CORRECTIVE ACTION PLAN

SCHOOL DISTRICT:

Union

COUNTY:

Union

CONTACT PERSON:

Yolanda Koon, Business Administrator/Board Secretary

Date

TYPE OF AUDIT:

Single Audit Fiscal Year Ending June 30, 2022

TELEPHONE NO.:

908-851-6411

DATE OF BOARD MEETING:

Board Secretary/School Business Administrator

March 14, 2022

Recommenda-	Corrective Action	Method of	Person	Planned
tion Number	Required by Board	Implementation	Responsible for Implementation	Completion Date of
				Implementation
1	Appropriate action be taken to ensure that the Board Secretary reports should be reconciled with the Treasurer's reports and with the reconciled bank statements	Business Administrator shall reconcile the Board Secretary report with the Treasurer's report and bank statements	Business Administrator	Immediate Implementation
2				
3				
4				
5				
6				

CERTIFICATION OF IMPLEMENTATION OF CORRECTIVE ACTION PLAN

For the Fiscal Year ended June 30, 2022

School District:

County:

UNION

UNION

I hereby certify that all co	orrective actions listed	on the District's Corn	rective Action Plan (CAP) for
the fiscal year indicated a	ibove have been fully	implemented with the	e following exceptions:
CAP Recommendation Number			
1	No Exception		
Yolanda Koon		Date	_
Board Secretary/Business	s Administrator		
			_
Dr. Scott Taylor Superintendent		Date	