

INTERNAL QUALITY AUDITS PROCEDURE FOR PROCESS STUDIES (CIS-P011)

Clarksville-Montgomery County School System

1.0 SCOPE:

1.1 This procedure applies to all personnel requesting and administering Internal Consultation Audits in the Clarksville-Montgomery County School System.

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

2.0 RESPONSIBILITY:

2.1 Director of Continuous Improvement

3.0 APPROVAL AUTHORITY:

3.1 Chief Communications Officer

4.0 DEFINITIONS:

- 4.1 CIS: Continuous Improvement System (CIS) referred to as Education Organization Management System in ISO 21001:2018.
- 4.2 Concern: an issue, finding, or potential nonconformance. To be classified by the Director of Continuous Improvement as Corrective Action, Correction, or Recommendation for Improvement.
- 4.3 Process and Implementation Evaluations: An internal audit engagement conducted outside of the annual assurance audit engagement schedule, requested by a department chief, designee, or the Director of Schools based on the results of prior audits or stakeholder feedback. The scope of the evaluation and report distribution is agreed upon by the requestor and Director of Continuous Improvement before the engagement occurs.
- 4.4 Internal Audits: Audits conducted to determine if the CIS of the Clarksville-Montgomery County School System conforms to the requirements of ISO 21001:2018 and/or to determine if the district's policies, procedures, and practices support effective and efficient operations.
- 4.5 Internal Auditors: CMCSS employees selected to perform internal continuous improvement audits. Internal auditors attend annual auditor training, pass/meet the competency test/requirements and are objective and impartial. All internal auditors must read, understand, acknowledge and comply with a Code of Ethics annually.
- 4.6 Lead Auditor: CMCSS employee selected to perform and manage internal continuous improvement audits. The lead auditor is central point of communication for the audit team and provides direction throughout the course of the audit. The lead auditor attends annual auditor training, passes/meets any competency tests/requirements and is objective and impartial. All internal auditors must read, understand, acknowledge and comply with a Code of Ethics annually.

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5.0 PROCEDURE:

- 5.1 A Department Chief or designee may request an evaluation for various purposes. These requests must be made in writing to the Director of Continuous Improvement. Requests should be made on the basis of previous audit results, stakeholder feedback, or similar metrics.
- 5.2 The Director of Continuous Improvement obtains further information from the department requestor regarding requested scope of the audit and evaluates knowledge and resource requirements.
- 5.3 After consideration of knowledge and resource requirements, the Director of Continuous Improvement decides whether the audit may be conducted and determines necessary timelines. The Director of Continuous Improvement will communicate these decisions to the department requestor.
- 5.4 When conducting an evaluation, the audit team will use any of the audit tools deemed necessary to conduct the evaluation, but will primarily rely on the use of protocols created by the Director of Continuous Improvement. These protocols may include those for evaluations of Process Implementation, Program Theory, etc.
- 5.5 The Director of Continuous Improvement typically conducts audits of this nature.
- 5.6 At the conclusion of the evaluation, the Director of Continuous Improvement prepares the Internal Audit Report to be presented at the closing meeting.
 - 5.6.1 A copy of the Final Evaluation Report shall be distributed by the Director of Continuous Improvement to the head of the department audited. A copy is not provided to the Director of Schools unless specifically requested by the auditee.
 - 5.6.2 The Director of Continuous Improvement shall retain a copy of the final audit report in the CIS files.
 - 5.6.3 The Director of Continuous Improvement will ensure appropriate tracking. At the 6-month mark, or at a different point that the Director of Continuous Improvement deems appropriate, a follow-up meeting will be conducted to determine the progress of the department on any key recommendations.

6.0 ASSOCIATED DOCUMENTS: None

7.0 RECORD RETENTION TABLE:

<u>Identification</u>	<u>Storage</u>	<u>Retention</u>	<u>Disposition</u>	<u>Protection</u>
Any submitted audit work papers (not including Final	Electronic or hard copies in CI Director files	2 years after completion of Final Report	Shred	Server back up or locked building/office

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Report and Compliance)				
Internal Audit Final Report	Limited Access - Shared Network Drive	Permanent	None	Server backup or locked office/building
	Hard copy – CIS files			
Internal Audit Compliance documentation	Limited Access - Shared Network Drive	Permanent	None	Server backup or locked office/building
	Hard copy – CIS files			

8.0 REVISION HISTORY:

Date:	Rev.	Description of Revision:
12/18/14		Initial Release
1/21/16	Α	Updated references to forms.
2/22/18	В	Replaced "management representative" with "director of continuous improvement".
8/9/21	С	Updates made throughout to reflect changes to the process for consultation engagements, which will follow more of a process evaluation approach based on the feedback collected from internal audits.
3/24/25	D	Based on internal audit conducted with Accountability and Assessment Team. Included information in 5.6.3 about follow-up from audits of this nature. Updated some terminology and removed references to obsolete documents. Replaced references to internal auditors to the Director of Continuous Improvement throughout, as these audits are only conducted by the DCI.

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End of Procedure

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