

## Auditors of Public Accounts Audits Q3 of 2025

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### Issue

This report shows the audits issued by the state [Auditors of Public Accounts](#) (APA) between July 1, 2025, and September 30, 2025, by subject, with brief summaries of their findings and recommendations. The full report for each audit is available through the hyperlink in its audit type.

### Audits

#### *Board of Regents for Higher Education — Connecticut State University System Office*

Release Date: 8/27/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2021-2023
Findings		Recommendations
Inadequate Management of Emergency Response System Project		Properly manage emergency response project to ensure that employees are appropriately trained in using related information technology equipment  Have memorandums of understanding (MOU) with all stakeholders addressing project terms and objectives, each party's responsibilities, equipment maintenance and terms of usage, key contacts, and other important information  Ensure that assets are properly tagged per its Capital and Controllable Asset Manual
Consolidation of Purchasing Process		Accelerate efforts to comply with <a href="#">CGS § 10a-89e</a> , which requires consolidation of the purchasing process at the system office

***Board of Regents for Higher Education — Connecticut State University System Office (continued)***

Release Date: 8/27/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2021-2023
Findings		Recommendations
Reconciliation of Bank Accounts		Improve internal controls over its bank account reconciliation process to ensure it promptly performs monthly bank reconciliations
Dual Employment		Improve compliance with dual employment requirements, policies, and procedures  Properly complete and maintain dual employment agreements
Annual Physical Inventory		Ensure compliance with physical inventory requirements in the State Property Control Manual (SPCM)
Reconciliation of Asset Management Systems		Strengthen internal controls over asset management by ensuring that it performs quarterly reconciliations between its asset management systems and investigates and corrects any noted discrepancies

***Connecticut Airport Authority***

Release Date: 9/4/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations
Overpayments for Legal Services		Strengthen internal controls over its review of invoices to ensure that billed hourly rates are sufficiently detailed and match the rates in the contract

***Connecticut Housing Finance Authority***

Release Date: 8/14/25	Audit Type: <a href="#">Audit</a>	Calendar Years: 2022 & 2023
Findings		Recommendations
No Recommendations		

***Connecticut Paid Leave Authority***

Release Date: 8/26/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations
No Recommendations		

## ***Corrections, Department of (DOC)***

Release Date: 7/29/25		Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations	
Improper Paid Administrative Leave		Comply with requirements concerning employees on paid administrative leave in accordance with <a href="#">Conn. Agencies Regs. § 5-240-5a</a> and bargaining unit contracts	
Inadequate Controls and Support for Overtime		<p>Maintain overtime records as required by bargaining contracts</p> <p>Automated systems should accurately reflect manual records to ensure overtime is adequately documented and monitored</p> <p>Ensure it enters accurate employee job data in Core-CT</p>	
Inadequate Controls Over Compensatory Time and Accountability Logs		Strengthen internal controls to ensure (1) proper authorization is obtained before earning compensatory time, (2) time earned is accurately coded, and (3) compensatory time plans comply with bargaining unit contracts	
Inappropriate Holiday Time Coding		Strengthen internal controls over the review and approval of timesheets to reduce the risk of errors and potential overpayments	
Inaccurate Separation Payments		Strengthen internal controls to ensure the accuracy of payments to separating employees; rectify past incorrect payments	
Inadequate Controls Over Union Leave Time		Improve internal controls related to union leave to ensure time is properly approved and documented in accordance with department and union guidelines	
Lack of Employee Training		Improve internal controls to ensure adequate monitoring and tracking of employee training and compliance with department requirements	
Lack of Documentation for Hiring and Promotions		Strengthen internal controls to ensure the hiring and promotion process is adequately supported in accordance with DOC and Department of Administrative Services (DAS) procedures	
Controls Over Annual Evaluations		Strengthen internal controls to ensure that annual evaluations are promptly completed and documented in accordance with state regulations and department directives	
Lack of Monitoring of Leave in Lieu of Accrual		Strengthen internal controls to ensure that the use of the Leave in Lieu of Accrual time reporting code is monitored and promptly adjusted in accordance with Core-CT procedures	

### ***Corrections, Department of (DOC) (continued)***

Release Date: 7/29/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations
Improper Use of Purchasing Cards		Strengthen internal controls over the use of purchasing cards to ensure compliance with state and department policies and procedures
Asset Management Deficiencies		Strengthen internal controls over asset management to safeguard assets and ensure compliance with SPCM requirements
Inadequate Controls Over Loss Reporting		Improve internal controls to ensure that assets identified in loss reports are promptly removed from the inventory records  Ensure that it files all loss reports with the APA and Comptroller in accordance with <a href="#">CGS § 4-33a</a>
Inadequate Software Inventory		Strengthen internal controls to ensure it maintains and reports software inventory records in accordance with the SPCM
Noncompliance With Reporting Requirements		Strengthen internal controls to ensure compliance with statutory reporting requirements
Inmate Trust Fund Unclaimed Accounts		Strengthen internal controls over the accounts of discharged inmates to ensure compliance with the department's administrative directives
Lack of Documentation for Inmate Payroll		Strengthen internal controls over the maintenance of inmate payroll records and the approval of inmate timesheets
Untimely Administration of Inmate Medications		Strengthen internal controls to ensure medication is administered and monitored in accordance with agency policies

### ***Division of Criminal Justice (DCJ) — Prosecutor-Led Diversion Practices for Family Violence Offenders***

Release Date: 7/9/25	Audit Type: <a href="#">Performance Audit</a>	Calendar Years: 2021-2023
Findings		Recommendations
DCJ Did Not Comply With Nolle Requirements for Family Violence Cases		Develop internal controls and updates to eProsecutor to (1) document and monitor compliance with <a href="#">CGS § 54-56o</a> and (2) ensure compliance with prosecutorial standards requiring the recording of certain information in eProsecutor

***Division of Criminal Justice (DCJ) — Prosecutor-Led Diversion  
Practices for Family Violence Offenders (continued)***

Release Date: 7/9/25		Audit Type: <a href="#">Performance Audit</a>	Calendar Years: 2021-2023
Findings		Recommendations	
DCJ's Case Management System Reporting Was Deficient		<p>Establish comprehensive data validation protocols to ensure the accuracy and reliability of the data in eProsecutor</p> <p>Implement standardized terminology and required data fields to enhance consistency and eliminate subjective interpretation in case data</p> <p>Ensure all prosecutors consistently follow the established system standards</p>	
DCJ Did Not Consistently Document Completion of Treatment for Domestic Violence Offenders		<p>Develop and implement a protocol for monitoring and documenting treatment completion for providers not contracted by the Judicial Branch</p> <p>Standardize the requirement for providers to submit completion reports and ensure prosecutors record them in eProsecutor</p> <p>When courts dispose of cases before the completion of treatment, ensure eProsecutor includes a status report indicating compliance to date with treatment requirements</p>	
DCJ's Prosecutorial-led Diversion of Domestic Violence Offenders to Non-approved Community Providers Does Not Adhere to State Standards		<p>Consider assessing practices to ensure prosecutors recommend and offenders receive appropriate family violence treatment, to the extent practical</p> <p>Ensure that prosecutors are sufficiently informed about the availability and appropriateness of different types of treatment providers</p> <p>Collaborate with community stakeholders, including the Domestic Violence Criminal Justice Response and Enhancement Advisory Council, to assess treatment provider gaps and further develop a wider network of approved domestic violence treatment providers</p>	

***Division of Criminal Justice (DCJ) — Prosecutor-Led Diversion  
Practices for Family Violence Offenders (continued)***

Release Date: 7/9/25	Audit Type: <a href="#">Performance Audit</a>	Calendar Years: 2021-2023
Findings		Recommendations
Approval Process for Community Treatment Providers is Insufficient		The Family Domestic Violence Criminal Justice Response and Enhancement Advisory Council should advocate for legislation to establish a specific approval process and oversight mechanisms for community domestic violence treatment providers
Domestic Violence Advisory Council Appears to be Acting Beyond its Legal Authority		The Family Domestic Violence Criminal Justice Response and Enhancement Advisory Council should advocate for legislation to grant the council or an appropriate state agency the authority to review and approve community domestic violence treatment providers

***Early Childhood, Office of***

Release Date: 8/28/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2021-2023
Findings		Recommendations
Lack of Current Memorandum of Understanding With the State Department of Education (SDE)		Execute an updated MOU with SDE defining the terms of the department's administrative support
Failure to Perform Internal Control Self-Assessment		Ensure it promptly completes its annual internal control questionnaire by each June 30  Document any identified deficiencies and corrective action taken to address them
Payroll – Minimum Leave Increments		Improve internal control over the review and approval of timesheets to ensure compliance with minimum leave time increments in bargaining unit contracts
Payroll – Compensatory and Overtime Approval		Strengthen internal controls to ensure compliance with its compensatory and overtime policies and recover any overpayments
Payroll – Medical Leave Improperly Documented		Improve monitoring of medical leave to ensure that employees provide medical certificates for absences of more than five consecutive working days
Statutory Reporting – Inadequate Controls		Strengthen internal controls to ensure that it prepares and promptly submits all statutorily mandated reports to their required recipients
Property Control – Deficiency in Software Reporting		Accurately maintain and report all assets on its CO-59 property control report in accordance with the SPCM

### ***Early Childhood, Office of (continued)***

Release Date: 8/28/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2021-2023
Findings		Recommendations
Property Control – Physical Inventory Controls		Perform a complete physical inventory and prepare a listing of controllable property to ensure compliance with the SPCM
Expenditures – Privatization Contract Need		Comply with <a href="#">CGS § 4e-16(b)</a> by performing a cost-benefit analysis before contracting for privatization services
Expenditures – Travel Procedures Not Finalized		Finalize travel processing procedures to ensure compliance with DAS General Letter No. 212
Expenditures – Timely Contract Execution		Strengthen internal controls to ensure that contracts are executed prior to their effective date
Subcontractor Monitoring		Implement controls to ensure that subcontracts are executed prior to the contract effective date and subcontractors are selected in accordance with DAS General Letter No. 71; all subcontracts should be on file as required and be executed by both parties
Lack of Adopted Regulations		Periodically review and update regulations to reflect current statutory language and internal procedures
Revenue – Lack of Receipts Journal		Establish a receipts journal in accordance with the State Accounting Manual
Lack of Service Organization Control Report		Obtain and evaluate a Service Organization Control Report from its vendor to ensure that it accurately and reliably processes data and implements proper safeguards to protect confidential information

### ***Military Department***

Release Date: 8/12/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations
Incorrect Separation Payments		Strengthen internal controls to ensure employee separation payments are made in accordance with <a href="#">CGS §§ 5-247</a> & <a href="#">5-252</a> and applicable collective bargaining agreements  Attempt to collect overpayments and correct underpayments
Inventory Reporting Deficiencies		Strengthen internal controls to ensure that it accurately prepares and supports its CO-59 report in accordance with the SPCM

## ***Military Department (continued)***

Release Date: 8/12/25		Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations	
Lack of Annual Physical Inventory		Strengthen internal controls over asset management by performing annual physical inventories at all facilities and promptly tagging newly acquired assets in accordance with <a href="#">CGS § 4-36</a> and the SPCM	
Inadequate Internal Controls Over Capitalizing and Expensing Building Projects		Develop stronger internal controls to determine when it should expense or capitalize additions, renovations, improvements, and repairs to capital assets in accordance with the SPCM	
Deficiencies in the Military Relief Fund Grant Process		<p>Improve internal controls to ensure it promptly provides Military Relief Funds to eligible service members</p> <p>Adequately support its funding decisions to ensure compliance with its application process and <a href="#">CGS § 27-100a</a></p>	

## ***Private Providers of Special Education***

Release Date: 9/10/25		Audit Type: <a href="#">Performance Audit</a>	School Year: 2022 & 2023
Findings		Recommendations	
Failure to Deliver Certain Services Required by Student Individualized Education Programs (IEP)		<p>Private providers of special education should deliver all related services specified in student IEPs</p> <p>If they cannot provide all required services, they should notify the local education agencies (LEA) about any significant gap in service and work with the LEAs and the planning and placement team to revise the IEP or identify other necessary strategies</p>	
Incorrect Service Delivery and Insufficient Itemization of Related Services on Invoices		<p>Ädelbrook Academy – Cromwell should only provide and charge for services required by student IEPs; if a student requires additional or replacement services, it should notify their LEA and work with it and the planning and placement team to revise the IEP or identify other necessary strategies</p> <p>Itemize individual and group-related services on invoices</p>	



## *Private Providers of Special Education (continued)*

Release Date: 9/10/25		Audit Type: <a href="#">Performance Audit</a>	School Year: 2022 & 2023
Findings		Recommendations	
Inconsistent Contract Quality and Specificity		<p>SDE should develop, in consultation with LEAs and private providers, a model contract that would ensure clarity and statutory compliance and allow sufficient flexibility to address individual student needs</p> <p>Once developed, LEAs and private providers should base their agreements on the model contract</p>	
Lack of Contracts and Service Documentation		<p>Ädelbrook Academy – Cromwell should ensure that LEAs sign and return contracts for each student</p> <p>American School for the Deaf should continue to use its new service documentation system and ensure that documentation is retrievable</p>	
Breach of Contractual Invoicing and Billing Language		American School for the Deaf should review its contracting practices and ensure that future contracts are consistent with its billing practices	
Noncompliance With Statutorily Required Background Checks		<p>American School for the Deaf and Grace S. Webb School should develop internal controls to ensure they perform the required background checks</p> <p>Necessary University School JPE staff should complete the required Criminal Justice Information System (CJIS) training to receive CJIS data; once trained, they should complete the necessary background check information</p>	
Insufficient Mitigation of Risk Related to Criminal Background		Ädelbrook Academy – Cromwell, American School for the Deaf Grace S. Webb School, High Road School of Wallingford, and University School JPE should (1) develop policies requiring state and national criminal history records checks for staff hired prior to July 1, 2019; (2) require recurring checks at reasonable intervals for relevant staff; and (3) conduct additional background checks to comply with newly developed policies	
Noncompliance With Employment History Verification Requirements		American School for the Deaf, Grace S. Webb School, High Road School of Wallingford, and University School JPE should develop internal controls to ensure employment verifications are completed for each applicant in compliance with <a href="#">CGS § 10-222c(a)(2)</a>	
Noncompliance With Regulations for Seclusion Room Locking Mechanisms		Grace S. Webb School should fix the locking mechanism in question and develop a system of maintenance review to prevent similar issues	

## *Private Providers of Special Education (continued)*

Release Date: 9/10/25		Audit Type: <a href="#">Performance Audit</a>	School Year: 2022 & 2023
Findings		Recommendations	
Noncompliance With Student Medication Administration Regulations		<p>American School for the Deaf should develop internal controls to ensure it obtains written parent or guardian authorization on file for each medication administered to students</p> <p>American School for the Deaf and High Road School of Wallingford should develop internal controls to ensure that medication orders do not exceed 12 months</p>	
Noncompliance With Standards for Prior Work References		Ädelbrook Academy – Cromwell, American School for the Deaf, and Grace S. Webb School should comply with approval standards, keep references on file for all staff, and develop sufficient internal controls to prevent or detect instances of noncompliance	
Noncompliance With Emergency Drill Frequency Requirements		<p>Ädelbrook Academy – Cromwell and Grace S. Webb School should conduct an emergency drill other than a fire drill every third month</p> <p>Grace S. Webb School should consider other types of emergency drills that would not raise concerns about student trauma</p>	
Noncompliance With Emergency Drill Evaluation Requirements		Ädelbrook Academy – Cromwell, Grace S. Webb School, and High Road School of Wallingford should consistently collect participant feedback during emergency drills for use in evaluating the effectiveness of emergency plans and procedures	
Noncompliance With Teacher and Administrator Evaluation Requirements		<p>Grace S. Webb School should strengthen internal controls to ensure it completes appropriate evaluations for administrative staff and revise its evaluation documentation procedures to ensure that it can retrieve all records of evaluations</p> <p>High Road School of Wallingford should use the Connecticut System for Educator Evaluation and Development evaluation or equivalent for all durational shortage area permit staff</p>	
Noncompliance With Professional Development Policy Requirement		Ädelbrook Academy – Cromwell, American School for the Deaf, and Grace S. Webb School should revise their policies to specify staff must receive at least 18 hours of free, annual professional development	

## *Private Providers of Special Education (continued)*

Release Date: 9/10/25		Audit Type: <a href="#">Performance Audit</a>	School Year: 2022 & 2023
Findings		Recommendations	
Insufficient Training Documentation		Private providers should develop and fully implement a centralized training tracking system that (1) allows administration to document each staff member's attendance and hours and (2) summarizes the goals and objectives of each training	
Excessive Reliance on Non-Certified Staff		<p>High Road School of Wallingford should provide robust support and development to durational shortage area permitted staff to ensure their transition to full certification</p> <p>University School JPE should hire fully certified staff when filling future teaching and administrator positions, and support certification efforts for current staff</p>	
Lack of Preparation for the Emergency Use of Physical Restraint and Seclusion at Non-Approved Private Provider		University School JPE should (1) develop written policies and procedures for the proper use of emergency physical restraint and seclusion and (2) train all its staff in the proper methods and application of the emergency use of physical restraint and seclusion	
Insufficient Emergency Planning at Non-Approved Private Provider		University School JPE should (1) provide and document annual emergency trainings for all staff, (2) conduct emergency drills other than a fire drill annually and collect participant feedback to use in evaluating the effectiveness of emergency plans and procedures, (3) conduct a security and vulnerability assessment or equivalent to ensure the adequacy of its emergency plans, and (4) obtain and maintain a copy of the most recent local fire marshal inspection report	
Insufficient Ongoing Professional Development at Non-Approved Private Provider		University School JPE should develop and implement a professional development plan that includes specific orientation and ongoing trainings	
No Formal Program or Quality Improvement Process at Non-Approved Private Provider		University School JPE should develop and implement a formal approach to program improvement, including (1) establishing measurable objectives and goals; (2) collecting and analyzing performance data to identify areas for improvement; (3) developing a formal evaluation process that informs professional development; (4) surveying staff, students, families, and other relevant stakeholders; and (5) developing a website that includes information about its services and performance	

### ***Private Providers of Special Education (continued)***

<b>Release Date:</b> 9/10/25	<b>Audit Type:</b> <a href="#">Performance Audit</a>	<b>School Year:</b> 2022 & 2023
Findings		Recommendations
Noncompliance With the Principles, Procedures, and Standards for the Approval of Private Special Education Programs		SDE should review the findings in this report and consider revisions to its approval and reapproval processes to mitigate the risk of approved private special education provider noncompliance with the requirements in the Principles, Procedures, and Standards for the Approval of Private Special Education Programs, relevant statutes, and regulations

### ***Public Health, Department of***

<b>Release Date:</b> 9/17/2025	<b>Audit Type:</b> <a href="#">Audit</a>	<b>Fiscal Years:</b> 2022 & 2023
Findings		Recommendations
Lack of Proper Monitoring of Contractor Noncompliance With Confidentiality and Health Information Protection Policy		Strengthen internal controls to effectively monitor contractor compliance with department policy to safeguard confidential and protected health information
Lack of Overtime Management		Strengthen internal controls to ensure that it only pays overtime to eligible employees
Compensatory Time Plan Enrollments		Review all employee compensatory time plan enrollments to ensure they are enrolled in the correct plan in accordance with their bargaining unit contracts
Unpaid Administrative Leave		Develop and implement internal controls to ensure it obtains approval from the Office of Labor Relations to extend administrative leave beyond 60 days in accordance with the provisions in bargaining unit contracts
Lack of Proper Controls Over Revenue Receipts		Strengthen internal controls to ensure it properly supports receipts and promptly processes refund requests
Property Control and Reporting Deficiencies		Strengthen internal controls over the custody and reporting of assets to ensure compliance with the SPCM
Inadequate Administration of the Expired Pharmaceuticals Inventory		Strengthen internal controls to ensure that it accurately tracks and accounts for returned and expired pharmaceuticals in Core-CT to ensure it maximizes return credits
Access to Information Systems		Promptly terminate access to Core-CT upon an employee's separation

### ***Public Health, Department of (continued)***

Release Date: 9/17/2025	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations
Lack of Administrative Oversight on Boards and Commissions		Work with its related boards to ensure they submit meeting schedules to the Office of the Secretary of the State, maintain meeting schedules and required membership, hold regular meetings, and keep all appointment letters for their members on file
Contracts and Grants Management: Lack of Contract Approval and Performance Evaluation		Implement effective monitoring procedures to ensure that contracts are approved by the Office of the Attorney General  Promptly perform contractor evaluations to assess the contractor's quality of work, reliability, and cooperation
Contracts and Grants Management: Lack of Contracts and Grants Management		Review, update, and fully implement its Contract, Grant and State Federal Single Audit Review Policy  Ensure that it obtains contractors' program and financial reports
Lack of Risk Management Function		Develop or acquire an independent, formal, and ongoing risk assessment and mitigation process to identify and address risks that could impact operational and reporting objectives
Lack of Compliance With Statutory Reporting Requirements		Establish and implement an effective centralized system to track its statutory reporting requirements to ensure that it submits all required reports
Delayed Issuance of Purchase Orders		Strengthen internal controls to ensure it issues purchase orders in compliance with <a href="#">CGS § 4-98</a>

### ***State Elections Enforcement Commission***

Release Date: 7/22/25	Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations
Untimely Post-Election Review of Campaign Committees		Complete its post-election audits within the statutory deadlines
Lack of General Control Over Statutory Reporting Requirements		Strengthen its internal controls to ensure it complies with its statutory reporting requirements
Software Inventory Deficiencies		Establish internal controls to ensure it maintains its software inventory listing in compliance with the SPCM  Properly train its employees on the manual's software inventory requirements

### ***State Elections Enforcement Commission (continued)***

Release Date: 7/22/25		Audit Type: <a href="#">Audit</a>	Fiscal Years: 2022 & 2023
Findings		Recommendations	
Lack of Documentation Supporting Compensatory Time and Overtime		Properly approve and document overtime and compensatory time  Review compensatory time plans to ensure they correspond to the employee's collective bargaining agreement	
Inadequate Documentation of Personnel Actions		Establish formal policies and procedures to ensure personnel actions are adequately supported and documented	
Lack of Formal Written Human Resources Policies and Procedures		Establish and maintain formal written human resources policies and procedures	
Untimely Posting of Receipts		Strengthen internal controls to ensure that it promptly records receipts in Core-CT in accordance with <a href="#">CGS § 4-32</a> and the State Accounting Manual	
Failure to Tag and Track Controllable Assets		Develop policies and procedures to properly tag and record controllable assets	

### ***Transportation, Department of***

Release Date: 9/9/25		Audit Type: <a href="#">Audit</a>	Fiscal Years: 2021 & 2022
Findings		Recommendations	
Lack of Overtime and Compensatory Time Approvals		Improve overtime and compensatory time approval processes  Develop a reliable recordkeeping system to document pre-approval of overtime and compensatory time	
Lack of Controls Over Snow & Ice Premium Pay		Establish policies for approval and documentation of hours supporting snow and ice premium hours paid to employees  Strengthen internal controls to ensure it pays the snow and ice premium only for assignments between November 1 and April 30 in accordance with the bargaining unit agreement	
Lack of Controls Over Ferry Revenues		Improve internal controls over cash receipts for ferry services to minimize the risk of loss	
Lack of Controls Over Project Monitoring		Strengthen internal controls over monitoring Community Connectivity Grant Program projects to ensure prompt collection of unused funds	

***Transportation, Department of (continued)***

Release Date: 9/9/25		Audit Type: <a href="#">Audit</a>	Fiscal Years: 2021 & 2022
Findings		Recommendations	
Weakness in Controls Over Contractor Invoice Review		Strengthen internal controls over the review of invoices to ensure that billings align with the item descriptions and prices in contracts	
Noncompliance With Records Retention Policy		Institute procedures to retain and dispose of records in accordance with the Connecticut State Library's records retention policies	
Delays in Addressing Potential Conflicts of Interest		Periodically remind employees of their obligation to report potential conflicts of interest	
		Establish effective internal controls to monitor known conflicts, and promptly address	
		Document conclusions on all reported conflicts	

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