TUSCARAWAS COUNTY HEALTH DEPARTMENT

TUSCARAWAS COUNTY, OHIO

SINGLE AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2023





65 East State Street Columbus, Ohio 43215 ContactUs@ohioauditor.gov 800-282-0370

Members of the Board of Health and the Health Commissioner Tuscarawas County Health Department 897 E Iron Ave Dover, OH 44622-2030

We have reviewed the *Independent Auditor's Report* of the Tuscarawas County Health Department, prepared by Julian & Grube, Inc., for the audit period January 1, 2023 through December 31, 2023. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Tuscarawas County Health Department is responsible for compliance with these laws and regulations.

Keith Faber Auditor of State Columbus, Ohio

September 23, 2024

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TUSCARAWAS COUNTY HEALTH DEPARTMENT TUSCARAWAS COUNTY, OHIO

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Independent Auditor's Report

Tuscarawas County Health Department Tuscarawas County 897 East Iron Avenue Dover, OH 44622

To the Members of the Board of Health and the Health Commissioner:

Report on the Audit of the Financial Statement

Opinions

We have audited the accompanying financial statement of the Tuscarawas County Health Department, Tuscarawas County, Ohio, which comprises the cash balances, receipts, and disbursements for each governmental fund type as of and for the year ended December 31, 2023, and the related notes to the financial statement.

Unmodified Opinions on Regulatory Basis of Accounting

In our opinion, the accompanying financial statement referred to above presents fairly, in all material respects, the cash balances, receipts, and disbursements for each governmental fund type of the Tuscarawas County Health Department, as of and for the year ended December 31, 2023, and the related notes to the financial statement, in accordance with the financial reporting provisions of Ohio Revised Code Section 117.38 and Ohio Administrative Code Section 117-2-03(C) as described in Note 2.

Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter discussed in the "Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles" section of our report, the accompanying financial statement referred to above does not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of the Tuscarawas County Health Department, as of December 31, 2023, or changes in net position thereof for the year then ended.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statement" section of our report. We are required to be independent of the Tuscarawas County Health Department and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Tuscarawas County Health Department Tuscarawas County Independent Auditor's Report

Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 2 of the financial statement, the financial statement is prepared by the Tuscarawas County Health Department on the basis of the financial reporting provisions of Ohio Revised Code Section 117.38 and Ohio Administrative Code Section 117-2-03(C), which is a basis of accounting other than accounting principles generally accepted in the United States of America (GAAP), to satisfy these requirements. The effects on the financial statement of the variances between the regulatory basis of accounting described in Note 2 and GAAP, although not reasonably determinable, are presumed to be material and pervasive.

Responsibilities of Management for the Financial Statement

Management is responsible for the preparation and fair presentation of the financial statement in accordance with the financial reporting provisions of Ohio Revised Code Section 117.38 and Ohio Administrative Code Section 117-2-03(C). Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statement that is free from material misstatements, whether due to fraud or error.

In preparing the financial statement, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tuscarawas County Health Department's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statement

Our objectives are to obtain reasonable assurance about whether the financial statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statement.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statement, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statement.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Tuscarawas County Health Department's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statement.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tuscarawas County Health Department's ability to continue as a going concern for a reasonable period of time.

Tuscarawas County Health Department Tuscarawas County Independent Auditor's Report

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statement that collectively comprise the Tuscarawas County Health Department's financial statement. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statement. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statement. The information has been subjected to the auditing procedures applied in the audit of the financial statement and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting statement or to the financial statement itself, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statement as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 29, 2024 on our consideration of the Tuscarawas County Health Department's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Tuscarawas County Health Department's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Tuscarawas County Health Department's internal control over financial reporting and compliance.

Julian & Sube, Enc.

Julian & Grube, Inc. July 29, 2024

Tuscarawas County Health Department

Tuscarawas County Combined Statement of Receipts, Disbursements and Changes in Fund Balances (Regulatory Cash Basis) All Governmental Fund Types For the Year Ended December 31, 2023

		General		Special Revenue	Capital Projects		Combined Total
Cash Receipts	\$	1 207 116	\$		¢	\$	1 207 116
Property Taxes Charges for Services	Ф	1,397,116 161,828	Ф	670,623	\$ -	Э	1,397,116 832,451
Fines, Licenses and Permits		101,828		629,917	-		629,917
Intergovernmental:		-		029,917	-		029,917
Apportionments		25,000		-	25,000		50,000
Grants		121,629		1,706,850			1,828,479
Other		216,247		35,451	-		251,698
Miscellaneous		35,280		43,059	-		78,339
Total Cash Receipts		1,957,100		3,085,900	25,000		5,068,000
Cash Disbursements							
Current:							
Health:							
Salaries		587,889		2,040,898	-		2,628,787
Supplies		34,501		673,102	-		707,603
Equipment		44,044		31,712	-		75,756
Contract Services		171,784		658,568	2,076		832,428
Travel		5,092		33,669	-		38,761
Remittance to State		67,599		157,561	-		225,160
Medicare		8,283		28,605	-		36,888
OPERS Western Comm		80,069		275,889	-		355,958
Workers Comp		2,540		10,106	-		12,646 238,353
Other Medical Insurance		17,092 65,671		221,261 244,464	-		238,333
Employee Voluntary Dental and Vision Insurance		17,814		244,404	-		17,814
Advertising		17,014		20,019	-		20,019
Accreditation		5,600		20,019	-		5,600
AUL Disability		4,983					4,983
Vehicle Maintenance		-,705		1,307	_		1,307
Lab Fees		-		994	-		994
Capital Outlay		-		-	16,307		16,307
Total Cash Disbursements		1,112,961		4,398,155	18,383		5,529,499
Excess of Receipts Over (Under) Disbursements		844,139		(1,312,255)	6,617		(461,499)
Other Financing Receipts (Disbursements)							
Transfers In		-		1,018,636	-		1,018,636
Transfers Out		(904,760)		(113,876)	-		(1,018,636)
Advances In		713,674		432,500	_		1,146,174
Advances Out		(432,500)			-		(1,146,174)
Advances Out		(432,300)		(713,674)			(1,140,174)
Total Other Financing Receipts (Disbursements)		(623,586)		623,586			
Net Change in Fund Cash Balances		220,553		(688,669)	6,617		(461,499)
Fund Cash Balances, January 1		5,305,538		2,118,169	140,046		7,563,753
Fund Cash Balances, December 31	\$	5,526,091	\$	1,429,500	\$ 146,663	\$	7,102,254

See accompanying notes to the financial statement

Note 1 – Reporting Entity

The constitution and laws of the State of Ohio establish the rights and privileges of the Tuscarawas County Health Dept, Tuscarawas County, (the Health Department) as a body corporate and politic. The Health Department has a seven-member Board of Health, established under Ohio Revised Code (ORC) Chapter 3709. The Board of Health governs the Health Department and appoints a full time Health Commissioner to carry out the day-to-day activities of the Health Department. The Board of Health is appointed by the Tuscarawas County District Advisory Council. The duties of the Board of Health and the Health Commissioner are outlined in ORC Chapter 3707. The Health Department's services include communicable disease investigations, immunization clinics, inspections, and public health nursing services, and the Health Department issues health-related licenses and permits.

Public Entity Risk Pool

The Health Department participates in a public entity risk pool (PEP Ohio). Note 7 to the financial statement provides additional information for this entity.

The Health Department's management believes this financial statement presents all activities for which the Health Department is financially accountable.

Note 2 – Summary of Significant Accounting Policies

Basis of Presentation

The Health Department's financial statement consists of a combined statement of receipts, disbursements and changes in fund balances (regulatory cash basis) for all governmental fund types organized on a fund type basis.

Fund Accounting

The Health Department uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The fund types of the Health Department are presented below:

General Fund The general fund accounts for and reports all financial resources not accounted for and reported in another fund. The general fund balance is available to the Health Department for any purpose provided it is expended or transferred according to the general laws of Ohio.

Special Revenue Funds These funds account for and report the proceeds of specific revenue sources that are restricted or committed to expenditure for specified purposes other than debt service or capital projects. The Health Department had the following significant Special Revenue Funds:

Women, Infants, and Children (WIC) Fund This is a Federal grant fund that accounts for the Special Supplemental Nutrition Program.

Medical Clinic This fund is used to account for the purchase of services for medical testing such as blood pressure checks, TB testing, and child wellness checks.

Health Sewer Fund This fund receives money from permits, license fees, and water pollution control loans which in turn provides inspections and contract services for home sewer/septic systems within the county.

Capital Project Funds These funds account for and report financial resources that are restricted, committed, or assigned to disbursement for capital outlays, including the acquisition or construction of capital facilities and other capital assets. The Permanent Improvement Fund is the Health Department's only capital project fund and receives money from County apportionments and accounts for capital project related activities undertaken by the Health Department.

Basis of Accounting

This financial statement follows the accounting basis permitted by the financial reporting provisions of Ohio Revised Code Section 117.38 and Ohio Administrative Code Section 117-2-03(C). This basis is similar to the cash receipts and disbursements accounting basis. The Health Department recognizes receipts when received in cash rather than when earned, and recognizes disbursements when paid rather than when a liability is incurred. Budgetary presentations report budgetary disbursements when a commitment is made (i.e., when an encumbrance is approved).

This statement includes adequate disclosure of material matters, as the financial reporting provisions of Ohio Revised Code Section 117.38 and Ohio Administrative Code Section 117-2-03(C) permit.

Budgetary Process

The Ohio Revised Code requires the Health Department to budget each fund annually.

Appropriations Budgetary disbursements (that is, disbursements and encumbrances) may not exceed appropriations at the object level of control and appropriations may not exceed estimated resources. The Board of Health must annually approve appropriation measures and subsequent amendments. Unencumbered appropriations lapse at year end.

Estimated Resources Estimated resources include estimates of cash to be received (budgeted receipts) plus unencumbered cash as of January 1. The County Budget Commission must approve estimated resources.

Encumbrances The Ohio Revised Code requires the Health Department to reserve (encumber) appropriations when individual commitments are made. Encumbrances outstanding at year end are carried over, and need not be reappropriated.

A summary of 2023 budgetary activity appears in Note 3.

Capital Assets

The Health Department records disbursements for acquisitions of property, plant, and equipment when paid. The accompanying financial statement does not report these items as assets.

Accumulated Leave

In certain circumstances, such as upon leaving employment, employees are entitled to cash payments for unused leave. The financial statement does not include a liability for unpaid leave.

Leases and SBITAs

The Health Department is the lessee in various leases (as defined by GASB 87) related to equipment under noncancelable leases. Lease disbursements are recognized when they are paid.

The Health Department entered into noncancelable Subscription-Based Information Technology Arrangements (SBITA) contracts (as defined by GASB 96) for several types of software including contracts related to financial systems and various other software. Subscription disbursements are recognized when they are paid.

Fund Balance

Fund balance is divided into five classifications based primarily on the extent to which the Health Department must observe constraints imposed upon the use of its governmental-fund resources. The classifications are as follows:

Nonspendable The Health Department classifies assets as *nonspendable* when legally or contractually required to maintain the amounts intact. For regulatory purposes, nonspendable fund balance includes unclaimed monies that are required to be held for five years before they may be utilized by the Health Department.

Restricted Fund balance is *restricted* when constraints placed on the use of resources are either externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments; or is imposed by law through constitutional provisions.

Committed The Board can *commit* amounts via formal action (resolution). The Health Department must adhere to these commitments unless the Board amends the resolution. Committed fund balance also incorporates contractual obligations to the extent that existing resources in the fund have been specifically committed to satisfy contractual requirements.

Assigned Assigned fund balances are intended for specific purposes but do not meet the criteria to be classified as *restricted* or *committed*. For regulatory purposes, assigned fund balance in the general fund is limited to encumbrances outstanding at year end.

Unassigned Unassigned fund balance is the residual classification for the general fund and includes amounts not included in the other classifications. In other governmental funds, the unassigned classification is used only to report a deficit balance.

Tuscarawas County Health Department *Tuscarawas County Notes to the Financial Statement For the Year Ended December 31, 2023*

The Health Department applies restricted resources first when disbursements are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first followed by assigned, and then unassigned amounts when disbursements are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

For regulatory purposes, limited disclosure related to fund balance is included in Note 11.

Note 3 – Budgetary Activity

2023 Budgeted vs. Actual Receipts				
	Budgeted	Actual		
Fund Type	Receipts	Receipts	Variance	
General	\$2,025,000	\$2,670,774	\$645,774	
Special Revenue	5,444,756	4,537,036	(907,720)	
Capital Projects	25,000	25,000	0	
Total	\$7,494,756	\$7,232,810	(\$261,946)	

Budgetary activity for the year ending December 31, 2023, follows:

2023 Budgeted vs. Actual Budgetary Basis Disbursements				
	Appropriation	Budgetary		
Fund Type	Authority	Disbursements	Variance	
General	\$3,182,100	\$2,640,980	\$541,120	
Special Revenue	6,977,676	5,730,986	1,246,690	
Capital Projects	27,100	18,383	8,717	
Total	\$10,186,876	\$8,390,349	\$1,796,527	

Note 4 – Deposits and Investments

As required by the Ohio Revised Code, the Tuscarawas County Treasurer is custodian for the Health Department's deposits. The County's deposit and investment pool holds the Health Department's assets, valued at the Treasurer's reported carrying amount.

Note 5 – Intergovernmental Funding and Property Taxes

Intergovernmental Funding

The County apportions the excess of the Health Department's appropriations over other estimated receipts among the townships and municipalities composing the Health Department, based on their taxable property valuations. The County withholds the apportioned excess from property tax settlements and distributes it to the Health Department. The financial statement presents these amounts as intergovernmental receipts.

Property Taxes

The County Commissioners serve as a special taxing authority for a special levy outside the ten-mill limitation to provide the Health Department with sufficient funds for health programs. The levy generated \$1,534,386 in 2023 which includes \$137,270 in state reimbursements. The financial statement presents these amounts in property taxes and intergovernmental receipts, respectively.

Property taxes are levied, assessed and collected on a calendar basis. They include amounts levied against all real, public utility real, & public utility tangible personal property located in the areas served by the Health Department. Taxes collected on real property (other than public utility) in one calendar year are levied in the preceding calendar year on assessed values as of January 1 of the preceding year, the lien date. Assessed values are established by the Tuscarawas County Auditor at 35% of the appraised market value. All property is required to be revalued every six years. A revaluation for the Health Department was done is 2022.

Real property taxes are payable annually or semi-annually. If paid annually, payment is due December 31. If paid semi-annually, the first payment is usually due December 31, with the remainder payable June 30.

Public utility real and public utility personal property taxes collected in one calendar year are levied in the preceding calendar year on assessed values determined as of December 31 of the second year preceding the tax collection year, the lien date. Real property is assessed at 35% of market value and personal property is assessed at 100% of market value. Public utility property taxes are payable on the same dates as real property taxes described previously.

The Tuscarawas County Treasurer collects property taxes on behalf of the Health Department. The Tuscarawas County Auditor remits the collected taxes to the Health Department. Tax settlements are made each March and August for real property taxes.

Note 6 – Interfund Balances

Outstanding advances at December 31, 2023, consisted of a total of \$260,000. All advances were made from the General Fund to the following funds in 2023: Project Dawn (\$30,000), Early Childhood Safety (\$25,000), Falls Prevention Grant (\$15,000), Preconception Health & Wellness (\$15,000), Child Injury Prevention (\$15,000), Get Vaccinated Ohio (\$10,000), COVID19 Enhanced Operations (\$30,000), Public Health Workforce (\$10,000), Food Service Operations (\$40,000), as well as remaining unpaid balance from advances initially made in 2021 from the General Fund to the following funds: COVID 19 Enhanced Operations (\$50,000) and Workforce Development (\$20,000). All balances outstanding as of December 31, 2022, for advances initially made in 2022 from the General Fund were fully repaid during 2023. The advances were made to provide working capital for operations or projects.

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Note 7 – Risk Management

The Health Department is exposed to various risks of property and casualty losses, and injuries to employees.

Workers' Compensation

Workers' Compensation coverage is provided by the State of Ohio. The Health Department pays the State Workers' Compensation System a premium based on a rate per \$100 of salaries. This rate is calculated based on accident history and administrative costs.

Risk Pool Membership

The Health Department is a member of the Public Entities of Ohio (the Pool). The Pool assumes the risk of loss up to the limits of the Health Department's policy. The Pool covers the following risks:

- General liability and casualty;
- Public official's liability
- Cyber
- Law enforcement liability
- Automotive liability
- Vehicles
- Property
- Equipment breakdowns.

The Pool reported the following summary of actuarially-measured liabilities and the assets available to pay those liabilities as of December 31, 2023:

	2023
Cash and investments	\$43,996,442
Actuarial liabilities	\$19,743,401

Note 8– Defined Benefit Pension Plans

Ohio Public Employees Retirement System

The Health Department employees belong to the Ohio Public Employees Retirement System (OPERS). OPERS is a cost-sharing, multiple-employer plan. The Ohio Revised Code prescribes this plan's benefits, which include postemployment healthcare and survivor and disability benefits.

The Ohio Revised Code also prescribes contribution rates. OPERS members contributed 10 percent of their gross salaries, and the Health Department contributed an amount equaling 14 percent of participants' gross salaries. The Health Department has paid all contributions required through December 31, 2023.

Note 9 – Postemployment Benefits

OPERS offers a cost-sharing, multiple-employer defined benefit postemployment plan. OPERS offers a health reimbursement arrangement (HRA) allowance to benefit recipients meeting certain age and service credit requirements. The HRA is an account funded by OPERS that provides tax-free reimbursement for qualified medical expenses such as monthly post-tax insurance premiums, deductibles, co-insurance, and co-pays incurred by eligible benefit recipients and their dependents. For calendar year 2023, the portion of OPERS employer contributions allocated to health care was 0 percent for members in the traditional pension plan and 2 percent for members in the combined plan. For 2023, the portion of employer contributions OPERS allocated to health care for members in the member-directed plan was 4.0 percent; however, a portion of the health care rate was funded with reserves.

Note 10 – Contingent Liabilities

Amounts grantor agencies pay to the Health Department are subject to audit and adjustment by the grantor, principally the federal government. The grantor may require refunding any disallowed costs. Management cannot presently determine amounts grantors may disallow. However, based on prior experience, management believes any refunds would be immaterial.

Note 11 – Fund Balances

Included in fund balance are amounts the Health Department cannot spend, including the balance of unclaimed monies, which cannot be spent for five years. Encumbrances are commitments related to unperformed contracts for goods or services. Encumbrance accounting is utilized to the extent necessary to assure effective budgetary control and accountability and to facilitate effective cash planning and control. At year end the balances of these amounts were as follows:

Fund Balances	General	Special Revenue	Capital Projects	Total
Outstanding Encumbrances	190,759	505,281	0	696,040
Total	\$190,759	\$505,281	\$0	\$696,040

The fund balance of special revenue funds is either restricted or committed. The fund balance of capital projects funds is restricted, committed, or assigned. These restricted, committed, and assigned amounts in the special revenue and capital projects funds would include the outstanding encumbrances. In the general fund, outstanding encumbrances are considered assigned.

Note 12 – COVID-19

The United States and the State of Ohio declared a state of emergency in March of 2020 due to the COVID-19 pandemic. Ohio's state of emergency ended in June 2021 while the national state of emergency ended in April 2023. During 2023, the Health Department received COVID-19 funding. The Health Department will continue to spend available COVID-19 funding consistent with the applicable program guidelines.

SUPPLEMENTARY INFORMATION

TUSCARAWAS COUNTY HEALTH DEPARTMENT SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2023

FEDERAL GRANTOR/ SUB GRANTOR/ PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH ENTITY IDENTIFYING NUMBER / ADDITIONAL AWARD IDENTIFICATION	PASSED THROUGH TO SUBRECIPIENTS	TOTAL EXPENDITURES OF FEDERAL AWARDS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Passed Through the Ohio Department of Health				
Public Health Emergency Preparedness Public Health Emergency Preparedness	93.069 93.069	07910012PH1423 07910012PH1524	\$ -	\$ 50,984 50,489
Total Public Health Emergency Preparedness	95.009	0/910012FH1524		101,473
Family Planning Services	93.217	07910011RH1223		19,432
Title V State Sexual Risk Avoidance Education (Title V State SRAE) Program	93.235	07910011RH1324		79,464
Immunization Cooperative Agreements	93.268	07910012GV0523	-	12,521
Immunization Cooperative Agreements	93.268	07910012GV0624	-	5,962
COVID-19 - Immunization Cooperative Agreements	93.268	COVID-19, 07910012CN0122	12,558	94,231
Total Immunization Cooperative Agreements			12,558	112,714
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Disease	93.323	COVID-19, 07910012EO0222	44,686	103,497
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Disease	93.323	COVID-19, 07910012E00323	-	117,071
Total Epidemiology and Laboratory Capacity for Infectious Disease			44,686	220,568
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	COVID-19, 07910012WF0122	54,292	90,149
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	COVID-19, 07910012WF0122 COVID-19, 07910012WF0223	54,292	5,000
Total Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	75.554	001115-15, 07510012 010225	54,292	95,149
National and State Tobacco Control Program	93.387	07910014TU0924		25,397
COVID-19 - Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response				
to Public Health or Healthcare Crises	93.391	COVID-19, 07910012WF0223		5,000
Direct Awards COVID-19 - Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498	COVID-19		136,326
	95.498	COVID-19		150,520
Passed Through the Ohio Department of Job and Family Services				
Temporary Assistance for Needy Families	93.558	G-2223-22-0422/G-2425-22-0047		38,430
Passed Through the Ohio Department of Health				
Opioid STR	93.788	07910014IH0323	-	30,000
Opioid STR	93.788	07910014IH0224	-	28,251 58,251
Total Opioid STR				38,231
COVID-19 - CDC's Collaboration with Academia to Strengthen Public Health	93.967	COVID-19, 07910012WF0223		28,660
Preventive Health and Health Services Block Grant	93.991	07910014IC0124	-	7,117
Preventive Health and Health Services Block Grant	93.991	07910014IF0124		7,746
Total Preventive Health and Health Services Block Grant				14,863
Maternal and Child Health Services Block Grant to the States	93,994	07910011RH1223		8,474
Matchiai and Child Health Services Block Grant to the States	93.994	07910011PW0124		13,296
Total Maternal and Child Health Services Block Grant to the States			-	21,770
			111.524	057.407
Total U.S. Department of Health and Human Services			111,536	957,497
U.S. DEPARTMENT OF TRANSPORTATION				
Passed Through the Ohio Department of Public Safety				
Highway Safety Cluster:	20.000	(0.1.3552220000.1020.010		22.022
State and Community Highway Safety	20.600	69A37522300004020OH0		22,032
Total Highway Safety Cluster				22,032
Total U.S. Department of Transportation				22,032
U.S. DEPARTMENT OF AGRICULTURE				
Passed Through the Ohio Department of Health				
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	07910011WA1623	-	332,210
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	07910011WA1724	-	89,170
Total WIC Special Supplemental Nutrition Program for Women, Infants, and Children				421,380
Total U.S. Department of the Agriculture				421,380
Total Federal Financial Assistance			111,536	\$ 1,400,909
i otal i cuetal fillancial Assistance			111,536	a 1,400,909

See accompanying notes to the schedule of expenditures of federal awards

TUSCARAWAS COUNTY HEALTH DEPARTMENT TUSCARAWAS COUNTY, OHIO

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS 2 CFR 200.510(b)(6) FOR THE YEAR ENDED DECEMBER 31, 2023

NOTE 1 – BASIS OF PRESENTATION & SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Tuscarawas County Health Department under programs of the federal government for the year ended December 31, 2023 and is prepared in accordance with the cash basis of accounting. The information on this Schedule is prepared in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Tuscarawas County Health Department, it is not intended to and does not present the fund balances or changes in fund balances of the Tuscarawas County Health Department. Such expenditures are recognized following cost principles contained in Uniform Guidance wherein certain types of expenditures may or may not be limited to as to reimbursement.

NOTE 2 – DE MINIMIS COST RATE

CFR Section 200.414 of the Uniform Guidance allows a non-federal entity that has never received a negotiated indirect cost rate to charge a de minimis rate of 10% of modified total direct costs to indirect costs. The Tuscarawas County Health Department has not elected to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

NOTE 3 – SUBRECIPIENTS

The Tuscarawas County Health Department passes certain federal awards received from various agencies to other governments or not-for-profit agencies (subrecipients). As Note 1 describes, the Tuscarawas County Health Department reports expenditures of Federal awards to subrecipients when paid in cash. As a subrecipient, the Tuscarawas County Health Department has certain compliance responsibilities, such as monitoring its subrecipients to help assure they use these subawards as authorized by laws, regulations, and the provisions of contracts or grant agreements, and that subrecipients achieve the award's performance goals.

NOTE 4 – MATCHING REQUIREMENTS

Certain federal programs require the Tuscarawas County Health Department contribute non-federal funds (matching funds) to support the federally funded programs. The Tuscarawas County Health Department has complied with the matching requirements. The expenditure of non-federal matching funds are not included on the Schedule.



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Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statement Performed in Accordance With *Government Auditing Standards*

Tuscarawas County Health Department Tuscarawas County 897 East Iron Avenue Dover, OH 44622

To the Members of the Board of Health and the Health Commissioner:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statement of the cash balances, receipts, and disbursements for each governmental fund type of the Tuscarawas County Health Department, Tuscarawas County, Ohio, as of and for the year ended December 31, 2023, and the related notes to the financial statement and have issued our report thereon dated July 29, 2024, wherein we noted the Tuscarawas County Health Department followed financial reporting provisions Ohio Revised Code Section 117.38 and Ohio Administrative Code Section 117-2-03(C) permit.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statement, we considered the Tuscarawas County Health Department's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statement, but not for the purpose of expressing an opinion on the effectiveness of the Tuscarawas County Health Department's internal control. Accordingly, we do not express an opinion on the effectiveness of the Tuscarawas County Health Department's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Tuscarawas County Health Department's financial statement will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Tuscarawas County Health Department Tuscarawas County Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statement Performed in Accordance With *Government Auditing Standards*

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Tuscarawas County Health Department's financial statement is free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Tuscarawas County Health Department's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Tuscarawas County Health Department's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Julian & Sube, the.

Julian & Grube, Inc. July 29, 2024



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Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance

Tuscarawas County Health Department Tuscarawas County 897 East Iron Avenue Dover, OH 44622

To the Members of the Board of Health and the Health Commissioner:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Tuscarawas County Health Department's compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the Tuscarawas County Health Department's major federal programs for the year ended December 31, 2023. The Tuscarawas County Health Department's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings.

In our opinion, the Tuscarawas County Health Department complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the "Auditor's Responsibilities for the Audit of Compliance" section of our report.

We are required to be independent of the Tuscarawas County Health Department and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Tuscarawas County Health Department's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Tuscarawas County Health Department's federal programs.

Tuscarawas County Health Department Tuscarawas County Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Tuscarawas County Health Department's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Tuscarawas County Health Department's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, Government Auditing Standards, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Tuscarawas County Health Department's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Tuscarawas County Health Department's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Tuscarawas County Health Department's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance requirement of a federal program will a type of compliance requirement of a federal noncompliance with a type of compliance requirement of a federal noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance requirement of a federal program will not be prevented, or a combination of deficiencies, in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the "Auditor's Responsibilities for the Audit of Compliance" section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Tuscarawas County Health Department Tuscarawas County Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Julian & Sube, the.

Julian & Grube, Inc. July 29, 2024

TUSCARAWAS COUNTY HEALTH DEPARTMENT TUSCARAWAS COUNTY, OHIO

SCHEDULE OF FINDINGS 2 CFR § 200.515 DECEMBER 31, 2023

	1. SUMMARY OF AUDITOR'S RESULTS				
(d)(1)(i)	Type of Financial Statement Opinions	GAAP – Adverse Regulatory - Unmodified			
(d)(1)(ii)	Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?	No			
(d)(1)(ii)	Were there any other significant deficiencies in internal control reported at the financial statement level (GAGAS)?	None reported			
(d)(1)(iii)	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No			
(d)(1)(iv)	Were there any material weaknesses in internal control reported for major federal programs?	No			
(d)(1)(iv)	Were there any other significant deficiencies in internal control reported for major federal programs?	None reported			
(d)(1)(v)	Type of Major Programs' Compliance Opinion	Unmodified			
(d)(1)(vi)	Are there any reportable findings under 2 CFR §.516(a)?	No			
(d)(1)(vii)	Major Program(s) (listed):	WIC Special Supplemental Nutrition Program for Women, Infants, and Children (ALN 10.557); and COVID-19 – Epidemiology and Laboratory Capacity for Infectious Disease (ALN 93.323)			
(d)(1)(viii)	Dollar Threshold: Type A/B Programs	Type A:>\$750,000 Type B: all others			
(d)(1)(ix)	Low Risk Auditee under 2 CFR § 200.520?	No			

2. FINDINGS RELATED TO THE FINANCIAL STATEMENT REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS

None.

3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

None.



TUSCARAWAS COUNTY HEALTH DEPARTMENT

TUSCARAWAS COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 10/3/2024

65 East State Street, Columbus, Ohio 43215 Phone: 614-466-4514 or 800-282-0370