. will have such protection. Also, Agency policy requires staff to use only network drives for agency files; most confidential and critical data are backed up nightly from network drives so that even if a workstation were damaged, data should be recoverable in most instances. More than half of Agency personnel have fire prevention and detection capabilities; those working in clinics may not have this available.
Part I	8c	Partial. Systems "lock" via an automatic screen saver. IITT has not enforced system log-off or shutdown during non-business hours. Technical and other issues have prevented us from implementing available Power Management. Will implement Power Management when available.
Part I	9c	Partial. IITT has a System Center Configuration Manager (SCCM) to monitor usage of applications on a local workstation level. However, this is only done on a per-application as needed. Logins are monitored, and individual server-managed applications maintain their own transaction logs.
Part I	9n	Partial. See response to (I)8.c. Unauthorized users cannot access the system without appropriate user ID and password. System access does not provide access to previous user's work/data even if that user did not previously log off.
Part I	10aii	No. Under the Microsoft Active Directory infrastructure, it is not possible to monitor more detailed workstation activities other than just basic network activities. Monitoring workstation utilization across the Agency is not required. If there is a problem, the user can call the IT Helpdesk to address it. Servers are monitored more closely.
Part I	10e	Partial. The user administrator is not required to review any workstation reports, and this function is not centralized to a particular workstation. However, servers and their critical data are monitored. McAfee Vulnerability Manager (MVM) scanning is done monthly to capture security vulnerabilities on workstations. Security scanning is done weekly to capture security vulnerabilities on workstations
Part I	12a,d,e,j	Not applicable. The DOHMH Acceptable Use Policy (AUP) requires users to store data on network drives (not PC hard drive); network drives are backed up nightly.
Part I	12k	Partial. Dedicated servers exist for several systems at our disaster recovery Site. While waiting for DoITT's final disaster recovery plan for all City agencies, and in light of Hurricane Irene, IITT created a unit to function as IT Business Continuity, and is developing an interim agency-wide disaster recovery plan in coordination with the Continuity of Operations Planning (COOP) Office within the Office of Emergency Preparedness and Response (OEPR), and the Agency's business divisions.
Part I	14a,c	Partial. All new applications will have documentation as required by Lifecycle Project Management (LPM). IITT reviews new project requests, as they are submitted, to determine if the opportunity exists to retire legacy applications and replace them with new technology with proper documentation.
Part I	14 d.vi	Partial. The documentation may not always contain formulas, but some formulas can be readily made available. Because most of our applications are web-based and we have standard source control software in place, we always have access to all code, including formulas. Excel spreadsheets are not part of our standard development platform.

Part Letter	Question #	Explanation
Part I	14e	Partial. Most current applications have audit trails, which are used if there is a problem or to understand what led to a particular event -- i.e., on the basis of exceptions, not to monitor systems or to track anomalies. Logs exist for troubleshooting errors. Documentation of usage rarely exists. Our Software Development Lifecycle (SDLC) more specifically defines the kind of logs required and monitoring routine. IITT is working on a new application (AAAA) to monitor and perform annual access audit and recertification
Part I	16c-i	Not Applicable. Mainframe applications are being phased out.
Part I	17c,d	No. It is not easy to prevent someone from opening the cover and removing some of the innards in the machines purchased today (in general for all PCs today). PC bolting is not possible. IITT does not police agency-wide compliance with policies related to physical & behavioral security measures by individual staff.
Part I	18c	Partial. We know where most critical agency data reside. We have a policy regarding the storage of critical data and are enforcing it. We have not begun a formal agency-wide data classification process. See K.1-2 below. IITT will work with DOHMH Bureau of Audit Services and DOHMH Legal Division to develop an agency-wide data classification policy.
Part I	18f	Partial. Per DOHMH policy, critical and sensitive data that are on secured network shares are backed up to tape and encrypted. Because encryption may be inconsistent for data residing on local drives, DOHMH policy prohibits data storage on PC hard drives. We are in the process of researching Data Leak Prevention systems that will fit our current environment. A Data Loss Prevention solution would identify potential loss of sensitive or critical data. However, approval of Data Leak Prevention solution purchase is still pending.
Part I	18g	Partial. For any salvage machine, the hard drive is degaussed and destroyed. For machines that move between personnel, if IITT is notified, the hard drive is imaged.
Part I	18.h.iv	Partial. Access to workstations is managed by the Windows' logging feature. However, not all accesses to sensitive data are recorded with Windows. We need to research tools and methods to improve application level access logging.
Part I	18.k-l	Partial. We established specific policies regarding when data may be accessed or downloaded, and who is authorized to do so in specified circumstances. Critical data can be downloaded for both analysis and transportation. Agency-wide policies specify various prohibited and permitted uses of Agency data. DOHMH has purchased encrypted USB drives so that if critical or sensitive data must be transported to another location, data will be encrypted. A Data Loss Prevention solution would identify potential loss of sensitive or critical data. However, approval of Data Leak Prevention solution purchase is still pending.
Part I	18 m	Not applicable. Agency Acceptable Use Policy precludes data storage on PC hard drives. Desktops are randomly audited on a monthly basis to ensure compliance with policy.
Part J	2	No. IITT uses Websense to perform web content filtering. DoITT cannot perform this for DOHMH.
Part J	4	Partial. We have pursued accreditation for DoITT-hosted applications. We will continue to review with DoITT and seek their assistance in identifying the applications that require accreditation. Application hosts at DoITT was reviewed by DoITT's IT Security Engineering Team.
Part J	14	Partial. All laptops, mobile phones, and portable storage purchased since 2009 have encryption capability installed. DOHMH policy requires that all transportation of sensitive data across physical facilities use encrypted USB drives. Prior to 2009, purchases of IT equipment directly by a program may not have encryption capability.
Part J	19	Partial. See I.14(e). The SDLC specifies the kind of logs required and monitoring routine. Every application has different logging capability. Logs exist for troubleshooting errors.

Part Letter	Question #	Explanation
Part K	4	Partial. We have robust database platforms supporting many databases that can support transaction reconstruction for various failing conditions, such as database-down conditions. Transaction management is handled at database level; transaction logs are integral to normal database management. Depending on the availability of logging within applications, it may not always be possible to reconstruct what a failing transaction attempted to do.
Part K	5	Partial. As indicated before in I.16(k) and I.18(d) and (e), security policies have been established but we do not routinely audit compliance. IITT is working on a new application (AAAA) to monitor and perform annual access audit and recertification.
Part K	6	Partial. See I.14(e), for audit logs content and track user activity. Logs exist for troubleshooting errors.
Part N	4c	Partial. CAMIS System (City Agencies Management Information System) at the NYC Department of Consumer Affairs (DCA) allows the license and permit documents to be printed when a proper authorization code is entered by an authorized staff person, and only if the payment has been processed prior to this. Therefore, the necessary controls are in place to prevent unauthorized approval of license and permit documents. However, the licenses and permits issued for DOHMH at DCA are not separately reconciled daily to the applications authorized and printed.
Part P	12	Partial. Some bids are reviewed by the DCAS, the legal holder of the leases.
Part Q	4	Partial. Directive #1 Response: Partial. Audits are selected based on risk assessments with the intention of addressing major issues over a multi-year cycle.

**NEW YORK CITY COMPTROLLER'S OFFICE
CALENDAR YEAR 2012 CHECKLIST
AGENCY EVALUATION OF INTERNAL CONTROLS
DIRECTIVE # 1**

RESULTS OF EVALUATION

	Yes	No	Partial Compliance	Not Applicable
Part A Effectiveness and Efficiency	36	2	3	1
Part B Cash Receipts	21	1	3	2
Part C Imprest Funds	12	2	0	0
Part D Billings and Receivables	14	0	3	0
Part E Expenditures and Payables	40	2	1	0
Part F Inventory	17	2	6	0
Part G Payroll and Personnel	31	0	0	0
Part H MIS - Mainframe and Midrange	47	2	4	42
Part I MIS - PCs and LANs	136	4	17	14
Part J Internet Connectivity	15	1	3	0
Risk Assessment, Data Classification &				
Part K Information Security	4	0	3	0
Part L Incident Response	15	0	0	0
Part M Single Audit	18	0	0	0
Part N Licenses and Permits	15	0	1	0
Part O Violations Certificates	9	0	0	0
Part P Leases, Concessions, Franchises	13	0	1	0
Part Q Internal Audit Function	29	0	1	0
GRAND TOTALS:	472	16	46	59