

Special Services

Home Care Services
Program

Steven Banks
Commissioner

11/18/21

Molly Murphy
DSS First Deputy
Commissioner

Chinese American Planning
1 York Street, 2nd Flr
New York, NY 10013

Annette Holm
Chief of Special Services

Dear Ling

Randa Henry-Jenkins
Interim Deputy Commissioner
of Home Care Services
Program

This letter is to inform you of the result of the Fiscal Audit on payroll which was conducted on your agency by the Home Care Services Program (HCSP) on September/November 2021.

The evaluation included a review of the following areas:

785 Atlantic Avenue
Brooklyn, NY 11238

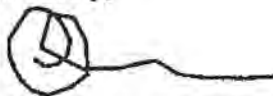
929 221 0848 tel

1. Payroll & FLSA
2. Payroll Taxes
3. Unemployment Insurance Benefit
4. Worker Compensation/Disability

The results of your agency's performance are contained on the attached Fiscal Evaluation Report.

Any questions regarding these compliance scores and the submission of Corrective Action Plans, which are required for any area not in compliance, should be directed to your Fiscal Manager. The Project Manager may assist the Fiscal Manager in resolving any issues related to the attached Fiscal Evaluation Report.

Sincerely,



Aaron C. Dialah, Fiscal Manager
Division of Home Care Services Program
Contract Management

Daniella Wisham, Project Manager
Board Chairperson
File

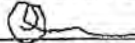
FISCAL EVALUATION REPORT

Fiscal Year 2020
Round 1

NAME OF VENDOR AGENCY
Chinese American Planning

NAME OF FISCAL MANAGER
Aaron C. Dialah

CASE SIZE OF VENDOR AGENCY
-

SIGNATURE OF FISCAL MANAGER


DATES OF AUDIT September/November 2021

Listed below are the compliance areas reviewed and the corresponding performances indicator rating. One hundred percent 100% is the minimum rating that achieves compliance in any performance indicator except for PTO, Holidays, Non-Work Compensation and Care Fare, which are qualitatively rated as adequate or inadequate.

1. COMPLIANCE AREA: Payroll & FLSA

A. Minimum Wage

HCWs must receive at least the minimum wage pay for hours worked.

Sample Size: 20 Rating: 100%

B. Paid Wage

HCWs must receive all wages for hours worked.

Sample Size: 20 Rating: 100%

C. Overtime

HCWS must be compensated for the correct rate and hours of overtime they worked.

Sample Size: 20 Rating: 100%

D. PTO

Full time HCWs are allowed at the minimum 15 days of leave time per calendar year.

Sample Size: 20 Rating: 100%

E. Holidays

HCWs must be granted holidays according to Federal laws.

Sample Size: 20 Rating: 100%

F. Non-Work Compensation

HCWs must be compensated for any number of hours performed that are work related and required by the agency.

Sample Size: - Rating: -

G. Car Fare

HCWs must be compensated for travel fare between HCSP's clients within one working day.

Sample Size: - Rating: -

2. COMPLIANCE AREA: Payroll Taxes

A. Payroll Tax-Federal

Employer must pay HCWs' federal tax according to their payroll records.

Sample Size: 20 Rating: 100%

B. Payroll Tax-City & State

Employer must pay HCWs' city and state taxes according to their payroll records.

Sample Size: 20 Rating: 100%

3. COMPLIANCE AREA: Unemployment Insurance Benefit

There must be a Conflict of Hours Report if a worker work for more than one agency, the report must prove that the workers does not have any overlapped schedule.

Sample Size: 20 Rating: 100%

4. COMPLIANCE AREA: Worker Compensation/Disability

There must be a Conflict of Hours Report if a worker work for more than one agency, the report must prove that the workers does not have any overlapped schedule.

Sample Size: 20 Rating: 100%

FISCAL EVALUATION REPORT- (PAYROLL)

The Fiscal Evaluation on payroll for period from April 2019 to March 2020 was conducted on Chinese American Planning on the dates of September-- November 2021 in review of fiscal compliance in following areas:

1. Payroll	
A) Minimum Wage	<u>100</u> %
B) Correct Paid	<u>100</u> %
C) Overtime Pay	<u>100</u> %
D) Sick Leave & Vacation	<u>100</u> %
E) Holidays	<u>100</u> %
F) Non-Work Pay	<u>-</u> %
G) Transportation Reimbursement	<u>-</u> %
2. Payroll Taxes	
A) City & State Taxes	<u>100</u> %
B) Federal Tax	<u>100</u> %
3. Unemployment/Disability Insurance	<u>100</u> %
4. Worker Compensation	<u>100</u> %

The Fiscal Evaluation Report will contain specific findings responding to all comments and documentations offered by the agency.

Comments or particular issues acknowledged to be resolved are: *N/A*

Comments by the Fiscal Manager to provide information are: *N/A*

I accept the results of this evaluation and waive my right to comment within five working days.

I do not accept the results of this evaluation and exercise my right to comment within five working days.

It is understood that the findings and recommendations of the Fiscal Manager are subject to review by supervisory personnel prior to the preparation of the Fiscal Evaluation Report. Any changes in compliance scores or findings resulting from the review and follow-up audit performed by the Project Manager will be communicated to the Program Director together with the factual basis for these changes. The Program Director will be given five working days to comment and offer new information on any of these changes. The five days period, if requested, will begin when the changes are communicated to the Program Director.

The signature below indicates that the Program Director acknowledge receipt of the Fiscal Evaluation Report.

X 

Fiscal Manager Name :
Title:

X *Ling Ma* 

Vendor Representative Name :
Title: Chief Pogram Officer / Program Director