

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

JUL 03 2011

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO <i>Smigelman</i>	DATE <i>7-7-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>101019</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-12-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Peck, Hess</i> <i>* Want info by 7/13/11</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Informants sent via email 7/13/11</i>	<i>BHS</i>		<i>Bru -</i>
2.			<i>Pls log to</i>
3.			<i>Nindia - C: Director,</i>
4.			<i>Hess</i>
<i>Note due date -</i>			

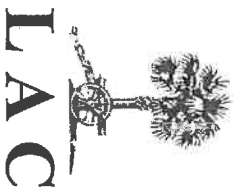
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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TO <i>Singhston</i>	DATE <i>7-7-11</i>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
<i>* 1. Per Singhston, submitted electronically. Close 7/14/11</i>			<i>Bru -</i>
2.			<i>Pls log to</i>
3.			<i>Hinda - c: Director,</i>
4.			<i>Hess</i>
			<i>Note due date -</i>



SOUTH CAROLINA GENERAL ASSEMBLY
Legislative Audit Council
Independence, Reliability, Integrity



REQUEST FOR INFORMATION

RECEIVED

Date: July 5, 2011

JUL 07 2011

To: Deirdra Singleton, General Counsel, DHHS

SCDHHS

From: Andrea Truitt, Audit Manager ^{ADT}

Office of General Counsel

Subject: LAC Audit of DHHS

Please provide the Legislative Audit Council with a copy of the following information.

- Federal, state, private and internal audit reports and management studies for the past three years.
- Organization chart and list of personnel with assigned positions of responsibility at the agency.
- Telephone and e-mail list of agency personnel.
- List of federal, state and local laws and regulations governing the agency.
- List of management policies and procedures and guidelines for the agency.
- The latest annual report and agency plan.
- List (names, addresses, telephone numbers, and/or e-mail addresses) of persons or organizations having an interest in or knowledge of the agency or program under review.

If this information is available on a website, please provide us the website address instead of a paper copy. Please contact us if the information requested is too lengthy or if you have any questions. We would appreciate receiving this information by Wednesday, July 13, 2011.

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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