



**TENNESSEE BOARD OF REGENTS**  
*Committee on Audit*

**AGENDA**  
**March 15, 2016**

- I. CONSENT AGENDA (Tammy Birchett)**
  - a. Review of Annual Risk Assessments for the Tennessee Colleges of Applied Technology**
  - b. Review of Revised Internal Audit Charters**
  
- II. INFORMATIONAL REPORTING (Tammy Birchett)**
  - a. Review of Comptroller's Office Audit Reports**
  - b. Review of Corrective Actions on Performance Audit Findings**
  - c. Review of Internal Audit Reports**
  
- III. REVIEW OF REVISIONS TO FISCAL YEAR 2016 INTERNAL AUDIT PLANS (Tammy Birchett)**
  
- IV. REVIEW OF STATE STATUTES REGARDING AUDIT COMMITTEES (Chancellor David Gregory, Tammy Birchett)**
  
- V. REVIEW OF CHIEF AUDIT EXECUTIVE'S JOB DESCRIPTION (Vice Chancellor Dale Sims, Assistant Vice Chancellor April Preston)**
  
- VI. NON-PUBLIC EXECUTIVE SESSION (Tammy Birchett)**

**Tennessee Board of Regents  
Committee on Audit**

<b>DATE:</b>	March 15, 2016
<b>AGENDA ITEM:</b>	<b>Review of Risk Assessments for Tennessee Colleges of Applied Technology</b>
<b>PRESENTER:</b>	Tammy Birchett
<b>ACTION REQUIRED:</b>	Voice Vote
<b>STAFF'S RECOMMENDATION:</b>	Approval

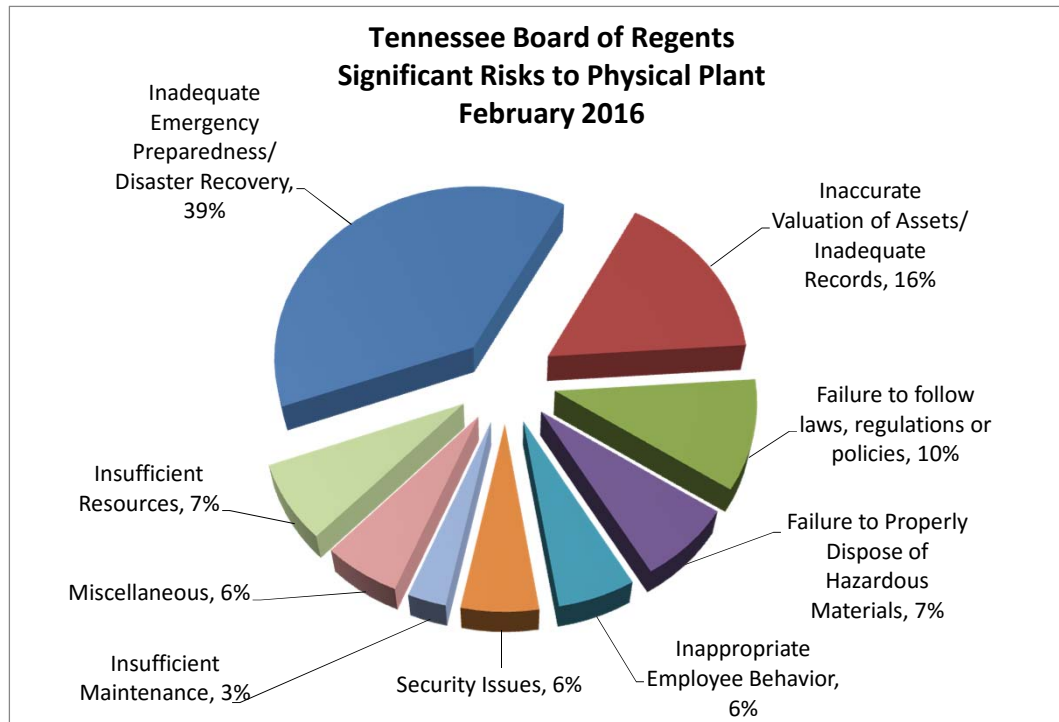
---

**BACKGROUND INFORMATION:**

The Committee will review and consider for approval the risk assessments for the Tennessee Colleges of Applied Technology (TCATs.) Annually, staff at each TCAT performs an enterprise-wide risk assessment followed by an assessment of the internal controls in place to mitigate the risks for each major process. In addition to the risk and control footprints prepared, each TCAT director provided a letter to the Audit Committee acknowledging responsibility for the operations and giving their opinion that the risk assessment was sufficiently comprehensive for the area reviewed and supports the conclusions reached during the assessment.

Each lead institution's internal auditor performed a limited review of the documents, concluding on the adequacy of the extent of coverage, conclusions reached and level of documentation. The system-wide auditor responsible for TCAT audits performed an additional desk review and followed up with management as needed to complete the review process and approval is recommended.

This report includes a graph depicting a summary, by each major area of operations, the most frequently noted significant risks. Each summary also lists the most common controls identified by management to mitigate those risks. Following the summaries are the enterprise-wide risk footprints for each TCAT. The related control footprints prepared by management for each TCAT, as well as the letter from each TCAT Director and each Internal Auditor are on file and available as needed.



### **Physical Plant Summary**

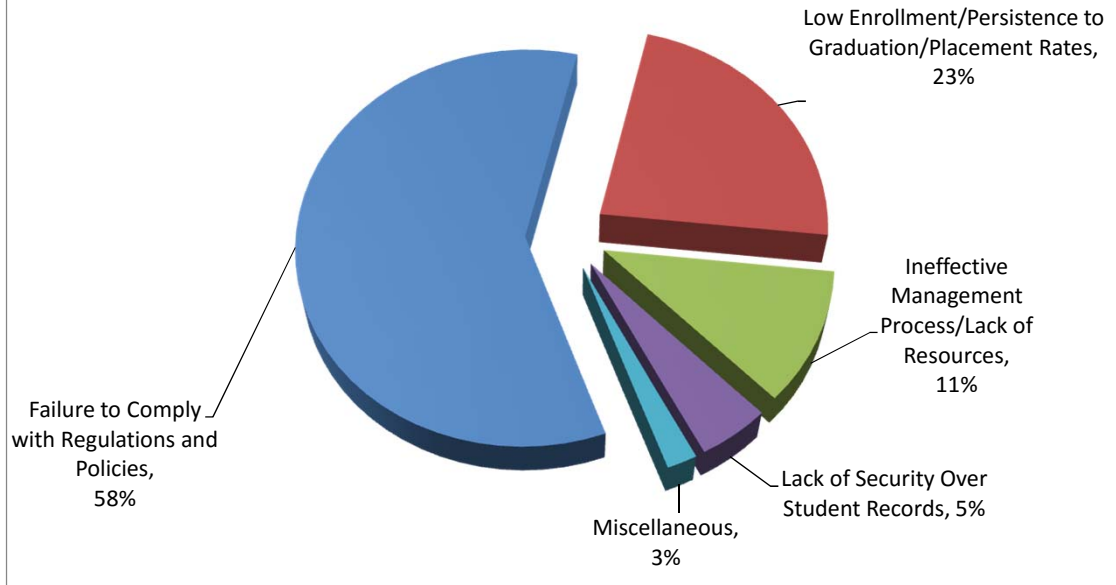
All of the Colleges of Applied Technology indicated at least one significant risk in this area and had some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.

No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Annual inventory process
2. Employee training
3. Equipment capitalization policy
4. Annual review of insurance report
5. Maintain supporting documentation
6. Emergency response plan and periodic testing of plan
7. Capital budgets
8. Management walkthroughs

**Tennessee Board of Regents  
Significant Risks to Student Services  
February 2016**



**Student Services Summary**

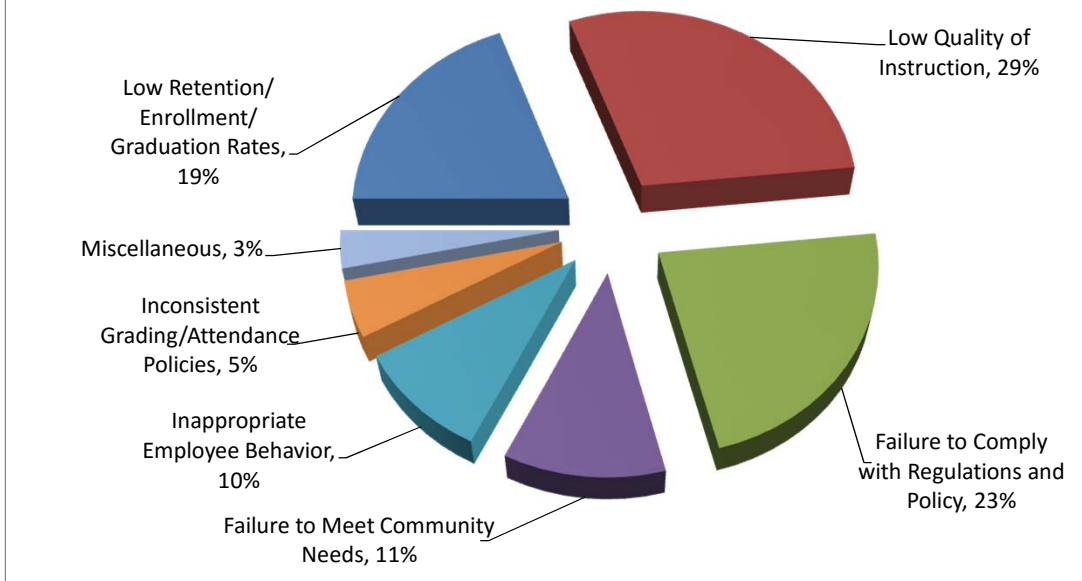
All the 26 Colleges of Applied Technology indicated at least one significant risk in this area and had some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.

No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Training of employees/faculty orientation
2. Written policies and procedures
3. Reconciliation of financial aid funds
4. Regular staff meetings
5. Cross training employees
6. Marketing and public relations plan
7. Alumni and employer surveys
8. Academic counseling sessions

**Tennessee Board of Regents  
Significant Risks to Instruction and Academic Support  
February 2016**



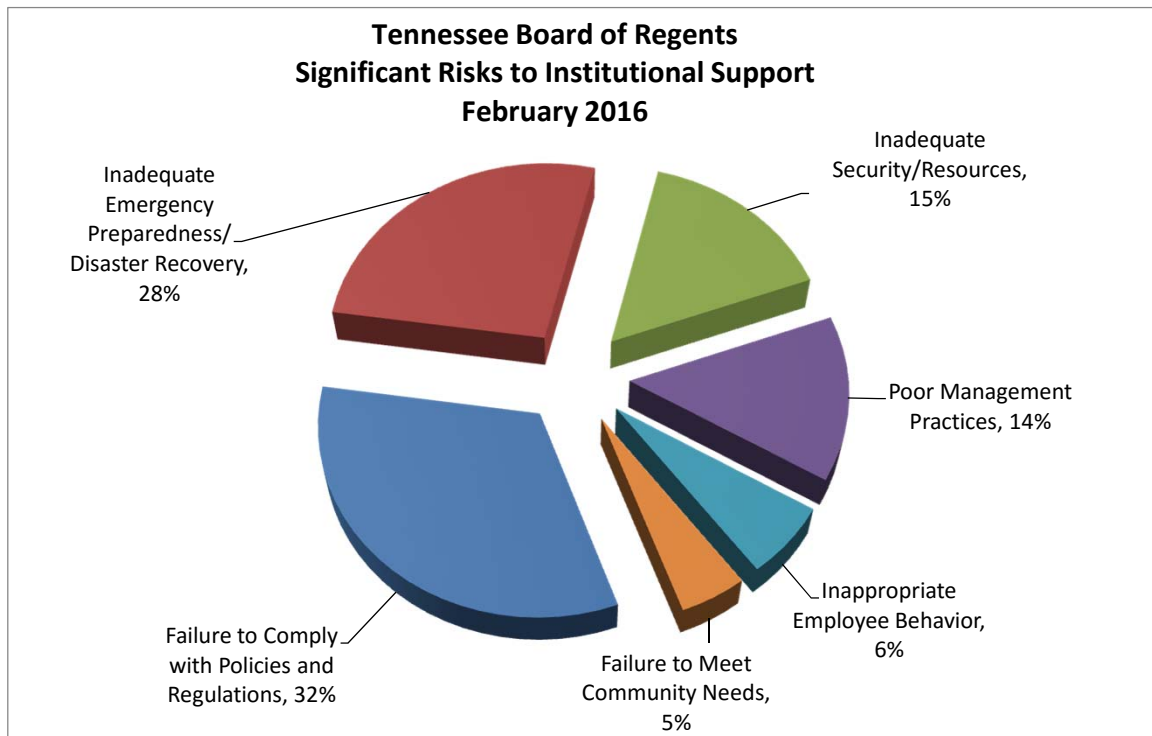
**Instruction and Academic Support Control Footprint**

All the 26 Colleges of Applied Technology indicated at least one significant risk in this area and had some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.

No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Committee interviewing process of applicants
2. Faculty development program
3. Background checks on new faculty
4. Survey of student needs
5. Promotion and tenure processes
6. Employee handbook packet
7. Written policies and procedures
8. Faculty evaluation process



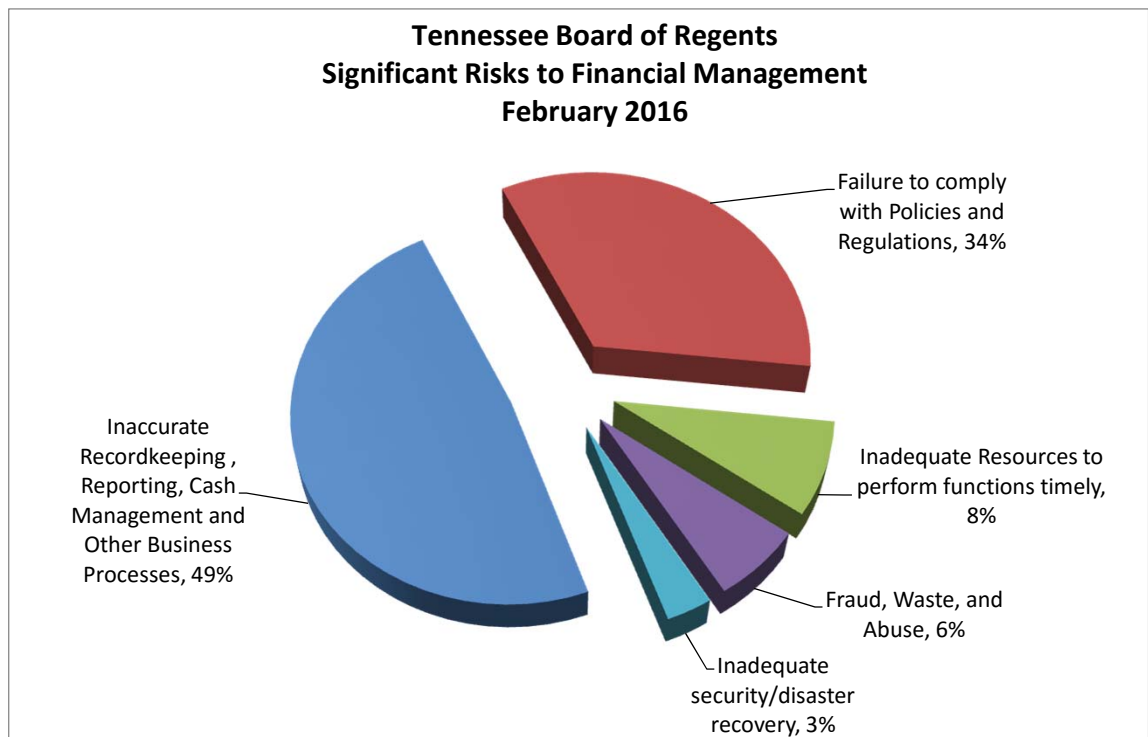
### **Institutional Support Summary**

All the 26 Colleges of Applied Technology indicated at least one significant risk in this area and had some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.

No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Personnel and program reviews
2. Periodic emergency preparedness drills and evaluation of plans
3. Training on sexual harassment and other key issues
4. Periodic staff meetings
5. Grievance procedures and committee
6. Employer and alumni surveys
7. Involvement with community organizations
8. Management and lead institution review process



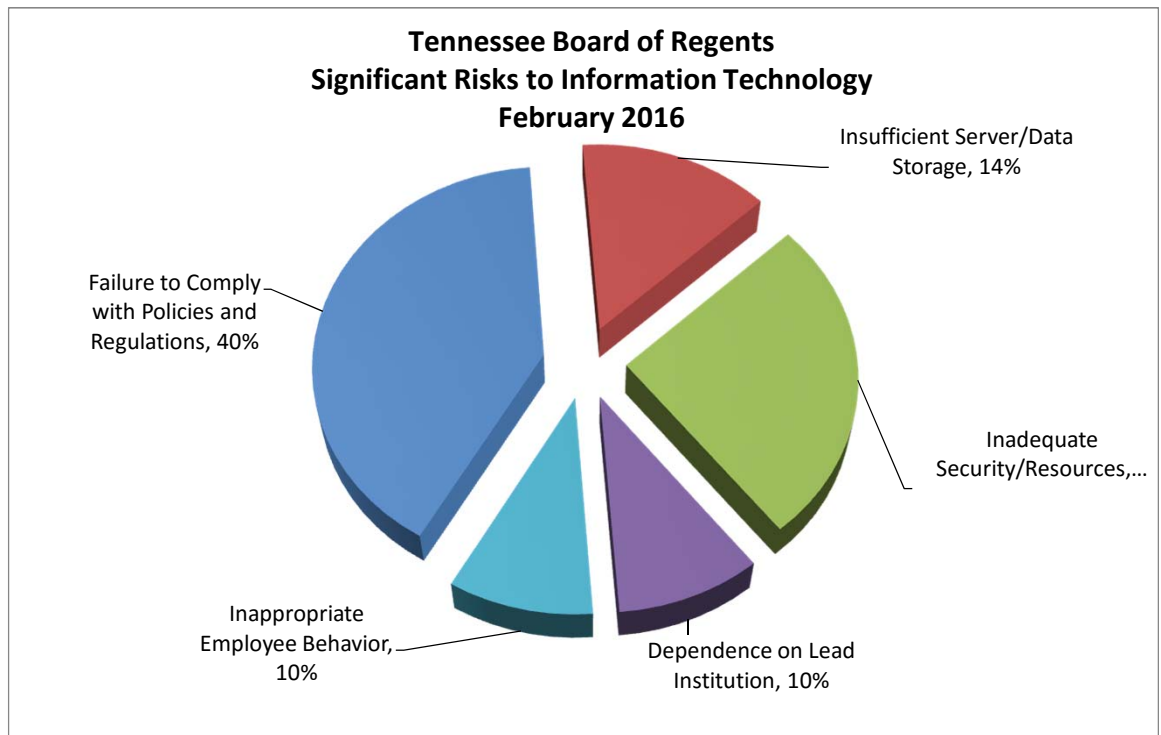
### **Financial Management Summary**

23 of the 26 Colleges of Applied Technology indicated at least one significant risk in this area and had noted some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.

No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Budget management
2. Various reconciliations
3. Segregation of duties
4. Policies and procedures
5. Lead institution review
6. Cash counts
7. Employee training
8. Annual inventory process



### Information Technology Summary

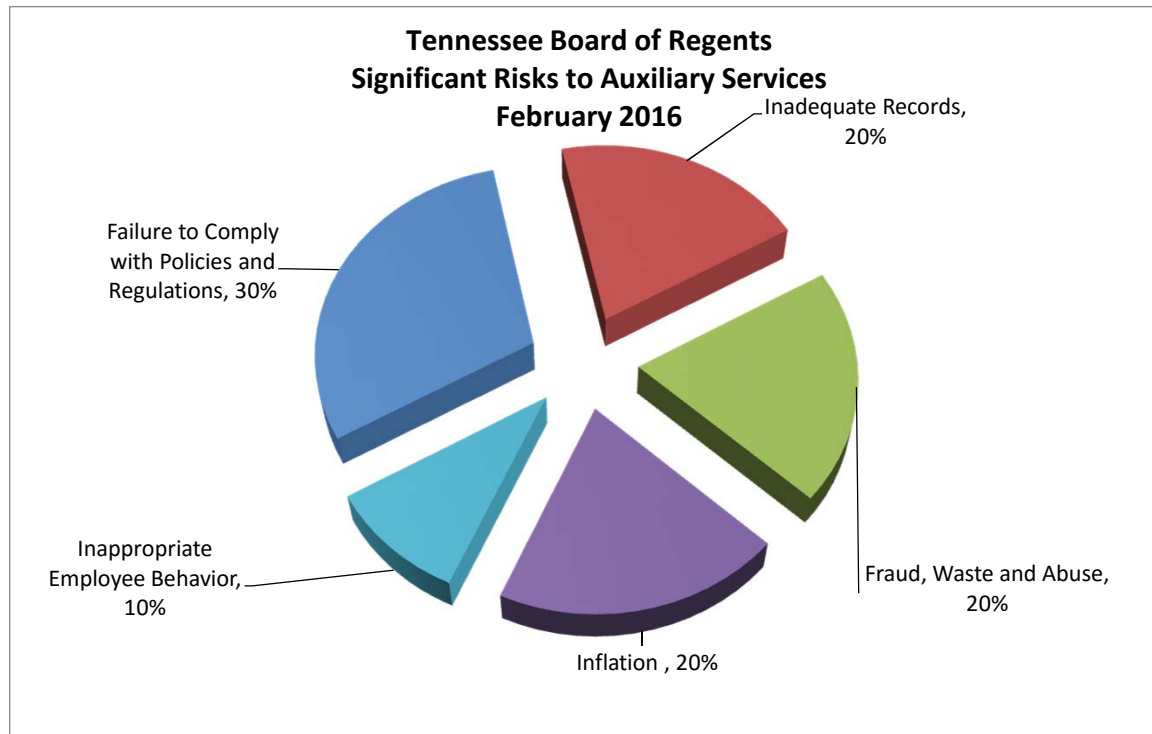
21 of the 26 Colleges of Applied Technology indicated at least one significant risk in this area and had noted some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.

No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Emergency response plan
2. Management oversight
3. Periodic review of equipment needs
4. Training and awareness programs
5. Periodic system maintenance
6. Periodic review of log files
7. Virus protection/firewalls
8. Physical security of equipment





### **Auxiliary Services Summary**

22 of the 26 Colleges of Applied Technology indicated at least one significant risk in this area and had noted some common risks. Significant risks are generally defined as those risks which management has assessed the highest. Please refer to each institution's enterprise wide risk footprint for specific details on each institution.









No corrective action plans were submitted indicating management deemed adequate controls were in place to mitigate the risks noted.

Controls in place to mitigate significant risks:

1. Annual inventory
2. Safety inspections
3. Policies and procedures
4. Employee training
5. Segregation of duties
6. Physically secured areas
7. Management walk through
8. Reports from vendors

**Tennessee Board of Regents  
Risk Assessment Footprint Legend**

Risk Ranking Characteristics			
<b>Impact - Effect on the achievement of goals and objectives</b>			
H	High	=	Showstopper/Cease operations for a period of time
M	Medium	=	Inefficient or extra work
L	Low	=	No effect
<b>Probability - Likelihood of a risk occurring</b>			
H	High	=	Will happen frequently
M	Medium	=	Will happen infrequently
L	Low	=	Will seldom happen

Risk Measurement/Outcome	
HH, HM	 = Extensive Risk Management & Considerable Risk Management (all Levels of Control* plus a traditional audit)
HL, MH	 = Manage and Monitor (all Levels of Control but no traditional audit)
MM, ML, LH	 = Monitor (only Execution Controls & Supervisory Controls)
LM, LL	 = Accept (accept the risk and have no controls)
Use for Risk Management Plan	
HH, HM	 Audit work should be performed and the Division Director should perform the oversight controls to ensure that supervisory & execution controls are working.
HL, MH	 The Division Director (or a designee) should perform oversight controls to ensure that the supervisory and execution controls are working.
MM, ML, LH	 Unit heads reporting to the Division Director should perform oversight function to see that supervisory and execution controls are working.
LM, LL	 Unit heads should ensure they are using supervisory controls to monitor the execution controls in their area.

**Tennessee College of Applied Technology Athens**  
**Enterprise Risk Footprint**  
**February 2016**

#	ACTIVITIES	1	2	3	4	5	6	7	8
6	Institutional Support	HL Failure to comply with Coe Accrediation Standards	HL Inadequate preparedness for catastrophic events	ML Failure to follow federal, state, and other rules and regulations (IRS, TBR, ADA, EEOC etc.)	ML Failure to meet Community Need	ML Abuse of power	ML Excessive employee turnover/planning for transfer of knowledge due to attrition	ML Inadequate Campus Security	LL Inapproraite Employee Behavior
1	Instruction and Academic Support	HL Low student retention	HL Poor persistence to graduation/low completion rates	ML Poor/outdated programs	ML Failure to meet community's continuing education needs	ML Inability to attract and retain faculty	ML Inconsistency of grading practices and/or attendance reporting	LL Inappropriate faculty/staff behavior	LL Inappropriate use of 3rd party materials usage
5	Physical Plant	HL Inadequate disaster recovery plan	HL Catastrophic event such as natural disaster, terrorism, or fire	ML Inaccurate reporting of capital assets and physical facilities inventory	ML Theft, abuse, and waste	ML Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	ML Failure to maintain a clean and safe environment	ML Insufficient resources for physical plant renewals and replacements	-
2	Student Services	HL Failure to comply with Fed, State, TBR, THEC, and COE Regulations, Title IV guidelines	ML Barriers to student success-course scheduling, counseling services, admissions process,etc.	ML Failure to follow student disciplinary policies and procedures	ML Inadequate red flag/Identity theft plan	ML Ineffective enrollment process	ML Lack of security of confidential student records	-	-
3	Financial Management	HL Failure to perform reconciliations	ML Fraud, Waste and Abuse	ML Inaccurate recordkeeping	ML Inadequate Inventory Control and Depreciation	ML Inappropriate purchase/bid procedures	ML Improper Payment/Cash Management	ML Inadequate Separation of Duties	-
4	Information Technology	HL Ineffective disaster recovery plan	ML Insufficient data security measures/backups	ML Natural Disaster/Fire	ML Insufficient Network Security	ML Ineffective strategic planning and management	ML Insufficient Physical security of resources	ML Insufficient servers, data storage, and backups	LL Insufficient software lincense control and management
7	Auxiliary	ML Equipment damage/malfunction	ML Fire and Water damage	ML Physical Injury	ML Poor Inventory Control/Record Keeping	ML Returned checks/credit card fraud	LL Theft/ Embezzlement	-	-



**Tennessee College of Applied Technology Crossville**  
**Enterprise Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS												
		1	2	3	4	5	6	7	8	9	10	11		
2	Institutional Support	HL Failure to comply with COE accreditation standards	HL Inadequate emergency response plan	MM Failure to comply with Cleary Act, Violence against women	MM Failure to comply with federal and/or state regulations and guidelines	MM Inability to retain and attract faculty and/or staff	MM Inadequate and/or inconsistent applications of policies and procedures	MM Inadequate long term planning	MM Inadequate records management	MM Inadequate security	LM Failure to collaborative with local and state agencies	-	n/a	
1	Instruction	HL Failure to meet COE completion, placement, licensure standards	HL Failure to meet community's continuing educational needs	MM Failure to maintain a proper FTE ratio	MM Inadequate quality of instruction	MM Inappropriate faculty behavior	MM Inappropriate use of third party materials	MM Inconsistent record keeping and reporting	MM Poor/Outdated equipment	ML Poor/Outdated programs	LM Insufficient professional development	LL	Inappropriate faculty credentials	
6	Physical plant	HL Inaccurate valuation of assets	MH Failure to follow state and federal regulations (EPA, OSHA, ADA, etc)	MM Failure to maintain a safe and clean environment	MM Inadequate energy conservation management	MM Inadequate staffing, supplies, equipment, or facilities	MM Insufficient routine or preventive maintenance	ML Failure to investigate waste, fraud, and abuse	ML Inadequate emergency response plan	-	n/a	-	n/a	
3	Student Services	HL Failure to comply with COE regulations	MH Failure to comply with Federal, State, THEC regulations and guidelines	MM Failure to comply with Cleary Act, Violence against women,	MM Failure to follow student disciplinary policies and procedures	MM Inadequate Title IV compliance	MM Non compliance with FERPA	ML Inadequate security of confidential student records	LM Improper security of testing materials	LM Ineffective enrollment process	LL	Ineffective recruitment procedures	-	n/a
4	Financial management	MM Improper records management	MM Inadequate inventory control and depreciation	ML Failure to comply with federal reporting guidelines	ML fraud, waste, and abuse	ML Improper cash management	ML Improper purchasing procedures	ML Inadequate seperation of duties	LM Inequitable budget allocations	LM Transaction recording errors between TTC and lead institution	LL	Inadequate registration/refund procedures	-	n/a
5	Information Technology	MM Inability to meet online bandwidth requirements	MM Insufficient data security	MM Insufficient software license control	ML Insufficient disaster recovery plan	ML Insufficient security of physical resources	LH Inadequate staffing and/or resources	LM Improper management of TAF funds	-	n/a	-	n/a	-	n/a
7	Auxillary	ML Damage	LL Inventory Control	LL Theft	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

**Tennessee College of Applied Technology-Crump**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Student Services(1, 4, 7, 11, 12, 14, 17, 25, 28, 29, 30)	HM LOW ENROLLMENT	HM POOR RETENTION	MH SMALL STAFF SIZE	MM FAILURE TO FOLLOW GOVERNING REGULATIONS	MM FRAUD, WASTE & ABUSE	MM OVER AWARDING STUDENTS	ML BREACH OF CONFIDENTIALITY	ML FAILURE TO COMPLETE RE-ENROLLMENT REGISTRATION	ML INACCURATE STUDENT RECORDS	ML INADEQUATE COUNSELING	LM CLOCK HOURS (OPEN ENROLLMENT)	LL POOR PUBLIC RELATIONS
5	Physical Plant(9, 10, 20, 21, 23, 24, 26, 31)	HM POOR BUILDING SECURITY	MM FAILURE TO FOLLOW GOVERNING REGULATIONS (EXTERNAL)	MM FAILURE TO FOLLOW POLICIES & PROCEDURES (INTERNAL)	MM FRAUD, WASTE & ABUSE	MM INEFFICIENT PURCHASING PROCEDURES	MM LACK OF EMERGENCY PREPAREDNESS	MM LACK OF ICE/SNOW REMOVAL	MM LACK OF PROPER CLEANING	MM POOR BUILDING MAINTENANCE	MM POOR LANDSCAPE/YARD MAINTENANCE	- n/a	- n/a
4	Instruction(17, 18, 19, 27, 32, 33)	HM FAILURE TO HIRE QUALIFIED & EFFECTIVE FACULTY	MM FAILURE TO COMMUNICATE/ COMPLY WITH INSTITUTIONAL POLICIES & PROCEDURES	MM FAILURE TO RETAIN STUDENTS	MM FAILURE TO STAY CURRENT IN FIELD OF EXPERTISE	MM FRAUD, WASTE & ABUSE	MM INEFFECTIVE CLASSROOM EVALUATION	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
3	Institutional Support(2, 3, 6, 8, 13, 15, 16, 22)	MH LOW STAFFING	MM BREACH OF IT SECURITY SYSTEMS	MM FAILURE TO FOLLOW POLICIES & PROCEDURES	MM FAILURE TO MAINTAIN ACCURATE ACCOUNTING RECORDS	MM FAILURE TO PAY/INVOICE IN A TIMELY MANNER	MM FRAUD, WASTE, AND ABUSE	MM MISUSE OF TECHNOLOGY	ML CONFLICT OF INTEREST	ML FAILURE TO FOLLOW GOVERNING REGULATIONS	ML INAPPROPRIATE BEHAVIOR	- n/a	- n/a
6	Auxiliary(5)	MM FAILURE TO MEET SUPPLY & DEMAND OF CUSTOMER BASE	MM FRAUD, WASTE & ABUSE	MM INEFFECTIVE COMMUNICATIONS	MM POOR CUSTOMER SERVICE	MM POOR VENDOR SERVICE	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
2	Financial Management	MM FAILURE TO COMPLY WITH FEDERAL REPORTING GUIDELINES	MM INADEQUATE SEPARATION OF DUTIES	MM INADEQUATE TITLE IV REPORTING	MM FAILURE TO PERFORM RECONCILIATIONS	MM INACCURATE RECORD KEEPING	MM INADEQUATE COLLECTION PROCEDURES	MM IMPROPER RECORDS MANAGEMENT	- n/a	- n/a	- n/a	- n/a	- n/a

**Tennessee College of Applied Technology - Dickson**  
**Enterprise Wide Risk Footprint**  
**February 2016**

		RISKS															
#	ACTIVITIES		1		2		3		4		5		6		7		8
1	Information Technology	HM	Insufficient Data Networking physical security of resources	HM	Insufficient servers and data storage	HL	Ineffective strategic planning and management	HL	Loss of internet access	ML	Insufficient level of qualified staff	ML	Inefficient disaster recovery plan	ML		Insufficient software license control and management	
2	Physical Plant	HM	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	ML	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	ML	Failure to properly dispose of hazardous materials	ML	Failure to provide effective oversight of branch campuses	ML	Inaccurate reporting of capital assets and physical facilities inventory	ML	Inaccurate valuation of plant assets for state insurance coverage	LM	Fraud, waste and abuse	LM	Inadequate energy conservative management
4	Institutional Support	HL	Inadequate preparedness for catastrophic events	ML	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	ML	Abuse of power	ML	Excessive employee turnover inadequate planning for transfer of knowledge due to attrition	ML	Failure to address community needs	ML	Failure to maintain an appropriate culture/ethical environment	LL	Inadequate or offensive external internal communications		
3	Financial Management	MM	Fraud, waste and abuse	MM	Improper payments/cash management	ML	Inadequate documentation and recordkeeping	ML	Inadequate inventory control and depreciation	ML	Inadequate registration refund procedures	ML	Inadequate separation of duties	ML	Inappropriate purchasing bid procedures	LL	Inadequate collection procedures
5	Student Services	MM	Failure to comply with Fed, State TBR THEC and COE regulations	MM	Ineffective enrollment processes	ML	Failure to have and follow student disciplinary policies and procedures	ML	Improper assessment and security of testing materials	ML	Inappropriate employee behavior	ML	Ineffective student records management				
6	Instruction & Academic Support	MM	Failure to meet community's continuing education needs	MM	Inappropriate faculty credentials behavior	ML	Inability to attract and retain faculty	ML	Inadequate quality of instruction	ML	Insufficient professional development						
7	Auxiliary	ML	Incorrect receipt procedures	ML	Inventory Control	ML	Loss due to weather	ML	Poor environment physical conditions	ML	Theft	LL	Improper book return procedures				





**Tennessee College of Applied Technology - Harriman**  
**Enterprise Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS												
		1	2	3	4	5	6	7	8	9	10			
1	Physical Plant	HM Inadequate disaster recovery plan	HL Catastrophic event such as natural disaster, terrorism, or fire	HL Inaccurate valuation of plant assets for state insurance coverage	MM Inaccurate reporting of capital assets and physical facilities inventory	MM Theft, abuse, and waste	ML Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, TBR, etc.)	ML Failure to maintain a clean and safe environment	ML Insufficient resources for physical plant renewals and replacements					
2	Information Technology	HM Inadequate disaster recovery plan	HL Natural disaster/fire	MM Insufficient network security	ML Ineffective strategic planning and management	ML Insufficient data security measures/red flag/identity theft plan	ML Insufficient physical security of resources	ML Insufficient servers, data storage, and backups	ML Insufficient software license control and management	ML Lack of training and management to ensure customer information is safeguarded				
3	Instruction and Academic Support	HL Low student retention	HL Poor persistence to graduation/low completion rates	HL Poor/outdated programs	MM Failure to meet community's continuing education needs	MM Inability to attract and retain faculty	MM Inconsistency of grading practices and/or attendance reporting	ML Inappropriate faculty credentials	ML Inappropriate faculty/staff behavior	ML Inappropriate use of 3rd party materials	LL Inadequate red flag/identity theft plan			
4	Institutional Support	HL Failure to comply with COE accreditation standards	HL Inadequate preparedness for catastrophic events	MM Failure to follow federal, state, and other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	MM Failure to meet community needs	ML Abuse of power	ML Excessive employee turnover/inadequate planning for transfer of knowledge due to attrition	ML Inadequate campus security	ML Inadequate internal auditing/monitoring review process	ML Inappropriate employee/volunteer behavior				
5	Student Services	HL Failure to comply with COE standards	HL Failure to manage student financial aid programs	ML Barriers to student success-course scheduling, counseling services, admissions process, etc.	ML Failure to comply with federal, state, TBR, THEC regulations	ML Failure to have and follow student disciplinary policies and procedures	ML Inadequate Red Flag/Identity Theft Plan	ML Ineffective enrollment processes	ML Lack of security of confidential student records					
6	Financial Management	ML Failure to perform reconciliations	ML Fraud, waste, and abuse	ML Inaccurate recordkeeping	ML Inadequate inventory control and depreciation	ML Inadequate payments/cash management	ML Inadequate Red Flag/Identity Theft Plan	ML Inadequate separation of duties	ML Inappropriate purchasing/bid procedures					
7	Auxiliary	ML Equipment crash/malfunction	ML Fire and water damage	ML Physical injury	ML Poor inventory controls	ML Returned checks and credit card fraud	ML Theft/Embezzlement							



**Tennessee College of Applied Technology Hartsville  
Enterprise Risk Footprint  
February 2016**

ACTIVITIES	12	15	16	17
Information Technology	ML Ineffective IT Staff Training	ML n/a	n/a	n/a
Financial Management	ML Improper Records Management	ML n/a	n/a	n/a
Student Services	ML Improper Assessment & Security of Testing Materials	ML Ineffective Student Records Management	n/a	n/a
Physical Plant	ML Inappropriate Employee Behavior	ML n/a	n/a	n/a
Institutional Support	ML Inadequate or Offensive External/Internal Communications	ML Ineffective Allocation of Personnel	ML Ineffective Employee Training/Cross Training	LL Failure to Take Advantage of Collaborative Opportunities
Instruction & Academic Support	ML Poor/Outdated Programs	LL Inconsistency in Grading Practices	- n/a	- n/a
Auxiliary Enterprises	- n/a	- n/a	- n/a	- n/a

**Tennessee College of Applied Technology Hohenwald  
Enterprise Wide Risk Footprint  
February 2016**

#	ACTIVITIES	RISKS											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Student Services	Failure to comply with Federal Title IV and state guidelines for Financial Aid Administration	Inability to maintain high placement rate	Failure to comply with Fed, State, TBR, THEC, and COE Regulations	Failure to have and follow student disciplinary policies and procedures	Barriers to student success - course scheduling, counseling services, admissions process, etc.	Failure to comply with American Disabilities Act	Failure to comply with Dept. of Human Services Regulations (Child Care)	Failure to comply with FERPA	Failure to conduct background/reference checks for new students (PN & ST/ new employees)	Improper assessment and security of testing materials	Inappropriate Employee Behavior	Inconsistent application of published student policies and procedures-catalogs, student handbook.
2	Institutional Support	Inadequate preparedness for catastrophic events	Inappropriate employee/volunteer behavior	Abuse of power	Excessive employee turnover/ inadequate planning for transfer of knowledge due to attrition	Failure to follow fed, state & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	Failure to maintain an appropriate cultural/ ethical environment	Improper/ negligent hiring	Inadequate and/or inconsistent application of policies & procedures	Inadequate confidentiality of donor information	Inadequate fact-based decision making	Inadequate internal audit/ monitoring review process	Inadequate long-term planning
3	Physical Plant	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	Inaccurate valuation of plant assets for state insurance coverage	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	Failure to follow policies and procedures	Failure to investigate and resolve all complaints	Failure to maintain a clean and safe environment	Failure to provide effective oversight of off-site facilities	Inaccurate reporting of capital assets and physical facilities inventory	Inadequate resources (staffing, supplies, equipment, facilities)	Inadequately trained employees	Inappropriate employee behavior	Insufficient resources for physical plant renewals and replacements
4	Financial Management	Failure to Comply with Federal Reporting Guidelines	Failure to Perform Reconciliations	Improper Documentation for Expenses and Revenue	Improper Records Management	Inaccurate Financial Reporting	Inequitable/ Inadequate budget allocations	Inadequate Separation of Duties	Fraud, Waste, & Abuse	Improper Payments	Inaccurate benefit, deduction & taxes	Inaccurate Record Keeping	Inadequate Cash Management
5	Instruction and Academic Support	Insufficient or loss of accreditation	Inability to attract and retain faculty	Inadequate quality of instruction	Inadequate tutoring/ learning services	Inappropriate faulty credentials	Inconsistency of grading practices	Inconsistent attendance reporting	Poor persistence to graduation	Imbalance between full-time and adjunct faculty	Inadequate tenure process	Inappropriate faculty behavior	Inappropriate use 3rd party materials
6	Information Technology	Ineffective lead institution support	Ineffective desktop and lab support	Ineffective disaster recovery plan	Ineffective IT staff training	Ineffective planning and management of TAF	Ineffective strategic planning and management	Ineffective user training	Insufficient data security measures	Insufficient level of qualified staff	Insufficient network resources	Insufficient network security	Insufficient servers and data storage
7	Auxiliary Enterprises	Improper inventory control	Inadequate database management in regard to software package	Inadequate staffing	Incorrect order	Loss of revenue from outdated materials and overstocking	Theft	Inability to be an all encompassing provider/ comprehensive provider	Lack of space	n/a	n/a	n/a	n/a

**Tennessee College of Applied Technology Hohenwald  
Enterprise Wide Risk Footprint  
February 2016**

#	ACTIVITIES	13	14	15	16	17	18	19	20		
1	Student Services	M L Ineffective enrollment processes	M L Ineffective student records management	M L Lack of security of confidential student records	M L Non-compliance with Student Right-to-Know Act	-	n/a	-	n/a	-	n/a
2	Institutional Support	M L Inadequate or offensive external/internal communications	M L Inadequate records management	M L Ineffective allocation of personnel	M L Ineffective employee training/cross training	-	Failure to address community needs	-	Failure to take advantage of collaborative opportunities	-	n/a
3	Physical Plant	M L Theft, abuse, waste	M L Failure to properly dispose of hazardous materials	M L Inadequate energy conservation management	M L Insufficient routine/preventative maintenance	-	n/a	-	n/a	-	n/a
4	Financial Management	M L Inadequate Collection Procedures	M L Inadequate external grant accounting	M L Inadequate Inventory Control and Depreciation	M L Inadequate registration & refund procedures	M L Inadequate Title IV Compliance	M L Inappropriate bid procedures	M L Non-Compliance with Accounting Guidelines	-	Purchases inconsistent with the goals and objectives of the TCAT	
5	Instruction and Academic Support	M L Insufficient Professional development	M L Low student retention	M L Noncompliance with FERPA/ADA	M L Poor/Outdated programs	-	Failure to meet community's continuing education needs	-	Inaccurate advising	-	Inefficient class scheduling
6	Information Technology	M L Insufficient software license control and management	M L Loss of internet access	M L Poor or insufficient backup strategy	M L Turnover of IT personnel	-	Insufficient physical security of resources	-	n/a	-	n/a
7	Auxiliary Enterprises	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

**Tennessee College of Applied Technology Jacksboro  
Enterprise Wide Risk Footprint  
February 2016**

#	ACTIVITIES	RISKS																			
		1	2	3	4	5	6	7	8	9	10										
1	Instruction and Academic Support	HL	Inappropriate faculty credentials	HL	Low student retention	HL	Poor retention to graduation	MM	Failure to meet community's continuing educational needs	MM	Inability to attract and retain faculty	MM	Inconsistent student attendance reporting	MM	Poor advising	MM	Quality of instruction	MM	Safeguarding security, confidentiality, and integrity of customer information	-	n/a
2	Student Services	HL	Failure to comply with Title VI, Title IX, and other federal guidelines	HL	Failure to comply with ADA regulations	HL	Failure to comply with COE standards	HL	Failure to comply with federal, state, TBR, and THEC regulations	HL	Inability to maintain high placement rates	MM	Failure to have and follow student disciplinary policies and procedures	MM	Ineffective records management	-	n/a	-	n/a	-	n/a
3	Financial Management	HL	Failure to comply with federal reporting guidelines	HL	Improper documentation of expenses and revenue	HL	Inaccurate external grant accounting	MM	Failure to perform reconciliations	MM	Fraud, waste, and abuse	MM	Improper records management	MM	Inaccurate financial reporting	-	n/a	-	n/a	-	n/a
4	Information Technology	HL	Ineffective disaster recovery plan	HL	Insufficient data security measures	HL	Insufficient network security	HL	Poor or insufficient backup strategy	MM	Ineffective planning and management of TAF	MM	Insufficient software license and control and management	MM	Loss of internet access	ML	Insufficient servers and data storage	-	n/a	-	n/a
5	Physical Plant	HL	Cataprothic event such as a natural disaster or terrorism	HL	Failure to follow federal, state, and other rules and regulatins (ADA, OSHA, EPA, etc.)	HL	Failure to properly dispose of hazardous materials	HL	Inadequate emergency response plan	MM	Deferred maintenance	MM	Failure to maintain a clean and safe environment	MM	Lack of space for campus expansion	ML	Failure to follow policies and procedures	-	n/a	-	n/a
6	Institutional Support	HL	Failure to comply with community needs	HL	Failure to follow federal, state, and other rules and regulations (IRS, TBR, ADA, EEOC, etc.)	HL	Failure to meet COE accreditation standards	HL	Inadequate preparedness for catastrophic events	MM	Inadequate campus security	MM	Ineffective allocation and/or evaluation of personnel	ML	Inadequate and/or inconsistent applications of policies and procedures	ML	Inadequate fact based decision making	ML	Poor external/internal communications	-	n/a
7	Auxillary	ML	Ineffective damage control	ML	Ineffective inventory control	ML	Lack of quality control	ML	Personal injury of staff	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
8	Contracted/WIA Funds	MM	Poor communication between financial management and operating units	ML	Accountability over recorded transactions may not be maintained	ML	Fraud, waste, and abuse	ML	Funds are not expended in accordance with mission, objectives, and available resources	ML	Improper planning for use of all allocated funds	ML	Inadequate documentation of expenses	ML	Lack of payroll documentation	ML	Miscoding with untimely correction	LL	Inadequate contract language	LL	Inadequate documentation of inventory/supplies

**Tennessee College of Applied Technology Jackson**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS									
		1	2	3	4	5	6	7	8	9	10
1	Physical Plant	HM Inadequate preparedness for catastrophic event (natural diaster, terrorism, etc...)	MM Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc...)	MM Failure to follow policies and procedures	MM Failure to properly dispose of hazardous materials	MM Inadequate energy conservation management	MM Inadequate resources (staffing, supplies, equipment, facilities)	MM Inappropriate employee behavior	MM Insufficient resources for physical plant renewals and replacements	MM Insufficient routine/preventative maintenance	MM Theft, Fraud, Waste & Abuse
2	Financial Management	HL Fraud, waste, and abuse	HL Failure to perform reconciliations	HL Inadequate Title IV compliance	MM Inadequate registration/refund procedures	MM Ineffective lead institution support	MM Improper payments	ML Improper records management	ML Inaccurate financial reporting	ML Inadequate budget allocations	ML Inadequate inventory control
3	Student Services	HL Low Enrollment	HL Low Retention	HL Low Placement Rates	ML Failure of IT Hardware/Software	MM Budget Reductions	MM Non-compliance with FERPA or ADA	MM Failure to follow policies/procedures (TBR, Center or Accrediting Body)	MM Inaccurate student records	ML Inadequate training of student services personnel	ML Failure to receive/implement updates from regulatory agencies
4	Financial Aid	HL Failure to follow federal and state regulations	HL Fraud, waste, and abuse	MM Overawarding of financial aid	MM Insufficient documentation in student files	MM Improper professional judgment decisions	MM Failure to follow institutional policies and procedures	MM Data entry errors in financial aid award systems	ML Inadequate staffing/training of personnel	ML Failure to reconcile fiscal and financial aid records	ML Failure to verify student eligibility
5	Instruction and Academic Support	HL Low student retention	HL Failure to meet community's educational needs	ML Inability to attract and retain faculty	ML Inadequate advising	ML Inadequate learning resources	ML Inadequate quality of instruction	ML Inappropriate faculty behavior	ML Inappropriate faculty credentials	ML Inefficient use of classroom capacity/space	ML Insufficient Professional Development
6	Institutional Support	MM Inadequate records management	MM Ineffective employee training/cross-training	ML Employee turnover due to attrition	ML Failure to follow federal, state, TBR or COE rules and regulations	ML Failure to maintain an appropriate cultural/ethical environment (inappropriate behavior)	ML Inadequate and/or inconsistent application of policies & procedures	ML Inadequate campus security	ML Inadequate internal audit/monitoring review process	ML Inadequate long-term training	
7	Auxiliary	ML Fraud, waste, and abuse	ML Failure to perform reconciliations	ML Inadequate Title IV compliance	ML Improper payments	ML Improper records management	ML Inaccurate financial reporting	ML Inadequate inventory control	ML Non-compliance with Accounting Guidelines	ML Improper documentation for expenses and revenues	ML Improper purchasing procedures

**Tennessee College of Applied Technology Jackson**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	11	12	13	14	15
1	Physical Plant	ML Inaccurate valuation of plant assets for state insurance coverage	ML Inadequately trained employees	ML Failure to maintain a clean and safe environment	LM Failure to investigate and resolve complaints	LL Inaccurate reporting of capital assets and physical facilities inventory
2	Financial Management	ML Non-compliance with Accounting Guidelines	ML Improper documentation for expenses and revenues	ML Improper purchasing procedures	ML Improper purchasing procedures	LL Inadequate collection procedures
3	Student Services	ML Loss of Personnel				
4	Financial Aid	ML Inadequate security of student's financial information				
5	Instruction and Academic Support	ML Noncompliance with FERPA/ADA	ML Inadequate or inaccurate record keeping	ML Inadequate Network Security		
6	Institutional Support					
7	Auxiliary					



**Tennessee College of Applied Technology Knoxville  
Enterprise Wide Risk Footprint  
February 2016**

#	MAJOR ACTIVITIES	RISKS									
		1	2	3	4	5	6	7	8	9	10
2	Financial Management	MM Inadequate cash management	MM Failure to comply with federal reporting guidelines	MM Fraud, waste, & Abuse	MM Inadequate external grant accounting	MM Inadequate seperation of duties	MM Inadequate Title IV reporting	MM Inequitable budget allocation	ML Failure to perform reconciliations	ML Improper documentation for expenses and revenues	ML Improper payments
1	Student Services	HM Failure to comply with Federal Title IV & state guidelines for financial aid Administration	HL Failure to comply with State, TBR, THEC, and CDE Regulations	MH Failure to comply with Americans with Disabilities Act	MM Barriers to course scheduling - counseling services, admissions process, etc.	MM Ineffective enrollment process	MM Ineffective student records management	MM Lack of security of confidential student records	ML Failure to comply with FERPA	ML Failure to conduct background/reference checks on new employees	ML Failure to have and follow student disciplinary policies and procedures
5	Instruction and Academic Support	HL Inadequate quality of instruction	MH Noncompliance with FERPA/ADA	MM Failure to properly handle Live Work projects	MM Inappropriate faculty behavior	MM Inconsistency of grading practices	MM Inefficient class scheduling	MM Inefficient use of classroom capacity/space	MM Insufficient professional development	MM Low student retention and graduation	MM Failure to meet communities continuing education needs
3	Information Technology	HM Ineffective disaster recovery plan	ML Ineffective desktop and lab support	MM Ineffective strategic planning and management	MM Insufficient data security measures	MM Insufficient servers and data storage	MM Insufficient network security	MM Insufficient physical security resources	MM Insufficient software license and control management	MM Poor of insufficient backup strategy	ML Ineffective planning and management of TAF
4	Physical Plant	HL Inadequate preparedness for a catastrophic event such as natural disaster or terrorism	MM Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	MM Failure to maintain a clean and safe environment	MM Failure to properly dispose of hazardous materials	MM Inadequately trained employees	ML Failure to follow policies and procedures	ML Failure to investigate and resolve complaints	ML Inaccurate reporting of capital assests and physical facilities inventory	ML Inaccurate valuation of plant assets for state insurance coverage	ML Inadequate resources (staffing, supplies, equipment)
6	Institutional Support	MM Excessive employee turnover/inadequate planning for transfer of knowledge due to attrition	MM Failure to follow federal, state and other rules and regulations (IRS, TBR, ADA, EEOC, etc.)	MM Inadequate preparedness for catastrophic events	MM Ineffective employee training	ML Abuse of Power	ML Failure to maintain an appropriate cultural/ethical environment	ML Failure to take advantage of collorative opportunities	ML Improper/negligent hiring	ML Inadequate and/or inconsistent application of policies and procedures	ML Inadequate campus security

**Tennessee College of Applied Technology Knoxville  
Enterprise Wide Risk Footprint  
February 2016**

#	MAJOR ACTIVITIES		11		12		13		14		15		16		17		18		19		20
2	Financial Management	ML	Inaccurate benefit, deduction, and taxes	ML	Inaccurate Financial Reporting	ML	Inaccurate Record Keeping	ML	Inadequate collection procedures	ML	Inadequate inventory control and depreciation	ML	Inadequate registration/refund procedures	ML	Inappropriate bid procedures	ML	Non-compliance with accounting guidelines	LL	Breach of Contract	LL	Improper records management
1	Student Services	ML	Improper assessment and security of testing materials	ML	Inability to maintain high placement rate	ML	Inappropriate employee behavior	ML	Inconsistent application of published student policies and procedures catalogs, student handbook, etc.	ML	Non-compliance with student right-to-know act	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
5	Instruction and Academic Support	MM	Inability to attract and retain faculty	ML	Inadequate tenure process	ML	Inappropriate use of donated and intellectual materials	ML	Inbalance between full-time and adjunct faculty	ML	Inconsistent attendance reporting	ML	Poor/outdated programs	LL	Inaccurate advertising	LL	Inappropriate faculty credentials	n/a	0	n/a	0
3	Information Technology	ML	Ineffective user training	ML	Insufficient network resources	ML	Loss of internet access	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
4	Physical Plant	ML	Inappropriate employee behavior	ML	Insufficient resources for physical plant renewal & replacement	ML	Insufficient routine/preventative maintenance	ML	Theft, abuse, waste	LL	Inadequate energy conservation management	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
6	Institutional Support	ML	Inadequate long term planning	ML	Inadequate or offensive external/internal communications	ML	Inadequate records management	ML	Inadequate fact based decision making	ML	Inadequate internal audit/monitoring review process	ML	Ineffective allocation of personnel	LL	Failure to meet community needs	LL	Inappropriate employee/volunteer behavior	n/a	0	n/a	0



**Tennessee College of Applied Technology - McKenzie  
Enterprise Wide Risk Assessment  
February 2016**

		RISKS															
#	ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	Student Services(1, 4, 7, 11, 12, 14, 22, 25, 28, 29, 30, 33)	HM Low enrollment	HM Poor retention	MH Small staff size	MM Failure to follow governing regulations	MM Over awarding students	ML Breach of confidentiality	ML Failure to complete re-enrollment registration	ML Inaccurate student records	ML Inadequate counseling	LM Clock hours (open enrollment)	LL Poor public relations					
2	Instruction(18, 27, 32)	HM Failure to hire qualified and effective staff	MH Failure to screen students prior to enrolling	MM Failure to maintain retention	MM Failure to communicate/ comply with institutional policies and procedures	MM Failure to stay current in field of expertise	MM Ineffective classroom evaluation	MM Students not completing programs	ML Failure to place students in jobs	-	n/a	-	n/a	-	n/a	-	n/a
3	Physical Plant(9, 10, 20, 21)	HM Unsafe building(Damage or renovation to bldg.)	MM Low number of assigned employees	MM Unattractive grounds & facilities	ML Bodily Injury(Safety-ice removal)	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
4	Auxiliary(5)	HL Mismanagement of orders(over ordering)	MM Small staff(one employee)	LM Increased prices (bookstore)	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	n/a
6	Institutional Support(2, 3, 6, 8, 13, 15, 16, 19, 23, 24, 26, 31)	MH Low staffing	MM Breach of IT security systems	MM Failure to follow policies and procedures	MM Failure to maintain accurate accounting records	MM Failure to pay/invoice in a timely manner	MM Fraud, waste, and abuse	MM Misuse of technology	ML Conflict of interest	ML Failure to follow governing regulations	ML Inappropriate behavior	-	n/a	-	n/a	-	n/a

**Tennessee College of Applied Technology - McMinnville**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS						
		1	2	3	4	5	6	7
3	Physical Plant	HM	HL	HL	MM	ML	ML	ML
		Inadequate disaster recovery plan	Catastrophic event (natural disaster, terrorism, or fire)	Inaccurate valuation of plant assets for state insurance coverage	Inaccurate reporting of capital assets and physical facilities inventory	Fraud, waste & abuse	Failure to follow federal, state and other rules and regulations (ADA, OSHA, EPA, TBR, etc.)	Failure to maintain a clean and safe environment
2	Information Technology	HM	ML	ML	ML	ML	ML	ML
		Inadequate disaster recovery plan	Natural disaster/fire	Insufficient network security	Ineffective strategic planning and management	Insufficient data security measures/red flag/identify theft plan	Insufficient physical security of resources	Insufficient servers, data storage & backups
1	Instruction and Academic Support	HM	HM	HM	HM	MM	MM	MM
		Low student retention	Poor persistence to graduation/low completion rates	Poor performing outdated programs	Failure to meet community's continuing education needs	Inability to attract and retain faculty	Failure to have and follow student disciplinary policies and procedures	Inappropriate faculty credentials
4	Institutional Support	HM	HM	MM	ML	ML	ML	ML
		Failure to comply with COE accreditation standards	Inadequate preparedness for catastrophic events	Failure to follow federal, state, and other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	Failure to comply with Cleary Act (Violence against women)	Abuse of power	Excessive employee turnover/inadequate planning for transfer of knowledge due to attrition	Inadequate campus security
5	Student Services	HM	HM	HM	ML	ML	ML	ML
		Fail to comply with FERPA/ADA	Failure to comply with Federal, THEC & COE regulations	Failure to comply with Title IV, VI & IX Federal Guidelines for Financial Aid Administration	Non compliance with right-to-know & campus security	Breach of confidentiality	Failure to have and follow student disciplinary policies and procedures (student due process)	Improper assessment & security of testing materials
6	Financial Management	HM	HM	HM	HL	HL	ML	ML
		Failure to comply with Federal reporting guidelines	Inadequate Title IV/IX compliance	Noncompliance with TBR guidelines	Improper use of funds	Inadequate separation of funds	Inadequate benefits deductions & taxes	Inadequate collection procedures
7	Auxiliary	MM	MM	MM	MM	MM	MM	
		Failure to meet supply and demand	Fraud, Waste & Abuse	Ineffective communication	Poor customer service	Poor vendor service		



**Tennessee College of Applied Technology - Memphis**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS								
		1	2	3	4	5	6	7	8	9
1	Institutional Support	HM Inadequate preparedness for catastrophic events	MM Excessive employee turnover/inadequate planning for transfer of knowledge due to attrition	MM Failure to follow federal, state & other rules and regs. (IRS, TBR, ADA, EEOC, etc...)	MM Failure to maintain an appropriate cultural/ethical environment	MM Inadequate and/or inconsistent application of policies & procedures	MM Inadequate campus security	MM Inadequate fact-based decision making	MM Inadequate or offensive external/internal communications	MM Inappropriate employee/volunteer behavior
2	Physical Plant	HM Inadequate preparedness for catastrophic event (natural disaster, terrorism, etc...)	HL Inadequate resources(staffing, supplies, equipment, facilities)	MM Failure to follow policies and procedures	MM Failure to properly dispose of hazardous materials	MM Inadequate energy conservation management	MM Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc...)	MM Inappropriate employee behavior	MM Insufficient resources for physical plant renewals and replacements	MM Insufficient routine/preventative maintenance
3	Financial Management	HL Failure to comply with Federal Reporting Guidelines	HL Inadequate Title IV compliance	MM Fraud, Waste and Abuse	MM Inadequate registration/refund procedures	MM Inadequate separation of duties	MM Failure to perform reconciliations	ML Improper payments	ML Improper records management	ML Inaccurate benefit, deduction, and taxes
4	Student Services	HL Failure to comply with Fed, State, TBR, THEC, and COE regulations	HL Failure to comply with Federal Title IV and state guidelines for Financial Aid Administration	HL Non-compliance with Student "Right-to-Know" Act	HL Inability to maintain high placement rate	HL Barriers to student success	MM Inappropriate Employee Behavior	ML Improper assessment & security of testing materials	ML Inconsistent application of published student policies and procedures - catalogs and handbook	ML Ineffective enrollment management processes
5	Instruction and Academic Support	HL Low Student Retention/Poor Student Persistence to Graduation	HL Inability to attract and retain faculty	HL Insufficient Professional Development	HL Improper Records Management	ML Inadequate advising	ML Inadequate quality of instruction	ML Inadequate tenure process	ML Inadequate tutoring/learning services	ML Inappropriate faculty behavior
6	Information Technology	HL Insufficient network security	HL Inadequate IT Staff	HL Loss of Internet access	ML Ineffective lead institution support	ML Ineffective strategic planning and management	ML Ineffective user training	ML Insufficient data security measures	ML Insufficient network resources	ML Insufficient number of qualified staff
7	Auxiliary	ML Breach of Contract/legal	ML Student loss of access to textbooks and supplies	LL Loss of Revenue						





**Tennessee College of Applied Technology - Morristown**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS																	
		1	2	3	4	5	6	7	8	9									
1	Financial Management	HH	Inadequate Title IV Compliance	HH	Loss of Key Personnel	HH	Addition of Branch Sites	HL	Non-Compliance with Accounting Guidelines	HL	Improper Record Management	HL	Inadequate Separation of Duties	HL	Inadequate Disaster Recovery Plan	MM	Reduced State Appropriations	MM	Inaccurate Financial Reporting
2	Instruction and Academic Support	HH	Failure to Maintain Accreditation	HH	Noncompliance with FERPA/ ADA/ Title IX	HH	Inappropriate faculty behavior	HH	Loss of Key Personnel	HH	Addition of Branch Sites	HL	Imbalance between full-time and adjunct faculty	HL	Inadequate Disaster Recovery Plan	MM	Inadequate quality of instruction	MM	Failure to meet training needs of communities served
3	Information Technology	HH	Insufficient data security measures	HH	Insufficient backup strategy	HH	Loss of Key Personnel	HH	Addition of Branch Sites	HL	Dependence on WSCC IT personnel	HL	Insufficient software license control and management	HL	Ineffective disaster recovery plan	MM	Ineffective lead institution support	MM	Loss of internet access
4	Institutional Support	HH	Failure to follow federal, state & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	HH	Inadequate records management	HH	Loss of Key Personnel	HH	Addition of Branch Sites	HL	Abuse of power Nepotism	HL	Inappropriate employee/volunteer behavior	HL	Inadequate disaster management and recovery plan	MM	Inadequate staff resources	MM	Inadequate plan to prevent theft, fraud, waste, and abuse
5	Student Services	HH	Failure to comply with internal, state, title IV, & federal regulations	HH	Loss of Key Personnel	HH	Addition of Branch Sites	HL	Inappropriate employee behavior	HL	Inadequate plan to prevent theft, fraud, waste, and abuse	MM	Inability to maintain required placement rates	MM	Competition	MM	Failure to comply with accreditation agency requirements	MM	Inadequate Emergency Preparedness Plan
6	Physical Plant	HH	Loss of Key Personnel	HH	Addition of Branch Sites	HL	Inadequate resources to respond to campus security threat	HL	Inappropriate employee behavior	HL	Inadequate disaster management and recovery plan	HL	Failure to properly dispose of hazardous waste	MM	Inadequate Emergency Preparedness Plan	MM	Failure to maintain a clean and safe environment	MM	Insufficient resources for physical plant renewals and replacements
7	Auxiliary	HH	Loss of Profit Margin	HL	Inadequate plan to prevent theft, fraud, waste, and abuse	HL	Improper records management	HL	Inadequate disaster management and recovery plan	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a



**Tennessee College of Applied Technology Murfreesboro  
Enterprise Risk Footprint  
February 2016**

		RISKS																	
#	ACTIVITIES	1	2	3	4	5	6	7	8	9									
3	Financial Management	H M	Fraud, Waste, & Abuse	H L	Inadequate preparedness for catastrophic events	M M	Failure to Perform Reconciliations	M M	Inadequate Cash Management	M M	Inadequate Collection Procedures	M L	Failure to Comply with Federal Reporting Guidelines	M L	Failure to conduct background reference checks for new employees	M L	Improper Documentation for Expenses and Revenue	M L	Improper Payments
2	Student Services	H M	Failure to comply with Federal Title IV, and state guidelines for Financial Aid Administration	H L	Failure to comply with Fed, State, TBR, THEC, & COE Regulations	H L	Failure to comply with Federal Title VI, Title IX and other federal guidelines.	M M	Failure to comply with FERPA/ADA	M M	Failure to follow student disciplinary policies and procedures (student due process)	M L	Improper administration assessment & security of testing materials	M L	Inappropriate Employee Behavior	M L	Inconsistent application of published student policies and procedures-catalogs, student handbook.	M L	Ineffective enrollment processes
6	Institutional Support	H L	Abuse of power	H L	Failure to follow fed, state & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	H L	Failure to meet COE accreditation standards	H L	Inadequate campus security	H L	Inadequate preparedness for catastrophic events	M L	Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	M L	Failure to maintain an appropriate cultural/ ethical environment	M L	Failure to take advantage of collaborative opportunities	M L	Improper /negligent hiring
5	Maintenance & Operation	H L	Inaccurate reporting of capital assets and physical facilities inventory.	H L	Inaccurate valuation of plant assets for state insurance coverage	H L	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	M M	Failure to investigate and resolve M & O complaints	M M	Failure to maintain a clean and safe environment	M M	Theft, abuse, waste	M L	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	M L	Failure to properly dispose of hazardous materials	M L	Inappropriate employee behavior
4	Information Technology	H L	Ineffective disaster recovery plan	M M	Ineffective planning and management of TAF	M M	Ineffective user training	M M	Insufficient software license control and management	M L	Ineffective IT staff training	M L	Ineffective strategic planning and management	M L	Insufficient data security measures	M L	Insufficient network resources	M L	Insufficient network security
1	Instruction	H L	Failure to meet community's workforce development needs	M M	Inadequate quality of instruction	M M	Inappropriate use 3rd party materials	M M	Inconsistency of grading practices	M M	Noncompliance with FERPA/ADA	M L	Inability to attract and retain faculty	M L	Inadequate promotion tenure process	M L	Inappropriate faculty credentials behavior	M L	Inconsistent attendance reporting



**Tennessee College of Applied Technology Nashville**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS															
		1	2	3	4	5	6	7	8								
1	Instruction and Academic Support (1 - 10)	HH	Inconsistent attendance reporting	HM	Inconsistency of grading practices	HM	Low student retention/graduation rate	HL	Inability to attract and retain faculty	HL	Inappropriate faculty behavior	HL	Inappropriate faculty credentials	HL	Noncompliance with FERPA/ADA/ Identify Theft Policy	HL	Poor/Outdated programs
5	Physical Plant (44 - 52)	HM	Inadequate energy conservation management	HL	Inaccurate evaluation of plant assets for state insurance coverage	HL	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	HL	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	HL	Failure to follow policies and procedures	HL	Failure to properly dispose of hazardous materials	HL	Failure to provide effective oversight of branch campus	HL	Inaccurate reporting of capital assets and physical facilities inventory.
6	Institutional Support (53 - 67)	HM	Inadequate campus security	HM	Inadequate preparedness for catastrophic events	HL	Abuse of power	HL	Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	HL	Failure to comply with community needs	HL	Failure to follow fed, state & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	HL	Failure to maintain an appropriate cultural/ethical environment	HL	Improper /negligent hiring
3	Financial Management (18 - 31)	HL	Failure to Comply with Federal Reporting Guidelines	HL	Failure to Perform Reconciliations	HL	Fraud, Waste, & Abuse	HL	Improper Documentation for Expenses and Revenue	HL	Improper Payments	HL	Improper Records Management	HL	Inaccurate Financial Reporting	HL	Inaccurate Record Keeping
2	Student Services (11 - 17)	HM	Inability to maintain high placement rate	HM	Failure to comply with Fed, State, TBR, THEC, and COE standards	HM	Failure to comply with Federal Title IV and state guidelines for Financial Aid Administration	HL	Barriers to student success - course scheduling, counseling services, admissions process, etc.	HL	Failure to comply with American Disabilities Act	HL	Failure to comply with FERPA	HL	Failure to conduct background/reference checks for new employees	HL	Failure to have and follow student disciplinary policies and procedures
4	Information Technology (32 - 43)	HL	Insufficient level of qualified staff	HL	Insufficient network security	HL	Insufficient physical security of resources	MM	Insufficient servers and data storage	ML	Ineffective planning and management of TAF	ML	Insufficient data security measures	ML	Insufficient network resources	ML	Insufficient software license control and management
7	Auxiliary	MH	Loss of cash	MM	Improper Book Return Procedures	MM	Theft	ML	Improper ordering	ML	Inventory Control Procedures	ML	Purchasing of Outdated Books	-	n/a	-	n/a



**Tennessee College of Applied Technology-Newbern  
Enterprise Wide Risk Footprint  
February 2016**

#	ACTIVITIES	RISKS						
		1	2	3	4	5	6	7
1	Instruction and Academic Support	HH Insufficient/Loss of Accreditation	HM Inability to attract and retain faculty	HM Inadequate quality of instruction	HM Low student retention	MM Failure to meet community's continuing education needs	MM Inconsistency of grading practices	MM Inconsistent attendance reporting
4	Student Services	HM Failure to comply with Fed, State, TBR, THEC, and COE Regulations	HM Failure to comply with Federal Title IV and State guidelines for Financial Aid Administration	HM Inability to maintain high placement rates	MM Failure to comply with FERPA	MM Failure to have and follow student disciplinary policies and procedures	MM Inadequate communication with service area	MM Inconsistent application of published student policies and procedures- catalogs, student handbook
5	Financial Management	HM Failure to Comply with Federal Reporting Guidelines	HM Inadequate Title IV Compliance	MM Improper Records Management	MM Inadequate Collection Procedures	MM Inadequate registration/refund procedures	MM Inadequate Separation of Duties	ML Failure to Perform Reconciliations
3	Information Technology	HM Insufficient physical security of resources	HL Ineffective disaster recovery plan	MM Ineffective desktop and lab support	MM Ineffective IT staff training	MM Ineffective lead institution support	MM Ineffective user training	MM Insufficient data security measures
7	Auxiliary	HH Transaction error	HM Castastrophic inventory loss	MM Inadequate ordering	ML Failure to apply funding agencies' authorizations	ML Failure to follow policies and procedures	ML Failure to maintain billing/credit records	ML Inadequately trained employees
6	Institutional Support	HL Failure to follow Federal, state, & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	HL Inadequate campus security	HL Inadequate preparedness for catastrophic events	MM Ineffective employee training/cross training	ML Abuse of power	ML Excessive employee turnover/inadequate planning for transfer of knowledge due to attrition	ML Failure to address community needs
2	Physical Plant	HL Inaccurate reporting of capital assets and physical facilities inventory	HL Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	MM Inadequate resources (staffing, supplies, equipment, facilities)	ML Failure to follow Federal, state, and other rules and regulations (ADA, OSHA< EPA, etc.)	ML Failure to follow policies and procedures	ML Failure to investigate and resolve all complaints	ML Failure to maintain a clean and safe environment

**Tennessee College of Applied Technology-Newbern  
Enterprise Wide Risk Footprint  
February 2016**

#	ACTIVITIES	8	9	10	11	12	13	14	15	16
1	Instruction and Academic Support	MM Insufficient Professional development	MM Noncompliance with FERPA/ADA	MM Poor persistence to graduation	ML Imbalance between full-time and part-time faculty	ML Inadequate tenure process	ML Inappropriate faculty behavior	ML Inappropriate use of 3rd party materials	ML Poor/Outdated programs	ML Inability to Take Tennessee Promise Students on a timely basis
4	Student Services	ML Barriers to student success-course scheduling, counseling services, admissions processes, etc	ML Failure to comply with American Disabilities Act	ML Failure to conduct background/reference checks for new students as required	ML Improper assessment & security of testing materials	ML Inappropriate Employee Behavior	ML Ineffective enrollment processes	ML Ineffective student records management	ML Lack of security of confidential student records	ML Non-compliance with Student Right-to-Know Act
5	Financial Management	ML Fraud, Waste, & Abuse	ML Improper Documentation for Expenses and Revenue	ML Improper Payments	ML Inaccurate Financial Reporting	ML Inadequate budget allocations	ML Inadequate external grant accounting (WIA, etc)	ML Non-Compliance with Accounting Guidelines	- n/a	- n/a
3	Information Technology	MM Insufficient network resources	MM Insufficient network security	MM Insufficient servers and data storage	MM Loss of Internet access	MM Poor or insufficient backup strategy	ML Ineffective strategic planning and management	ML Insufficient level of qualified staff	ML Insufficient software licenses control and management	- n/a
7	Auxiliary	ML Lack of inventory control	LL Theft, abuse, wast	LL Undervaluing	-	- n/a	- n/a	- n/a	- n/a	- n/a
6	Institutional Support	ML Failure to maintain an appropriate professional/ethical environment	ML Inadequate and/or inconsistent application of policies & procedures	ML Inadequate internal audit/monitoring review process	ML Inadequate long-term planning	ML Inadequate records management	ML Inappropriate employee behavior	- n/a	- n/a	- n/a
2	Physical Plant	ML Failure to properly dispose of hazardous materials	ML Inaccurate valuation of plant assets for state insurance coverage	ML Inadequate energy conservation management	ML Inadequately trained employees	ML Inappropriate employee behavior	ML Insufficient resources for physical plant renewals and replacements	ML Insufficient routine/preventative maintenance	ML Theft, abuse, waste	- n/a





**Tennessee College of Applied Technology - Paris**  
**Enterprise Wide Risk Footprint**  
**February 2016**

#	ACTIVITIES	RISKS										
		1	2	3	4	5	6	7	8	9	10	11
1	Student Services(1, 4, 7, 11, 12, 14, 25, 28, 29, 30)	H LOW ENROLLMENT M	H POOR RETENTION	M SMALL SIZE STAFF H	FAILURE TO FOLLOW GOVERNING REGULATIONS M	M INAPPROPRIATE BEHAVIOR	M OVERAWARDING STUDENTS	M BREACH OF CONFIDENTIALITY L	M INACCURATE STUDENT RECORDS L	M INADEQUATE COUNSELING L	M IDENTITY THEFT L	L POOR PUBLIC RELATIONS L
2	Instruction(17, 18, 19, 27, 32, 33)	H FAILURE TO HIRE QUALIFIED & EFFECTIVE FACULTY M	FAILURE TO COMMUNICATE /COMPLY WITH INSTITUTIONAL POLICIES & PROCEDURES M	M FAILURE TO MAINTAIN SAFETY CULTURE M	FAILURE TO RETAIN STUDENTS M	FAILURE TO STAY CURRENT IN FIELD OF EXPERTISE M	M INAPPROPRIATE BEHAVIOR M	M INEFFECTIVE CLASSROOM DELIVERY & EVALUATION M	- n/a	- n/a	- n/a	- n/a
3	Physical Plant(9, 10, 20, 21, 23, 24, 26, 31)	H BREACH OF PHYSICAL PLANT SECURITY M	M CONFLICT OF INTEREST M	M FAILURE TO FOLLOW POLICIES & PROCEDURES M	FAILURE TO FOLLOW SAFETY PRACTICES M	FAILURE TO MAINTAIN FACILITIES M	M FRAUD, WASTE, AND ABUSE M	M INAPPROPRIATE BEHAVIOR M	- n/a	- n/a	- n/a	- n/a
4	Institutional Support (2, 3, 6, 8, 13, 15, 16, 22)	M LOW STAFFING H	BREACH OF IT SECURITY SYSTEMS M	M FAILURE TO FOLLOW POLICIES & PROCEDURES M	FAILURE TO MAINTAIN ACCURATE ACCOUNTING RECORDS M	FAILURE TO PAY/INVOICE IN A TIMELY MANNER M	M FRAUD, WASTE, AND ABUSE M	M MISUSE OF TECHNOLOGY M	M CONFLICT OF INTEREST L	M FAILURE TO FOLLOW GOVERNING REGULATIONS L	M INAPPROPRIATE BEHAVIOR L	- n/a
5	Auxiliary(5)	M PRICE INFLATION H	FAILURE TO HANDLE RECEIPTS CORRECTLY M	M FAILURE TO MAINTAIN ACCURATE INVENTORY RECORDS M	FAILURE TO MEET SUPPLY & DEMAND OF CUSTOMER BASE M	M INEFFECTIVE COMMUNICATIONS M	M POOR CUSTOMER SERVICE M	M POOR VENDOR PERFORMANCE M	M INAPPROPRIATE BEHAVIOR L	- n/a	- n/a	- n/a

**Tennessee College Of Applied Technology- Pulaski  
Enterprise Wide Risk Footprint  
February 2016**

		Risks													
#	ACTIVITIES	1	2	3	4	5	6	7							
5	Physical Plant	HM	Inadequate preparedness for catastrophic event such as a natural disaster or terrorism	MM	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	MM	Failure to follow policies and procedures	MM	Inadequate resources (staffing, supplies, equipment, facilities)	MM	Insufficient resources for physical plant renewals and replacements	MM	Theft, abuse, waste	ML	Failure to investigate and resolve all complaints
1	Instruction and Academic Support	HM	Loss/Lack program accreditation/certification	MM	Poor/Outdated programs	ML	Inability to attract and retain faculty	ML	Inadequate tenure process	ML	Inappropriate use 3rd party materials	ML	Insufficient professional development	ML	Noncompliance with FERPA/ADA
3	Financial Management	HL	Inadequate registration/refund procedures	ML	Failure to Comply with Federal Reporting Guidelines	ML	Failure to Perform Reconciliations	ML	Fraud, Waste, & Abuse	ML	Improper Documentation for Expenses and Revenue	ML	Improper Payments	ML	Improper Records Management
6	Institutional Support	HL	Inadequate preparedness for catastrophic events	MM	Failure to follow fed, state, & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	MM	Inadequate and/or inconsistent application of policies & procedures	MM	Inadequate internal audit/monitoring review process	MM	Inadequate long-term planning	ML	Abuse of power	ML	Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition
4	Information Technology	ML	Ineffective desktop and lab support	ML	Ineffective disaster recovery plan	ML	Ineffective IT staff training	ML	Ineffective lead institution support	ML	Ineffective planning and management of TAF	ML	Ineffective strategic planning and management	ML	Ineffective user training
2	Student Services	MM	Failure to comply with American Disabilities Act	MM	Failure to comply with Federal Title IV and state guidelines for Financial aid Administration	ML	Barriers to student success - course scheduling, counseling services, admissions process, etc.	ML	Failure to comply with Fed, State, TBR, THEC, and COE Regulations	ML	Failure to comply with FERPA	ML	Failure to have and follow student disciplinary policies and procedures	ML	Improper assessment & security of testing materials
7	Auxiliary Enterprises	MM	Confirm exact count of bookstore deliveries	ML	End of day deposit at financial institution	ML	End of day summary of cash and charge receipts	ML	Having a key person for receiving department	ML	Theft Books/Supplies	ML	Theft of Funds	LL	Departmental Transfer of Books/Supplies





**Tennessee College of Applied Technology-Ripley  
Enterprise Wide Risk Footprint  
February 2016**

#	ACTIVITIES	RISKS											
		1	2	3	4	5	6						
1	Instruction and Academic Support	MH	Loss of Accreditation	MH	Compliance with COE on-line training program	MM	Failure to meet community's continuing education needs	ML	Noncompliance with FERPA/ADA/EOC	MM	Fraud, Waste, and Abuse	LL	Inappropriate faculty behavior
4	Student Services	MH	Failure to comply with Fed, State, TBR, THEC, and COE Regulations	MM	Failure to comply with Federal and State guidelines for Financial Aid Administration	MM	Ineffective student records management	LM	Failure to comply with FERPA/EEO/ADA	LM	Failure to comply with Student Right to Know Act	LL	Low retention
3	Information Technology	HL	Ineffective disaster recovery plan	MM	Failure to maintain information security	ML	Inadequate or ineffective telecom management	ML	Insufficient IT staff	LM	Ineffective strategic planning and management	LM	Insufficient data security/network measures
2	Physical Plant	MH	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	MM	Inaccurate evaluation of plant assets for state insurance coverage	ML	Failure to maintain an up to date sensitive equipment inventory	ML	Failure to follow Federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	ML	Failure to maintain a clean and safe environment	ML	Failure to properly dispose of hazardous materials
6	Institutional Support	MH	Preparedness for catastrophic events	MM	Inadequate and/or inconsistent application of policies & procedures	ML	Records management	ML	Campus security	MM	Failure to follow Federal, state, and other rules and regulations (IRS, TBR, ADA, EEOC, etc.)	LM	Continue long term planning
7	Auxiliary	ML	Theft of funds	LL	Loss of revenue	LL	Ineffective damage control	LL	Inventory control	-	n/a	-	n/a
5	Financial Management	LH	Budget allocations	LL	Inventory control and depreciation	LM	Separation of duties	LL	Fraud, waste, and abuse	LL	TAF/SAF Compliance	-	n/a



**Tennessee College of Applied Technology Shelbyville**  
**Enterprise Risk Footprint**  
**February 2016**

		RISKS											
#	ACTIVITIES		1		2		3		4		5		6
1	Instruction	HM	Failure to meet community's workforce development needs	HM	Inadequate quality of instruction	HL	Noncompliance with FERPA/ADA	ML	Inability to attract and retain faculty	ML	Inadequate promotion & tenure process	ML	Inappropriate faculty credentials/behavior
2	Student Services	HL	Failure to comply with Fed, State, TBR, THEC, and COE Regulations	HL	Failure to comply with Federal Title IV and state guidelines for Financial Aid Administration	HL	Failure to comply with Federal Title VI, Title IX, and other federal guidelines	HL	Failure to comply with FERPA/ADA	HL	Non-compliance with Student Right-to-Know Act & Campus Security Act	ML	Failure to have and follow student disciplinary policies & procedures (student due process)
6	Institutional Support	HL	Failure to meet COE accreditation standards	HL	Inadequate preparedness for catastrophic events	ML	Abuse of power	ML	Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML	Failure to follow fed, state & other rules & regulations (IRS, TBR, ADA, EEOC, etc.)	ML	Improper /negligent hiring
5	Operation & Maintenance	HL	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	ML	Failure to follow federal, state, and other rules and regulations (ADA, OSHA, EPA, etc.)	ML	Failure to maintain a clean and safe environment	ML	Failure to properly dispose of hazardous materials	ML	Inaccurate reporting of capital assets and physical facilities inventory.	ML	Inaccurate valuation of plant assets for state insurance coverage
3	Financial Management	ML	Failure to Comply with Federal Reporting Guidelines	ML	Failure to conduct background/reference checks for new employees	ML	Fraud, Waste, & Abuse	ML	Improper Documentation for Expenses and Revenue	ML	Improper Payments	ML	Improper Records Management
4	Information Technology	MM	Insufficient number of qualified staff	ML	Ineffective disaster recovery plan	ML	Ineffective IT staff training	ML	Ineffective lead institution support	ML	Ineffective planning and management of TAF	ML	Ineffective strategic planning and management



**Tennessee College of Applied Technology Shelbyville**  
**Enterprise Risk Footprint**  
**February 2016**

#	ACTIVITIES		7		8		9		10		11		12		13
1	Instruction	ML	Inappropriate use 3rd party materials	ML	Insufficient professional development	ML	Low student retention	LL	Inconsistency of grading practices	LL	Inconsistent attendance reporting				
2	Student Services	ML	Inappropriate Employee Behavior	ML	Inconsistent application of published student policies & procedures-catalogs, student handbook.	ML	Ineffective student records management	ML	Lack of security of confidential student records	LL	Improper assessment & security of testing materials	LL	Ineffective enrollment processes		
6	Institutional Support	ML	Inadequate and/or inconsistent application of policies & procedures	ML	Inadequate campus security	ML	Inadequate fact-based decision making	ML	Inadequate internal audit/monitoring review process	ML	Inadequate or offensive external/internal communications	ML	Inadequate records management	ML	Inappropriate employee/volunteer behavior
5	Operation & Maintenance	ML	Inadequate energy conservation management	ML	Inadequate resources (staffing, supplies, equipment, facilities)	ML	Inadequately trained employees	ML	Inappropriate employee behavior	ML	Insufficient resources for physical plant renewals and replacements	ML	Insufficient routine/preventative maintenance	ML	Theft, abuse, waste
3	Financial Management	ML	Inaccurate benefit, deduction, & taxes	ML	Inaccurate Financial Reporting	ML	Inadequate Cash Management	ML	Inadequate Collection Procedures	ML	Inadequate external grant accounting	ML	Inadequate Inventory Control and Depreciation	ML	Inadequate preparedness of catastrophic events
4	Information Technology	ML	Ineffective user training	ML	Insufficient data security measures	ML	Insufficient network resources	ML	Insufficient network security	ML	Insufficient physical security of resources	ML	Insufficient servers and data storage	ML	Insufficient software license control and management





**Tennessee Board of Regents  
Committee on Audit**

<b>DATE:</b>	March 15, 2016
<b>AGENDA ITEM:</b>	<b>Review of Revised Internal Audit Charters</b>
<b>PRESENTER:</b>	Tammy Birchett
<b>ACTION REQUIRED:</b>	Voice Vote
<b>STAFF'S RECOMMENDATION:</b>	Approval

---

**BACKGROUND INFORMATION:**

The internal audit offices within the TBR system operate under internal audit charters which define the audit activity's purpose, authority and responsibility. The charter for each audit office is agreed to and signed by the system Chancellor or campus president and the respective internal audit director before submission to the Audit Committee for approval. An annual review of the charter template is performed by the Internal Audit Directors committee for consideration of any revisions, particularly with regard to changes in internal audit standards.

The *International Standards for the Professional Practice of Internal Auditing* require an internal audit charter as stated below:

**1000 - Purpose, Authority, and Responsibility**

The purpose, authority, and responsibility of the internal audit activity must be formally defined in an internal audit charter, consistent with the Definition of Internal Auditing, the Code of Ethics, and the Standards. The chief audit executive must periodically review the internal audit charter and present it to senior management and the board for approval.

The following revised charters have been submitted for Audit Committee approval. Roane State's charter was revised because the Audit Director (Interim) position was filled. TBR's charter was revised because of the change in the Chancellor's position. Both charters were reviewed by staff of System-wide Internal Audit and approval is recommended.

Roane State Community College  
Tennessee Board of Regents

# **Roane State Community College**

## **Internal Audit Charter**

### **Introduction**

Roane State Community College is an institution of the Tennessee Board of Regents (TBR) system. The system is governed by the Board of Regents, consisting of 18 members (the Board) as determined by state law. The TBR Audit Committee is a standing committee of the Board. In accordance with the “State of Tennessee Audit Committee Act of 2005,” the System-wide Chief Audit Executive reports directly to the Audit Committee and the Board and oversees the internal audit operations. Roane State Community College employs an internal auditor in accordance with TBR policy.

### **Purpose**

Internal Audit is an independent objective assurance and consulting activity designed to add value and improve Roane State Community College management systems. Internal Audit helps Roane State Community College accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. Internal Audit assists Roane State Community College’s management in the effective discharge of their duties and responsibilities by evaluating activities, recommending improvements and providing other information designed to promote effective controls.

Assurance services involve the internal auditor’s objective assessment of evidence to provide an independent opinion or conclusions regarding an entity, operation, function, process, system, or other subject matter. The nature and scope of the assurance engagement are determined by the internal auditor. There are generally three parties involved in assurance services: (1) the person or group directly involved with the entity, operation, function, process, system, or other subject matter — the process owner, (2) the person or group making the assessment — the internal auditor, and (3) the person or group using the assessment — the user.

Consulting services are advisory in nature, and are generally performed at the specific request of an engagement client. The nature and scope of the consulting engagement are subject to agreement with the engagement client. Consulting services generally involve two parties: (1) the person or group offering the advice — the internal auditor, and (2) the person or group seeking and receiving the advice — the engagement client. When performing consulting services the internal auditor should maintain objectivity and not assume management responsibility.

Roane State Community College's management has the primary responsibility for establishing and maintaining a sufficient system of internal controls.

### **Authority and Scope**

Internal Audit's review of operations may include the examination and evaluation of the effectiveness of all aspects of institutional operations at Roane State Community College. In the course of its work, Internal Audit has full and complete direct access to all Roane State Community College books, electronic and manual records, physical properties, and personnel information relative to the performance of duties and responsibilities. All documents and information given to Internal Audit during their work will be handled in the same prudent manner that Roane State Community College expects of the employees normally accountable for them.

Internal Audit has neither direct responsibility for, nor authority over, any of the activities, functions, or tasks it reviews nor shall their review relieve others of their responsibilities. The internal auditors must maintain a high degree of independence and not be assigned duties or engage in any operations or decision making in any activities that they would normally be expected to review or evaluate as part of the normal audit function.

### **Responsibility and Role**

TBR Policy 04:01:05:00, *Internal Audit*, states the role of Internal Audit is to assist members of the organization in the effective discharge of their responsibilities. Meaningful internal auditing requires cooperation among Internal Audit, Roane State Community College's administration, and the department under audit. In fulfilling their responsibilities, Internal Audit will:

- Comply with auditing standards established by the Institute of Internal Auditors to ensure the effectiveness and quality of the internal audit effort.
- Develop and implement audit plans and programs after consultation with the President that respond to both risk and cost effectiveness criteria.
- Review the reliability and integrity of information, and the information technology processes that produce that information.
- Verify compliance with applicable policies, guidelines, laws, and regulations.
- Suggest policies and procedures or improvements to existing policies and procedures where appropriate.
- Provide audit reports that identify internal control issues and make cost-effective recommendations to strengthen control.

- Facilitate the resolution of audit issues with administrators who have the most direct involvement and accountability.
- Review institutional operations (financial and other) on an advisory basis to inform and assist management in the successful execution of their duties.
- Assist with audits or perform certain agreed upon procedures for external parties. External parties include but are not limited to audit offices of federal and state governments and related agencies.
- Review management's risk assessment process and advise management on the reasonableness and propriety of the assessment.
- Promote and evaluate fraud prevention and identification programs and investigate allegations involving fraud, waste, and abuse.
- Demonstrate and promote appropriate ethics and values within the organization.
- Communicate activities and information among the board, internal auditors, external auditors and the administration.

### **Organizational Status/Reporting Structure**

In accordance with T.C.A. 49-14-102 and TBR Policy 4-01-05-00, *Internal Audit*, the System-wide Chief Audit Executive reports directly to the Audit Committee and the TBR. Roane State Community College's internal auditors report to the respective President with audit reporting responsibility to the Audit Committee and the Board through the System-wide Chief Audit Executive.

The internal auditing services provided by Internal Audit are reported directly to the President/Chancellor and the TBR Audit Committee. All audit work is summarized in timely written reports distributed to management to ensure that the results are given due consideration. In addition to management, reports or summaries are distributed to all members of the Audit Committee and to the State of Tennessee, Comptroller's Office. Management is provided a discussion draft of the audit report prior to the report being issued. Internal Audit is responsible for following up timely on audit findings to ascertain the status of management's corrective actions.

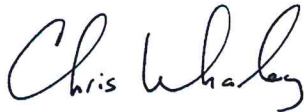
### **Audit Standards and Ethics**

The Internal Audit function adheres to The Institute of Internal Auditors' mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing (Standards)*. This mandatory guidance

constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.

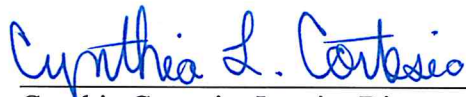
**Periodic Review of Internal Audit Charter**

This charter will be periodically assessed by the chief audit executive to determine whether the purpose, authority, and responsibilities defined in this charter are adequate to enable the internal auditing activity to accomplish its objectives. The results of the periodic assessment will be communicated to senior management and the Audit Committee.



\_\_\_\_\_  
Dr. Chris Whaley, President  
Roane State Community College

3/4/14  
Date



\_\_\_\_\_  
Cynthia Cortesio, Interim Director of Internal Audit  
Roane State Community College

3/4/16  
Date





## **Tennessee Board of Regents**

### **Office of System-wide Internal Audit**

#### **Internal Audit Charter**

### **Introduction**

The Tennessee Board of Regents (TBR) system operates from its offices located in Nashville, Tennessee. The TBR system is comprised of six universities, thirteen community colleges and twenty-seven technology colleges across the state. The system is governed by the Board of Regents, consisting of 18 members (the Board) as determined by state law. The TBR Audit Committee is a standing committee of the Board. In accordance with the “State of Tennessee Audit Committee Act of 2005,” the Chief Audit Executive reports directly to the Audit Committee and the Board and oversees the internal audit operations. Each university and community college employs an Internal Audit Director; the system office and campuses employ other audit staff as needed in accordance with TBR policy.

### **Purpose**

Internal Audit is an independent objective assurance and consulting activity designed to add value and improve the TBR management systems. Internal Audit helps the TBR system accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. Internal Audit assists the Board’s management in the effective discharge of their duties and responsibilities by evaluating activities through assurance and consulting services, recommending improvements and providing other information designed to promote effective controls.

Assurance services involve the internal auditor’s objective assessment of evidence to provide an independent opinion or conclusions regarding an entity, operation, function, process, system, or other subject matter. The nature and scope of the assurance engagement are determined by the internal auditor. There are generally three parties involved in assurance services: (1) the person or group directly involved with the entity, operation, function, process, system, or other subject matter — the process owner, (2) the person or group making the assessment — the internal auditor, and (3) the person or group using the assessment — the user.

Consulting services are advisory in nature, and are generally performed at the specific request of an engagement client. The nature and scope of the consulting engagement are subject to agreement

with the engagement client. Consulting services generally involve two parties: (1) the person or group offering the advice — the internal auditor, and (2) the person or group seeking and receiving the advice — the engagement client. When performing consulting services the internal auditor should maintain objectivity and not assume management responsibility.

Management has the primary responsibility for establishing and maintaining a sufficient system of internal controls for the Board's system office and its institutions.

### **Authority and Scope**

Internal Audit's review of operations may include the examination and evaluation of the effectiveness of all aspects of institutional operations within the TBR system. In the course of its work, Internal Audit has complete and direct access to all of the TBR system's books, electronic and manual records, physical properties, and personnel information relative to the performance of duties and responsibilities. All documents and information given to Internal Audit during their work will be handled in the same prudent manner that the TBR expects of the employees normally accountable for them.

Internal Audit has neither direct responsibility for, nor authority over, any of the activities, functions, or tasks it reviews nor shall their review relieve others of their responsibilities. The internal auditors must maintain a high degree of independence and not be assigned duties or engage in any operations or decision making in any activities that they would normally be expected to review or evaluate as part of the normal audit function.

### **Responsibility and Role**

TBR Policy 04:01:05:00, *Internal Audit*, states the role of Internal Audit is to assist members of the organization in the effective discharge of their responsibilities. Meaningful internal auditing requires cooperation among Internal Audit, the TBR's administration, and the department under audit. In fulfilling their responsibilities, Internal Audit will:

- Comply with auditing standards established by the Institute of Internal Auditors to ensure the effectiveness and quality of the internal audit effort.
- Develop and implement audit plans and programs after consultation with the Chancellor and other administrators that respond to both risk and cost effectiveness criteria.
- Review the reliability and integrity of information, and the information technology processes that produce that information.
- Verify compliance with applicable policies, guidelines, laws, and regulations.

- Suggest policies and procedures or improvements to existing policies and procedures where appropriate.
- Provide audit reports that identify internal control issues and make cost-effective recommendations to strengthen control.
- Facilitate the resolution of audit issues with administrators who have the most direct involvement and accountability.
- Review institutional operations (financial and other) on an advisory basis to inform and assist management in the successful execution of their duties.
- Assist with audits or perform certain agreed upon procedures for external parties. External parties include but are not limited to audit offices of federal and state governments and related agencies.
- Review management's risk assessment process and advise management on the reasonableness and propriety of the assessment.
- Promote and evaluate fraud prevention and identification programs and investigate allegations involving fraud, waste, and abuse.
- Demonstrate and promote appropriate ethics and values within the organization.
- Communicate activities and information among the board, internal auditors, external auditors and the administration.

### **Organizational and Reporting Structure**

In accordance with T.C.A. 49-14-102 and TBR Policy 4-01-05-00, *Internal Audit*, the System-wide Chief Audit Executive reports directly to the Audit Committee and the Board. The System-wide Chief Audit Executive reports administratively to the Vice Chancellor for Business and Finance. The institutional Internal Audit Directors report to the respective university or community college President with audit reporting responsibility to the Audit Committee and the Board through the System-wide Chief Audit Executive.

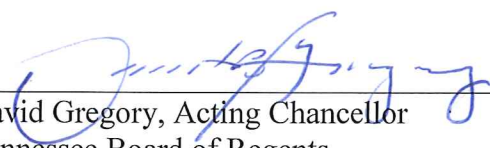
The internal auditing services provided by the Office of System-wide Internal Audit are reported directly to the Chancellor, president of the related university or community college or director of the related college of applied technology. All audit work is summarized in timely written reports distributed to management to ensure that the results are given due consideration. In addition to management, reports or summaries are distributed to all members of the Audit Committee and to the State of Tennessee, Office of the Comptroller, Division of State Audit. Management is provided a discussion draft of the audit results prior to the issuance of the report. Internal Audit is responsible for following up timely on audit findings to ascertain the status of management's corrective actions.

### **Audit Standards and Ethics**

The Internal Audit function adheres to The Institute of Internal Auditors' mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing (Standards)*. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.

### **Periodic Review of Internal Audit Charter**

This charter will be periodically assessed by the Chief Audit Executive to determine whether the purpose, authority, and responsibilities defined in this charter are adequate to enable the internal auditing activity to accomplish its objectives. The results of the periodic assessment will be communicated to senior management and the Audit Committee.

  
\_\_\_\_\_  
David Gregory, Acting Chancellor  
Tennessee Board of Regents

3-1-2016  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Tammy Birchett, Chief Audit Executive  
Tennessee Board of Regents

3/1/2016  
\_\_\_\_\_  
Date

**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016

**AGENDA ITEM:** **Review of Comptroller's Office Audit Reports**

**PRESENTER:** Tammy Birchett

**ACTION REQUIRED:** Informational Report

**STAFF'S RECOMMENDATION:** Accept Report

---

**BACKGROUND INFORMATION:**

The Comptroller of the Treasury, Division of State Audit, under the authority of TCA 4-3-304, performs financial and compliance audits of each Tennessee Board of Regents university, community college and the system office. Universities are audited annually and community colleges and the system office are audited every other year. A description of the standards followed by the Comptroller's Office and the types of findings that may be reported follow this transmittal. The Comptroller's Office also performs performance audits of the Tennessee Board of Regents and higher education operations, as needed.

The Committee will review audit reports received during the quarter; a summary of these reports is included.

**FINANCIAL AND COMPLIANCE AUDITS – NO FINDINGS**

Austin Peay State University  
— FYE June 30, 2015  
University of Memphis  
— FYE June 30, 2015

**FINANCIAL AND COMPLIANCE AUDITS – FINDINGS**

Middle Tennessee State University  
— FYE June 30, 2015  
Tennessee Tech University  
— FYE June 30, 2015

NCAA – SUMMARY OF AGREED-UPON PROCEDURES REVIEWS OF THE STATEMENTS OF REVENUES AND EXPENSES – FYE JUNE 30, 2015

Austin Peay State University  
East Tennessee State University  
Middle Tennessee State University  
Tennessee State University  
Tennessee Tech University  
University of Memphis

STATUS SUMMARY FOR PREVIOUSLY REPORTED FINDINGS

Following the summary of reports is a summary on the status of previously reported Comptroller's Office findings for informational purposes. Internal Audit generally performs a follow-up review of Comptroller's Office findings within six months of issuance. A follow-up report is prepared and submitted to the Comptroller's Office and the Legislature's Office of Fiscal Review. An executive summary of each follow-up audit is included in the Audit Committee's quarterly materials.

**Standards followed by the Comptroller of the Treasury  
In Relation to Audits of Tennessee Board of Regents Institutions**

Audit reports issued for TBR institutions indicate that the Division of State Audit conducts audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in generally accepted government auditing standards. Standards generally accepted in the U.S. are generally the accounting standards issued by the Governmental Accounting Standards Board or Financial Accounting Standards Board of the American Institute of Certified Public Accountants. Generally accepted government auditing standards are those included in Government Auditing Standards, issued by the Comptroller General of the United States. The types of findings described below are based on the guidance provided in these standards.

**Types of Findings**

**Deficiencies in Internal Control<sup>1</sup>**

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.

**Significant Deficiency<sup>1</sup>**

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.

**Material Weakness<sup>1</sup>**

A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

*A finding normally results when auditors consider a deficiency in internal control to be a significant deficiency or a material weakness.*

**Instance of Non-Compliance Required to be Reported<sup>2</sup>**

When performing GAGAS financial audits, auditors should communicate in the report on internal control over financial reporting and compliance, based upon the work performed, (1) significant deficiencies and material weaknesses in internal control; (2) instances of fraud and noncompliance with provisions of laws or regulations that have a material effect on the audit and any other instances that warrant the attention of those charged with governance; (3) noncompliance with provisions of contracts or grant agreements that has a material effect on the audit; and (4) abuse that has a material effect on the audit.

---

<sup>1</sup> Statement on Auditing Standard 115, *Communicating Internal Control Related Matters Identified in an Audit*, was effective for periods ending on or after December 15, 2009.

<sup>2</sup> The December 2011 Revision of Government Auditing Standards, issued by the Comptroller General of the United States, Government Accountability Office.

**Tennessee Board of Regents**  
**Audit Committee**  
**March 15, 2016**  
*Review of Comptroller's Office Audit Reports*  
*Financial and Compliance Audits—No Findings Reported*

<b>Institution</b>	<b>For the Year Ended</b>	<b>Auditor's Opinion on Financial Statements</b>	<b>Report on Internal Control</b>	<b>Report on Compliance</b>	<b>Findings</b>
Austin Peay State University	June 30, 2015	Unmodified Opinion	No findings	No instances of noncompliance required to be reported	0



**Tennessee Board of Regents**  
**Audit Committee**  
**March 15, 2016**  
*Review of Comptroller's Office Audit Reports*  
*Financial and Compliance Audits—No Findings Reported*

<b>Institution</b>	<b>For the Year Ended</b>	<b>Auditor's Opinion on Financial Statements</b>	<b>Report on Internal Control</b>	<b>Report on Compliance</b>	<b>Findings</b>
University of Memphis	June 30, 2015	Unmodified Opinion	No findings	No instances of noncompliance required to be reported	0

**Tennessee Board of Regents**  
**Audit Committee**  
**March 15, 2016**  
*Review of Comptroller’s Office Audit Reports*  
*Financial and Compliance Audits—Findings Reported*

<b>Institution</b>	<b>For the Year Ended</b>	<b>Auditor’s Opinion on Financial Statements</b>	<b>Report on Internal Control</b>	<b>Report on Compliance</b>	<b>Findings</b>
Middle Tennessee State University	June 30, 2015	Unmodified Opinion	One internal control finding identified as a significant deficiency, but not as a material weakness	No instances of noncompliance required to be reported	1
<p><b>Finding 1 – Middle Tennessee State did not provide adequate internal controls in three specific areas.</b>  Management did not design and monitor internal controls in three specific areas. The audit observed three conditions in violation of university policies and/or industry-accepted best practices. Inconsistent implementation of internal controls increases the risk of fraud or error. The details of these findings are confidential pursuant to Section 10-7-504(i) <i>Tennessee Code Annotated</i>.</p> <p><b>Management’s Comment</b> – Management concurred with the findings and recommendation. Management agrees that existing controls should be strengthened and will review policies and implement additional controls in the areas identified.</p>					
<p><i>Internal Audit Follow-Up: An internal audit follow-up report on these findings will be presented to the Audit Committee at a subsequent meeting.</i></p>					

**Tennessee Board of Regents**  
**Audit Committee**  
**March 15, 2016**  
*Review of Comptroller's Office Audit Reports*  
*Financial and Compliance Audits—Findings Reported*

<b>Institution</b>	<b>For the Year Ended</b>	<b>Auditor's Opinion on Financial Statements</b>	<b>Report on Internal Control</b>	<b>Report on Compliance</b>	<b>Findings</b>
Tennessee Tech University	June 30, 2015	Unmodified Opinion	One internal control finding identified as a significant deficiency, but not as a material weakness	An immaterial instance of noncompliance identified as a finding	2

**Finding 1 – The university did not provide adequate internal controls in one specific area.**

The college did not design and monitor internal controls in a specific area. The audit observed a condition in violation of college policies and/or industry-accepted best practices. Inconsistent implementation of internal controls increases the risk of fraud or error. The details of these findings are confidential pursuant to Section 10-7-504(i) *Tennessee Code Annotated*.

**Management's Comment** – Management concurred with the finding and recommendation. Processes are being reviewed and a corrective action plan is being developed to ensure internal controls are adequate to minimize the risks identified by State Audit. The corrective action will be implemented by February 1, 2016.

**Finding 2 – The university's financial aid office understated to the Department of Education returns of Title IV student financial aid of students who withdrew from classes.**

The university did not correctly return to the US Department of Education Title IV student financial aid of students who withdrew from classes, which resulted in the understatement of returns by \$4,775.

The Director of Financial Aid stated these errors were caused by oversight. Although the returns calculations are automated in Banner, the recording of the returns to the students' accounts is a manual process. The Financial Aid Department had no review process for comparing returns manually posted to students' accounts with the returns calculated by Banner.

**Management's Comment** – Management concurred with the finding and recommendation. Three mathematical errors were found in the review of the 2014-15 withdrawal calculations prior to the close of the year. The errors were corrected and updated on the student accounts and submitted to the Department of Education. The Office of Financial Aid has amended its review policy to eliminate this error on future reports.

*Internal Audit Follow-Up: An internal audit follow-up report on these findings will be presented to the Audit Committee at a subsequent meeting.*

**Tennessee Board of Regents**  
**Audit Committee**  
**March 15, 2016**  
*Review of Comptroller's Office Audit Reports*  
*NCAA Agreed-Upon Procedures Review*

**Review of the Statements of Revenues and Expenses  
of the Intercollegiate Athletic Programs  
For the Year Ended June 30, 2015**

The Comptroller of the Treasury, Division of State Audit, performs certain agreed-upon procedures each year to assist the universities in evaluating whether each Statement of Revenues and Expenses of the Intercollegiate Athletics Programs and the related Notes to that statement comply with the National Collegiate Athletic Association's financial reporting requirements (NCAA Bylaw 3.2.4.16). The engagements are conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants, but the agreed-upon procedures do not constitute an examination to express an opinion on compliance with the NCAA requirements. Management of each university is responsible for their statement, compliance with NCAA requirements and the sufficiency of the procedures requested of the auditors. In determining the accuracy of information presented in each institution's statement, the engagement includes analytical procedures, tests or comparison of data to the Banner system or other supporting documents, reviews of internal control procedures and policies and reviews of agreements.

For the specific procedures performed, the auditors noted that data on the statements (1) agreed or reconciled to support or complied with requirements; (2) did not agree and were corrected; or (3) did not agree, but were immaterial or insignificant. For the six universities, the errors noted below affecting the Statements or Notes to the statements were adjusted by management for the final reports. No other significant, unexplained or unusual matters were included in the reports.

**Austin Peay State University**

- No significant issues noted.

**East Tennessee State University**

- An amount of \$989,164, reported as transfers of funds back to the university from the athletics department, was incorrectly reported and was reclassified as a contra-revenue.
- NCAA distributions of \$389,488 were incorrectly reported as conference revenues and were restated as distributions.
- Expenses of \$94,697 were classified as men's basketball but were corrected as \$57,240 for game expenses and \$37,457 for direct overhead and administrative expenses.
- One student athlete of 70 tested was awarded athletic aid of \$3,293 and overpaid by \$1,216.
- Bonuses and related benefits for two coaches, totaling \$19,130 were misclassified as athletic support staff salaries but were restated as coaching salaries.

**Tennessee Board of Regents**  
**Audit Committee**  
**March 15, 2016**  
*Review of Comptroller's Office Audit Reports*  
*NCAA Agreed-Upon Procedures Review*

**Middle Tennessee State University**

- Indirect institutional support from the university was overstated by \$1,868,958 because of the inclusion of depreciation expense; the statement was corrected.
- Athletic facilities debt service, leases and rental fees – other sports was misstated by \$48,464. This amount is for facilities rent paid with athletic funds instead of institutional funds.

**Tennessee State University**

- Amounts of institutional financial aid awarded to students and entered into the NCAA Compliance Assistance software were not updated to reflect the actual award accepted by the student athletes.
- The amount of expenses recorded for athletic facilities, debt service, leases and rental fees – other sports, was misstated by \$169,037. This amount is for facilities rent paid with athletic funds instead of institutional funds.

**Tennessee Tech University**

- The amount of expenses recorded for athletic facilities, debt service, leases and rental fees – other sports, was misstated by \$5,720. This amount is for facilities rent paid with athletic funds instead of institutional funds.

**University of Memphis**

- No significant issues noted.

**TBR SWIA - Status Report on State Audit Recommendations  
(Report sorted by Institution and then Date of Final report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
MTSU FY 2015	Tuesday, January 26, 2016	MTSU - State Audit FY 2015 State Audit LOU Finding - The university did not provide adequate internal controls in three specific areas.	Chief Information Officer	Friday, July 1, 2016		Not Yet Due
TSU FY 2014	Wednesday, August 19, 2015	TSU - State Audit FY 2014 State Audit LOU Finding - Management did not provide adequate internal controls in three specific areas.	Chief Information Officer	Monday, February 1, 2016	Wednesday, January 28, 2015	In Progress
TSU FY 2014	Wednesday, August 19, 2015	TSU - State Audit FY 2014 State Audit Finding - The university's financial aid office did not notify the Department of Education of Pell disbursement in a timely manner.	Director of Financial Aid	Monday, February 1, 2016	Thursday, January 28, 2016	Action Completed
TTU FY 2015	Tuesday, January 26, 2016	TTU - State Audit FY 2015 State Audit LOU Finding - The university did not provide adequate internal controls in one specific area.	CIO	Friday, July 1, 2016		Not Yet Due
TTU FY 2015	Tuesday, January 26, 2016	TTU - State Audit FY 2015 The university's financial aid office understated to the Department of Education returns of Title IV student financial aid of students who withdrew from classes	Financial Aid Director	Friday, July 1, 2016		Not Yet Due
CISCC FY 2014 and 2013	Friday, August 28, 2015	CISCC - State Audit FY 2014 and FY 2013 State Audit Finding - Bank reconciliations should be prepared promptly and correctly.	Vice President of Finance and Advancement	Thursday, March 31, 2016		Not Yet Due

**TBR SWIA - Status Report on State Audit Recommendations  
(Report sorted by Institution and then Date of Final report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CISCC FY 2014 and 2013	Friday, August 28, 2015	CISCC - State Audit FY 2014 and FY 2013 State Audit Finding - Management needs to improve procedures for preparing and reviewing financial statements to prevent errors.	Vice President of Finance and Advancement	Thursday, March 31, 2016		Not Yet Due
CISCC FY 2014 and 2013	Friday, August 28, 2015	CISCC - State Audit FY 2014 and FY 2013 State Audit LOU Finding - The college did not provide adequate internal controls in four specific areas.	Chief Information Officer	Thursday, March 31, 2016		Not Yet Due
CoSCC FY 2014 and 2013	Friday, July 31, 2015	CoSCC State Audit FY 2014-13 State Audit LOU Finding - Management did not provide adequate internal controls in one specific area.	Chief Information Officer	Thursday, December 31, 2015	Friday, December 18, 2015	Action Completed
DSCC FY 2014 and 2013	Tuesday, August 25, 2015	DSCC - State Audit FY 2014 and FY 2013 State Audit LOU finding - The college did not provide adequate internal controls in two specific areas.	Vice President for Technology	Monday, February 1, 2016	Friday, January 8, 2016	Action Completed
MSCC FY 2014 and FY 2013	Friday, August 28, 2015	MSCC - State Audit FY 2014 and FY 2013 State Audit LOU Finding - Did not provide adequate internal controls in one specific area.	Chief Information Officer	Thursday, March 31, 2016		Not Yet Due
STCC FY 2013 and 2012	Friday, September 18, 2015	STCC - State Audit FY 2013 and FY 2012 State Audit Finding - Management needs to improve procedures for preparing and reviewing financial statements to prevent errors.	Vice President of Financial and Administrative Services/Ex. Director of Fiscal Operations	Friday, January 1, 2016	Tuesday, January 26, 2016	Action Completed

**TBR SWIA - Status Report on State Audit Recommendations  
(Report sorted by Institution and then Date of Final report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC FY 2013 and 2012	Friday, September 18, 2015	STCC - State Audit Report FY 2013 and FY 2012 State Audit LOU Finding - College did not provide adequate internal controls in five specific areas.	Chief Information Officer	Friday, January 1, 2016	Tuesday, January 26, 2016	In Progress
VSCC FY 2014 and 2013	Wednesday, July 29, 2015	VSCC - State Audit FY 2014 and FY 2013 State Audit LOU Finding - Management did not provide adequate internal controls in two specific areas.	Chief Information Officer	Tuesday, December 1, 2015	Tuesday, December 1, 2015	Action Completed



**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016

**AGENDA ITEM:** **Review of Corrective Actions on TBR  
Performance Audit Findings**

**PRESENTER:** Tammy Birchett

**ACTION REQUIRED:** Informational Report

**STAFF'S RECOMMENDATION:** Accept Report

---

**BACKGROUND INFORMATION:**

Attached is a summary of three of the nine audit findings reported in the January 2014 Performance Audit report of the Tennessee Board of Regents system, issued by the Comptroller of the Treasury. Certain steps designed to resolve these findings are still in progress by TBR or others. The following information reflects the status of the three findings. Six findings from the audit are considered resolved by TBR.

Finding 2 – TBR universities need to develop monitoring systems to ensure that transfer students obtain all allowable college credit for all transferable courses.

*Status: TBR has taken several steps to ensure students receive credit for transferable courses, including completing a reverse transfer agreement with UT and TICUA; executing an MOU with UT Knoxville to guarantee transfer admission from community colleges for those who otherwise meet admission criteria and with certain exclusions; and implementing Tennessee Transfer Pathways in 52 academic programs, providing for transfer and acceptance of community college credits at universities. Additional improvements are underway for the transfer pathways and other procedures will be determined to ensure transfer credits are allowable and credited after implementation of a Common Data Repository.*

Finding 5 – Not all required dual-admission agreements are in place between universities and community colleges.

*Status: TBR worked in 2014 to amend the legislation to more clearly articulate that dual admission agreements should be undertaken where there is a practical benefit for students dually admitted, such as between two and four-year institutions in a reasonable geographical vicinity. THEC has a dual*

*admissions policy that pre-dates the 2014 amendment and TBR is working with THEC to determine the next steps to ensure compliance with the statutory requirement.*

Finding 6 – TBR universities and community colleges have not included General Counsel recommended provisions in foundation agreements.

*Status: TBR implemented a new Foundations policy on September 17, 2015 and subsequently provided a template to the campuses to prepare new agreements incorporating the requirements of the revised policy. Institutions with a foundation have one year from the date of the new policy to implement a new agreement.*

Tennessee Board of Regents  
 Report of Corrective Actions on Performance Audit Findings  
 Date: March 4, 2016

<b>Finding 2</b>			
TBR universities need to develop monitoring systems to ensure that transfer students obtain all allowable college credit for all transferable courses.			
<b>Responsibility</b>		<b>Estimated Completion Date</b>	<b>Status</b>
Tristan Denley		Orig: June 2015; Rev: August 2016	<i>Ongoing</i>
<b>Action Steps</b>		<b>Completion Date</b>	<b>Comments</b>
1.	Reverse Transfer Agreement with UT and TICUA.	Fall 2014	Completed
2.	MOU with UT Knoxville and TBR guarantees transfer admission from community colleges for those who otherwise meet admission criteria and with certain exclusions.	January 8, 2015	Completed
3.	Implemented required Tennessee Transfer Pathways in 52 programs, providing for transfer/acceptance of community college credits at universities. CCTA required 50 programs.	September 4, 2015	Completed.
4.	<i>TBR proposing changes in policy to recognize credit for completion of partial TTPs.</i>	<i>March 30, 2016</i>	<i>In Progress</i>
5.	<i>TBR is currently reviewing all TTPs to develop consistent numbering and naming of courses within pathways.</i>	<i>August 2016</i>	<i>In Progress</i>
6.	<i>TBR universities are preparing course maps for the third and fourth years of pathways (last 60 hours).</i>	<i>August 2016</i>	<i>In Progress</i>
7.	<i>THEC has issued an RFP to electronically provide transcripts for high schools and other institutions within the state.</i>	<i>The award was made Fall 2015. Should be in place by Summer 2016.</i>	<i>In Progress by THEC</i>
8.	<i>Explore feasibility and costs of implementing mechanisms to monitor college course transfers system-wide.</i>	<i>TBD</i>	<i>Feasibility review completed but CDR project delayed.</i>
9.	<i>Common Data Repository</i>	<i>TBD</i>	<i>TBR plans to outsource development.</i>
10.	<i>Develop Degree Audit script for graduates to determine how many hours a student took that did not apply to the degree earned – to evaluate effectiveness in student progression.</i>	<i>August 2016 - Planned when CDR is operational.</i>	<i>Future project.</i>

Tennessee Board of Regents  
 Report of Corrective Actions on Performance Audit Findings  
 Date: March 4, 2016

<b>Finding 5</b>			
Not all required dual-admission agreements are in place between universities and community colleges.			
<b>Responsibility</b>		<b>Estimated Completion Date</b>	<b>Status</b>
Chancellor Morgan		Orig: Dec 2014; Rev: Jan 2015	Resolved (Note 2)
<b>Action Steps</b>		<b>Completion Date</b>	<b>Comments</b>
1.	Draft legislation to more clearly articulate that dual admission agreements should be undertaken where there is a practical benefit for students dually admitted (i.e., students in a reasonable geographical vicinity).	Filed January 23, 2014.	Requested General Counsel's assistance with drafting legislation (1/6/14).
2.	Pursue passage of legislation.	April 25, 2014	SB2362/HB2246 signed into law by Governor. See Public Chapter 794.
3.	TBR institutions have agreements with institutions within their geographic proximity.	December 2014	Completed
4.	MOU with UT Knoxville and TBR guarantees transfer admission from community colleges for those who otherwise meet admission criteria and with certain exclusions.	January 8, 2015	Completed
5.	<i>Determine and implement any additional steps needed once THEC identifies institutions where dual admissions is appropriated based on geographic or programmatic considerations.</i>	<i>TBD</i>	<i>It was determined that THEC has a policy on dual admissions, dated July 2012, before the 2014 revision to TCA 49-7-202(g), referenced in Note 1 (2014 PC 0794). The policy includes an agreement template for a two-year and a four-year institution to implement, but does not address geographic or programmatic considerations.</i>
6.			
Note 1: Under 2014 legislation (PC 794), THEC shall develop policies under which a person eligible for admission at a two-year TBR institution and a four-year TBR or UT institution may be admitted to both institutions. The legislation also stated THEC shall identify those institutions where dual admissions is appropriate based on geographic or programmatic considerations.			
Note 2: TBR considers the issue of dual-admission agreements for institutions in close geographic proximity resolved pending any definitions developed by THEC.			

Tennessee Board of Regents  
 Report of Corrective Actions on Performance Audit Findings  
 Date: March 4, 2016

<b>Finding 6</b>			
TBR universities and community colleges have not included General Counsel recommended provisions in foundation agreements.			
<b>Responsibility</b>		<b>Estimated Completion Date</b>	<b>Status</b>
Dale Sims / Mary Moody		Orig: Spring 2015 Rev: Fall 2016	<i>Ongoing</i>
<b>Action Steps</b>		<b>Completion Date</b>	<b>Comments</b>
1.	Pursue revisions to TBR Policy 4:01:07:02, <i>Foundations</i> and any companion changes needed in recommended provisions of foundation agreements	<i>In Progress</i>	Planned for Fall 2015 quarterly meeting cycle.
2.	Drafted revisions to policy and circulated to institutions for comments	May 9, 2014	Completed
3.	Meeting with selected institutional representative and System staff to review comments on draft changes	June 18, 2014	Completed
4.	Draft 2 <sup>nd</sup> revision to policy and model agreement, considering institutional feedback	July 11, 2014	Completed
5.	Circulate 2 <sup>nd</sup> revision to institutions thru business officers – solicit feedback during BASC	July 29, 2014	Completed
6.	Present final version to Chief Business Officers for approval.	July 25, 2015	Approved
7.	Present final version to Presidents/Directors for approval.	August 18-19, 2015	Approved
8.	Present final version to Board for approval.	September 17, 2015	Approved
9.	Provide agreement template to institutions. Instruct institutions to execute revised agreements; set due date for completion (per policy, within 1 year from policy approval).	February 26, 2016	Completed
10.	<i>Obtain and review revised foundation agreements from all institutions.</i>	<i>Estimated September 17, 2016</i>	<i>Institutions have one year from approval to implement new agreements.</i>

**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016  
**AGENDA ITEM:** **Review of Internal Audit Reports**  
**PRESENTER:** Tammy Birchett  
**ACTION REQUIRED:** Informational Report  
**STAFF'S RECOMMENDATION:** Accept Report

---

**BACKGROUND INFORMATION:**

The following internal audit reports were completed during the quarter; an executive summary of each report is attached. The first group listed will be reviewed with the committee, including a summary of the recommendations resulting from the international education program audits that will be provided at the meeting. The other reports will not be reviewed unless the members have questions or comments about the reports.

**Internal Audit Reports for Review with the Audit Committee**

ETSU	Off-Campus International Education Programs	Page 2-3
MTSU	Off-Campus International Education Programs	Page 4
TTU	Off-Campus International Education Programs	Page 5
ChSCC	Off-Campus International Education Programs	Page 6
CISCC	Off-Campus International Education Programs	Page 7
CoSCC	Off-Campus International Education Programs	Page 8
DSCC	Off-Campus International Education Programs	Page 9-10
JSCC	Off-Campus International Education Programs	Page 11
NeSCC	Off-Campus International Education Programs	Page 12
PSCC	Off-Campus International Education Programs	Page 13
RSCC	Off-Campus International Education Programs	Page 14
STCC	Off-Campus International Education Programs	Page 15
WSCC	Off-Campus International Education Programs	Page 16
APSU	Loss and Excessive Bookstore Purchases	Page 17
ChSCC	Student Activity Fee	Page 18

**Internal Audit Reports for Informational Purposes**

ETSU	WETS-FM Radio	Page 20
ETSU	Financial Aid Review	Page 21
ETSU	COM Department of Learning Resources	Page 22

MTSU	Football Ticket Sales Fall 2015	Page 23
TSU	Access and Diversity Funds	Page 24
UOM	Grant Compliance - MDSK Big Data Grant	Page 25
ChSCC	Cash Counts	Page 26
ChSCC	Athletic Camps and Clinics	Page 27
PSCC	Faculty Credentials Fall 2015	Page 28
VSCC	Access and Diversity Funds	Page 29

### **Internal Audit Follow-Up Reports for Informational Purposes**

TSU	Follow-Up to State Audit Report FYE 2014	Page 31
CoSCC	Follow-Up to State Audit Report FYE 2013-14	Page 32
DSCC	Follow-Up to State Audit Report FYE 2013-14	Page 33
STCC	Follow-Up to State Audit Report FYE 2012-13	Page 34
VSCC	Follow-Up to State Audit Report FYE 2013-14	Page 35

### **TCAT Focused Reviews of Operations for Informational Purposes**

Covington	Focused Review of Operations	Page 37
Hohenwald	Focused Review of Operations	Page 38
Jacksboro	Focused Review of Operations	Page 39
Livingston	Focused Review of Operations	Page 40
Memphis	Focused Review of Operations	Page 41
Nashville	Focused Review of Operations	Page 42

### **Information Technology Audit Reports for Informational Purposes**

PSCC	NACHA	Page 44
WSCC	IT General Controls Review	Page 45-46
TN eCampus	IT General Controls Review	Page 47-48

### **Internal Audit Investigations for Informational Purposes**

APSU	Missing Cash in University Advancement	Page 50
ChSCC	Immunization Records	Page 51-52
CISCC	Missing Money and Computers	Page 53
DSCC	Follow-up to Allegation of Comp Time Reporting Abuse	Page 54
PSCC	Acceptance of Lunch by Employee from Current Vendor of the College	Page 55

## **Status Summary for Previously Issued Internal Audit Reports**

Following the executive summaries of internal audit reports is a summary on the status of previously reported Internal Audit findings and observations as of March 2, 2016. Campus auditors conduct follow up procedures to determine if management has taken adequate corrective action and include their conclusions on the summary log. A follow-up report may be issued by the campus auditor if adequate corrective action has not been taken by management.



**Tennessee Board of Regents  
Audit Committee  
March 16, 2016**

*Internal Audit Reports  
For Review with the Audit Committee*

**East Tennessee State University**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**  
**Page 1 of 2**

<p><b>Key Staff:</b> Director, International Programs and Senior Associate Vice President for Finance and Administration</p>	<p><b>Auditor:</b> Angie Finney and Becky Lewis</p>
<p><b>Introduction:</b> The Tennessee Board of Regents System (TBR) supports off-campus international educational programs as a valid and valuable part of undergraduate and graduate education. TBR encourages all institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which institutions hold membership and those external to the system. TBR recognizes that such programs or courses take a variety of forms in length and focus. At ETSU, off-campus international education programs support the institution’s strategic goal related to diversity. According to <i>ETSU’s Strategic Plan 2010-2015</i>, ETSU will support global awareness and appreciation of diversity of thought and culture in curricula. In particular, the university will explore ways to expand study abroad options for students. The Off-Campus International Education Programs are administered by the Honors College.</p>	
<p><b>Objectives:</b> The objectives of the audit were to conduct a comprehensive review of the off-campus international education programs at ETSU, assess compliance with TBR and ETSU policies pertaining to off-campus international education programs, assess the adequacy of financial management, ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.</p>	
<p><b>Scope:</b> This audit included the off-campus international education programs undertaken by the ETSU from August 1, 2014, through July 31, 2015. For presentation purposes, Schedule of International Fee Revenue (Exhibit 1) is presented for the period July 1, 2014 through June 30, 2015.</p>	
<p><b>Observations:</b></p> <ul style="list-style-type: none"> <li>• ETSU was inconsistent when applying the tuition waivers for senior citizens taking a faculty-led study abroad summer course. Management should be consistent when applying tuition waivers for senior citizens. International Programs should develop a policy regarding senior citizens taking a study abroad course which does not violate State law or TBR guidelines.</li> <li>• Agency accounts related to faculty-led study abroad courses have not always been properly controlled or monitored. When reviewing all agency accounts associated with faculty-led study abroad courses, there appeared to be several which had large carryforward balances, some of which have been dormant for several years. The cash balance in the 22 accounts as of February 17, 2016 totaled \$49,301.77 none of which included revenue received for future study abroad courses. Management should develop adequate controls and procedures in order to properly manage, monitor, and reconcile the faculty-led study abroad course accounts. Faculty should submit accurate, detailed budgets which will assist in this process.</li> </ul>	

**East Tennessee State University**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**  
**Page 2 of 2**

- A review of faculty-led agency accounts revealed one course that had a cumbersome process related to travel reimbursement and travel advances. The travel claim was used to account for (1) expenditures paid from a travel advance, (2) out of pocket reimbursable expenses of the professor, and (3) expenditures made with wire transfers to Ecuador. In addition, the Professor deposited \$4,000 into the course’s study abroad agency account prior to travel in order to pay for his wife’s expenses. This added to the complexity of the process when determining which expenses applied to each of the participants. The audit revealed the professor was under reimbursed \$554.60 for travel expenses. In addition, the professor’s wife paid \$120.68 more than her related expenses. Management should review the cash advances process as they relate to study abroad courses and develop procedures which would strengthen the internal controls. Any family member accompanying a faculty member should avoid co-mingling funds.

Management concurred with the observations and recommendations and is taking appropriate actions to correct the deficiencies.

**Audit Conclusion:** Except as noted above, controls in place were adequate to ensure that ETSU’s Off-Campus International Education Programs are managed appropriately. In addition, ETSU was in compliance with TBR and ETSU policies, except as noted in the observations above. The audit objectives were met. Below is a chart summarizing the number of international academic programs during the audit period.

Summary of Off-Campus International Education Programs

<b>Program Type</b>	<b>Academic Credit Programs</b>
Institution-Sponsored Programs	148
TnCIS Sponsored Programs	9
ISEP Exchange Programs	5
Bilateral Exchange Program	10
Direct Enrollment	13
Compiled Totals	185

**Middle Tennessee State University**  
**Audit of Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

**Introduction:**

The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus. At Middle Tennessee State University (MTSU), off-campus international education programs support the institution's strategic goal of serving as an emerging center for international study, understanding, and exchange. The TBR requested all institutions perform a comprehensive review of the off-campus international education programs.

**Objectives:**

The audit objectives were to assess compliance with TBR policies and MTSU procedures pertaining to off-campus international education programs, assess the adequacy of financial management, ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data as requested by the TBR.

**Scope:**

Off-Campus International Education Programs for the period August 1, 2014, through July 31, 2015.

**Observations:**

Three students were identified as not enrolled in a study abroad course; however, during the review period non-enrolled participants were discouraged but allowed to travel. In August 2015 the process changed to require all participants to enroll in the appropriate course. Two travel claims reviewed did not include participant listings as required by policy. A special audit of the study abroad trip to Athens, Greece in May 2015 is in progress and that audit report will include audit observations and management's comments.

**Audit Conclusion:**

Based on audit tests performed for the period August 1, 2014 through July 31, 2015, adequate controls are in place to ensure MTSU's Off-Campus International Education Programs are managed appropriately and in general compliance with TBR policies and MTSU procedures. The audit tests performed reflected sound financial management practices and indicated that costs were monitored, controlled, and appropriate for the associated off-campus international education programs. Below is a summary list of the number of academic credit programs by program type offered during the period of review.

<u>Program Type</u>	<u>Academic Credit Programs</u>	<u>Total Programs</u>
Faculty-Led Programs	18	18
Partnership-Sponsored Programs	18	18
Direct Enrollment in Foreign Institutions	21	21
International Exchange Programs	10	10
Third Party Vendor-Sponsored Programs	2	2
Non-Affiliated Program	<u>1</u>	<u>1</u>
<b>Total Programs by Type</b>	<b><u>70</u></b>	<b><u>70</u></b>

**Tennessee Tech University**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

**Key Staff:** Senior Associate Provost and Study Abroad Coordinator

**Auditor:** Assistant Director of Internal Audit

**Introduction:** The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia, both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.

At Tennessee Tech University, off-campus international education programs support the institution's strategic goal of enhancing the quality of the student experience.

**Objectives:** The objective was to conduct a comprehensive review of the off-campus international education programs across the TBR system, assess compliance with TBR and Tennessee Tech University policies pertaining to off-campus international education programs, assess the adequacy of financial management, ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.

**Scope:** This audit included off-campus international education programs undertaken by the university for the period of August 1, 2014 through July 31, 2015. For presentation purposes, Exhibit 1 – Schedule of International Fee Activity is presented for the period of July 1, 2014 through June 30, 2015.

**Audit Conclusion:** Based on audit tests performed for the period August 1, 2014 through July 31, 2015, adequate controls are in place to ensure that Tennessee Tech University's off-campus international education programs are managed appropriately and used as planned to meet the university's off-campus international education goals. The off-campus international education programs offered by Tennessee Tech University were in compliance with TBR and Tennessee Tech University policies, except as noted in the finding below. Management has proposed appropriate actions to correct the finding. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program. A summary of the number and types of off-campus international programs offered at Tennessee Tech University are included in the table below.

<b>Program Type</b>	<b>Academic Credit Programs</b>
Institution-Sponsored Programs	14
TnCIS Sponsored Programs	5
Partnership-Sponsored Programs	2
Third Party Vendor-Sponsored Programs	3
Direct Enrollment in Foreign Institutions	10
International Exchange Programs	13

**Finding: Reconciliation of Agency Accounts**

Because a reconciliation for one faculty-led program had not been performed, a residual amount of \$1,834.86 remained in the agency account rather than being reimbursed to the student participants.

**Chattanooga State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

<b>Key Staff:</b> Mary Knaff, Director of Multicultural and International Student Services	<b>Auditor:</b> Intan McCartt, Internal Audit Specialist																																
<p><b>Introduction:</b> The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.</p> <p>At Chattanooga State Community College (ChSCC), off-campus international education programs support the institution’s strategic goals of increasing enrollment in high-impact practices, staff professional development activities, and providing programs with measurable outcomes, indicators, targets, and results. ChSCC’s off-campus international education programs operate under the Tennessee Consortium for International Studies (TnCIS), and are administered by the Office of Multicultural Services.</p>																																	
<p><b>Objectives:</b> The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and ChSCC policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.</p>																																	
<p><b>Scope:</b> Off-Campus International Education Programs undertaken by ChSCC from August 1, 2014, through July 31, 2015. For presentation purposes, Exhibit 1- Schedule of International Fee Revenue is presented for the period July 1, 2014 through June 30, 2015.</p>																																	
<p><b>Audit Conclusion:</b> Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that ChSCC’s Off-Campus International Education Programs are managed appropriately and used as planned to meet ChSCC’s off-campus international education goals, except as noted in the recommendation below.</p>																																	
<p><b>Recommendation:</b> Multicultural Services should enhance its internal timeline to include detailed procedures to administer the off-campus international education programs operated through TnCIS.</p>																																	
<p>The Off-Campus International Education Programs offered by ChSCC were in compliance with TBR and ChSCC policies. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program.</p>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%;"><b>Academic Credit Programs</b></th> <th style="width: 12.5%;"><b>Non-Academic Credit Programs</b></th> <th style="width: 12.5%;"><b>Total Programs</b></th> </tr> </thead> <tbody> <tr> <td><b>Program Type</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Institution-Sponsored Programs</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>TnCIS Sponsored Programs</td> <td style="text-align: center;">7</td> <td style="text-align: center;">0</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Partnership-Sponsored Programs</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Third Party Vendor-Sponsored Programs</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Direct Enrollment in Foreign Institutions</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>International Exchange Programs</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>			<b>Academic Credit Programs</b>	<b>Non-Academic Credit Programs</b>	<b>Total Programs</b>	<b>Program Type</b>				Institution-Sponsored Programs	0	0	0	TnCIS Sponsored Programs	7	0	7	Partnership-Sponsored Programs	0	0	0	Third Party Vendor-Sponsored Programs	0	0	0	Direct Enrollment in Foreign Institutions	0	0	0	International Exchange Programs	0	0	0
	<b>Academic Credit Programs</b>	<b>Non-Academic Credit Programs</b>	<b>Total Programs</b>																														
<b>Program Type</b>																																	
Institution-Sponsored Programs	0	0	0																														
TnCIS Sponsored Programs	7	0	7																														
Partnership-Sponsored Programs	0	0	0																														
Third Party Vendor-Sponsored Programs	0	0	0																														
Direct Enrollment in Foreign Institutions	0	0	0																														
International Exchange Programs	0	0	0																														
<p><b>Management Response:</b> The existing timeline in use by Multicultural Services will be enhanced to include detailed processes by March 31, 2016.</p>																																	

**Cleveland State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

<b>Key Staff:</b> V. P. Academic Affairs	<b>Auditor:</b> Alvin Bishop
--	------------------------------

**Introduction:** The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.

At Cleveland State Community College, off-campus international education programs support the institution’s strategic goal of offering relevant programs that satisfy the needs of students and the workforce, and deliver them in modes that maximize student engagement and completion.

**Objectives:** The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and Cleveland State Community College policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.

**Scope:** Off-Campus International Education Programs undertaken by the Cleveland State Community College from August 1, 2014, through July 31, 2015. For presentation purposes, Exhibit 1- Schedule of International Fee Revenue is presented for the period July 1, 2014 through June 30, 2015.

**Audit Conclusion:** Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are not in place to ensure that Cleveland State Community College Off-Campus International Education Programs are managed appropriately and used as planned to meet the college’s off-campus international education goals, as detailed in the finding below. The Off-Campus International Education Programs offered by Cleveland State Community College were not in compliance with TBR policies, as detailed in the finding .below. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program.

	<b>Academic Credit Programs</b>	<b>Non-Academic Credit Programs</b>	<b>Total Programs</b>
Program Type			
TnCIS Sponsored Programs	0	0	0
Third Party Vendor-Sponsored Programs	2	0	2

**Finding:** Written policies and procedures need to be developed for the International Studies Program.

**Management’s Response:**

Management acknowledges the absence of a written institutional policy including procedures. Policy and procedures have been drafted and will be presented to the Curriculum and Academic Standards Committee at its next meeting. Once approved, the policy and procedures will be submitted to the President’s Cabinet for review and approval. All approval processes will be concluded before April 5, 2016.

**Columbia State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

<b>Key Staff:</b> International Education Program Director, Business Manager, Financial Aid Director	<b>Auditor:</b> Erica Smith, CPA
--	----------------------------------

**Introduction:** The Tennessee Board of Regents System (TBR) supports off-campus international education programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to participate in consortia both internal and external to the TBR system, and to engage in international opportunities that meet the legitimate academic needs of their students. The TBR recognizes that such programs or courses take a variety of forms in length and focus.

Columbia State Community College believes that off-campus international education courses are a valid and valuable component of education. Columbia State Community College’s enrollment and student success strategic goals are strengthened by providing students an opportunity to interact with the global environment and engage with diverse communities through international education programs.

**Objectives:** Conduct a comprehensive review of the Off-campus International Education Program at Columbia State Community College, to include assessing compliance with relevant policies and the adequacy of financial management

**Scope:** Off-Campus International Education Programs undertaken by the college from August 1, 2014, through July 31, 2015. For presentation purposes, Exhibit 1- Schedule of International Fee Revenue is presented for the period July 1, 2014 through June 30, 2015.

**Audit Conclusion:** Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that Columbia State Community College’s Off-Campus International Education programs are managed appropriately and used as planned to meet the college’s off-campus international education goals. The Off-Campus International Education Programs offered by Columbia State Community College are in compliance with TBR and Columbia State Community College policies, and the programs are managed appropriately and used as planned to meet the college’s off-campus international education goals, except as noted in the recommendations below.

- Recommendation 1: Ensure Appropriate Application of Banner “Tuition and Fee Waiver”
- Recommendation 2: Strengthen Committee Administrative Responsibility
- Recommendation 3: Establish a Formal International Education Scholarship Award Process

<b>Program Type</b>	<b>Faculty Participants</b>	<b>Student Participants</b>	<b>International Fee Scholarship Support</b>
TnCIS Sponsored Programs	4	21	\$ 56,820.00



**Dyersburg State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**  
**Page 1 of 2**

<p><b>Key Staff:</b> Vice President for the College  Vice President for Finance and Administrative Services</p>	<p><b>Auditor:</b> : DSCC Director of Internal Audit</p>
<p><b>Introduction:</b> The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.</p> <p>At Dyersburg State Community College, off-campus international education programs support the institution’s strategic goal of ensuring that all citizens at all levels of participation will be welcomed into an environment that supports cultural diversity and recognizes all races and cultures. The off-campus international education programs are administered by the International Studies Coordinator in the office of the Vice President for the College.</p>	
<p><b>Objectives:</b> The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and Dyersburg State Community College policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.</p>	
<p><b>Scope:</b> Off-Campus International Education Programs undertaken by the college from August 1, 2014, through July 31, 2015. For presentation purposes, Exhibit 1- Schedule of International Fee Revenue is presented for the period July 1, 2014 through June 30, 2015.</p>	
<p><b>Audit Conclusion:</b> Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are not in place to ensure that Dyersburg State Community College’s Off-Campus International Education Programs are managed appropriately and used as planned to meet the college’s off-campus international education goals, as noted in the findings and observations below.</p> <p><b>Finding/Recommendation 1:</b> DSCC has no written policies established for the administration of the Off-campus International Education Programs. Management should develop comprehensive policies for the administration of the Off-campus International Education Programs.</p> <p><b>Finding/Recommendation 2:</b> Detailed paperwork for the students travelling during the year tested was not found. Management should develop procedures to ensure the maintenance and safekeeping of all records associated with international travel each year.</p>	

**Dyersburg State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**  
**Page 2 of 2**

**Observation/Recommendation 3:** Dual service contracts were not used to pay the DSCC instructors who participated in the Off-campus International Education Programs during the year ending June 30, 2015. TNCIS paid the instructors directly. Dual service contracts should be used to pay faculty teaching international courses and they should be paid by their home institution.

**Observation/Recommendation 4:** Off-campus International Education Program activity was not reconciled which resulted in an erroneous posting of \$38,675 to the scholarship expense line item in the International Education Program budget. Management should develop procedures for reconciling International Education Program accounts to ensure that all postings are made according to the detailed requirements for this program’s activity.

**Observation/Recommendation 5:** The reserve account mentioned previously consists of the difference between the annual International Fee revenues and the expenses associated with the International Education Program. Therefore, the balance of this account fluctuates greatly from year to year. Management should develop procedures to specify the adequate level of this reserve account and to ensure that the account is maintained at this level going forward.

The Off-Campus International Education Programs offered by Dyersburg State Community College were in compliance with TBR and DSCC policies, except as noted in the findings and observations above. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated Off-campus International Education Program.

<b>Program Type</b>	<b>Academic Credit Programs</b>	<b>Non-Academic Credit Programs</b>	<b>Total Programs</b>
Institution-Sponsored Programs			
TnCIS Sponsored Programs	7		7
Partnership-Sponsored Programs			
Third Party Vendor-Sponsored Programs	1		1
Direct Enrollment in Foreign Institutions			
International Exchange Programs			

**Jackson State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

<b>Key Staff:</b> Dr. Mechel Camp, International Activities Coordinator		<b>Auditor:</b> Angie Brown, Director of Internal Audit	
<p><b>Introduction:</b> The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.</p> <p>At Jackson State Community College, off-campus international education programs support the institution's strategic goal of providing innovative instruction and increasing student involvement in high impact practices.</p>			
<p><b>Objectives:</b> The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and Jackson State Community College policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.</p>			
<p><b>Scope:</b> Off-Campus International Education Programs undertaken by the college from August 1, 2014, through July 31, 2015. For presentation purposes, Exhibit 1- Schedule of International Fee Revenue is presented for the period July 1, 2014 through June 30, 2015.</p>			
<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. Students should be registered for international education programs at their institution according to the TBR Guideline A-076 and the TnCIS Operational Handbook. Institutional registration should include recording appropriate student fees, student payments, and administering any financial aid and scholarships.</li> <li>2. Management should ensure that appropriate dual service contracts are in place with TnCIS for institutional faculty teaching abroad according to the TnCIS Operational Handbook section 3.2.9. The TnCIS office should complete the dual service contract upon receipt of an approved institutional approval form from the institution.</li> </ol>			
<p><b>Audit Conclusion:</b> Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that Jackson State Community College's Off-Campus International Education Programs are managed appropriately and used as planned to meet the college's off-campus international education goals. The Off-Campus International Education Programs offered by Jackson State Community College were in compliance with TBR and Jackson State Community College policies, except as noted in the recommendations above. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program.</p>			
<b>Program Type</b>	<b>Academic Credit Programs</b>	<b>Non-Academic Credit Programs</b>	<b>Total Programs</b>
TnCIS Sponsored Programs	7	0	7

**Northeast State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

**Key Staff:** Dr. Allana Hamilton, Dayna Smithers      **Auditor:** Christopher Hyder

**Introduction:** The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus. At Northeast State Community College (NeSCC), off-campus international education programs support the institution’s strategic goals of increasing access to educational and public service programs and to provide quality programs and services that are recognized for excellence.

**Objectives:** The objectives of the Off-Campus International Education Program system-wide audit was to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and NeSCC policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data

**Scope:** This audit included the Off-Campus International Education Programs undertaken by the NeSCC from August 1, 2014, through July 31, 2015.

**Audit Conclusion:** Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that NeSCC’s Off-Campus International Education Programs are managed appropriately and used as planned to meet NeSCC’s off-campus international education goals. The Off-Campus International Education Programs offered by NeSCC were in compliance with TBR and NeSCC policies, and Tennessee Consortium for International Studies (TnCIS) guidelines except as noted in the recommendation below. The audit tests performed reflected sound financial management practices and indicated that costs were monitored, controlled, and appropriate for the associated off-campus international education program.

Management should ensure that appropriate Dual Services Agreements are in place with TnCIS for institutional faculty teaching abroad according to the TnCIS Operational Handbook section 3.2.9. The TnCIS office should complete the Dual Services Agreement upon receipt of an approved adjunct faculty contract from the institution.

<b>Program Type</b>	<b>Academic Credit Programs</b>	<b>Faculty Development Programs</b>	<b>Total Programs</b>
TnCIS Sponsored Programs	1	1	2

**Pellissippi State Community College  
Off-Campus International Education Programs  
August 1, 2014 – July 31, 2015  
Executive Summary**

**Key Staff:** Executive Director of TnCIS and Bursar

**Auditor:** Suzanne L. Walker, Director of Internal Audit

**Introduction:** The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and are in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.

At Pellissippi State, off-campus international education programs support the institution’s strategic focus area of offering innovative instructional programs. One initiative of the college that relates to this is to increase participation in Study Abroad programs for PSCC students. All programs offered at Pellissippi State are offered through TnCIS.

**Objectives:** The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and Pellissippi State policies pertaining to off-campus international education programs, assess the adequacy of financial management, ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.

**Audit Conclusion:** Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that Pellissippi State’s Off-Campus International Education Programs are managed appropriately and used as planned to meet the college’s off-campus international education goals. The Off-Campus International Education Programs offered by Pellissippi State were in compliance with TBR and Pellissippi State policies. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program.

<b>Program Type</b>	<b>Academic Credit Programs</b>	<b>Non-Academic Credit Programs</b>	<b>Total Programs</b>
Institution-Sponsored Programs	0	0	0
TnCIS Sponsored Programs	19	1	20

**Roane State Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

**Key Staff:** Dr. Adolf King, Director of International Education; Janet Alexander, Administrative Assistant

**Auditor:** Cynthia Cortesio

**Introduction:** The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR recognizes that such programs or courses take a variety of forms in length and focus.

At Roane State Community College, Off-Campus International Education programs support the institution's strategic goal of Student Success. "RSCC will build pathways, design learning opportunities, and provide supportive services to guide students in the accomplishment of their educational goals." The Off-Campus International Education Programs are administered by the Director of International Education.

**Objectives:** The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and Roane State Community College policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.

**Findings:** TBR policy specifically requires that a contingency reserve fund be maintained to cover emergencies or unforeseen problems resulting from TBR-sponsored or supported Off-Campus International Education programs, courses, or activities. Roane State Community College was amending the International Education budget with unspent International Education Fees to cover any such emergencies. This does not meet the criteria of a separate fund being maintained.

**Audit Conclusion:** Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that Roane State Community College's Off-Campus International Education Programs are managed appropriately and used as planned to meet RSCC's off-campus international education goals. The Off-Campus International Education Programs offered by Roane State Community College were in compliance with TBR and RSCC policies with the exception noted above. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program.

<b>Program Type</b>	<b>Academic Credit Programs</b>
Institution-Sponsored Programs	7
TnCIS Sponsored Programs	1
International Exchange Programs	5

**Southwest Tennessee Community College**  
**Off-Campus International Education Programs**  
**August 1, 2014 – July 31, 2015**  
**Executive Summary**

<b>Key Staff:</b> Director of International Studies	<b>Auditor:</b> Charlotte Johnson												
<p><b>Introduction:</b> The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus.</p> <p>At Southwest Tennessee Community College, off-campus international education programs support the institution's strategic goals of promoting international experiences and global understanding through visits, exchange, study, instruction and service to promote a better understanding of and respect for different people and cultures of the world.</p>													
<p><b>Objectives:</b> Conduct a comprehensive review of the Off-campus International Education Programs across the TBR system, assess compliance with TBR and Southwest Tennessee Community College policies pertaining to off-campus international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.</p>													
<p><b>Scope:</b> Off-Campus International Education Programs undertaken by Southwest Tennessee Community College for fiscal year from August 1, 2014 through July 31, 2015</p>													
<p><b>Audit Conclusion:</b> Based on audit tests performed for the period August 1, 2014 through July 31, 2015, adequate controls are in place to ensure that Southwest Tennessee Community College's Off-Campus International Education Programs are managed appropriately and used as planned to meet the college's off-campus international education goals, except as noted in the recommendations below. The audit tests performed reflect sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program.</p> <p><b>Recommendation 1:</b> Estimated program cost should be compared to actual cost at the completion of the program.</p> <p><b>Recommendation 2:</b> Documentation for service learning hours, for scholarship recipients, should be properly filed.</p> <p><b>Recommendation 3:</b> Travel Expenses should be supported with organized receipts.</p> <p><b>Recommendation 4:</b> Institution should not charge tuition for students enrolled in the TNCIS study abroad program.</p> <p><b>Recommendation 5:</b> Establish a written systematic process and procedure for collecting receivables</p> <p><b>Recommendation 6:</b> Diplomat scholarships should be advertised, reimbursement should be for the amount of tuition and scholarships should be awarded by a committee.</p> <p><b>Recommendation 7:</b> Establish procedures to create a contingency account and monitor annually.</p>													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 45%;">Program Type</th> <th style="width: 15%;">Academic Credit Programs</th> <th style="width: 15%;">Non-Academic Credit Programs</th> <th style="width: 25%;">Total Programs</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Institution Sponsored Programs</td> <td>4</td> <td></td> <td>4</td> </tr> <tr> <td style="text-align: left;">Tn CIS Sponsored Programs</td> <td>11</td> <td></td> <td>11</td> </tr> </tbody> </table>		Program Type	Academic Credit Programs	Non-Academic Credit Programs	Total Programs	Institution Sponsored Programs	4		4	Tn CIS Sponsored Programs	11		11
Program Type	Academic Credit Programs	Non-Academic Credit Programs	Total Programs										
Institution Sponsored Programs	4		4										
Tn CIS Sponsored Programs	11		11										

**Walters State Community College  
International Education Programs  
August 1, 2014 – July 31, 2015  
Executive Summary**

<p><b>Key Staff:</b> WSCC International Education Specialist and VP for Student Affairs</p>	<p><b>Auditor:</b> Mark Ortlieb, CPA</p>
<p><b>Introduction:</b> The Tennessee Board of Regents System (TBR) supports off-campus international educational programs or courses as a valid and valuable part of undergraduate and graduate education. The TBR encourages all TBR institutions to engage in international opportunities that meet the legitimate academic needs of their students and in cooperation with consortia both internal to the TBR system in which TBR institutions hold membership and those external to the system. The TBR recognizes that such programs or courses take a variety of forms in length and focus. At Walters State Community College, international education programs support the institution's strategic goal of providing international experiences to enhance learning outcomes, applied experiences, and celebrations of global diversity.</p>	
<p><b>Objectives:</b> The audit objectives were to conduct a comprehensive review of the International Education Programs across the TBR system, assess compliance with TBR and Walters State Community College policies pertaining to international education programs, assess the adequacy of financial management; ensure costs were monitored and controlled, assess the adequacy of internal controls, and summarize relevant data.</p>	
<p><b>Scope:</b> International Education Programs undertaken by the Walters State Community College from August 1, 2014, through July 31, 2015. For presentation purposes, Exhibit 1- Schedule of International Fee Activity is presented for the period July 1, 2014 through June 30, 2015.</p>	
<p><b>Audit Conclusion:</b> Based on audit tests performed for the period August 1, 2014, through July 31, 2015, adequate controls are in place to ensure that Walters State community College's International Education Programs are managed appropriately and used as planned to meet the college's international education goals. The International Education Programs offered by Walters State Community College were in compliance with TBR and Walters State Community College policies. The audit tests performed reflected sound financial management practices and that costs were monitored, controlled, and appropriate for the associated off-campus international education program. For the period August 1, 2014, through July 31, 2015, Walters State Community College had no academic credit programs and one third-party vendor-sponsored non-academic-credit program.</p>	



**Austin Peay State University**  
**Investigation of Loss and Excessive Bookstore Purchases**  
**For the Period February 2013 to November 2015**  
**Executive Summary**

<b>Key Staff Person:</b> Dr. Carlette Hardin, Dean, College of Education	<b>Auditor:</b> Beth Chancellor, Internal Auditor
<b>Background:</b> Internal Audit performed a review of purchases after receiving a Notification of Loss Report submitted to the Tennessee Board of Regents on December 4, 2015. The report indicated a loss had occurred due to employee misconduct in the Department of Teaching and Learning and Department of Educational Specialties within the College of Education.	
<b>Objectives:</b> The primary objectives of this review were to assess the nature and extent of the loss, evaluate the internal controls over purchases made by the two departments at the Ann Ross Bookstore, ensure policies and procedures are adequate to deter further malfeasance, and report results and recommendations to management.	
<b>Total Questioned Costs/Losses:</b> \$5,000 to \$8,000	<b>Total Recoveries:</b> None
<b>Results:</b> The employee admitted to charging textbooks at the Ann Ross Bookstore for both her personal use and to sell to an outside company for cash. It was also determined that departmental employees were not required to provide anything other than an account number (FOAP) to make a purchase at the bookstore.	
<b>Conclusion:</b> In addition to these charges, the employee admitted to charging other items at the bookstore for her own use which is in violation of TBR Policy 4:02:10:00, Purchasing Policies and Procedures. Since the Dean’s review of bookstore charges readily identified excessive expenses, it appears as though expenses were not examined by the department chairs on a routine basis. The Department of Educational Specialties also purchased unnecessary items at the Ann Ross Bookstore at the end of the fiscal year to spend down the remaining budget. These purchases appear wasteful and the department did not keep track of when, or if, these items were distributed to potential students or new faculty.	
<b>Recommendation:</b> University management and the Ann Ross Bookstore developed and are requiring a departmental charge form when any department makes a purchase as recommended during the review. In addition: <ul style="list-style-type: none"> <li>• The Department of Teaching and Learning and Department of Educational Specialties should review their expenses on a monthly basis, avoid wasteful spending of funds at the end of the fiscal year, and keep a record of promotional items purchased and given to potential students or new faculty.</li> <li>• Management should review the instructions and training provided to all employees regarding budgeting and monitoring expenses to determine if additional instructions, training, or reminders of key control procedures are needed.</li> </ul>	
<b>Management’s Response:</b> <ul style="list-style-type: none"> <li>• The Dean of the College of Education concurs with the recommendation. As a result, no purchases will be made at the bookstore without written approval by the immediate supervisor, a monthly review of expenses will take place, departments will not “spend down” end of year funds by purchasing non-academic items from the bookstore, and gifts for visiting guests will be purchased with non-departmental funds.</li> <li>• The Controller will take the recommendation regarding the importance of budgeting and monitoring expenses into consideration when planning future training opportunities.</li> </ul>	

Chattanooga State Community College  
Investigation 2015-02: Student Activity Fee  
April 2008

**Executive Summary**

<b>Key Staff Person</b>	Sandy Rutter, Dean Student Life and Judicial Affairs Tammy Swenson, Executive Vice President Business and Finance	<b>Internal Auditor</b>	Kimberly Clingan Director of Internal Audit
<b>Background</b>	Chattanooga State Community College (ChSCC) Internal Audit received two complaints concerning the use of student fees approved by Tennessee Board of Regents (TBR) after a Student Government Association's (SGA) vote for a \$7 increase in Student fees during April 2008. The complaints alleged that ChSCC used the increased fees to fund the purchase of the ChSCC Police Department car and the building of the Athletic Fieldhouse, even though the fee increase was represented to the students as for the implementation of student body activity space.		
<b>Objective</b>	The objective of this investigation is to determine if the allegation is substantiated, the extent of any violation of college or TBR policy, and any apparent deficiency of internal controls.		
<b>Results of Investigation</b>	<p>Internal Audit determined that the complaint concerning the police car purchase was unsubstantiated as the police car was purchased through the renewal and replacement account for the Motor Pool. However, the allegation that the students were not aware the student fee increase would be used to fund the construction of a fieldhouse for the baseball and softball teams was substantiated.</p> <p>The differences in ChSCC management's presentation for the use of the \$7 increase for student space as noted in the SGA Referendum, the Proposed Fee Changes 2008-2009, and the name of the project as the Athletic Fields Upgrade in the October 9, 2008 State Building Commission Meeting Minutes denotes a lack of consistent presentation of Management's plans. This lack of consistency substantiates the allegation that the student population was unaware of the plan to build an Athletic Fieldhouse in order to free up the space that would be renovated for Student Activity/Office space.</p>		
<b>Recommendation</b>	In the future, Management should be diligent to explain all plans to the SGA and the student body before the SGA proposes a referendum for a student fee increase. Management should also ensure consistency of project explanations to the student body, the SGA, TBR, and the State Building Commission. To assist in the consistency of the project explanations, management should consider the inclusion of source funding details in all presentations of project plans funded by student fees.		
<b>Management Response</b>	Management concurs and will be diligent to ensure transparency to all parties including the SGA and the student body when any future projects are undertaken.		

**Tennessee Board of Regents  
Audit Committee  
March 15, 2016**

*Internal Audit Reports  
For Informational Purposes*

**East Tennessee State University**  
**WETS-FM Radio**  
**For the Period July 1, 2013 to June 30, 2014**  
**Executive Summary**

<p><b>Key Staff Person:</b> Wayne Winkler, Director, WETS-FM Radio Station</p>	<p><b>Auditor:</b> Martha Stirling, Internal Auditor</p>
<p><b>Background</b>  A financial statement audit for WETS-FM radio was performed to determine the fair presentation of the financial statements for FY 2015 as required by the Corporation for Public Broadcast (CPB).</p>	
<p><b>Objectives</b></p> <ol style="list-style-type: none"> <li>1. To determine the accuracy of the existing system of internal control.</li> <li>2. To determine the fairness of financial presentation.</li> <li>3. To determine accuracy and completeness of financial records, and compliance to University policies and procedures.</li> <li>4. To determine if the Station is in compliance with CPB regulations and to certify the CPB Annual Financial Report.</li> <li>5. To produce audited reports for CPB reporting purposes.</li> </ol>	
<p><b>Total Questioned Costs or Losses:</b> None</p>	<p><b>Total Recoveries:</b> Not Applicable</p>
<p><b>Findings</b> None</p>	
<p><b>Observations</b> None</p>	
<p><b>Audit Conclusion</b>  The audit report for WETS-FM radio was issued with an unmodified opinion. The financial statements appeared to fairly present, in all material respects, the financial position of the radio station as of June 30, 2015. The audit objectives were met.</p>	

**East Tennessee State University  
Financial Aid Review  
For the Academic Year 2013 – 2014  
Executive Summary**

<p><b>Key Staff Person:</b> Assistant Director of Financial Aid, Registrar, and Director of Grant Accounting</p>	<p><b>Auditor:</b> Martha Stirling</p>
<p><b>Introduction:</b> An audit of East Tennessee State University’s Office of Financial Aid was conducted by Internal Audit personnel in accordance with the Annual Audit Plan.</p>	
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. To determine if internal control procedures are in place in order to comply with Federal Student Financial Assistance (SFA) regulations.</li> <li>2. To ascertain the level of compliance with SFA institutional eligibility, administrative requirements, and institutional budgetary control procedures.</li> <li>3. To review the level of compliance with SFA reporting requirements.</li> <li>4. To evaluate the level of compliance with SFA cash management requirements.</li> <li>5. To determine the level of compliance with student eligibility requirements.</li> <li>6. To examine the level of compliance with SFA disbursement requirements.</li> <li>7. To evaluate the level of compliance with SFA refund and repayment requirements.</li> </ol>	
<p><b>Total Questioned Costs/Losses:</b> \$1,168.00 of Pell over-awards.</p>	<p><b>Total Recoveries:</b> None as of the audit report date. However, one student would have received \$125 in Pell during Summer 2014 if the over-award didn’t occur.</p>
<p><b>Observation:</b> Out of the 100 student files reviewed, 72 students received a Pell Grant. Three of these seventy-two Pell recipients (4%) were over-awarded by a total of \$1,168.00 during the Fall 2013 term. Management will work harder to ensure this situation doesn’t repeat itself. Staff will receive additional training on how to perform their tasks and will receive reminders of how important it is to do their work correctly. The students and Feds will be notified of these overpayments in accordance with the guidelines as established by the US Department of Education.</p>	
<p><b>Audit Conclusions:</b> Based on the testing performed, it appears that Financial Aid is in compliance with applicable policies, procedures, guidelines, and regulations related to Federal Student Financial Assistance, except as noted in the observation above. The objectives of the audit were met.</p>	

**East Tennessee State University**  
**Quillen College of Medicine**  
**Department of Learning Resources**  
**January 1, 2015 – March 31, 2015**  
**Executive Summary**

<b>Key Staff Person:</b> Rachel Walden	<b>Auditor:</b> Angela Finney/Martha Stirling
<p><b>Introduction</b></p> <p>The Quillen College of Medicine Department of Learning Resources (Learning Resources) offers the following services: circulation, reference and searching, inter-library loans, smartphone services, training classes, outreach, clinical librarianship, history of medicine and biomedical communications. This audit was requested by the new incoming Associate Dean for Medical Library Administration to determine if controls currently in place were adequate or if any changes were needed.</p>	
<p><b>Objectives</b></p> <p>To determine if Learning Resources is following policies and procedures related to cash receipts, procurement cards (procards), and timekeeping.</p>	
<b>Total Questioned Costs or Losses:</b> None	<b>Total Recoveries:</b> Not Applicable
<p><b>Findings :</b> There were no findings from this audit.</p>	
<p><b>Audit Conclusion</b></p> <p>Based on the testing performed it appears that Learning Resources is complying with the University and TBR policies and procedures related to cash receipts, procards, and timekeeping. The objectives of the audit were met.</p>	

**Middle Tennessee State University**  
**Audit of Football Ticket Sales and Paid Attendance**  
**For Fall 2015**  
**Executive Summary Report**

**Background:**

The National Collegiate Athletic Association (NCAA) has established football attendance requirements which an institution shall meet to be a member of Division I Football Bowl Subdivision. The football attendance requirement must be met once every two years on a rolling basis and must average at least 15,000 in actual or paid attendance for all home football games. The NCAA requires the football attendance to be verified annually by audit.

**Objective:**

To verify that football ticket sales and paid attendance for the 2015 football season were reported in accordance with NCAA criteria for paid attendance for Division I Football Bowl Subdivision.

**Scope:**

The audit scope included all tickets sales and attendance for the home football games for the fall 2015 season. The audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*, issued by The Institute of Internal Auditors and accordingly included tests of the accounting records and such other auditing procedures considered necessary.

**Observations:**

The audit revealed compliance with the NCAA criteria for calculating paid attendance and no material discrepancies were noted with the ticket sales reports and the supporting documentation. Ticket sales revenue was agreed to the accounting records. The audit report contains no findings or recommendations. Below are the details of the calculation of average football paid attendance per NCAA criteria for fall 2015.

Ticket Type	MTSU vs Jackson State	MTSU vs Charlotte	MTSU vs Vanderbilt	MTSU vs FIU	MTSU vs Marshall	MTSU vs North Texas	Total Paid Attendance
Season Tickets	4,637	4,637	4,637	4,637	4,637	4,637	27,822
Reserved	1,000	270	3,334	155	754	106	5,619
Endzone Reserved	72	18	956	32	24	12	1,114
General Admission	933	508	914	214	322	195	3,086
Groups/Promotions	2,510	3,083	7,251	1,682	19,596	15,462	49,584
Student Gate	2,015	1,930	2,519	497	893	474	8,328
Band Members	296	304	303	297	295	290	1,785
Totals	11,463	10,750	19,914	7,514	26,521	21,176	97,338
<b>Average Football Paid Attendance Per NCAA Criteria for Fall 2015</b>							<b>16,223</b>

**Audit Conclusions:**

The football ticket sales and paid attendance for fall 2015 appear to be reported in compliance with the NCAA criteria. The average paid attendance for 2015 home football games was 16,223 which exceeds the NCAA Division I Football Bowl Subdivision attendance requirement of 15,000 that must be met once every two years for all home football games.

**Tennessee State University  
Access and Diversity Funds  
Fiscal Years 2014 and 2015  
Executive Summary**

**Key Staff:** Equity & Inclusion; Financial Aid; Grants      **Auditor:** Mike Batson

**Introduction:** The Tennessee Board of Regents (TBR) system receives an annual appropriation of state funds for access and diversity initiatives, which are designed to improve the success rate for targeted populations. The funds have been provided as recurring funds since Fiscal Year 2007-2008, after dismissal of the *Geier* lawsuit, a case filed in 1968 against the State alleging unlawful segregation in higher education. TBR allocates certain amounts directly to the campuses based on historical allocations. Other amounts are awarded to the campuses as grants, determined and awarded based on grant applications. The appropriated funds are to be used for access and diversity initiatives within three categories: 1) Student Scholarships and Fellowships; 2) Student Recruitment and Retention; and 3) Faculty Recruitment and Retention. In addition, certain amounts are allocated to the TBR system office and to the university for administration.

At Tennessee State University, the access and diversity funds are administered by the Office of Equity and Inclusion. Scholarships under this program are awarded to students who meet GPA and ACT/SAT requirements, have an Estimated Family Contribution of \$4,000 or less, or are pursuing a degree in a STEM discipline. In addition, the university received grants for student mentoring, tutoring, summer educational programs, and for interactive faculty development and research.

**Objectives:** To determine that adequate internal controls exist to ensure Access and Diversity funds allocated or awarded by the TBR system office are managed appropriately and used as planned to meet the university's access and diversity goals.

**Scope:** This audit included the Access and Diversity funds allocated or awarded to the university for the two fiscal years from July 1, 2013 through June 30, 2014 and July 1, 2014 through June 30, 2015.

**Recommendations:** Recommendation 1: We recommend that the university ensure that there is documented approval from the TBR for any changes in grant allocations or scholarship criteria.  
Recommendation 2: We recommend that the university ensure that quarterly financial reports submitted to the TBR have all required signatures.

**Audit Conclusion:** Based on audit tests performed for the period July 1, 2013 through June 30, 2015, adequate controls are in place to ensure that Access and Diversity funds allocated or awarded by TBR to the university are managed appropriately and used as planned to meet the university's access and diversity goals. The table below is a summary of the university's financial activity for access and diversity funds.

<i>Summary of Access &amp; Diversity Activity</i>	Scholarships & Fellowships	Student Recruitment & Retention	Faculty/Staff Recruitment & Retention	Administration	Grants
FY 2013 Carryover	\$999,6329.55			\$3,217.92	\$10,628.50
FY 2014 Funds Received	1,846,040.00			377,500.00	231,795.00
FY 2014 Expenditures	2,037,669.75			375,437.36	232,634.53
FY 2014 Carryover	807,999.80			5,280.56	9,788.97
FY 2015 Funds Received	1,846,040.00			377,500.00	210,155.00
FY 2015 Expenditures	1,540,016.03			376,037.03	201,680.82
FY 2015 Carryover	1,114,023.77			6,743.53	16,389.03

Tennessee State University was not required to provide Tennessee State University matching funds, but did provide matching of \$72,547 for FY 2014 and \$72,547 for FY 2015.



**University of Memphis**  
**Grant Compliance – MD2K Big Data Grant - Executive Summary**

December 3, 2015

**Key Persons/Offices:** Principal Investigator, Research Support Services, Grants Accounting

**Auditors:** Senior Internal Auditor, and Financial & Compliance Auditor

**Background:**

Internal Audit personnel have completed an audit of the Mobile Data to Knowledge (MD2K) Grant. The National Institutes of Health (NIH) awarded the grant on September 26, 2014, for a 5 year period. More than \$9.9 million in federal funds were awarded, with a total project cost of more than \$11 million for the 5 year period.

MD2K is a consortium of 11 universities and university medical centers, with a Center of Excellence headquartered at the University of Memphis, and led by University of Memphis computer scientist Dr. Santosh Kumar. The Center will develop novel Big Data solutions to reliably quantify physical, biological, behavioral, social and environmental factors that contribute to health and disease risk. The Center is tasked with developing the software, tools, and science to use mobile sensor data to improve health. The ultimate goal is to develop timely and personalized mobile health interventions for early detection and prevention of adverse health events, which will help realize the vision of Precision Medicine. The MD2K team comprises 20-plus faculty, 20-plus students, four staff and 3 software engineers, who work on 10 project areas.

**Objectives:**

The objectives of the audit were the evaluation of compliance with the following University policies relative to external research funding which apply to the administration of the MD2K grant by the University.

UNIVERSITY POLICY	RESPONSIBLE OFFICE
UM1719 Charges to Sponsored Agreements	Accounting
UM1720 Cost Transfers	Accounting
UM 1723 Sponsored Agreement Cost Sharing	Accounting
UM 1676 Certification of Effort	Controller
UM1721 Subagreements Issued to a Third Party	Accounting

**Conclusion:**

The audit objectives were achieved. The University has adequate policies in place regarding the administration of this grant. However, we noted instances of noncompliance with sponsored projects policies listed above which in our opinion, are not significant weaknesses but do represent opportunities for improvement. Management is in progress or has already taken steps to address all of the instances of noncompliance we noted.

**Chattanooga State Community College**  
**Cash Counts**  
**October 12, 2015 – October 23, 2015**  
**Executive Summary**

<b>Key Staff:</b> Bursar and Departmental Cashiers	<b>Auditors:</b> Kimberly Clingan, Director Internal Audit Intan McCartt, Internal Audit Specialist
--	--

**Introduction:** Cash counts were performed by Internal Audit as a continuous monitoring audit based upon a request from management. This is not a risk based audit. Cash is currency on hand as recorded in the General Ledger used primarily for drawer funds by cashiers at the Bursar’s Office and to provide other offices within the College with a convenient means of making change while performing cash receipting activities.

**Objectives:** To determine that the College has adequate controls and procedures over cash handling. In accordance with the Tennessee Financial Integrity Act, College management is responsible for establishing adequate internal controls (TCA-9-8-101-102-103) within the organization.

**Scope:** The audit included cash balances for the period October 12 through October 23, 2015, from Chattanooga State Community College (ChSCC) departments and the Tennessee College of Applied Technology (TCAT) - Chattanooga. The following is a summary of all the cash balances as maintained in the General Ledger:

Department	Amount
Cafeteria	\$ 2,000.00
Childcare	\$ 50.00
Continuing Education	\$ 100.00
Dental Clinic	\$ 50.00
East Campus	\$ 100.00
Kimball Campus	\$ 200.00
Library	\$ 60.00
Print Shop	\$ 50.00
Sequatchie Bledsoe Campus	\$ 100.00
Student Life	\$ 30.00
TCAT	\$ 30.00
Testing Center	\$ 50.00
Vault (Bursar’s Office)	\$ 2,209.00
<b>TOTAL</b>	<b>\$ 5,029.00</b>

**Audit Conclusion:** Based on audit tests performed, controls over cash handling are generally adequate and the amounts are in balance with the college’s General Ledger. However, there were opportunities for improvement identified in cash balancing and security of four departments. Student Life, Library, and Print Shop should improve controls related to the frequency of cash balancing, and the TCAT should improve the physical security of its cash.

**Recommendations:** Based on the performed audit procedures, Internal Audit recommends:

- (1) Student Life, the Library, and the Print Shop should balance their cash daily, weekly, or when an event occurs, as appropriate to each department’s volume of cash transactions.
- (2) The TCAT should lock cash in the TCAT safe and provide a safe room key to the cashier.

**Management Responses:** Management evaluated the recommendations and determined the following actions:

- (1) Student Life will balance cash after each event or activity. The Library will balance the print card machine weekly, biweekly, or daily (depending on volume) until a cashless copy machine is installed in the spring. The Print Shop will balance cash daily. These changes are effective immediately.
- (2) As of November 2, 2015, the TCAT has locked the cash in the safe and provided a safe room key to the cashier.

Chattanooga State Community College  
Athletic Camps and Clinics Audit  
July 1, 2013 through June 30, 2015

Executive Summary

<b>Key Staff Personnel</b>	Joe Helseth, Athletic Director	<b>Internal Auditor</b>	Intan McCartt Internal Audit Specialist
<b>Introduction</b>	An internal audit of the Chattanooga State Community College (ChSCC) Athletic Camps and Clinics for the period July 1, 2013 through June 30, 2015 was conducted by the ChSCC Internal Audit Department. Athletic camps and clinics are defined as any instructional camps or clinics hosted at ChSCC managed by the athletic coaches. The camps are designed primarily for community outreach and involvement, but also generate funds for the respective sports programs. The Bursar's Office deposits and posts the funds into the specific sport accounts, while the Business Office guides cash management and performs camp refund procedures.		
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To determine compliance with any National Junior College Athletic Association (NJCAA) regulations, ChSCC policies, and Tennessee Board of Regents (TBR) policies and guidelines.</li> <li>• To ascertain effectiveness of governance processes in camp operations and administration, including ensuring safety of minors on campus.</li> <li>• To verify oversight and appropriate accounting of camp funds.</li> </ul>		
<b>Conclusion</b>	The Athletic Department does not have adequate controls over athletic camps, but did employ some best practices including appropriate reporting of incidents to Campus Police. The controls specifically lacked consistency of camp structure and internal procedures. The ChSCC Athletic Department should improve internal controls over its athletic camps and clinics by formalizing overall structure and developing internal procedures.		
<b>Recommendations</b>	<p>Based on the performed audit procedures, Internal Audit recommends:</p> <ul style="list-style-type: none"> <li>• Formalizing athletic camp structure and model of operation.</li> <li>• Creating internal procedures for camp administration and operations.</li> <li>• Processing camp refunds through the Business Office.</li> <li>• Establishing computer backup procedures.</li> <li>• Developing a document retention policy.</li> <li>• Implementing TouchNet Marketplace for camp registration fees.</li> </ul>		
<b>Management Response</b>	<p>The Athletic Department has evaluated the audit recommendations and determined the following actions:</p> <ul style="list-style-type: none"> <li>• Risks of athletic camp models were evaluated, and a College-operated camp structure will be utilized for camps after October 31, 2015.</li> <li>• Departmental procedures will be developed to outline processes to manage athletic camps by March 31, 2016.</li> <li>• College refund procedures through the Business Office will be followed for athletic activities after October 31, 2015.</li> <li>• Computer backup procedures will be developed by March 31, 2016.</li> <li>• TBR Retention policy G-070 will be adhered to and documented in the departmental procedures to be completed by March 31, 2016.</li> <li>• TouchNet Marketplace will be implemented for camp registration fees by March 31, 2016.</li> </ul>		

**Pellissippi State Community College**  
**Internal Audit Executive Summary**  
**Audit: Faculty Credentials**  
**Period: Fall 2014**

<p><b>Title of Key Staff Person:</b> Vice President of Academic Affairs</p>	<p><b>Auditor:</b> Suzanne L. Walker, Director of Internal Audit</p>
<p><b>Background:</b></p> <p>The audit of faculty credentials was requested by the president of the College. This audit is an annual audit requested by the president to ensure that all full- and part-time faculty hired by the College each fall meet the requirements of the College’s accrediting agency. Additionally, the ability to hire qualified faculty continues to be an area of concern as documented in the College’s risk assessment for instruction and academic support.</p>	
<p><b>Objectives:</b></p> <p>To determine whether the requirements necessary for compliance with Southern Association of Colleges and Schools (SACS) criteria were being met; to determine whether the documentation maintained by the College was sufficient to document compliance with the criteria; and to recommend improvements, if any are necessary.</p>	
<p><b>Total Questioned Costs/Losses:</b> None</p>	<p><b>Total Recoveries:</b> N/A</p>
<p><b>Audit Conclusions:</b></p> <p>The College needs to continue to make improvement in documenting that faculty hired to teach are qualified. After discussions with the President, as well as with the Vice President of Academic Affairs, it appears that management understands the problem and has been making every effort to prevent it from occurring in the future. Management also will continue their efforts to obtain transcripts in a timely fashion for all employees hired. It should be noted that significant improvement was made related to this area fall semester 2015.</p>	

**Volunteer State Community College**  
**Access and Diversity Funds**  
**Fiscal Years 2014 and 2015**  
**Executive Summary**

**Key Staff:** Financial Aid Office; Student Life and Diversity Initiatives Office; and Human Resources Office

**Auditor:** Nancy Batson

**Introduction:** The Tennessee Board of Regents (TBR) system receives an annual appropriation of state funds for access and diversity initiatives, which are designed to improve the success rate for targeted populations. The funds have been provided as recurring funds since Fiscal Year 2007-2008, after dismissal of the *Geier* lawsuit, a case filed in 1968 against the State alleging unlawful segregation in higher education. TBR allocates certain amounts directly to the campuses based on historical allocations. Other amounts are awarded to the campuses as grants, determined and awarded based on grant applications. The appropriated funds are to be used for access and diversity initiatives within three categories: 1) Student Scholarships and Fellowships; 2) Student Recruitment and Retention; and 3) Faculty Recruitment and Retention. In addition, certain amounts are allocated to the TBR system office and Tennessee State University for administration.

At Volunteer State Community College, the access and diversity funds are administered by the Financial Aid Office, Student Life and Diversity Initiatives Office, and the Human Resources Office. Scholarships under this program are awarded to underrepresented student populations with priority given to those 25-years and older and first generation students. In addition, the College received other funds during the audit period for Faculty Recruitment and Retention, and Grants for Understanding Students in Poverty. In fiscal year 2014, the College received permission from TBR to reallocate money from Scholarships and Fellowships to Student Recruitment and Retention.

**Objectives:** To determine that adequate internal controls exist to ensure Access and Diversity funds allocated or awarded by the Tennessee Board of Regents system office are managed appropriately and used as planned to meet Volunteer State Community College's access and diversity goals.

**Scope:** This audit included the Access and Diversity funds allocated or awarded to Volunteer State Community College for the two fiscal years from July 1, 2013 through June 30, 2014 and July 1, 2014 through June 30, 2015.

**Recommendations:** 1) The College should ensure that any changes in scholarship criteria are communicated to TBR. 2) The College should ensure that expenses for Faculty and Staff Recruitment and Retention funds are approved by the Affirmative Action Officer. 3) The College should ensure that the Faculty and Staff Recruitment and Retention fund is reconciled in Banner to verify that the expenses are accurate and properly recorded.

**Audit Conclusion:** Based on audit tests performed for the period July 1, 2013 through June 30, 2015, adequate controls are in place to ensure that Access and Diversity funds allocated or awarded by TBR to Volunteer State Community College are managed appropriately and used as planned to meet Volunteer State Community College's access and diversity goals, except as noted in the recommendations above. The table below is a summary of the College's financial activity for access and diversity funds.

<i>Summary of Access &amp; Diversity Activity</i>	Scholarships & Fellowships	Student Recruitment & Retention	Faculty & Staff Recruitment & Retention	Grants
FY 2013 Carryover	19,147.39		14,508.98	
FY 2014 Funds Received	115,900.00		11,759.96	8600.00
FY 2014 Reallocation	(2,400.00)	2,400.00		
FY 2014 Expenditures	(112,008.20)	(1,115.51)	(10,769.33)	(8600.00)
FY 2014 Carryover	20,639.19	1,284.49	15,499.61	
FY 2015 Funds Received	115,900.00		11,759.96	
FY 2015 Expenditures	(112,780.00)		(12,615.02)	
FY 2015 Carryover	23,759.19	1,284.49	14,644.55	

The College provided matching funds of \$108,177.06 for fiscal year 2014 and \$109,792.53 for fiscal year 2015.

**Tennessee Board of Regents  
Audit Committee  
March 15, 2016**

***Internal Audit Follow-Up Reports  
For Informational Purposes***

**Tennessee State University  
Follow-up to the State Audit Report  
For the Fiscal Year Ending June 30, 2014  
Executive Summary**

<b>Key Staff:</b> Chief Information Officer; Associate VP for Human Resources; Director of Financial Aid	<b>Auditor:</b> Mike Batson
<p><b>Introduction</b></p> <p>The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Tennessee State University for the fiscal year ended June 30, 2014, on August 27, 2015. The report included two audit findings. None of the findings were identified in the report as material weaknesses, but one was identified as a significant deficiency, and one was identified as an immaterial instance of noncompliance. The current status of each finding is presented in the Results of the Follow-Up Review section below.</p>	
<p><b>Objectives</b></p> <p>The objectives of the review were to determine whether adequate corrective actions have been taken to address the audit findings, implement the audit recommendations and mitigate the risks that either errors or fraud could occur and not be detected in a timely manner.</p>	
<p><b>Results of the Follow-Up Review</b></p> <p><u>Current Status of State Audit Findings</u></p> <ol style="list-style-type: none"> <li>1. <b>Tennessee State University did not provide adequate internal controls in three specific areas</b>  Status: Two of the three projects planned by the university have either been completed, or are on schedule. For the third area, the planned project was postponed ; however, management is implementing other corrective measures. This finding has been addressed in detail in a separate Limited Official Use report.</li>   <li>2. <b>The university's financial aid office did not take the necessary action to report Pell Payment Data to the Department of Education within the required time frame during the spring semester</b>  Status: The corrective actions taken by the university have resulted in the timely reporting of Pell disbursements to the U.S. Department of Education.</li> </ol> <p><u>Conclusion</u></p> <p>Based on the results of tests and procedures performed, management has taken adequate actions to address the audit findings, implement the audit recommendations, and mitigate the risks that either errors or fraud could occur and not be detected in a timely manner.</p>	
<p>This report is intended solely for the internal use of Tennessee State University and the Tennessee Board of Regents. It is not intended to be and should not be used for any other purpose. External distribution of this report must be approved by the Department of Internal Audit in accordance with Tennessee State University and TBR policies; however, this report is a matter of public record.</p>	

Columbia State Community College  
Follow-up to the State Audit Report  
For the Fiscal Years Ending June 30, 2014 and June 30, 2013

**EXECUTIVE SUMMARY**

<b>Key Staff:</b> Vice President for Finance and Administration, Associate Vice President for Information Technology	<b>Auditor:</b> Erica V. Smith, CPA
<b>Introduction</b>  The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Columbia State Community College for the fiscal years ended June 30, 2014 and June 30, 2013, on July 16, 2015. The report included one audit finding identified as a significant deficiency. The current status of the finding is presented in the Results of the Current Audit section below.	
<b>Objectives</b>  The objectives of the review were to determine whether adequate corrective actions have been taken to address the audit finding, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.	
<b>Results of the Current Audit</b>  <u>Current Status of State Audit Finding</u>  Management did not design and monitor internal controls in one specific area.  <u>Audit Conclusion</u> Based on the results of tests and procedures performed, management has taken appropriate corrective actions to address the audit finding, implement the audit recommendations, and mitigate risks that errors or fraud could occur and not be detected in a timely manner.	



**Dyersburg State Community College  
Follow-Up to the State Audit Report  
For the Fiscal Years Ending June 30, 2014 and June 30, 2013  
Executive Summary**

<p><b>Key Staff Persons:</b> Diane Camper, Vice President for Technology</p>	<p><b>Auditor:</b> Sandra Pruett, Director of Internal Audit</p>
<p><b><u>Introduction</u></b></p> <p>The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Dyersburg State Community College for the fiscal years ended June 30, 2014 and June 30, 2013, on August 20, 2015. The report included two audit findings. None of the findings were identified in the audit report as material weaknesses, but two were identified as significant deficiencies. The current status of each finding is presented in the Results of the Current Audit section below.</p>	
<p><b><u>Objectives</u></b></p> <p>The objectives of the review were to determine whether adequate corrective actions have been taken to address the audit findings, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.</p>	
<p><b><u>Results of the Current Audit</u></b></p> <p><u>Current Status of State Audit Limited Official Use Findings</u></p> <ol style="list-style-type: none"> <li>1. <b><u>Dyersburg State Community College did not provide adequate internal controls in two specific areas.</u></b> <p style="margin-left: 40px;">Management concurs with the finding and the recommendation and has implemented corrective actions to address the issues.</p> </li> <li>2. <b><u>Dyersburg State Community College, the Tennessee Board of Regents, and the Tennessee Department of Finance and Administration did not provide adequate internal controls in one specific area.</u></b> <p style="margin-left: 40px;">Management concurs with the finding and has implemented corrective actions at the college to address the DSCC issues.</p> </li> </ol>	
<p><b><u>Audit Conclusion:</u></b></p> <p>Based on the results of tests and procedures performed, management has taken adequate actions to address the audit findings, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.</p>	

**Southwest Tennessee Community College**  
**Follow-up to the State Audit Report**  
**For the Fiscal Year Ending June 30, 2013 and June 30, 2012**  
**Executive Summary**

<p><b>Key Staff:</b> Executive Director, Information Systems and Executive Director, Fiscal Operations</p>	<p><b>Auditor:</b> Charlotte Johnson, Internal Auditor</p>
<p><b>Introduction</b>  The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Southwest Tennessee Community College for the fiscal years ended June 30, 2013 and June 30, 2012, on September 3, 2015. The report included two audit findings. One of the findings was identified in the audit report as a material weakness, and one was identified as a significant deficiency. The current status of each finding is presented in the Results of the Current Audit section below.</p>	
<p><b>Objectives</b>  The objectives of the review were to determine whether adequate corrective actions have been taken to address the audit findings, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.</p>	
<p><b>Results of the Current Audit</b></p> <p><u>Current Status of State Audit Findings</u></p> <ol style="list-style-type: none"> <li>3. <b>Management needs to improve procedures for preparing and reviewing financial statements to prevent errors.</b> The Finance Department has complied and four individuals review and sign off on the documents.</li> <li>4. <b>Southwest Tennessee Community College did not provide adequate internal controls in five specific areas.</b> Management has taken or will take adequate actions in the next five months to address the findings.</li> </ol> <p><u>Audit Conclusion</u>  Management has taken adequate corrective actions for finding 1, regarding financial statement preparation and review. Additional actions are needed to correct the issues noted in finding 2 and management has plans to implement these recommendations in the next five months.</p>	

**Volunteer State Community College**  
**Follow-Up to the State Audit Report Issued July 23, 2015**  
**For Fiscal Years Ended June 30, 2014, and June 30, 2013**

**Executive Summary**

<p><b>Responsible Department</b> Information Technology</p>	<p><b>Auditor</b> Nancy Batson</p>
<p><b>Objective</b></p> <p>To determine whether adequate corrective actions have been implemented to comply with the audit recommendations.</p>	
<p><b>Audit Report Finding: Volunteer State Community College did not provide adequate internal controls in two specific areas.</b></p> <p><b>Recommendation:</b> Management should ensure that these conditions are remedied by the prompt development and consistent implementation of internal controls. Management should implement effective controls to ensure compliance with applicable requirements; assign staff to be responsible for ongoing monitoring of the risks and mitigating controls; and take action if deficiencies occur.</p> <p><b>Management's Comment:</b> We concur with the findings and recommendations. Management is taking corrective action to ensure internal controls are strengthened in the two specific areas. We anticipate these controls will be fully implemented by October 31, 2015.</p> <p><b>Current Status:</b> Management has taken corrective action to strengthen the internal controls in the two specific areas.</p>	
<p><b>Conclusion</b></p> <p>It appears that management has taken corrective action to implement the audit recommendation.</p>	

**Tennessee Board of Regents  
Audit Committee  
March 15, 2016**

***TCAT Focused Reviews of Operations  
For Informational Purposes***

**Tennessee College of Applied Technology - Covington**  
**Executive Summary**

<b>College Director:</b> Ms. Youlanda Jones	<b>Internal Auditor:</b> Helen Vose, CIA, CFE
<b>Report Date:</b> March 3, 2016	<b>Audit Period:</b> Fiscal Year Ending June 30, 2014
<p><b>Purpose and Scope:</b> To assess the adequacy of management’s system of internal controls for specific areas identified as higher risk during the past operational reviews of all Colleges of Applied Technology and requests by management. Schools that are recipients of Federal Student Aid are required to notify students of various consumer information. The regulations may specify how the information is disclosed or allow the school to decide. Consumer information was reviewed in four of the eleven key areas identified in federal regulations. The College’s notices were reviewed for ease of access for students by several delivery methods. Transactions were tested on a sample basis and other audit procedures were performed on controls in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Accounts Receivable</b></li> <li>• <b>Director’s Expenses</b></li> <li>• <b>Federal Financial Aid Consumer Information Activities:</b> <ol style="list-style-type: none"> <li>1. Institutional and Financial Assistance Information - Federal financial assistance available and related eligibility procedures, cost of attendance, accrediting agencies and other areas.</li> <li>2. Students Right to Know Act - Completion, retention and placement rates.</li> <li>3. Jeanne Clery Act - Campus security, emergency notification/response and crime statistics.</li> <li>4. Misrepresentation - Educational programs, financial costs and employability of graduates.</li> </ol> </li> </ul>	
<p><b>Current Audit Results:</b> Based on observations, discussions with management, and the testwork performed in the areas listed above for the period covered, management’s systems of internal controls appear adequate. Management monitors key controls on a regular basis. The audit did not reveal significant issues of noncompliance with regulations but did reveal inadequate controls over accounts receivable collection procedures and non-compliance with a TBR Guideline over accounts receivable. Three opportunities for improvement were noted as described in the findings and observation below.</p>	

**Findings**

1. Accounts Receivable – Three collection letters should be sent at 30 day intervals  
Management has used an alternative method of sending 1 collection letter with all the required data in the past, which is allowed if collection efforts are not compromised. The current student receivable balance, \$169,904.00, is excessive and sending only 1 debt notification letter is not effective in attempting to collect on these debts to the college.  
TBR Guideline B-010, *Collection of Accounts Receivable*, section II.A.2., states, “Any modifications should result in more cost-effective procedures or provide better or more convenient service to debtors of the institution without compromise to collection.”  
TBR Guideline B-010, *Collection of Accounts Receivable*, section II.C., states, “A minimum of three billings or letters of contact shall be sent by the institution at thirty day intervals once an account becomes delinquent.”  
**Corrective Action:** Management will implement the process to send three collection letters and establish more contact with students to increase the collection of monies owed by these students to the college.
2. Accounts Receivable – Collection Agency Should Be Utilized  
Student accounts receivables in default status should be referred to a collection agency. College personnel stated they have not submitted defaulted student accounts to a collection agency due to the lack of results with the prior collection agency. A new collection agency contract became effective in August 2014, but the college has not yet established an account. The college has not submitted accounts to collections or written off accounts since 2011. This has resulted in an excessive student receivable balance of \$169,904.00.  
TBR Guideline B-010, II.D. *Collection of Accounts Receivable*, instructs institutions to refer “receivables of \$100 or more to a collection agency if the institutions collections are unsuccessful”.  
**Corrective Action:** Management will utilize the collection agencies under contract with TBR to pursue further collection efforts. The accounts receivable aging schedule will be utilized to write-off accounts deemed uncollectible.

**Observation**

1. Accounts Receivable – Review of Reconciliation should be Documented  
Management’s monthly review of the accounts receivable reconciliation is not documented by signing and dating the reconciliation.  
**Corrective Action:** The Director will sign and date the accounts receivable reconciliation to document their review as an additional control.

**Tennessee College of Applied Technology - Hohenwald  
Focused Operational Review**

**Executive Summary**

<b>College Director:</b> Mrs. Kelli Kea-Carroll	<b>Internal Auditor:</b> Helen Vose, CIA, CFE
<b>Report Date:</b> February 5, 2016	<b>Audit Period:</b> Fiscal Year Ending June 30, 2014
<p><b>Purpose and Scope:</b> To assess the adequacy of management’s system of internal controls for specific areas identified as higher risk during the past operational reviews of all Colleges of Applied Technology and requests by management. Schools that are recipients of Federal Student Aid are required to notify students of various consumer information. The regulations may specify how the information is disclosed or allow the school to decide. Consumer information was reviewed in four of the eleven key areas identified in federal regulations. The College’s notices were reviewed for ease of access for students by several delivery methods. Transactions were tested on a sample basis and other audit procedures were performed on controls in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Accounts Receivable</b></li> <li>• <b>Director’s Expenses</b></li> <li>• <b>Federal Financial Aid Consumer Information Activities:</b> <ol style="list-style-type: none"> <li>1. Institutional and Financial Assistance Information - Federal financial assistance available and related eligibility procedures, cost of attendance, accrediting agencies and other areas.</li> <li>2. Students Right to Know Act - Completion, retention and placement rates.</li> <li>3. Jeanne Clery Act - Campus security, emergency notification/response and crime statistics.</li> <li>4. Misrepresentation - Educational programs, financial costs and employability of graduates.</li> </ol> </li> </ul>	
<p><b>Current Audit Results:</b> Based on observations, discussions with management, and the testwork performed in the areas listed above for the period covered, management’s systems of internal controls appear adequate. Management monitors key controls on a regular basis. The audit did not reveal significant issues of noncompliance with regulations or TBR or institutional policies or significant deficiencies in operations.</p>	

**Tennessee College of Applied Technology - Jacksboro**  
**Focused Operational Review**  
**Executive Summary**

<b>College Director:</b> Ms. Debbie Petree	<b>Internal Auditor:</b> Helen Vose, CIA, CFE
<b>Report Date:</b> March 2, 2016	<b>Audit Period:</b> Fiscal Year Ending June 30, 2015
<p><b>Purpose and Scope:</b>          To assess the adequacy of management’s system of internal controls for specific areas identified as higher risk during the past operational reviews of all Colleges of Applied Technology and requests by management. Schools that are recipients of Federal Student Aid are required to notify students of various consumer information. The regulations may specify how the information is disclosed or allow the school to decide. Consumer information was reviewed for ease of access by several delivery methods. Transactions were tested on a sample basis and other audit procedures were performed on controls in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Awarding of Certificates and Diplomas</b></li> <li>• <b>Carl D. Perkins Grant Program</b></li> <li>• <b>P-Card controls and implementation</b></li> <li>• <b>Federal Financial Aid Consumer Information Activities:</b> <ol style="list-style-type: none"> <li>1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs.</li> <li>2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms.</li> <li>3. Safeguarding Consumer Information - Campus security is operational physically and electronically.</li> <li>4. Gainful Employment – Reporting requirements and employability of graduates.</li> </ol> </li> </ul>	
<p><b>Current Audit Results:</b>          Based on observations, discussions with management, and the testwork performed in the areas listed above for the period covered, management’s systems of internal controls appear adequate. Management monitors key controls on a regular basis. The audit did not reveal significant issues of noncompliance with regulations or TBR or institutional policies or significant deficiencies in operations.</p>	

**Tennessee College of Applied Technology - Livingston**  
**Focused Operational Review**  
**Executive Summary**

<b>College Director:</b> Dr. Myra West	<b>Internal Auditor:</b> Helen Vose, CIA, CFE
<b>Report Date:</b> March 2, 2016	<b>Audit Period:</b> Fiscal Year Ending June 30, 2015
<p><b>Purpose and Scope:</b>  To assess the adequacy of management’s system of internal controls for specific areas identified as higher risk during the past operational reviews of all Colleges of Applied Technology and requests by management. Schools that are recipients of Federal Student Aid are required to notify students of various consumer information. The regulations may specify how the information is disclosed or allow the school to decide. Consumer information was reviewed for ease of access by several delivery methods. Transactions were tested on a sample basis and other audit procedures were performed on controls in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Awarding of Certificates and Diplomas</b></li> <li>• <b>Carl D. Perkins Grant Program</b></li> <li>• <b>P-Card controls and implementation</b></li> <li>• <b>Federal Financial Aid Consumer Information Activities:</b> <ol style="list-style-type: none"> <li>1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs.</li> <li>2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms.</li> <li>3. Safeguarding Consumer Information - Campus security is operational physically and electronically.</li> <li>4. Gainful Employment – Reporting requirements and employability of graduates.</li> </ol> </li> </ul>	
<p><b>Current Audit Results:</b>  Based on observations, discussions with management, and the testwork performed in the areas listed above for the period covered, management’s systems of internal controls appear adequate. Management monitors key controls on a regular basis. The audit did not reveal significant issues of noncompliance with regulations or TBR or institutional policies or significant deficiencies in operations.</p>	



**Tennessee College of Applied Technology - Memphis**  
**Focused Operational Review**  
**Executive Summary**

<b>College Director:</b> Mr. Roland Rayner	<b>Internal Auditor:</b> Helen Vose, CIA, CFE
<b>Report Date:</b> March 2, 2016	<b>Audit Period:</b> Fiscal Year Ending June 30, 2014
<p><b>Purpose and Scope:</b>          To assess the adequacy of management’s system of internal controls for specific areas identified as higher risk during the past operational reviews of all Colleges of Applied Technology and requests by management. Schools that are recipients of Federal Student Aid are required to notify students of various consumer information. The regulations may specify how the information is disclosed or allow the school to decide. Consumer information was reviewed in four of the eleven key areas identified in federal regulations. The College’s notices were reviewed for ease of access for students by several delivery methods. Transactions were tested on a sample basis and other audit procedures were performed on controls in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Accounts Receivable</b></li> <li>• <b>Director’s Expenses</b></li> <li>• <b>Federal Financial Aid Consumer Information Activities:</b> <ol style="list-style-type: none"> <li>1. Institutional and Financial Assistance Information - Federal financial assistance available and related eligibility procedures, cost of attendance, accrediting agencies and other areas.</li> <li>2. Students Right to Know Act - Completion, retention and placement rates.</li> <li>3. Jeanne Clery Act - Campus security, emergency notification/response and crime statistics.</li> <li>4. Misrepresentation - Educational programs, financial costs and employability of graduates.</li> </ol> </li> </ul>	
<b>Current Audit Results:</b>	Based on observations, discussions with management, and the testwork performed in the areas listed above for the period covered, management’s systems of internal controls appear adequate. Management monitors key controls on a regular basis. The audit did not reveal significant issues of noncompliance with regulations or TBR or institutional policies or significant deficiencies in operations. However, one opportunity for improvement was noted as described in the observation below.

**Finding**

1. **Student Financial Aid- Instructors should submit notice of withdrawal in a timely manner**  
 Three of 10 (30%) student termination forms attached to debt notification letters were submitted to Financial Aid 58 to 138 days after the student ceased to attend. It appears the termination forms were not submitted by faculty to Financial Aid in a timely manner.

The Federal Student Financial Aid Handbook, Volume 5, Chapter 2, page 31 states, “A school must always return any unearned Title IV funds it is responsible for returning within 45 days of the date the school determines the student withdrew.”

Without the timely submission of student withdrawal forms, the college is not able to comply with the federal requirement to calculate and return unused Title IV funds within 45 days of withdrawal. The funds were adjusted in a timely manner when Financial received the termination forms.

**Corrective Action:**

Management or TCAT personnel will:

1. Obtain the paperwork for students that have dropped each week from the off-sites during the weekly visit;
2. Educate instructors regarding the Financial Aid deadlines;
3. Assign paperwork for night or part-time instructors to day or full-time instructors; and
4. Assign Financial Aid staff to follow up weekly with new or tardy instructors.

**Tennessee College of Applied Technology - Nashville**  
**Focused Operational Review**  
**Executive Summary**

<b>College Director:</b> Mr. Mark Lenz	<b>Internal Auditor:</b> Helen Vose, CIA, CFE
<b>Report Date:</b> February 5, 2016	<b>Audit Period:</b> Fiscal Year Ending June 30, 2014
<p><b>Purpose and Scope:</b>  To assess the adequacy of management’s system of internal controls for specific areas identified as higher risk during the past operational reviews of all Colleges of Applied Technology and requests by management. Schools that are recipients of Federal Student Aid are required to notify students of various consumer information. The regulations may specify how the information is disclosed or allow the school to decide. Consumer information was reviewed in four of the eleven key areas identified in federal regulations. The College’s notices were reviewed for ease of access for students by several delivery methods. Transactions were tested on a sample basis and other audit procedures were performed on controls in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Accounts Receivable</b></li> <li>• <b>Director’s Expenses</b></li> <li>• <b>Federal Financial Aid Consumer Information Activities:</b> <ol style="list-style-type: none"> <li>1. Institutional and Financial Assistance Information - Federal financial assistance available and related eligibility procedures, cost of attendance, accrediting agencies and other areas.</li> <li>2. Students Right to Know Act - Completion, retention and placement rates.</li> <li>3. Jeanne Clery Act - Campus security, emergency notification/response and crime statistics.</li> <li>4. Misrepresentation - Educational programs, financial costs and employability of graduates.</li> </ol> </li> </ul>	
<p><b>Current Audit Results:</b>  Based on observations, discussions with management, and the testwork performed in the areas listed above for the period covered, management’s systems of internal controls appear adequate. Management monitors key controls on a regular basis. The audit did not reveal significant issues of noncompliance with regulations or TBR or institutional policies or significant deficiencies in operations.</p>	

**Tennessee Board of Regents  
Audit Committee  
March 15, 2016**

***Information Technology Audit Reports  
For Informational Purposes***

**Pellissippi State Community College  
Internal Audit Executive Summary  
Audit: NACHA  
Period: September 2015 – November 2015**

**Background:**

An audit of NACHA compliance was completed in accordance with the annual audit plan. This audit was conducted at the request of First Tennessee Bank.

**Objectives:**

To determine compliance with *NACHA Operating Rules* WEB entry requirements related to authorization, formatting and risk management.

**Total Questioned Costs/Losses: N/A**

**Total Recoveries: N/A**

**Audit Conclusions:**

Pellissippi State is substantially in compliance with the authorization, formatting and risk management requirements of the *NACHA Operating Rules*. No new areas of concern were noted during the current audit that would warrant inclusion in this audit report. One area of concern that was noted in previous audits was noted again during this audit. Management continues to make improvements related to this area, and no further recommendations were considered necessary as part of the current audit. However, this area will continue to be addressed with management to ensure that management takes all necessary action to fully implement prior recommendations.

**Walters State Community College**  
**Office of Information and Educational Technologies**  
**Information Technology General Controls Review**  
**Executive Summary – Page 1 of 2**

Contact: Assistant Vice President, Office of Information and Educational Technologies	Auditor: IT Auditor, System-wide Internal Audit																														
<p><b>INTRODUCTION</b></p> <p>A comprehensive Information Technology General Controls Review was performed at Walters State Community College (WSCC). The Office of Information and Educational Technologies serves the college by providing technical services and computing solutions through its four sections; Administrative Computing Services, Internet and Online Systems, Server Systems, and Network Services and Enterprise Security Services.</p> <p>The Office of Information and Educational Technologies consists of 29 full-time employees. The Assistant Vice President, Office of Information and Educational Technologies manages the daily information technology functions and processes, and reports to the Vice President, Office of Business Affairs. In overseeing the information technology functions and processes, the Assistant Vice President meets at least weekly with the Vice President to discuss information technology activities. The Assistant Vice President also meets at least monthly with various WSCC committees made up of members of the college’s faculty and senior management to discuss strategic initiatives. This structure serves as the governance structure to provide oversight for information technology.</p>																															
<p><b>OBJECTIVES</b></p> <p>To determine the effectiveness and efficiency of information technology functions and processes on operations; test the reliability and integrity of data and technical controls; and ensure compliance with applicable policies, procedures, laws, and regulations and to ensure adequate controls are in place to mitigate risks to acceptable levels.</p>																															
<p><b>SCOPE</b></p> <p>The audit focused on the following twenty functional areas within the Walters State Community College, Office of Information and Educational Technologies, categorized under administration, operations and security. Each of the four organizational sections listed above were in the scope of this review.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3" style="text-align: center;"><b>Information Technology</b></th> </tr> <tr> <th style="text-align: center;"><b>Administration</b></th> <th style="text-align: center;"><b>Operations</b></th> <th style="text-align: center;"><b>Security</b></th> </tr> </thead> <tbody> <tr> <td><i>Policies, Procedures, and Standards</i></td> <td><i>Data Integrity/User Insight</i></td> <td><i>Network Administration</i></td> </tr> <tr> <td><i>Governance</i></td> <td><i>Hardware Management</i></td> <td><i>Logical Access Security</i></td> </tr> <tr> <td><i>Organizational Structure</i></td> <td><i>Software Management</i></td> <td><i>Security Awareness Program</i></td> </tr> <tr> <td><i>Strategic Planning</i></td> <td><i>Change Management</i></td> <td><i>Physical Security of IT Assets</i></td> </tr> <tr> <td><i>Risk Assessment</i></td> <td><i>Data and System Back-ups</i></td> <td><i>Logging and Monitoring</i></td> </tr> <tr> <td><i>Vendor Management</i></td> <td><i>Business Continuity</i></td> <td><i>Incident Response</i></td> </tr> <tr> <td><i>Regulatory Compliance</i></td> <td></td> <td></td> </tr> <tr> <td><i>Addressing Prior Audit Issues</i></td> <td></td> <td></td> </tr> </tbody> </table>		<b>Information Technology</b>			<b>Administration</b>	<b>Operations</b>	<b>Security</b>	<i>Policies, Procedures, and Standards</i>	<i>Data Integrity/User Insight</i>	<i>Network Administration</i>	<i>Governance</i>	<i>Hardware Management</i>	<i>Logical Access Security</i>	<i>Organizational Structure</i>	<i>Software Management</i>	<i>Security Awareness Program</i>	<i>Strategic Planning</i>	<i>Change Management</i>	<i>Physical Security of IT Assets</i>	<i>Risk Assessment</i>	<i>Data and System Back-ups</i>	<i>Logging and Monitoring</i>	<i>Vendor Management</i>	<i>Business Continuity</i>	<i>Incident Response</i>	<i>Regulatory Compliance</i>			<i>Addressing Prior Audit Issues</i>		
<b>Information Technology</b>																															
<b>Administration</b>	<b>Operations</b>	<b>Security</b>																													
<i>Policies, Procedures, and Standards</i>	<i>Data Integrity/User Insight</i>	<i>Network Administration</i>																													
<i>Governance</i>	<i>Hardware Management</i>	<i>Logical Access Security</i>																													
<i>Organizational Structure</i>	<i>Software Management</i>	<i>Security Awareness Program</i>																													
<i>Strategic Planning</i>	<i>Change Management</i>	<i>Physical Security of IT Assets</i>																													
<i>Risk Assessment</i>	<i>Data and System Back-ups</i>	<i>Logging and Monitoring</i>																													
<i>Vendor Management</i>	<i>Business Continuity</i>	<i>Incident Response</i>																													
<i>Regulatory Compliance</i>																															
<i>Addressing Prior Audit Issues</i>																															
<p><b>RESULTS OF THE REVIEW</b></p> <p>The review resulted in the following recommendations to strengthen controls and improve compliance with industry best practices and regulations and to reduce risk to acceptable levels.</p>																															
<p><b>RECOMMENDATIONS</b></p> <p><b>Information Technology Administration</b></p> <ol style="list-style-type: none"> <li>1. Implement the draft policies and procedures for the Information Security Program in coordination with a comprehensive program being developed by the TBR System Office that defines both business and computing information security processes and implementation of a security awareness and training program.</li> <li>2. Develop comprehensive information technology procedures for change management, project documentation, vendor management, network administration, logging and monitoring computer utilization, and incident response.</li> <li>3. Ensure all employees and others with computer access privileges sign an affirming agreement when the acceptable usage of computing assets and the new information security program policies are updated.</li> </ol> <p><b>Information Technology Operations</b></p> <ol style="list-style-type: none"> <li>4. Implement system settings and processes to limit copying and storing WSCC business and sensitive data on personal USB devices.</li> <li>5. Remove the administrator capabilities from users on their assigned machines to reduce risks of unauthorized system configuration changes and software implementations.</li> <li>6. Expand the use of a current product to detect the use of unauthorized products on the network and potential un-</li> </ol>																															

**Walters State Community College**  
**Office of Information and Educational Technologies**  
**Information Technology General Controls Review**  
**Executive Summary – Page 2 of 2**

authorized disclosures of personally identifiable information.

7. Implement a process where help desk technicians remove unauthorized software from college owned computers upon discovery.
8. Review each deployment of patches and anti-virus definitions to ensure incidents of improper deployment are identified and corrected in a timely manner.
9. Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.
10. Develop a Business Continuity Plan that will ensure planning for and documentation of business recovery requirements and objectives, assigned responsibilities of the Plan Coordinator, an amended Disaster Recovery Plan and test plans and documentation of periodic testing.

**Information Technology Security**

11. Block access to websites that are considered illegal or detrimental on computers linked to the WSCC network.
12. Conduct periodic network penetration and vulnerability testing to identify any risks to network configuration and security.
13. Distribute procedural instructions to staff regarding establishing, modifying and deleting access privileges for users, including full-time, temporary, transferred or promoted employees or contractors.
14. Update password requirements in the Default Domain Policy of Active Directory to ensure the use of stronger password controls as defined in both the new password policy.
15. Review and revoke administrator or non-expiring password privileges from accounts that do not require it.

**MANAGEMENT’S COMMENTS**

Management provided positive responses to the recommendations and indicated appropriate actions would be taken to implement and improve policies and procedures, better manage the technical assets, improve documentation and testing for business continuity and improve the security procedures.

**Tennessee Board of Regents  
 TN eCampus, Office of Information Technology  
 Information Technology General Controls Review  
 Executive Summary – Page 1 of 2**

Contact: Director of Technology	Auditor: IT Auditor, System-wide Internal Audit
---------------------------------	---

**INTRODUCTION**

A comprehensive General Controls Review was performed at the TN eCampus, formally known as the Regents Online Campus Collaborative. The TN eCampus Office of Information Technology provides the online education solution for students that is used by each of the 46 universities, community colleges and colleges of applied technology in the TBR System through its two sections, Educational Technology Services and Systems Administration.

The TN eCampus Office of Information Technology consists of four full-time employees. The Director of Technology is the Chief Information Officer, manages the daily information technology functions and processes, and reports to the Associate Vice Chancellor of the TN eCampus. The Director with other staff members also meets at least monthly with representatives of the two key software vendors to discuss various issues from strategic initiatives to current operational and security matters. The Director meets at least weekly with the Associate Vice Chancellor to discuss events and future information technology activities. The Associate Vice Chancellor reports to the TBR Vice Chancellor for Academic Affairs, who also provides input on information technology matters, as needed. Each university and community college campus, plus a representative for the colleges of applied technologies have appointed an e-learning liaison who provides further input to the content and delivery of on-line educational programs. This structure serves as the governance structure to provide oversight for information technology.

**OBJECTIVES**

To determine the effectiveness and efficiency of information technology functions and processes on operations; test the reliability and integrity of data and technical controls; and ensure compliance with applicable policies, procedures, laws, and regulations and to ensure adequate controls are in place to mitigate risks to acceptable levels.

**SCOPE**

The audit focused on the following twenty functional areas within the TN eCampus, Office of Information Technology, categorized under administration, operations and security. The two organizational sections within the Office of Information Technology were in the scope of this review.

<b>Information Technology</b>		
<b>Administration</b>	<b>Operations</b>	<b>Security</b>
<i>Policies, Procedures, and Standards</i>	<i>Data Integrity/User Insight</i>	<i>Network Administration</i>
<i>Governance</i>	<i>Hardware Management</i>	<i>Logical Access Security</i>
<i>Organizational Structure</i>	<i>Software Management</i>	<i>Security Awareness Program</i>
<i>Strategic Planning</i>	<i>Change Management</i>	<i>Physical Security of IT Assets</i>
<i>Risk Assessment</i>	<i>Data and System Back-ups</i>	<i>Logging and Monitoring</i>
<i>Vendor Management</i>	<i>Business Continuity</i>	<i>Incident Response</i>
<i>Regulatory Compliance</i>		
<i>Addressing Prior Audit Issues</i>		

**RESULTS OF THE REVIEW**

The review resulted in the following recommendations to strengthen controls and improve compliance with industry best practices and regulations and to reduce risk to acceptable levels.

**RECOMMENDATIONS**

**Information Technology Administration**

1. Enhance the Information Security Program in coordination with the comprehensive program being developed by the TBR System Office by adding policies and procedures on data ownership, data classification, and data dissemination.
2. Develop comprehensive information technology procedures for change management, vendor management, logging and monitoring, and incident response.
3. Assign the role of an Information Security Officer and identify the responsibilities for the role.
4. Implement a process for Human Resources to complete background checks on personnel who would have access to sensitive information before the person is hired, in accordance with TBR Guideline P-010, *Personnel Transactions and Recommended Forms*.
5. Develop a standard to document information technology projects included in the TN eCampus Strategic Plan.

**Tennessee Board of Regents  
TN eCampus, Information Technology Services  
Information Technology General Controls Review  
Executive Summary – Page 2 of 2**

**Information Technology Operations**

6. Encrypt hard drives on TBR-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.
7. Develop and implement a procedure, in coordination with the TBR, Office of Organizational Effectiveness and Strategic Initiatives (OESI) regarding the management and usage of equipment purchased using TN eCampus funds but managed by OESI.
8. Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.
9. Obtain and review the annual audit report on data center operations from the two vendors hosting key TN eCampus applications. Such audits, prepared under the AICPA's *Statement on Standards for Attestation Engagements 16, Service Organization Control Type 2*, provide independent audit results of the vendor's data center operations.
10. Ensure documentation exists for file restorations to prove recoverability of data from backed up media.
11. Develop a Business Continuity Plan that will ensure planning for and documentation of business recovery requirements and objectives, assigned responsibilities of a Plan Coordinator, secondary and tertiary assignments for personnel, an amended Disaster Recovery Plan, and test plans and documentation of periodic testing.

**Information Technology Security**

12. Block access to websites that are considered illegal or detrimental on computers linked to the TN eCampus network.
13. Distribute procedural instructions to staff regarding establishing, modifying and deleting access privileges for users, including full-time, temporary, transferred or promoted employees and contractors.
14. Ensure data owners annually report required adjustments to the access privileges of users so that privileges are re-justified or corrections made in a timely manner.
15. Utilize software features to suspend/lock, and subsequently disable access accounts that are not used in a defined timeframe.
16. Review current information security alerts and adjust the alerts to better serve TN eCampus needs.

**MANAGEMENT'S COMMENTS**

Management provided positive responses to the recommendations and indicated appropriate actions would be taken to implement and improve policies and procedures, better manage the technical assets, improve documentation and testing for business continuity and improve the security procedures.



**Tennessee Board of Regents  
Audit Committee  
March 16, 2016**

***Internal Audit Investigation Reports  
For Informational Purposes***

**Austin Peay State University**

**CASE RESOLUTION REPORT**

**November 20, 2015**

University Advancement \$80 cash missing (Case Number 16-01)

**Date of Incident:** Reported on 11/17/15

**Reported by:** Venda St Amant - Assistant Executive Director, University Advancement

**Investigation conducted by:** Beth Chancellor- Internal Auditor

**Description of Incident:** Cash in the amount of \$80 that was given to the Director of Major Gifts from an event held on November 6, 2015 was never deposited although the checks that accompanied the cash were deposited.

**Total Amount of Loss:** \$80

**Was employee dishonesty discovered?** No

**Action Taken:** I interviewed four employees in University Advancement and one employee in the Center of Excellence for the Creative Arts. Nobody disputed the fact that the cash had been given to University Advancement but I could not determine what happened to the cash once it was given to the Director of Major Gifts. Before I could interview the Director of Major Gifts, she was terminated.

**Conclusion:** I could not determine what happened to the cash. I do not anticipate that the \$80 will be located and from the interviews I conducted, I could not determine if the cash was misplaced or taken dishonestly.

**Internal Control Weaknesses Found:** There needs to be better internal controls within the department when one employee turns over cash to another so that a chain of custody can be established and easily verified. Also, when departments within the university collect funds from donors, the money should be given to one of the two Technical Clerks or the Office Supervisor instead of taking a less direct route through one of the Development Officers.

**Management Action:** It is recommended that University Advancement utilizes a log when money from donors is transferred from one employee to another. The log should identify how much money is being accounted for and be signed off on by the employee turning over the funds as well as the employee receiving the funds. It is further recommended that University Advancement requires departments that collect funds from donors send the deposits directly to the office staff that will record and make the deposits instead of going through a Development Office.

Beth Chancellor  
Internal Auditor

# CHATTANOOGA STATE COMMUNITY COLLEGE

## Immunization Records

### Executive Summary

Page 1 of 2

CASE RESOLUTION REPORT

January 28, 2016

2016-03: Immunization Records

**Date of Incident:** 11/11/15  
**Reported by:** Anonymous caller  
**Investigation conducted by:** Kimberly Clingan, Director Internal Audit

**Description of Incident:** A complaint was received by the Tennessee Board of Regents (TBR) concerning the falsification of student immunization records at Chattanooga State Community College (ChSCC). The complaint alleges that the Assistant Vice President of Student Affairs directs the staff to falsify student immunization records in order to increase enrollment by admitting as many students as possible.

**Total Amount of Loss:** None  
**Was employee dishonesty discovered?** No

**Action Taken:** Internal Audit performed the following procedures during the completion of this investigation:

- Reviewed TBR Admissions Policy 2:03:00:00 and ChSCC Admissions Policy 04:04:00.
- Examined Tennessee Department of Health College Immunization Requirements
- Interviewed Vice-President of Student Affairs, Assistant Vice-President Student Affairs, Provost (at time of incident), Director Admissions and Records, Records Supervisor Admissions and Records, Lead Worker Admissions and Records, and Student Affairs Coordinator Functional/Technical Systems.
- Reviewed an example of Tennessee Department of Health Certificate of Immunization and Physician immunization record documentation as submitted by students.
- Obtained documentation concerning waiving of immunization documentation during orientation.
- Obtained documentation of guidance from General Counsel and ChSCC management for application of requirements and receipt of student immunization records.

**Conclusion:** Based on the procedures performed, Internal Audit determined that the complaint concerning falsification of student immunization records is unsubstantiated. However, ChSCC has violated the Tennessee Department of Health College Immunization requirements by allowing 250 students to attend Fall 2015 classes without obtaining documentation verifying that the student complied with all immunization requirements.

As part of the TN Promise initiative, ChSCC began requiring completion of new student orientation for all students attending ChSCC for the first time in Fall 2015. To ensure these students would meet the full-time student requirements of TN Promise, ChSCC allowed students attending the required orientation sessions to develop a full-time student schedule with the assistance of an Advisor/Counselor without providing immunization records. Holds were placed on the students accounts for the missing documentation. However, these holds were given an effective date of September 1, 2015 instead of a date prior to the first day of classes in August. Therefore, ChSCC staff nor the student received a system notification that admission requirements for immunization documentation was not complete.

Furthermore, Student Affairs Management did not institute a follow-up procedure to ensure all students who received the deferral had submitted the required documentation by the first day of classes. This lack of properly developed follow-up procedures allowed 250 students to attend Fall 2015 classes without verification of immunization requirement compliance. 224 of these students had documented only 1 dose of series immunizations and the remaining 26 students had submitted no immunization records.

# CHATTANOOGA STATE COMMUNITY COLLEGE

## Immunization Records

### Executive Summary

#### Page 2 of 2

As for the allegation that the Student Affairs Assistant Vice President (AVP) directs the staff to falsify student immunization records, the allegation is unsubstantiated. The Auditor determined that the practice in question was based on instructions from the Student Affairs AVP in 2013 concerning documenting a student's 2<sup>nd</sup> dose if the Banner module indicated a 1<sup>st</sup> dose exemption. This practice has created concerns as its application has not been consistent and was confusing as at times it appeared to be instructing the staff to record any shot received as the 2<sup>nd</sup> dose. Also, the immunization documentation provided by students can sometimes be difficult to interpret and the process for the immunizations requiring a series of shots can be subject to as much as a 60-day grace period.

The grace period alone has caused much confusion over the years. This confusion culminated in a request for Department of Health clarification by TBR General Counsel. The AVP received updated guidance from the TBR General Counsel concerning immunizations with a series of shots and application of the grace period in July 2015.

**Internal Control Weaknesses Found:** Internal Audit determined that all immunization requirements were not verified by the first day of Fall 2015 classes for 250 students of which 26 had no immunization records on file. Furthermore, Management failed to develop a process to follow-up with the students who were given the immunization documentation deferral during orientation.

Management should ensure that all students have properly submitted immunization records and are in compliance with the Tennessee Department of Health College Immunization Requirements. If holds are placed on the student's account at orientation to allow them to work with Advisors/Counselors to develop a full-time student class schedule, the student should understand that their admission/registration to ChSCC is contingent on completing all admission requirements including immunization documentation.

**Management Action:** Management concurs and has worked with all current students with immunization holds to complete the documentation requirements before Spring Semester classes began on January 19, 2016. All students with Immunization holds who did not complete this requirement by the week prior to the start of the Spring semester had their schedules deleted.

To ensure all immunization records are collected while maximizing the opportunities to assist students in registering for classes, Student Affairs has developed a Request to Postpose Submission of Immunization Documents (Exhibit 1) to be used during Student Orientation. This form will allow students to register as a full-time student during orientation and submit the immunization documentation at a later date, but no later than one week prior to the start of the admitting semester. An immunization hold will be placed on the student's account until the documentation is received. If the student fails to submit the remaining documentation by this deadline, their schedule will be deleted and not allowed to re-register for classes until the documentation is received by Admission and Records. The form was activated on November 30, 2015 and was used for Spring 2016 orientations.

Kimberly Clingan  
Director Internal Audit

**Cleveland State Community College**  
**Special Investigation -- Review of Missing Money and Computers**  
**Executive Summary**

<b>Title of Key Staff Person</b> Vice President Academic Affairs	<b>Auditor:</b> Alvin Bishop Director of Internal Audit
<b>Background:</b> On June 17, 2015 Internal Audit was notified by the Chief of Campus Police that \$190.00 in cash and a computer were missing from OneSource. He stated that the money had been given to a temporary employee hired through Kelley Services by a Cleveland State employee for her child's STEM Camp registration fee. Chief of Campus Police said the employee stated he had received the cash but had turned it into the Bursar's Office. No one in the Bursar's Office recalled taking the money from him.	
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. To determine if there is any validity to the allegations.</li> <li>2. To determine if internal controls are adequate to safe guard assets.</li> </ol>	
<b>Total Questioned Costs/Losses: 7805.00</b>	<b>Total Recoveries: None</b>
<b>Findings:</b> <ol style="list-style-type: none"> <li>1. No Written Check in -Check Out Procedures Exist For STEM Camps.            Management's Response: A written Standard Operation Procedures manual will be created to guide STEM camp implementation by 9/15/2015.</li>   <li>2. Procedures Need to Be Established for Handling Payments at STEM Camps            Management's Response: Fiscal Services met with OneSource on August 31, 2015 to discuss outlining a process for how cash/check payments will be handled on both ends. We agreed to have a shared document that both OneSource and the Bursar's Office could update and view to see individuals who have registered and it could be updated with receipt information when payment was made at the window, this was implemented on August 31, 2015.</li>   <li>3. Assets are not properly tagged.            Management's Response: The Information Technology department will work with Fiscal Services to review the current approval process for computer purchases to verify that the Director of IT is included in the approvals workflow for the appropriate account numbers. Fiscal Services and Information Technology will also educate users on the requirement that all computers, including tablets, be inventoried and tagged by IT.</li>   <li>4. Shipping and Receiving Not Verifying Contents of Shipments with Packing Slip on Freight Shipments.            Management's Response: The shipping and receiving clerk understands that it is their responsibility to open, inspect and cross reference the contents of <u>all</u> packages received against their respective packing slip.</li>   <li>5. Controls need to be established over cabinet keys.            Management Response: The cabinets will be secured with Best Padlocks. Best keys cannot be duplicated or key blanks purchased which provide the best security. The process should be completed by November 1, 2015.</li>   <li>6. Controls needs to be established for issuing keys for temporary employees.            Managements Response: An email will be sent out by Human Resources to all supervisors campus wide informing them of the significance of: scrutiny in issuing keys and importance of collecting keys when terminating any employee. An SOP will be developed addressing a revised Key Request Form. This Key Request Form will now be submitted electronically.</li> </ol>	

**Dyersburg State Community College**  
**Internal Audit Follow-Up Report on Investigation 15-01**  
**Internal Investigation of Allegation Regarding**  
**Comp Time Abuse**  
**December 4, 2015**  
**Executive Summary**

<b>Key Staff Persons:</b> Bud Hoffmann, VP for Finance	<b>Auditor:</b> Sandra Pruett, Director of Internal Audit
<p><b><u>Introduction:</u></b></p> <p>A follow-up review of the actions taken in response to the allegation of comp time reporting abuse was performed to determine the status of management’s proposed action plans with regard to the internal audit investigative report Allegation of Comp Time Reporting Abuse, Case 15-01 from August 28, 2015.</p>	
<p><b><u>Objectives:</u></b></p> <ul style="list-style-type: none"> <li>• To determine if management has taken action to implement all corrective actions to comply with the audit recommendations listed in the previous audit report.</li> <li>• To evaluate the efficiency and effectiveness of the corrective actions.</li> <li>• To provide additional recommendations, if needed.</li> </ul>	
<b>Total Questioned Costs: None</b>	<b>Total Recoveries: N/A</b>
<p><b><u>Previous Recommendations and Management Responses:</u></b></p> <p>3. <b><u>Blanket comp time requests should no longer be used throughout all departments at DSCC.</u></b> A specific request for comp time for each employee for a particular pay period should be submitted and approved, which will give the supervisor or manager a better opportunity to review the specific comp time reported.</p> <p style="text-align: center;"><i>Management concurs and will develop a revised Comp Time Request form within 30 days.</i></p> <p>4. <b><u>The reporting structure of the Accounting and Human Resources Departments should be reviewed by the VP for Finance.</u></b> As part of this investigation, it was noted that currently, the Payroll Manager reports directly to the Human Resources Director, instead of to a Finance/Accounting Director position. This is not a normal reporting relationship for the Payroll function. For other community colleges in the TBR system, the Payroll Manager reports to someone in the Finance department.</p> <p style="text-align: center;"><i>DSCC management will defer consideration of the payroll reporting relationship at this time until the new payroll process is determined by the TBR community colleges.</i></p>	
<p><b><u>Results of Review:</u></b></p> <p><b>Conclusion:</b> There is sufficient evidence to conclude that both recommendations have been addressed at this time. Recommendation #1 was successfully addressed by updating the “Request for Compensatory Time or Overtime” form and issuing directives to the management staff that blanket comp time requests would no longer be accepted. Recommendation #2 has been addressed by establishing compensating controls.</p>	

**Pellissippi State Community College**  
**Special Review of Allegation Related to Acceptance of Meal by Facilities Employees**  
**Executive Summary**

<p><b>Auditee:</b> Pellissippi State Community College Facilities Department</p>	<p><b>Auditor:</b> Suzanne L. Walker, Director of Internal Audit</p>
<p><b>Background:</b> On December 3, 2015, the Department of Internal Audit received an allegation that facilities employees had received lunch from Johnson Controls in order to win bids on a contract. The complainant further stated that specifications were written in such a way that only Johnson Controls would win the bid/contract.</p>	
<p><b>Objectives:</b> To determine if Johnson Controls did, in fact, provide lunch to specific facilities department employees, and if this providing this lunch violated any state laws, regulations, and/or policies.</p>	
<p><b>Total Questioned Costs/Losses:</b> None</p>	<p><b>Total Recoveries:</b> None</p>
<p><b>Audit Conclusions:</b> The investigation determined that two employees were provided lunch by Johnson Controls at a meeting to discuss the current contract. There is no evidence to support the fact that providing this lunch led to Johnson Controls receiving any special benefits or consideration from the College. Johnson Controls was the original installer of the Metasys system. Metasys is a Johnson Controls system that is an industry leader in building automation systems. The system provides instrumentation and control for the College's HVAC and other major mechanical systems. The College does have an annual maintenance agreement for this system but has not awarded any additional contracts or bid any work with Johnson Controls in the current fiscal year. A general services state-wide contract with Johnson Controls also exists for repairs and maintenance. Governor Haslam's executive order related to ethics and the acceptance of gifts states that the policy does not apply as follows:</p> <p style="padding-left: 40px;"><i>Food, refreshments, foodstuffs, entertainment, or beverages provided as part of a meal or other event, if the value of such items does not exceed fifty dollars per occasion...</i></p> <p>Based upon this it appears that no violation of state law or regulations occurred since the meal provided was less than \$50. However, the Tennessee Board of Regents Purchasing Policy states the following:</p> <p style="padding-left: 40px;"><i>No employee of an institution responsible for initiating or approving requisitions shall accept or receive, directly or indirectly, from any person, firm or corporation to whom any contract may be awarded, by rebate, gift or otherwise, any money or anything of value whatsoever, or any promise, obligation or contract for future awards or compensation.</i></p> <p>It is recommended that College management periodically remind all employees that the acceptance of anything of value from any current or potential vendor is prohibited according to TBR policy regardless of the monetary amount of the item being received.</p>	

## Status Report on Internal Audit Recommendations

Internal audit reports may include recommendations to management for corrective action. Recommendations are scheduled for follow-up review by Internal Audit based on the time needed to implement corrective actions, as estimated by management. The following Recommendation Logs are included in these materials. Each recommendation will include a status of management's action or will be blank; if no status is indicated, the follow-up review has not yet been performed.

University Internal Audits

Community College Internal Audits

SWIA Information Systems Internal Audits

Tennessee Colleges of Applied Technology Internal Audits

Tennessee Board of Regents System Office Internal Audits

Tennessee Foreign Language Institute Internal Audit

<b>Status Legend for Management's Action</b>	
<b>Actions Completed</b>	Management has implemented the actions stated in their response to this recommendation. Issue closed.
<b>In Progress</b>	Management has implemented some of the actions stated in their response to this recommendation. Additional review scheduled.
<b>No Progress</b>	Management has not implemented the actions stated in their response to this recommendation. Additional review scheduled.



**TBR SWIA - Status Report on Internal Audit Recommendations - Universities**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
APSU	Friday, October 30, 2015	APSU Access & Diversity Report Observation 1 Austin Peay State University personnel should ensure that the process as outlined in 2007 is followed until a revised process is submitted to TBR OESI. Information regarding the scholarship criteria and selection process should be submitted in writing to TBR OESI on an annual basis or when changes are made to the criteria or process. Any exception to the criteria and process should be requested in writing from TBR OESI.	Director, Student Financial Aid	Friday, July 1, 2016		In Progress
APSU	Friday, October 30, 2015	APSU Access & Diversity Report Observation 2 The Diversity Officer should insure that funds used to support student initiatives comes from funding specifically allocated for that purpose. If funds are not available, the diversity officer should request approval from TBR OESI when using funds allocated to other access and diversity initiatives.	Diversity Officer	Friday, July 1, 2016		In Progress
APSU	Friday, October 30, 2015	APSU Access and Diversity Report Finding 1 Institution management should review all current and former financial activity related to access and diversity grant funds to ensure that all funds are properly accounted for. Any remaining balances should be investigated to determine whether they can be used for current access and diversity initiatives or returned to TBR OESI. Personnel responsible for accounting and reporting should ensure that funds are properly accounted for. A revised report should be submitted to TBR following the recommended review.	Grants Accountant	Friday, July 1, 2016		In Progress
APSU	Monday, February 15, 2016	Investigation of Loss and Excessive Bookstore Purchases University management and the Ann Ross Bookstore develop and require a departmental charge form when any department makes a purchase.	Manager of Auxiliary Support Services and Manager of Ann Ross Bookstore	Monday, February 15, 2016	Monday, February 15, 2016	Action Completed
APSU	Monday, February 15, 2016	Investigation of Loss and Excessive Bookstore Purchases The Department of Teaching and Learning and Department of Educational Specialties should review their expenses on a monthly basis, avoid wasteful spending of funds at the end of the fiscal year, and keep a record of promotional items purchased and given to potential students or new faculty.	Dean of the College of Education	Monday, February 15, 2016		No Progress
APSU	Monday, February 15, 2016	Investigation of Loss and Excessive Bookstore Purchases Management should review the instructions and training provided to all employees regarding budgeting and monitoring expenses to determine if additional instructions, training, or reminders of key control procedures are needed.	Controller	Monday, February 15, 2016		No Progress
ETSU	Thursday, June 26, 2014	ETSU Banner Security Audit 1 of 1 Data owners and supervisors should audit and re certify Banner access annually.	OIT Associate Vice President/CIO and Director of Information Systems	Saturday, August 1, 2015		In Progress
ETSU	Monday, November 24, 2014	ETSU Office of Intercollegiate Athletics Timekeeping Investigation 1 of 1 Controls and practices over timekeeping functions need improvement. Multiple issues were discovered during the audit.	Athletic Director	Thursday, April 30, 2015		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Universities**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
ETSU	Friday, March 27, 2015	ETSU PCI Compliance Readiness Audit 1 of 4 The current SNMP protocol being used is considered insecure.	Chief Information Officer	Saturday, August 1, 2015		In Progress
ETSU	Friday, March 27, 2015	ETSU PCI Compliance Readiness Audit 2 of 4 Aramark Food Services' computer systems do not adhere to PCI requirements in several areas.	Chief Informations Officer	Tuesday, September 1, 2015		In Progress
ETSU	Friday, March 27, 2015	ETSU PCI Compliance Readiness Audit 3 of 4 Penetration testing methodology needs to be developed and implemented.	Chief Information Officer	Saturday, August 1, 2015		In Progress
ETSU	Friday, March 27, 2015	ETSU PCI Compliance Readiness Audit 4 of 4 New PCI DSS 3.0 Self-Assessment Questionnaire needs to be completed	Chief Information Officer	Tuesday, September 1, 2015		In Progress
ETSU	Monday, May 11, 2015	ETSU Department of Art and Design Procurement and Study Abroad Investigation 1 of 1 Controls over funds used for faculty-led study abroad programs need to be improved.	Vice President for Finance and Administration	Thursday, December 31, 2015		In Progress
ETSU	Thursday, May 21, 2015	ETSU Facilities VA Campus Custodial Staff Investigation 1 of 1 Employees should be allowed to complete their own timesheets.	Director, Facilities Mgmt Operations	Friday, July 31, 2015		In Progress
ETSU	Wednesday, June 17, 2015	ETSU Student Health Billing Practices 1 of 3 Student health billing procedures need improvement.	Associate Dean, Office of Practice	Tuesday, January 5, 2016		In Progress
ETSU	Wednesday, June 17, 2015	ETSU Student Health Billing 2 of 3 Cash receipting procedures need improvement.	Associate Dean, Office of Practice	Tuesday, January 5, 2016		In Progress
ETSU	Friday, June 26, 2015	ETSU University Advancement 1 of 3 Policies and procedures regarding "soft" credit need to be established.	Associate Vice President, University Advancement	Thursday, December 31, 2015		In Progress
ETSU	Wednesday, June 17, 2015	ETSU Student Health Billing Practices 3 of 3 Account adjustment procedures need improvement	Associate Dean, Office of Practice	Tuesday, January 5, 2016		In Progress
ETSU	Friday, June 26, 2015	ETSU University Advancement 2 of 3 Documentation for business meal reimbursements should contain the attendees names based on IRS regulations.	Vice President for University Advancement	Thursday, December 31, 2015		In Progress
ETSU	Friday, June 26, 2015	ETSU University Advancement 3 of 3 Graduate Studies should ensure all students enrolled are within matriculation limits or have appropriate and current extensions on file.	Dean, Graduate Studies	Thursday, December 31, 2015		In Progress
ETSU	Wednesday, August 26, 2015	ETSU Third Party Servers 1 of 1 Weaknesses were discovered which lessened the internal controls in five specific areas.	CIO/Senior Vice Provost for ITS	Wednesday, September 30, 2015		In Progress
ETSU	Thursday, October 29, 2015	ETSU Access and Diversity Funds 1 of 1 Controls over Access and Diversity Funds need improvement.	Special Assistant to the President. Office of Equity and Diversity	Monday, February 1, 2016		No Progress
ETSU	Thursday, January 7, 2016	ETSU Financial Aid 1 of 1 Three of the 72 Pell recipients tested (4%) were over-awarded by a total of \$1,168.00 during the Fall 2013 term.	Director of Financial Aid	Thursday, June 30, 2016		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Universities  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
ETSU	Monday, February 29, 2016	Off-Campus International Programs 1 of 3 Management should be consistent when applying the tuition waivers for senior citizens taking a faculty-led study abroad summer course and the waivers should adhere to state law/TBR guidelines.	Director, International Programs	Sunday, May 1, 2016		In Progress
ETSU	Monday, February 29, 2016	Off-Campus International Education Programs 2 of 3 Accounts associated with faculty-led study abroad courses should be properly managed, monitored, and controlled.	Director, International Programs	Sunday, July 31, 2016		In Progress
ETSU	Monday, February 29, 2016	Off-Campus International Education Programs 3 of 3 Management should review the cash advances process as they related to study abroad courses and develop procedures which would strengthen the internal controls.	Director, International Programs	Friday, September 30, 2016		Not Yet Due
MTSU	Wednesday, March 12, 2014	Review of Athletic Gifts in Kind FY 2013 Finding 1 of 2: Improved Compliance is Needed with the Sports Marketing Contract	Athletic Department	Tuesday, March 31, 2015		No Progress
MTSU	Wednesday, March 12, 2014	Review of Athletic Gifts in Kind FY 2013 Finding 2 of 2: Monitoring of Trade Revenue Should be Improved	Athletic Department	Tuesday, March 31, 2015		No Progress
TTU	Thursday, June 26, 2014	TTU-IAR-Laboratory Safety-06262014 Finding - Lab inspections, the only way to verify training and the safety of labs, should be completed on a more frequent basis than is currently being done.	Environmental Health and Safety Coordinatore	Thursday, June 30, 2016		Not Yet Due
TTU	Thursday, June 26, 2014	TTU-IAR-Laboratory Safety-06262014 Finding - EHS should implement current IFC fire drill requirements and both EHS and Residential Life's websites should be updated to reflect the current requirements. The dates of all fire drills should be documented, and compliance with the requirements should be monitored.	Director of Safety & Environmental Services, Director of Residential Life, Director of Child Development Lab.	Thursday, June 30, 2016		In Progress
TTU	Wednesday, July 3, 2013	TTU-IAR-Personnel-11152013 Finding - Several sections of TTU Human Resources written policies and procedures should be updated.	Interim Director of Human Resources	Sunday, January 31, 2016	Monday, January 11, 2016	Action Completed
TTU	Wednesday, July 3, 2013	TTU-IAR-Personnel-11152013 Finding - Human Resources should document the internal policies and procedures for telecommuting and inform the campus of the requirements.	Interim Director of Human Resources	Sunday, January 31, 2016	Monday, January 11, 2016	Action Completed
TTU	Monday, August 17, 2015	TTU-PCI-DSS 2014-15 To document that TTU's policies and procedures are adequate given the current computing environment and know to all personnel, the TTU Data Security Policy should be updated and reviewed annually.	Chief Information Security Officer	Sunday, July 31, 2016		Not Yet Due
TTU	Monday, August 17, 2015	TTU-PCI-DSS 2014-15 To ensure service providers are in compliance with PCI-DSS, each one's compliance should be verified annually by locating the service provider on the list of certified service providers on the PCI Security Standards Council website or by obtaining and keeping on file the service provider's current certificate of PCI compliance as issued by a QSA.	Chief Information Security Officer	Wednesday, August 19, 2015	Thursday, January 14, 2016	Action Completed

**TBR SWIA - Status Report on Internal Audit Recommendations - Universities**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TTU	Tuesday, August 25, 2015	TTU-IAR-NCAA Student Assistance Fund-08252015 One student athlete was awarded books for the summer but did not attend summer school or pick up any books. However, they were reported as receiving \$800 in assistance from the student assistance fund in the various NCAA and OVC expenditures reports. The \$800 should be credited back to the student assistance fund in the university's accounting records and to prevent future overstatements of summer school expenses, each student athlete's attendance in summer school should be verified prior to reporting that athlete's summer school expenses in the NCAA and OVC student assistance fund expenditure reports.	Associate AD for Business and Personnel Coordinator for Compliance and Events	Monday, July 11, 2016		Not Yet Due
TTU	Thursday, October 22, 2015	TTU-IAR-Access and Diversity-10222015 The carryover balance should be corrected, as it was misstated by \$10,934.77.	Manager of Grant Accounting	Thursday, October 22, 2015	Thursday, October 22, 2015	Action Completed
TTU	Thursday, October 22, 2015	TTU-IAR-Access and Diversity-10222015 Financial Reports should be reviewed and signed by the business officer, campus diversity officer, and financial aid director prior to their submission to TBR. These had been properly signed until 2010, when the form was changed to no longer have a place for signatures. The reason for the change could not be determined.	Manager of Grant Accounting	Thursday, October 22, 2015	Thursday, October 22, 2015	Action Completed
TTU	Friday, February 12, 2016	TTU-IAR-Off-Campus International Education-02122016 Timely reconciliation of faculty-led programs should be performed at the completion of each program and any student refunds should be processed in a timely manner.	Senior Associate Vice President	Thursday, June 30, 2016		Not Yet Due
UOM	Monday, January 12, 2015	Internal Controls Risk Assessment Footprint Research - Recommendations regarding lab safety training and inspections.	Director Environmental Health and Safety	Sunday, January 31, 2016	Friday, November 13, 2015	Action Completed
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Effort reports need to be completed and approved more timely.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Documentation needs improvement and cost transfers should be completed within 90 days.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Cost of \$520 for entertainment should be removed from grant.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - A risk analysis should be performed by Research Support Services for subrecipients on grants.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Annual subrecipient reviews should be performed for monitoring purposes.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Copies of subagreements should be provided to Grants Accounting.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Universities**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - The documentation for PI approval should be improved to clearly indicate PI approval for payments to subrecipients.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Research Support Services needs to file the required subaward information in a timely manner for federal grants that have subawards.	Sr Internal Auditor	Saturday, December 31, 2016		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
ChSCC	Tuesday, April 1, 2014	NACHA 2 of 2: ITS policy drafts 08:21:00 - Information Technology Services IT Service Desk Support and 08:25:00 - Information Technology Projects should be finalized and approved.	Director Systems Development and Operations	Thursday, June 30, 2016		In Progress
ChSCC	Thursday, July 31, 2014	IT Disaster Recovery Plan 1 of 7: All non-Banner applications, including applications and servers housed in various ChSCC Departments, should be reviewed to determine if any are "mission critical" and should be include in the DRP.	AVP ITS	Thursday, June 30, 2016		In Progress
ChSCC	Thursday, July 31, 2014	IT Disaster Recovery Plan 2 of 7: As a departmental joint project, evaluate the effect of a disaster on departmental servers and complete departmental DRP's.	AVP ITS	Thursday, June 30, 2016		In Progress
ChSCC	Thursday, July 31, 2014	IT Disaster Recovery Plan 3 of 7: Complete the service level agreements with ChSCC departments for each application and/or the department as a whole.	AVP ITS	Thursday, June 30, 2016		In Progress
ChSCC	Thursday, July 31, 2014	IT Disaster Recovery Plan 4 of 7: An equipment inventory should be included in each Department's DRP.	AVP ITS	Thursday, June 30, 2016		In Progress
ChSCC	Wednesday, May 27, 2015	Bank Reconciliation 3 of 4: Bank contracts should be reviewed on an annual basis to ensure wire personnel authorizations are up-to-date and ChSCC is in compliance with all contracts.	Business Office Management	Thursday, December 31, 2015		No Progress
ChSCC	Wednesday, May 27, 2015	Bank Reconciliation 4 of 4: The Business and Finance Division should follow-up with all banks to ensure all authorization signatures are up-to-date.	Business Office Management	Monday, November 30, 2015		In Progress
ChSCC	Thursday, February 6, 2014	Equipment 4 of 5: Written loan agreements with the artist(s) or owner(s) for the Art Work on Loan to the College should be executed.	Joe Helseth	Wednesday, December 31, 2014		In Progress
ChSCC	Thursday, February 6, 2014	Equipment 5 of 5: A listing of Art Work on Loan should be submitted to the State of Tennessee's Department of Risk Management to properly insure these items.	Joe Helseth/ Business Office Management	Wednesday, December 31, 2014		No Progress
ChSCC	Wednesday, November 11, 2015	ChSCCAthletic Camps and Clinics 4 of 6: The Athletic Department should develop and implement proper backup procedures to prevent data loss.	Athletic Director	Thursday, March 31, 2016		No Progress
ChSCC	Wednesday, November 11, 2015	ChSCC Athletic Camps and Clinics 2 of 6: Policies and procedures for athletic camps should be developed, documented, and implemented.	Athletic Director	Thursday, March 31, 2016		No Progress
ChSCC	Wednesday, November 11, 2015	ChSCC Athletic Camps and Clinics 5 of 6: The Athletics Department should develop and implement a retention policy.	Athletic Director	Thursday, March 31, 2016		No Progress
ChSCC	Wednesday, November 11, 2015	ChSCC Athletic Camps and Clinics 1 of 6: The structure of the athletic camps should be improved and formalized, as Athletic Department management and coaches were not aware of camp insurance and liability coverage and risks.	Athletic Director	Wednesday, November 11, 2015	Tuesday, January 26, 2016	Action Completed

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
ChSCC	Wednesday, November 11, 2015	ChSCC Athletic Camps and Clinics 3 of 6: The Athletic Department should follow the appropriate College refund procedures.	Athletic Director	Wednesday, November 11, 2015	Tuesday, January 26, 2016	Action Completed
ChSCC	Wednesday, November 11, 2015	ChSCC Athletic Camps and Clinics 6 of 6: The Athletics Department should implement TouchNet Marketplace for camp registration fees.	Athletic Director	Thursday, March 31, 2016	Wednesday, January 27, 2016	Action Completed
ChSCC	Monday, December 7, 2015	ChSCC Cash Counts 1 of 2: Cash Counts: Student Life, the Library, and the Print Shop should balance their cash daily, weekly, or when an event occurs, as appropriate to each department's volume of cash transactions.	Dean Student Life & Judicial Affairs Dean Library Services Director Print Shop	Monday, December 7, 2015	Tuesday, January 26, 2016	Action Completed
ChSCC	Monday, December 7, 2015	ChSCC Cash Counts 2 of 2: The TCAT should lock its cash in the safe and provide a safe room key to the cashier.	TCAT Director	Monday, December 7, 2015	Tuesday, January 26, 2016	Action Completed
ChSCC	Monday, February 15, 2016	ChSCC Study Abroad 1 of 1: Multicultural Services should enhance its internal timeline to include detailed procedures to administer the off-campus international education programs operated through TnCIS.	Director of Multicultural and International Student Services	Thursday, March 31, 2016		In Progress
ChSCC	Thursday, January 28, 2016	Management should ensure that all students have properly submitted immunization records and are in compliance with the Tennessee Department of Health College Immunization Requirements. If holds are placed on the student's account at orientation to allow them to work with Advisors/Counselors to develop a full-time student class schedule, the student should understand that their admission/registration to ChSCC is contingent on completing all admission requirements including immunization documentation.	Debbie Adams, Student Affairs Vice President	Thursday, January 28, 2016	Thursday, January 28, 2016	Action Completed
CISCC	Monday, April 13, 2015	CISCC- Title IV-1. The Net Price Calculator link is not up to date	VP of Student Services	Thursday, April 30, 2015		In Progress
CISCC	Monday, April 13, 2015	CISCC TitleIV-2. Prospective student athletes that are offered athletically related aid are not provided the completion, graduation and transfer-out rates as required by Title IV.	VP of Student Services	Saturday, October 31, 2015		In Progress
CISCC	Tuesday, November 17, 2015	CISCC-INV1501-Missing Money and Computers #1-5. No Check In -Check Out Procedures Exist For STEM Camps	Excutive Director Workforce Training	Friday, January 29, 2016		No Progress
CISCC	Tuesday, November 17, 2015	CISCC-INV1501-Missing Money and Computers #2 Procedures Need to Be Established for Handling Payments at STEM Camps.	Excutive Director Workforce Training and Director Fiscal Services	Thursday, December 31, 2015		No Progress
CISCC	Tuesday, November 17, 2015	CISCC-INV1501-Missing Money and Computers # 3Assets are not properly tagged	Director Fiscal Services	Friday, January 29, 2016		No Progress
CISCC	Tuesday, November 17, 2015	CISCC-INV1501-Missing Money and Computers- # 4-Shipping and Receiving not verifying contents of shipments with packing slip on freight shipments	Maitnenace Director	Thursday, December 31, 2015		No Progress
CISCC	Tuesday, November 17, 2015	CISCC-iINV1501-Missing Money and Computer # 5. Controls need to be established over cabinet keys	Maintenance Director	Thursday, December 31, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CISCC	Tuesday, November 17, 2015	CISCC-INV1501-Missing Money and Computers #6. Controls needs to be established for issuing keys for temporary employees	Maintenance Director	Thursday, December 31, 2015		No Progress
CISCC	Friday, February 19, 2016	CISCC - Off-Campus International Education Programs Management needs to develop policies and procedures as required by TBR Policy 2:08:10:00 and TBR Guidelines A-076.	V. P. Academic Affairs	Friday, April 15, 2016		In Progress
CoSCC	Thursday, October 29, 2015	CoSCC-IAR-Access and Diversity - Although the audit results reflect the majority of Opportunity Scholarship recipients met the criteria on file with TBR OESI, the published criteria and the selection process utilized differed from the criteria and selection process on file. TBR OESI requires annual written notification of the scholarship criteria and selection process used to disperse allocated access and diversity scholarship and fellowship funds. An annual institutional review of the Opportunity Scholarship criteria and selection process followed by a written notification to TBR OESI would benefit the institution by ensuring alignment with the institution's and the Tennessee Board of Regents' access and diversity goals and objectives.	Director Financial Aid	Friday, January 29, 2016		In Progress
CoSCC	Friday, February 19, 2016	CoSCC_IAR_Off-Campus International Education The International Education Committee held informal meetings for which minutes were not compiled. The International Education Committee members should annually review relevant Columbia State Community College policies, and the Columbia State Committee Council Guidelines to ensure a complete understanding of committee administrative responsibilities, and to ensure minutes are maintained, quorums are met, and committee actions are clearly documented within the minutes.	Director of International Education - Chair of International Education Committee	Friday, July 1, 2016		Not Yet Due
CoSCC	Friday, February 19, 2016	CoSCC_IAR_Off-Campus International Education The International Education Committee International Education does not have a written scholarship award process. In order to ensure consistent and fair application of scholarship criteria, the committee should establish a formal written process that includes the process and timeline for establishing scholarship criteria, reviewing scholarship applications, evaluating and selecting award candidates, handling employee or employee family member applicants, and requesting post award adjustments.	Director of International Education	Friday, April 1, 2016		Not Yet Due
CoSCC	Friday, February 19, 2016	CoSCC_IAR_Off-Campus International Education - The college applied the Banner "tuition and fee waiver" without an approved or documented exception to TBR and Columbia State policies. All instances of the Banner "Tuition and Fees Waiver" should be reviewed to ensure that assessments of fees and charges occur unless an exception is approved and documented.	Business Manager	Friday, April 1, 2016		Not Yet Due



**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
DSCC	Monday, May 11, 2015	DSCC - CCTA Efficiencies and Other Outcomes, Observation 1 of 1: Institutional management should consult with THEC to evaluate the effect of certain inaccuracies previously reported resulting from inaccurate semesters used to calculate the Job Placement data, as well as an over reporting due to the subsequent correction of the Job Placement calculation. Management should also ensure that all records relating to the details of the Job Placement numbers reported to THEC will be better maintained in the future.	Vice President of Institutional Advancement or Information Research Specialist	Monday, December 21, 2015		Action Completed
DSCC	Friday, August 28, 2015	DSCC-Allegation of Comp Time Reporting Abuse Observation 1 of 2. Blanket comp time requests should no longer be used throughout all departments at DSCC. A specific request for comp time for each employee for a particular pay period should be submitted and approved, which will give the supervisor or manager a better opportunity to review the specific comp time reported.	Vice President for Finance	Wednesday, December 30, 2015	Friday, December 4, 2015	Action Completed
DSCC	Friday, August 28, 2015	DSCC-Allegation of Comp Time Reporting Abuse Observation 2 of 2. The reporting structure of the Accounting and Human Resources Departments should be reviewed by the VP for Finance. As part of this investigation, it was noted that currently, the Payroll Manager reports directly to the Human Resources Director, instead of to a Finance/Accounting Director position. This is not a normal reporting relationship for the Payroll function. For other community colleges in the TBR system, the Payroll Manager reports to someone in the Finance department.	Vice President for Finance	Wednesday, December 30, 2015	Friday, December 4, 2015	Action Completed
DSCC	Wednesday, October 28, 2015	DSCC-Access and Diversity Funds-Observation 2 of 2 It is recommended that scholarship awards for relatives of institutional personnel be approved by a higher level of authorization than the Director of Student Life, who participates in the scholarship award process.	Dean of Student Services	Friday, December 18, 2015		In Progress
DSCC	Wednesday, October 28, 2015	DSCC-Access and Diversity Funds-Observation 1 of 2 It is recommended that management assign a unique accounting number for In-Kind or Grantee contributions listed in a competitive grant and track all related expenses through that account number so that the grant expenditures can be measured as being fulfilled.	Dean of Student Services	Friday, December 18, 2015		In Progress
DSCC	Friday, February 19, 2016	DSCC-Off-campus International Education Program-Finding 1 of 2 Management should develop comprehensive policies for the administration of the Off-campus International Education Program that include but are not limited to, procedures for enrolling students and awarding credit, use of financial accounts, account audit/reconciliation procedures, collection of tuition and fees, reimbursement of travel expenditures, accompanying spouses and/or children, orientation guidelines, information on legal and cultural environments, awarding of scholarships, a refund policy, a student conduct policy, etc.	Teri Maddox, Vice President of the College	Thursday, June 30, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
DSCC	Friday, February 19, 2016	DSCC-Off-campus International Education Programs-Finding 2 of 2 Management should develop procedures to ensure the maintenance and safekeeping of all records associated with international travel each year. This includes all student paperwork required by DSCC and TNCIS, as well as all required faculty paperwork.	Teri Maddox, Vice President of the College	Thursday, June 30, 2016		Not Yet Due
DSCC	Friday, February 19, 2016	DSCC-Off-campus International Education Programs-Observation 1 of 3 No dual service contracts were found for the DSCC instructors who participated in the Off-campus International Education Programs for FY2015. The DSCC instructors were paid directly by TNCIS. DSCC management would not have known that this payment arrangement was in place; however, dual service contracts should be used with TNCIS for institutional faculty teaching abroad according to the TNCIS Operational Handbook section 3.2.9. The TNCIS office should complete the dual service contract upon receipt of an approved adjunct faculty contract from the institution. DSCC management should develop procedures to ensure that these dual service contracts are in place when approving DSCC faculty international teaching assignments.	Teri Maddox, Vice President of the College	Thursday, June 30, 2016		Not Yet Due
DSCC	Friday, February 19, 2016	DSCC-Off-campus International Education Programs-Observation 2 of 3 Off-campus international education program activity was not reconciled which resulted in an erroneous posting of \$38,675 to the scholarship expense line item in the International Education Program budget. The posting error also affected an agency account used solely for Off-campus International Education program activity. No duplicate payments were made as a result of this posting error, but the agency account had a balance which was not cleared due to the incorrect posting. Management should develop procedures for reconciling International Education program accounts to ensure that all postings are made according to the detailed requirements for this program's activity.	Bud Hoffmann, Vice President for Finance and Administrative Services	Thursday, June 30, 2016		Not Yet Due
DSCC	Friday, February 19, 2016	DSCC-Off-campus International Education Programs-Observation 3 of 3 The reserve account mentioned previously consists of the difference between the annual International Fee revenues and the expenses associated with the International Education Program. Therefore, the balance of this account fluctuates greatly from year to year. Management should develop procedures to specify the adequate level of this reserve account and to ensure that the account is maintained at this level going forward.	Bud Hoffman, Vice President for Finance and Administrative Services	Thursday, June 30, 2016		Not Yet Due
JSCC	Tuesday, April 2, 2013	Data Security: Observation 1 of 2 The data security policy may need to be reviewed and updated to provide more complete guidance regarding the collection, access, transmission, storage, and disposal of personally identifiable information.	Dana Nails, Director of Information Technology	Thursday, December 31, 2015		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
JSCC	Tuesday, April 2, 2013	JSCC-Data Security Observation 2 of 2: Training should be provided for employees to ensure compliance with the data security policy and other regulations including Family Educational Rights and Privacy Acts, Federal Trade Commission Red Flags Rule, and Gramm-Leach-Bliley Act. Representatives from each area of data security responsibility should be included in the development of training.	Dana Nails, Director of Information Technology	Thursday, December 31, 2015		In Progress
JSCC	Friday, October 24, 2014	Emergency Preparedness Plan Audit - Observation 1 of 2: Employee Training The JSCC Emergency Management Plan requires training in emergency procedures and for the proper use of safety equipment. Several safety drills have been conducted and safety equipment is located campus wide in designated locations. However, further training is needed in the proper use of the chair lifts, AEDs, and fire extinguishers. Training should also include first aid procedures and building evacuation procedures.	Darron Billings, Director of Environmental Health and Safety/Chief of Police	Friday, May 8, 2015		In Progress
JSCC	Friday, October 24, 2014	JSCC - Emergency Preparedness Plan Audit - Observation 2 of 2: Annual Review and Update According to TBR Guideline B-100 section III.17, the emergency preparedness plan should be reviewed and updated on an annual basis. The last revision was July 01, 2011.	Darron Billings, Director of Environmental Health and Safety/Chief of Police	Friday, May 8, 2015		In Progress
JSCC	Friday, February 21, 2014	JSCC - Progression and Dual Enrollment: Institutional management and TBR System Office management should consult with THEC to determine the significance of the risk of inaccurate progression outcomes resulting from certain timing differences and whether the risk warrants mitigating actions.	Robin Marek, Director of Admissions and Records	Thursday, December 31, 2015		No Progress
JSCC	Wednesday, July 23, 2014	Completion Outcomes 1 of 2: Management should continue to keep certificate and degree categories as up to date and as accurate as possible.	Robin Marek, Director of Admissions and Records	Thursday, March 31, 2016		In Progress
JSCC	Wednesday, July 23, 2014	Completion Outcomes 2 of 2: Institutional procedures should include the review of obligations owed to the institution and holding certificates and diplomas until the obligation has been satisfied.	Robin Marek, Director of Admissions and Records	Thursday, March 31, 2016		In Progress
JSCC	Friday, October 30, 2015	JSCC-Access and Diversity Recommendation 1 Of 4: The institution should develop Access and Diversity goals for the overall program and ensure that funds are spent according to established goals.	Director of Human Resources	Friday, April 1, 2016		Not Yet Due
JSCC	Friday, October 30, 2015	JSCC-Access and Diversity Recommendation 2 of 4: Scholarships awarded by the Access and Diversity Committee should be reconciled to expenditures.	Director of Human Resources	Sunday, May 1, 2016		Not Yet Due
JSCC	Friday, October 30, 2015	JSCC - Access and Diversity Recommendation 3 of 4: Scholarship applications should be maintained for a period of time as supporting documentation. A suggested time for retention would be 5 years.	Dean of Students/Director of Human Resources	Sunday, May 1, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
JSCC	Friday, October 30, 2015	JSCC-Access and Diversity Recommendation 4 of 4: The TBR Office of Organizational Effectiveness and Strategic Initiatives should approve scholarship criteria, salaries, and transfers.	Director of Human Resources	Sunday, May 1, 2016		Not Yet Due
JSCC	Wednesday, October 21, 2015	VSCC-President's Expense Audit FY15 - For one travel expense paid to a third party on behalf of the President, receipts were not included in the supporting documentation for airfare and lodging. Upon request, receipts for airfare and lodging were obtained and provided. The airfare and lodging amounts paid agreed to the receipts and were within policy guidelines.	President's Office	Thursday, December 31, 2015		No Progress
JSCC	Friday, February 19, 2016	JSCC-IAR-Off-Campus International Education Program Recommendation 1 of 2: Students should be registered for international education programs at their institution according to the TBR Guideline A-076 and the TnCIS Operational Handbook. Institutional registration should include recording appropriate student fees, student payments, and administering any financial aid and scholarships.	International Activities Coordinator	Wednesday, June 1, 2016		In Progress
JSCC	Friday, February 19, 2016	Off-Campus International Education programs - Management should ensure that appropriate dual service contracts are in place with TnCIS for institutional faculty teaching abroad according to the TnCIS Operational Handbook section 3.2.9. The TnCIS office should complete the dual service contract upon receipt of an approved institutional approval form from the institution.	International Activities Coordinator	Wednesday, June 1, 2016		In Progress
NeSCC	Thursday, January 2, 2014	Data Security FY 2013 Information Technology Resources policy is not being followed as stated in Policy 1:08:00:00.	Director of Information Technology	Friday, April 29, 2016		In Progress
NeSCC	Friday, July 25, 2014	Complete College of Tennessee Act: Completion Outcomes Management to research documentation deficiencies identified during the review and identify/correct the deficiencies and their causes so that Banner Document Management System (BDMS) can be better relied upon to house complete graduation source documentation	Registrar	Friday, May 1, 2015	Friday, December 4, 2015	Action Completed
NeSCC	Thursday, August 28, 2014	Theatre Services Procedures in place to handle and enforce facility usage applications for events scheduled through the Theatre Department need to be improved.	Theatre Manager	Monday, June 1, 2015	Friday, January 15, 2016	Action Completed
NeSCC	Wednesday, February 17, 2016	Off-Campus International Education Programs Management should ensure that appropriate Dual Services Agreements are in place with TnCIS for institutional faculty teaching abroad according to the TnCIS Operational Handbook section 3.2.9. The TnCIS office should complete the Dual Services Agreement upon receipt of an approved adjunct faculty contract from the institution.	Dean of Academic Affairs	Wednesday, August 31, 2016		Not Yet Due
PSCC	Friday, May 8, 2015	PSCC-IAR-CCTA Efficiency and Other Outcomes-05082015 Beginning with the 2015-2020 funding cycle the college should report placement data in accordance with the Tennessee Higher Education Commissions interpretation of their guidance on job placement data.	Director of Placement Director of Institutional Effectiveness	Thursday, June 30, 2016		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
PSCC	Wednesday, October 21, 2015	PSCC-IAR-Access and Diversity-10212015 The college should only award scholarships to individuals who meet the stated criteria as approved by the Tennessee Board of Regents Access and Diversity.	Director of Access and Diversity	Friday, July 1, 2016		In Progress
PSCC	Wednesday, October 21, 2015	PSCC-IAR-Access and Diversity-10212015 The college must award stipends/scholarships in accordance with the terms of the grant.	Vice President of Student Affairs Director of Access and Diversity	Thursday, June 30, 2016		In Progress
RSCC	Friday, March 4, 2016	RSCC-Study Abroad Reserve/Contingency Fund: TBR policy specifically requires that a contingency reserve fund be maintained to cover emergencies or unforeseen problems resulting from TBR-sponsored or supported Off-Campus International Education programs, courses, or activities. Roane State Community College was amending the International Education budget with unspent International Education Fees to cover any such emergencies. This does not meet the criteria of a separate fund being maintained.	Business Office Management	March 31, 2016		In Progress
STCC	Saturday, May 2, 2015	STCC-Industrial Readiness Grants Finding 1 of 1: The first year grant projections were not achieved.	Director of Grants Management	Friday, October 30, 2015		No Progress
STCC	Thursday, March 3, 2016	"STCC-International Education Program-Documentation Supporting documentation for travel expense reports should be organized and the dollar amounts should tie back to the summary page of the expense report."	Director of International Education Programs	Wednesday, August 31, 2016		In Progress
STCC	Thursday, March 3, 2016	STCC-International Education Program-Collection Procedures. TBR Policy: B-010 Collection of Accounts Receivable requires each institution to establish a written systematic process and procedure for collecting receivables from all persons including students and employees. The Finance Department, follows TBR guidance, but must establish a systematic process and procedure for Southwest Tennessee Community College.	Director of International Education Programs	Wednesday, August 31, 2016		In Progress
STCC	Thursday, March 3, 2016	SSTC-International Education Program-Waivers TBR Guidelines A-76 Development and Operations of Off-Campus International Educational programs states "Institutions should not charge tuition for students enrolled in TNCIS Study Abroad program. Two students were charged tuition. A procedure should be put in place to ensure TnCIS students are not charged tuition.	Director of International Education Programs	Wednesday, August 31, 2016		In Progress
STCC	Thursday, March 3, 2016	STCC-International Education Program-Contingency Procedures must be put in place to establish a reserve for a contingency account and this account must be monitored annually.	Director of International Education Programs	Wednesday, August 31, 2016		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC	Thursday, March 3, 2016	STCC-International Education Program-Assessment of Programs. For institution sponsored programs, the International Studies Procedure manual requires that a Periodic Evaluation and assessment should be completed by the faculty to verify that estimated program costs were compared to actual costs at the completion of the program.. The faculty are required to reconcile the fiscal accounting report within two weeks of returning from the trip. The document should be available for review in the International Education Program office.	Director of International Education Programs	Wednesday, August 31, 2016		In Progress
STCC	Thursday, March 3, 2016	STCC-international Education Program-Diplomat scholarship The procedure governing the Diplomat scholarship should be revised to comply with TBR Policy: 3:04:01:00 Student Scholarships. The scholarship should be advertised on the college's website. The scholarship is based on reimbursement of tuition. Three students were reimbursed for more than their tuition. Two of the six recipients were related to the Director International education program which created the appearance of a conflict of interest. Employees with relatives applying for scholarship should not be involved in determining the awards. A committee must be created to review the applicants for these scholarship and to determine the recipients.	Director of International Education Programs	Wednesday, August 31, 2016		In Progress
STCC	Tuesday, May 5, 2015	STCC-Tuition Statements Finding 1 of 1: Incorrect IRS Form 1098-T's, tuition statements, were issued for the calendar year ended December 31, 2012, because early registration was not included in the reporting period.	Department of Finance	Friday, October 30, 2015		No Progress
STCC	Tuesday, June 30, 2015	STCC- Review of Motor Vehicle Procedures 1. All requests for vehicle usage should be submitted through Event U.	Alice Webster, Technical Clerk of Physical Plant	Thursday, July 16, 2015		In Progress
STCC	Thursday, June 25, 2015	STCC-Special review of Gymnasium Rentals Internal controls for monitoring gymnasium rentals and payments must be improved to ensure compliance with Tennessee Board of Regents and university policies.	Mattie Johnson, Administrative Secretary of Physical Plant	Tuesday, July 21, 2015		In Progress
STCC	Friday, July 31, 2015	STCC - Review of Motor Vehicle Procedures 4. Plant Management's monthly review of Fuelman credit card bills should be documented. The bills should be reviewed by plant management and compared to credit card receipts.	Alice Webster, Technical clerk of Physical Plant	Saturday, August 1, 2015		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC	Wednesday, October 28, 2015	<p>Access and Diversity</p> <p>The Special Academic department should improve internal controls and procedures over Access and Diversity reports.</p> <p>A. The quarterly report should be signed by the Diversity Officer, Business Officer and Financial Aid Director to validate the data reported.</p> <p>B. The department should have segregation of duties by requiring supervisor approval of all expenditures. Currently, the Executive Director of Special Academic Programs initiates and approves all expense for Access and Diversity funds.</p> <p>C. Scholarships awarded to relatives of Institutional personnel, where an actual conflict of interest or perception of a conflict of interest exists, should be subject to a higher level of authorization.</p> <p>D. The Special Academic Program should submit accounts payable invoices to the Finance department, for processing, in a timely manner. Three invoices were not paid within 45 days.</p>	Executive Director, Special Academic Programs	Friday, April 29, 2016		Not Yet Due
STCC	Wednesday, October 28, 2015	<p>Access and Diversity</p> <p>The Special Academic department should improve program controls over Access and Diversity funds.</p> <p>A. The scholarship criteria and selection process should be provided to TBR OESI on an annual basis or anytime the college changes the criteria or process.</p> <p>B. Scholarships should be awarded in accordance with stated criteria submitted to TBR OESI. The 93 scholarships issued were reviewed, with 15 recipients noted as not meeting the scholarship criteria. Seven students receiving scholarships did not complete a FAFSA. Five students were not enrolled in at least six credit hours. Three student did not meet one of the additional criteria.</p> <p>C. Service hour requirements are not allowed for Access and Diversity scholarship recipients according to TBR Policy 3:04:01.00, Student Scholarship, Grants, Loans and Financial Aid. The college should eliminate the requirement.</p> <p>D. Access and Diversity scholarships are issued at the end of the semester. The scholarships should be paid using the same process the college follows for all other student financial aid.</p> <p>E. Prior written approval from TBR OESI should be obtained for personnel expenses paid each fiscal year.</p>	Executive Director, Special Academic Programs	Friday, April 29, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC	Wednesday, October 28, 2015	<p>Access and Diversity</p> <p>Diversity Funds and ensure funds are budgeted and used in accordance with the college's Access and diversity goals.</p> <p>A. Written Processes and procedures and oversight controls should be put in place to ensure that funds are properly managed, executed and used for the purposes intended.</p> <p>B. A committee should be created to review the Access and diversity process. They should establish goals for the department's expenditures; scholarship criteria, student recruitment and retention and faculty recruitment and retention. Quarterly or semester reports should be issued to the committee showing a summary of how the funds are used, the number of scholarships issued by demographics and recruitment and retention projects.</p>	Executive Director, Special Academic Programs	Friday, April 29, 2016		Not Yet Due
STCC	Wednesday, October 28, 2015	<p>Access and Diversity</p> <p>The Finance department should improve internal controls and procedures over the Access and Diversity reports.</p> <p>A. Access and Diversity funds should be recorded in three cost centers in the amount allocated to those categories by TBR OESI; Scholarships and Fellowships, Student Recruitment and Retention and Faculty/Staff Recruitment and Retention. The college has continued to use cost centers for categories of funds which are not a part of Access and Diversity.</p> <p>B. The quarterly Report should agree with Banner. The amounts reported to TBR OESI as match and carryover funds for the Fiscal Year ended June 30, 2014 and June 30, 2015 did not agree with Banner and should be corrected and resubmitted. Exhibits 1 and 2 in this report agree with the amounts recorded in Banner.</p> <p>C. Carryover funds should be recalculated and Fund Balances should be adjusted to recognize the correct amounts in Access and Diversity funds. Since the inception of Access and Diversity programs, the revenue was posted to incorrect cost centers.</p> <p>D. The Ambassador process for paying students should be reviewed with the Human Resources and Finance department to determine if payments should be processed through payroll rather than accounts payable.</p>	Executive Director, Special Academic Programs	Friday, April 29, 2016		Not Yet Due
VSCC	Wednesday, December 18, 2013	<p>Audit of International Education Fee, Released December 2013</p> <p>1 of 5: Management should record the emergency reserve allocation in the International Education Fee fund.</p>	International Education Office and Business Office	Thursday, June 30, 2016		In Progress
VSCC	Friday, September 4, 2015	<p>VSCC - Faculty Credentials for Fall Semester 2014</p> <p>Recommendation 1 of 2: The credentials of two Assistant Professors and one Instructor do not appear to meet the requirements of TBR policy for minimum rank criteria.</p>	Academic Affairs	Thursday, March 31, 2016		Not Yet Due



**TBR SWIA - Status Report on Internal Audit Recommendations - Community Colleges**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
VSCC	Friday, September 4, 2015	VSCC - Faculty Credentials for Fall Semester 2014 Recommendation 2 of 2: Personnel files maintained by Human Resources were missing credential information. Recommendation: Management should ensure the personnel files maintained in Human Resources contain complete documentation of faculty credentials and approved exceptions to experience requirements.	Human Resources and Academic Affairs	Thursday, March 31, 2016		Not Yet Due
VSCC	Wednesday, January 27, 2016	VSCC - Access and Diversity Funds for FY 2014 and FY 2015 1 of 3: The College did not provide TBR with updated criteria for the Access and Diversity scholarships. Recommendation: The college should ensure that any changes in scholarship criteria are communicated to TBR.	Financial Aid Office; Student Life and Diversity Initiatives Office		Wednesday, January 27, 2016	Action Completed
VSCC	Wednesday, January 27, 2016	VSCC Access and Diversity Funds for FY 2014 and FY 2015 2 of 3: The expenses for four (4) activities charged to Faculty and Staff Recruitment and Retention funds were not approved by the Diversity Officer. Recommendation: The College should ensure that expenses for Faculty and Staff Recruitment and Retention funds are approved by the Diversity Officer.		Monday, August 1, 2016		Not Yet Due
VSCC	Wednesday, January 27, 2016	VSCC Access and Diversity Funds for FY 2014 and FY 2015 3 of 3: The expenses for Faculty and Staff Recruitment and Retention funds were not reconciled in Banner. Recommendation: The College should ensure that the Faculty and Staff Recruitment and Retention funds are reconciled in Banner to verify that the expenses are accurate and properly recorded.	Human Resources	Monday, August 1, 2016		Not Yet Due
WSSC	Thursday, May 21, 2015	WSSC - CCTA Phase 3 Report-05212015 In order to generate reports that properly reflect underlying data, a formal written review and verification process should be established and followed to help ensure that Workforce Training contact hours are correctly identified and properly interpreted for reporting purposes.	Dean of Workforce Training	Friday, April 15, 2016		Not Yet Due
WSSC	Wednesday, October 28, 2015	NeSCC-IA-President's Expenses FYE 2015 - 10282015 Due to the inadvertent omission of \$21,151 of various chamber-of-commerce sponsorships requested by the president, a recommendation was suggested for the preparer of quarterly reports to solicit from the various vice presidents confirmation of includable items of which they may be uniquely aware.	NeSCC preparer of quarterly reports	Thursday, June 30, 2016		In Progress
TBR	Wednesday, June 5, 2013	Travel Expenses Audit -- 7/1/12 - 12/9/12 Business Office review of travel expenses should be improved.	Vice Chancellor for Finance and Administration Director of Fiscal Services	Saturday, May 31, 2014		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Tennessee Colleges of Applied Technology  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
Covington	Thursday, March 3, 2016	Focused Review of Operations - Covington Account with collection agency should be established The procedures used for collections by the school do not comply with the TBR Guideline.	Director	Thursday, September 8, 2016		Not Yet Due
Covington	Thursday, March 3, 2016	Focused Review of Operations - Covington Management's review of the accounts receivable reconciliation is not documented by signing and dating the reconciliation.	Director	Thursday, September 8, 2016		Not Yet Due
Covington	Thursday, March 3, 2016	Focused Review of Operations - Covington Management has used an alternative method of sending 1 collection letter with all the required data in the past, which is allowed if collection efforts are not compromised. The current student receivable balance, \$69,904.00, is material and sending only 1 debt notification letter could be a factor.	Debra Johnson	Thursday, September 8, 2016		In Progress
Crossville	Friday, April 17, 2015	Focused Review - Finding 1 of 1: Accounts Receivable -- Collection letters should be sent at 30 day intervals.	Director	Thursday, December 31, 2015		In Progress
Dickson	Thursday, June 11, 2015	Focused Review: Observation 1 of 1: Collection letters should be sent at 30 day intervals.	Director	Thursday, December 31, 2015		No Progress
McKenzie	Tuesday, November 11, 2014	Focused Review: Observation 1 of 3: Title IV refunds were processed between 35 and 37 days late.	Director	Thursday, December 31, 2015		No Progress
McKenzie	Tuesday, November 11, 2014	Focused Review: Observation 2 of 3: Management's review of the accounts receivable reconciliation is not documented by signing and dating the reconciliation.	Director	Thursday, December 31, 2015		No Progress
McKenzie	Tuesday, November 11, 2014	Focused Review: Observation 3 of 3: TBR Guideline allowing flexibility in collection procedures of sending letters at 45 day intervals is not documented in the college's internal procedures.	Director	Thursday, December 31, 2015		No Progress
McMinnville	Monday, May 19, 2014	Focused Review: Observation 1 of 1: The Director should document the review of the student accounts receivable reconciliation.	Director	Tuesday, June 30, 2015		In Progress
Memphis	Friday, January 9, 2015	Focused Review: Finding 1 of 1: Letters of receivable balances were sent to students from 4 to 53 days late, after allowing 30 days for students to respond or make payment.	Director	Tuesday, June 30, 2015	Wednesday, March 2, 2016	Action Completed
Memphis	Friday, January 9, 2015	Focused Review: Observation 1 of 2: Management's review of the accounts receivable reconciliation is not documented by signing and dating the reconciliation.	Director	Tuesday, June 30, 2015	Wednesday, March 2, 2016	Action Completed
Memphis	Friday, January 9, 2015	Focused Review: Observation 2 of 2: Financial Aid must receive notice or have access to the report system to ensure the return of Title IV funds are made within the required 45 days.	Director	Wednesday, August 31, 2016		Not Yet Due
Nashville	Tuesday, April 21, 2015	Focused Review: Finding 1 of 2: The required number of collection letters for accounts receivable should be sent.	Director	Tuesday, June 30, 2015	Wednesday, December 2, 2015	Action Completed
Nashville	Tuesday, April 21, 2015	Focused Review: Finding 2 of 2: Collection letters for accounts receivable should be sent at 30 day intervals.	Director	Tuesday, June 30, 2015	Wednesday, December 2, 2015	Action Completed
Nashville	Tuesday, April 21, 2015	Focused Review: Observation 1 of 1: Student receivables for accounts receivable should be aged monthly.	Director	Tuesday, June 30, 2015	Wednesday, December 2, 2015	Action Completed
Paris	Thursday, January 29, 2015	Focused Review: Finding 1 of 1: The procedures used for collections by the school do not comply with the TBR Guideline.	Director	Thursday, December 31, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Tennessee Colleges of Applied Technology  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
Paris	Thursday, January 29, 2015	Focused Review: Observation 1 of 1: Management's monthly review of the accounts receivable reconciliation is not documented by signing and dating the reconciliation.	Director	Thursday, December 31, 2015		No Progress
Shelbyville	Wednesday, May 6, 2015	Focused Review: Observation 1 of 1: Accounts Receivable - Collection letters should be sent at 30 day intervals.	Director	Thursday, December 31, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
APSU	Wednesday, April 22, 2015	IT General Controls Review: Recommendation 1 of 16: Develop an Information Security Program Policy with associated procedures, in coordination with a comprehensive information security program being developed by the TBR System Office. The policy should define both business and information security processes, including the designation of an Information Security Officer and development of a security awareness and training program.	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 2 of 16: Develop and implement comprehensive procedures for: a) Change Management that defines hardware, network configuration, anti-virus and patch updates, in addition to those in place for Banner updates. b) Vendor Management that defines how the Office of Information Technology will monitor and manage the delivery of goods and services from key vendors. c) Network administration that documents the processes performed to maintain the network in the event key personnel are not available. d) Logging and Monitoring of computer activities that defines what will be logged, how it will be reviewed, and how the results will be handled. e) Remote Devices that includes an agreement that defines expectations of users who connect their personal laptop or cell phone device to the network."	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 3 of 16: Establish a process where all information technology policies and procedures are reviewed annually for needed modifications and approvals."	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 4 of 16: Ensure all employees and others with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 5 of 16: Establish criteria regarding the specific topics for discussion and documentation the IT Director will provide the VP for Finance and Administration during the bi-weekly meeting to ensure all aspects of the Office of Information Technology operations are covered for a stronger information technology governance structure. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 6 of 16: Remove the capability that users have as an administrator on their assigned machines to reduce risks of unauthorized system configuration changes and software implementations. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 7 of 16: Develop a Business Continuity Plan that will ensure planning for and documentation of: a) The business side of the plan, including business recovery requirements and objectives as well as the assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring its use. b) Possible secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c) A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 8 of 16: Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 9 of 16: Update the firewall configurations to reduce the risks of unauthorized access. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 1, 2015	"IT General Controls Review: Recommendation 10 of 16: Encrypt hard drives on mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 11 of 16: For computers linked to the college's network, block access to selected websites that do not render themselves to educational purposes to reduce the risks of unauthorized use and risks of viruses and malicious programs."	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 12 of 16: Implement a process to identify unauthorized disseminations of information or malicious links within inbound and outbound emails. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 13 of 16: Distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for all users, including full-time, temporary, transferred or promoted employees or contractors. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 14 of 16: Periodically review the lists of accounts with non-expiring passwords and revoke that privilege from accounts that do not require it for specific business purposes. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 15 of 16: Update password requirements in the Default Domain Policy of Active Directory to ensure the use of stronger password controls as defined in both the new password policy and industry best practices. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
APSU	Wednesday, April 22, 2015	"IT General Controls Review: Recommendation 16 of 16: Document major unauthorized access attempts or any information breaches to ensure they are handled according to requirements set in the APSU Incident Response Procedure. "	Interim CIO - Austin Siders	Sunday, November 1, 2015		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR Recommendation 1 of 15: Enhance the Information Security Program with its associated policies, in coordination with the comprehensive information security program being developed by the TBR System Office, to address the business security processes of data ownership, classification, and dissemination standards, as well as the development of a security awareness and training program.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Recommendation 2 of 15: Develop, disseminate and implement comprehensive information technology procedures for: a. Change Management that defines hardware, network configuration, anti-virus and patch updates, as well as implementation of Banner software updates. b. Password Management that defines management's expectations regarding how personnel are to set passwords for maximized effectiveness on information security. c. Vendor Management that defines how the Information Technology Division will monitor and manage the delivery of goods and services from key vendors.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Recommendation 3 of 15: Ensure all employees and other personnel with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 4 of 15: Complete the implementation of the tool to monitor hardware connected to the network and coordinate the use of the results with the current hardware inventory system.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 5 of 15: Complete the implementation of the tool for identifying software products installed on workstations connected to the network. Once implemented, this tool will reduce instances of unauthorized and unlicensed software implementations.	Bruce Patryshak - VP for IT	Sunday, January 31, 2016		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 6 of 15: Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR Observation 7 of 15: Complete the implementation of the software product to better ensure software patches are properly applied.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 8 of 15: Develop a Business Continuity Plan that will ensure planning for and documentation of: a. The business side of the plan, including business recovery requirements and objectives as well as the assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring use of the plan. b. Secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c. Amend the existing Disaster Recovery Plan, if needed, to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan d. A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery. This should begin with testing recoverability of data backed up using the recently implemented process.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observations 9 of 15: Complete the implementation of the new anti-virus solution, so Information Technology Division management can monitor the success of implementing anti-virus definitions on all workstations.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 10 of 15: Block access to selected websites that do not render themselves to educational purposes to reduce the risks of unauthorized use and risks of viruses and malicious programs. Also, implement scanning of outbound emails to identify potential improper dissemination of sensitive information.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 11 of 15: Evaluate the recommended actions in the recent network penetration testing report and implement those fixes that will improve the level of information security on the network to acceptable levels.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 12 of 15: Distribute procedural instructions to university staff regarding establishing, modifying and deleting access privileges for all users, including full-time, temporary, transferred or promoted employees or contractors.	Bruce Petryshak -VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 13 of 15: Implement a process to periodically review each user's computer access privileges to re-justify assigned access privileges. Include in this assessment a requirement to document the need for retaining user access privileges where the user has not logged in within the last year.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT gcr - Observation 14 of 15: Periodically review the lists of accounts with non-expiring passwords and revoke those that do not require it for specific business purposes.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
MTSU	Tuesday, September 8, 2015	MTSU - IT GCR - Observation 15 of 15: Establish a process to retrieve, store and protect information on computer hard drives when circumstances require management take such actions.	Bruce Petryshak - VP for IT	Sunday, January 31, 2016		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 1 of 19: Develop an Information Security Program Policy with associated procedures, in coordination with a comprehensive information security program being developed by the TBR System Office. The policy should define both business and information security processes, including the designation of an Information Security Officer and development of a security awareness and training program.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 2 of 19: Develop and implement comprehensive procedures for: a) Vendor Management that defines how OTS will monitor and manage the delivery of goods and services from key vendors. b) Logging and Monitoring of computer activities that defines what will be logged, how it will be reviewed, and how the results will be handled. c) Remote Devices, including an agreement with users who connect their personal laptop or cell phone device to the network. d) Project Documentation that establishes a standard regarding how OTS projects, other than the implementation of Banner program code, will be documented. e) Network Administration that documents the processes performed to maintain the network in the event key personnel are not available. f) Incident Response that defines how unauthorized access attempts and information breaches are documented and handled according to requirements.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress



**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 3 of 19: Establish a process where all information technology policies and procedures are reviewed annually for needed modifications and approvals.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 4 of 19: Ensure all employees and others with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 5 of 19: Implement a process for Human Resources to complete background checks on personnel who would have access to sensitive information before the person is hired, in accordance with TBR Guideline P-010, Personnel Transactions and Recommended Forms, that recommends colleges conduct background checks on potential employees.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 6 of 19: Complete the development of new job descriptions for TSU OTS employees.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 7 of 19: Complete the implementation of a hardware and software inventory to ensure OTS has documentation of its assets and has the means to identify unauthorized attempts to implement or remove hardware or software on the network.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 8 of 19: Remove the capability users have as an administrator on their assigned machines to reduce risks associated with unauthorized system configuration changes and software implementations.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 9 of 19: Amend the Help Desk process so that open tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 10 of 19: Complete the implementation of the new patch management product that is designed to provide better management and oversight of the server and workstation software patching process.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 11 of 19: Replace the current process used to back up computer files and data to ensure the files and data can be restored in an effective manner. Also, perform annual tests to ensure data can be restored from the backed up media once a new process is in place.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 12 of 19: Develop a Business Continuity Plan that will ensure planning for and documentation of: a) The business side of the plan, including business recovery requirements and objectives as well as the assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring its use. b) Possible secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c) A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 13 of 19: Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 14 of 19: Encrypt hard drives on mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 15 of 19: Complete the implementation of the new anti-virus software to improve monitoring the university's anti-virus program.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 16 of 19: For computers linked to the college's network, block access to selected websites that do not render themselves to educational purposes to reduce the risks of unauthorized use and risks of viruses and malicious programs.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 17 of 19: Implement a process to identify unauthorized disseminations of information or malicious links within inbound and outbound emails.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 18 of 19: Distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for users, including full-time, temporary, transferred or promoted employees and contractors.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress
TSU	Monday, May 11, 2015	TSU - IT General Controls Review: Recommendation 19 of 19: Review the lists of accounts with system administrative or non-expiring privileges assigned, and revoke those that do not require such access privileges.	CIO - Tim Warren	Thursday, October 1, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 1 of 14: Enhance the existing Information Security Program with its associated policies and procedures to better address data ownership, data classification, information dissemination and improved security awareness training. These policies and procedures should be in coordination with a comprehensive information security program being developed by the TBR System Office that defines both business and computing information security processes and implementation of a security awareness and training program.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 2 of 14: Develop and implement comprehensive information technology procedures for: a. Change Management that details how hardware, network configuration, anti virus definitions and patch updates will be completed, in addition to implementation of Banner software updates. b. Vendor Management that describes how information Technology Services will monitor and manage the delivery of goods and services from key vendors. c. Logging and Monitoring of computer utilization activities that identifies what will be logged, how it will be reviewed, and how the results will be handled. d. Remote Devices that includes an agreement that itemizes expectations of non-student users who connect their personal laptop or cell phone device to the network.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 3 of 14: Ensure all employees and other personnel with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 4 of 14: Ensure the current job descriptions are available for use in performance management of ITS personnel.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 5 of 14: Implement a process to identify and monitor the hardware devices in use to better document asset management.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 6 of 14: Encrypt hard drives on university-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 7 of 14: Implement a procedure that requires users to store files on the network share server rather than on hard drives to ensure the data is properly backed up for recovery purposes.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 8 of 14: Develop a Business Continuity Plan that will ensure planning for and documentation of: a. The business side of the plan, including business recovery requirements and objectives as well as the assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring use of the plan. b. Amendments to the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan. c. A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery. This should begin with testing recoverability of data backed up using the recently implemented process.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 9 of 14: Conduct periodic network penetration and vulnerability testing to identify any risks to network configuration and security.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 10 of 14: Distribute procedural instructions to university staff regarding establishing, modifying and deleting access privileges for all users, including full-time, temporary, transferred or promoted employees or contractors.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 11 of 14: Implement a process to periodically review each user's computer access privileges to re-justify assigned access privileges. Include in this assessment a requirement to document the need for retaining user access privileges where the user has not logged in within the last year.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 12 of 14: Periodically review the lists of accounts with administrator privilege or with non-expiring passwords and revoke those that do not require it for specific business purposes.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 13 of 14: Document, assess and develop a plan to mitigate any significant risks identified as a result of an academic department having access and operating separate servers and a domain from the Information Technology Services server room.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due
TTU	Thursday, September 10, 2015	TTU - IT GCR - Observation 14 of 14: Review and update the current information security alerts to establish alerts that will better serve the university's needs.	Terry Saltsman - Interim CIO	Thursday, March 31, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 1 of 17: Develop an Information Security Program Policy with associated procedures, in coordination with the comprehensive information security program being developed by the TBR System Office. The policy should document the college's Information security Program, including business and information security processes, the designation of an Information Security Officer and development of a security awareness training program. "	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 2 of 17: Develop and implement comprehensive written information technology procedures for: a) Change management that defines all information technology changes, including implementation of Banner updates. b) Logging and monitoring network and systems access that defines the activity to be logged, the review process and the resulting actions to be taken. c) Incident Response procedures, so key unauthorized access attempts or any information breaches are documented and handled according to procedure requirements and as required by Federal regulations."	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 3 of 17: Establish a process where all information technology policies and procedures are reviewed annually for needed modifications to provide clear guidance to staff."	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 4 of 17: Ensure all employees and others with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are updated. "	CIO _ Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 5 of 17: Expand the responsibilities of the Technology Resource Committee, to include a review of other key documented results of information technology operations that are outside of those strategic projects not currently reviewed by the VP – Finance and Advancement, for a stronger information technology governance structure. "	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 6 of 17: Implement a process for Human Resources to complete background checks on Information Technology office employees before those individuals begin work. This ensures compliance with TBR Guideline P-010, Personnel Transactions and Recommendations that recommends colleges conduct background checks on potential employees who would have access to sensitive information. "	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 7 of 17: Complete the implementation of the software product acquired to give the Information Technology office the ability to identify unauthorized software uploading on workstations. "	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 8 of 17: Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open. "	CIO - Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 9 of 17: Complete the implementation of the configuration solution to ensure certain devices with the Windows 7 operating system are patched effectively. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 10 of 17: Document the business-side of the Business Continuity Plan (BCP) to ensure business recovery requirements and objectives are established and planned; assign the role and responsibilities of the BCP Coordinator to the person who will maintain the plan and will prepare personnel in advance of a disaster or other event requiring use of the plan. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 11 of 17: Develop a process to test parts of the BCP periodically to ensure the plan's effectiveness for recovery. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 12 of 17: Block access on computers linked to the college's network to selected websites that do not render themselves to educational or business purposes to reduce the risks of unauthorized use, as well as the risks of viruses and malicious programs. "		Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 13 of 17: Establish a timeframe to conduct periodic network penetration tests and vulnerability scans to identify and correct for exploitable areas in the network's external and internal configuration. Such tests are also required to be conducted for Payment Card Industry Data Security Standards, i.e. PCI/DSS, testing. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 14 of 17: Distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for users, including contracted users and temporary employees. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 15 of 17: Complete the process to periodically review each user's computer access privileges to determine whether assigned access privileges are still appropriate. This assessment should also determine whether users who have not logged in within the last year still need their assigned access privileges. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 16 of 17: Review the lists of accounts with assigned administrator privileges or with a non-expiring password and revoke those that do not require such access authority. "	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CISCC	Monday, April 6, 2015	"IT General Controls Review: Recommendation 17 of 17: Update password requirements in the Default Domain Policy of Active Directory to strengthen password controls, as defined in TBR Guideline G-051, Password Management and in industry best practices."	CIO Chris Mowery	Tuesday, December 1, 2015		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 1 of 16: 1. Develop an Information Security Program with associated policies, in coordination with a comprehensive information security program being developed by the TBR System Office. The policy should define both business and information security processes, including the designation of an Information Security Officer and development of a security awareness and training program.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 2 of 16: 2. Develop comprehensive information technology procedures for: a. Logging and Monitoring of computer activities that defines what will be logged, how it will be reviewed, and how the results will be handled. b. Incident Response to document major unauthorized access attempts or any information breaches to ensure they are handled according to the procedure.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 3 of 16: 3. Establish a process where all information technology policies are reviewed annually for needed modifications and changes approved before implementation.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 4 of 16: 4. Implement a mobile device agreement for those who use their own mobile devices to access key applications and sensitive information that defines the limitations on connectivity and usage of these devices.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 5 of 16: 5. Implement controls to deter loading unauthorized software onto college workstations.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 6 of 16: 6. Develop a Business Continuity Plan that will ensure planning for and documentation of: a. The business-side of the plan, including business recovery requirements and objectives as well as assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other events requiring use of the plan. b. Secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c. A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 7 of 16: 7. Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 8 of 16: 8. Implement detective controls to identify when the anti-virus software stops working, so management can better monitor the success of the anti-virus program.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 9 of 16: 9. Consider network penetration and vulnerability testing to identify possible weaknesses in the configuration of network security settings.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 10 of 16: 10. Block access to websites that are considered illegal or detrimental (gambling or pornographic sites) on computers linked to the college's network to reduce the risks of unauthorized use, as well as the risks of viruses and malicious programs associated with such sites.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 11 of 16: 11. Distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for users, including full-time, temporary, transferred or promoted employees and contractors.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 12 of 16: 12. Ensure departmental managers and data owners review the yearly reports they receive and note any required adjustments to the access privileges of users in their areas to ensure privileges are re-justified or corrections made in a timely manner.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress



**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 13 of 16: 13. Review the lists of accounts with administrative or non-expiring network passwords and revoke that privilege from accounts that do not require it for specific business purposes.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 14 of 16: 14. Update password requirements in the Default Domain Policy of Active Directory to ensure the use of stronger password controls as defined in both the new password policy and industry best practices.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 15 of 16: 15. Obtain a listing from Facilities Management of persons with key access to secured information technology areas and ensure only persons authorized by the Office of Information Technology have such keys.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
CoSCC	Friday, July 24, 2015	CoSCC - IT GCR - Observation 16 of 16: 16. Secure the data backup appliance in the satellite campus server room from unauthorized access.	Emily Siciensky - Associate VP for IT	Sunday, January 31, 2016		No Progress
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 1 of 15: 1. Develop an Information Security Program with its associated policies, in coordination with a comprehensive information security program being developed by the TBR System Office that defines both business and computing information security processes and development of a security awareness and training program.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 2 of 15: 2. Develop and implement comprehensive information technology procedures for: a. Network Administration that documents the processes performed to maintain the network in the event key personnel are not available. b. Change Management that details how hardware, network configuration, anti-virus definitions and software patch updates will be completed, in addition to implementation of Banner software updates. c. Vendor Management that describes how the Information Technology Department will monitor and manage the delivery of goods and services from key vendors. d. Logging and Monitoring of computer utilization activities that identifies what will be logged, how it will be reviewed, and how the results will be handled. e. Remote Devices that includes an agreement that itemizes expectations of users who connect their personnel laptop or cell phone device to the network.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 3 of 15: 3. Ensure all employees and other personnel with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 4 of 15: 4. Assign the roles of an Information Security Officer and a Business Continuity Coordinator, and define the responsibilities for the roles.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 5 of 15: 5. Implement a process for Human Resources to complete background checks on personnel who would have access to sensitive information before the person is hired, in accordance with TBR Guideline P-010, Personnel Transactions and Recommended Forms, which recommends colleges conduct background checks on potential employees.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 6 of 15: 6. Implement a tool to alert information technology management when an unauthorized device is attached to the network.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 7 of 15: 7. Encrypt hard drives on college-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 8 of 15: 8. Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 9 of 15: 9. Complete the implementation of patch management software to better ensure software patches are properly applied.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 10 of 15: 10. Develop a Business Continuity Plan that will ensure planning for and documentation of: a. The business-side of the plan, including business recovery requirements and objectives as well as assigned roles and responsibilities of a Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring use of the plan. b. Secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c. Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan. d. A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 11 of 15: 11. Distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for all users, including full-time, temporary, transferred or promoted employees or contractors.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 12 of 15: 12. Implement a process to periodically review each user's computer access privileges to re-justify assigned access privileges. Include in this assessment a requirement to document the need to retain active user access privileges where the user has not logged in within the last year.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 13 of 15: 13. Periodically review the lists of accounts with non-expiring passwords and revoke those from accounts that do not require it for specific business purposes.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 14 of 15: 14. Document the types of unauthorized access attempts and breaches that will be documented according to the college's Incident Response Plan.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due
DSCC	Friday, August 14, 2015	DSCC - IT GCR - Observation 15 of 15: 15. Establish a process to gather, store and protect information on computer hard drives when circumstances require management retrieve and retain such information.	Diane Camper - VP for Technology	Friday, April 1, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 1 of 11: In coordination with an information security program being developed by the TBR System Office, enhance the JSCC Information Security Program Policy, being developed, with its associated procedures, to include: a) disclosure that the JSCC Information Security Committee is responsible for maintenance of this Policy; b) designation of an Information Security Officer and development of a security awareness and training program; and c) identification of JSCC's existing Information Classification Policy, Acceptable Use Policy, Mobile Device Policy and OIT Security Procedures in the OIT General Standards as supporting policies and procedures.	CIO - Dana Nails	Tuesday, March 31, 2015		In Progress
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 3 of 11: Evaluate the existing governance structure for IT to ensure the management and activity of the Banner Oversight and IT Security Committees meet the full requirements for the college, its management and business users.		Tuesday, March 31, 2015		In Progress
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 4 of 11: Develop a comprehensive IT procedure for logging and monitoring computer activity that defines the criteria for activity to be logged, the timing and responsibility for monitoring the logs and the processes for handling identified exceptions.	CIO - Dana Nails	Tuesday, March 31, 2015		In Progress
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 7 of 11: Develop tracking processes to alert OIT personnel when attempts to alter anti-virus program functionality or to implement unauthorized software occur.	CIO - Dana Nails	Tuesday, March 31, 2015		In Progress
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 8 of 11: Document the business-side of the Business Continuity Plan (BCP) to ensure business recovery requirements and objectives are established and planned; assign the role and responsibilities of BCP Coordinator to the person who will maintain the plan and will prepare personnel in advance of an event requiring use of the plan.	CIO - Dana Nails	Tuesday, March 31, 2015		In Progress
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 9 of 11: Develop a process to test parts of the BCP periodically to ensure the plan's effectiveness for recovery.	CIO - Dana Nails	Tuesday, March 31, 2015		In Progress
JSCC	Monday, September 8, 2014	IT General Controls Review: Recommendation 11 of 11: Develop information security processes to: a) distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for users; b) review and delete active access privileges of terminated employees and suspend the Banner access privileges of users who have not logged in within the last 120 days; and c) complete the process of periodically reviewing each user's computer access privileges to re-justify the assigned access privileges as appropriate.	CIO - Dana Nails.	Tuesday, March 31, 2015		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 1 of 20: Develop an Information Security Program Policy with associated procedures for PSCC, in coordination with a comprehensive information security program being developed by the TBR System Office that defines both business and IT security processes, including the designation of an Information Security Officer and development of a security awareness and training program.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 2 of 20: Develop comprehensive IT procedures for change management and network administration.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 4 of 20: Evaluate the existing governance structure for IT to ensure the management and activity of the Banner Oversight Committee meets the full requirements for the college, its management and business users.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 7 of 20: Develop inventory and tracking processes for all IT computing equipment and software to ensure proper management of computing assets, including hardware maintenance, software patching, anti-virus program updates and other aspects of hardware and software management.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 8 of 20: Implement a process that alerts designated Information Services personnel when attempts occur to connect unauthorized equipment to the network or to copy or upload unauthorized software.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 11 of 20: Document the business-side of the Business Continuity Plan (BCP) to ensure business recovery requirements and objectives are established and planned; assign the role and responsibilities of BCP Coordinator to the person who will maintain the plan and will prepare personnel in advance of a disaster or other event requiring use of the plan; and develop a process to test parts of the BCP periodically to ensure the plan's effectiveness for recovery.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 14 of 20: Develop a process to periodically check the configuration of computer anti-virus software to ensure workstations are updated and functioning properly.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 16 of 20: Establish a process to periodically review each user's computer access privileges to re-justify assigned access privileges.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 20 of 20: Reassess and document the process for logging and monitoring system utilization data and alerts.	CIO - Jerry Bryan ... retired	Tuesday, March 31, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 2 of 15: Develop and implement comprehensive procedures for: a) Change Management that defines hardware, network configuration, anti-virus and patch updates, in addition to those in place for Banner updates. b) Vendor Management that defines how the Office of Information Technology will monitor and manage the delivery of goods and services from key vendors. c) Remote Devices that includes an agreement that defines expectations of users who connect their personal laptop or cell phone device to the network. d) Logging and Monitoring of computer activities that defines what will be logged, how it will be reviewed, and how the results will be handled. e) Incident Response that defines how unauthorized access attempts and information breaches are documented and handled according to requirements.	CIO - Tim Carroll	Friday, July 31, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 4 of 15: Ensure all employees and others with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated.	CIO - Tim Carroll	Friday, July 31, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 6 of 15: Implement a process for Human Resources to complete background checks on personnel who would have access to sensitive information before the person is hired in accordance with TBR Guideline P-010, Personnel Transactions and Recommended Forms, that recommends colleges conduct background checks on potential employees.	CIO - Tim Carroll	Friday, July 31, 2015	Friday, July 31, 2015	Action Completed
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 7 of 15: Remove the capability that users have as an administrator on their assigned machines to reduce risks of unauthorized system configuration changes and software implementations.	CIO - Tim Carroll	Friday, December 18, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 8 of 15: Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	CIO - Tim Carroll	Friday, July 31, 2015	Friday, July 31, 2015	Action Completed

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 9 of 15: Develop a Business Continuity Plan that will ensure planning for and documentation of: a) The business side of the plan, including business recovery requirements and objectives as well as the assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring its use. b) Possible secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c) A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery.	CIO - Tim Carroll	Friday, December 18, 2015		In Progress
RSCC	Friday, April 17, 2015	"IT General Controls Review: Recommendation 10 of 15: Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan." "	CIO - Tim Carroll	Friday, December 18, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 11 of 15: For computers linked to the college's network, block access to selected websites that do not render themselves to educational purposes to reduce the risks of unauthorized use and risks of viruses and malicious programs.	CIO - Tim Carroll	Friday, July 31, 2015	Friday, August 14, 2015	Action Completed
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 12 of 15: Distribute procedural instructions to college staff regarding establishing, modifying and deleting access privileges for all users, including full-time, temporary, transferred or promoted employees or contractors.	CIO - Tim Carroll	Friday, December 18, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 13 of 15: Implement a process to periodically review each user's computer access privileges to re-justify assigned access privileges. Include in this assessment a requirement to document the need to retain active user access privileges where the user has not logged in within the last year.	CIO - Tim Carroll	Friday, December 18, 2015		In Progress
RSCC	Friday, April 17, 2015	IT General Controls Review: Recommendation 14 of 15: Implement a process to periodically review the lists of accounts with system administrator privileges assigned and revoke those that do not require such access privileges.	CIO - Tim Carroll	Friday, July 31, 2015	Friday, July 31, 2015	Action Completed
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 1 of 17: Develop an Information Security Program with associated policies, in coordination with a comprehensive information security program being developed by the TBR System Office. The policy should define both business and information security processes, including the designation of an Information Security Officer and development of a security awareness and training program.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC	Monday, July 6, 2015	IT General Controls Review Observations 2 of 17: Develop, disseminate and implement comprehensive information technology procedures for: a. Change Management that defines how the Strata Group will assist in maintaining application systems at STCC. b. User Access that defines how all users, including full-time, temporary, transferred or promoted employees or contractors, will have computer access privileges assigned, modified or revoked. c. Vendor Management that defines how the Office of Information Technology will monitor and manage the delivery of goods and services from key vendors. d. Network administration that documents the processes performed to maintain the network in the event key personnel are not available. e. Incident Response that defines how the college will handle and document its responses to possible information breaches. f. Logging and Monitoring of computer activities that defines what will be logged, how it will be reviewed, and how the results will be handled. g. Remote Devices that includes an agreement that defines expectations of users who connect their personal laptop or cell phone device to the network.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 3 of 17: Ensure all employees and others with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 4 of 17: Ensure documentation is available to support the delivery of goods and services by key IT vendors in a manner that does not compromise sensitive information at STCC.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 5 of 17: Remove the capability that users have as an administrator on their assigned machines to reduce risks of unauthorized system configuration changes and software implementations.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 6 of 17: Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 7 of 17: Complete the implementation of the device for disk to disk backup of data to ensure a more effective recovery.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress



**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 8 of 17: Document the incidents where business data is recovered to ensure there is documentation regarding the ability to recover data from backed up media.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 9 of 17: Develop a Business Continuity Plan that will ensure planning for and documentation of: a. The business side of the plan, including business recovery requirements and objectives as well as the assigned roles and responsibilities of the Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster or other event requiring use of the plan. b. Possible secondary and tertiary assignments for persons in the event personnel are not available at the time of a disaster. c. A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 10 of 17: Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 11 of 17: Block access to selected websites that do not render themselves to educational purposes to reduce the risks of unauthorized use and risks of viruses and malicious programs.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 12 of 17: Implement a process to periodically review each user's computer access privileges to re-justify assigned access privileges. Include in this assessment a requirement to document the need to retain active user access privileges where the user has not logged in within the last year.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 13 of 17: Periodically review the lists of accounts with administrator privileges or non-expiring passwords and revoke that privilege from accounts that do not require it for specific business purposes.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 14 of 17: Update password requirements in the Default Domain Policy of Active Directory to ensure the use of stronger password controls as defined in both the new password policy and industry best practices.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 15 of 17: Re-implement the criteria in Banner that manages the complexity and expiration of Banner passwords.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 16 of 17: Establish a process to gather, store and protect information on computer hard drives when circumstances require management retrieve and retain such information.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
STCC	Monday, July 6, 2015	IT General Controls Review Recommendation 17 of 17: Document major unauthorized access attempts or any information breaches to ensure they are handled according to requirements set in the STCC Incident Response Procedure.	CIO - Michael Boyd	Monday, January 4, 2016		No Progress
TBR System Office	Friday, May 23, 2014	"IT General Controls Review: Recommendation 2 of 16: Develop a change management procedure, for use by the system office, which identifies how management maintains and documents the maintenance of hardware, software and the network through patching, anti-virus, help desk and general maintenance functions."	CIO Tom Danford	Monday, December 1, 2014		In Progress
TBR System Office	Friday, May 23, 2014	"IT General Controls Review: Recommendation 9 of 16: Implement encryption software on the TBR system office hard drives of assigned laptops."	CIO - Tom Danford	Monday, June 1, 2015		In Progress
TBR System Office	Friday, May 23, 2014	"IT General Controls Review: Recommendation 10 of 16: Consider implementing at the TBR system office, a mobile device service agreement for users assigned a mobile device and with access to personally identifiable information."	CIO - Tom Danford	Monday, June 1, 2015		In Progress
TBR System Office	Friday, May 23, 2014	"IT General Controls Review: Recommendation 16 of 16: Reassess and document the process for logging and monitoring system utilization data and alerts."	CIO - Tom Danford	Monday, December 1, 2014		In Progress
TBR System Office	Monday, May 11, 2015	"Review of Research and Data Reporting Process: Recommendation 1 of 3: Require campuses to run the edit programs and make the essential corrections to the Banner system database in advance of the creation of the extraction file to reduce the volume of corrections identified by TBR Research and Assessment in each term's edit program run. A second option is to have IT request Ellucian to implement, as part of its normal updates to the Banner system, stronger required fields and validation routines, that more closely resemble routines performed in the edit program when the original data entry is performed at the campus level. "	AVC Chris Tingle	Friday, October 30, 2015		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TBR System Office	Monday, May 11, 2015	"Review of Research and Data Reporting Process: Recommendation 2 of 3: Implement procedures, including required steps and naming protocols to be performed by each university and community college when entering the data corrections into the Banner system from the TBR Research and Assessment edit process. The procedures should include a re-certification by the institution to ensure completion of the correction process that also links the correction entry to data in its semester of origin. These procedures are essential to ensure the Banner system's database, which is the original source of data, matches the data used in the THEC process. An alternative approach is for the Research and Assessment group to implement periodic training for those involved in the process. This training should focus on the institution's responsibility to use the edit process to ensure the accuracy of its Banner data. "	AVC Chris Tingle	Friday, October 30, 2015		In Progress
TBR System Office	Monday, May 11, 2015	"Review of Research and Data Reporting Process: Recommendation 3 of 3: 3. Establish a process where all changes made to the extraction files by TBR Research and Assessment are fully identified, documented and authorized to improve the integrity of the data. This could be completed by running a program that compares and identifies changes in the updated file to the original version of the files received from the campuses and subjecting the resulting report to independent review. "	AVC Chris Tingle	Friday, October 30, 2015		No Progress
TN eCampus	Wednesday, March 2, 2016	ROCC IT General Controls Review: Enhance the Information Security Program with its associated policies, in coordination with the comprehensive information security program being developed by the TBR System Office, to address the business security processes of data ownership, classification, and dissemination standards.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Develop the following procedures: o Change Management o Vendor Management o Logging and Monitoring o Incident Response	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Verbal: Ensure documented evidence exist that depicts a comprehensive IT Governance structure.	Jim Dye, Director of Teechnology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Define the responsibilities for and Info. Security Officer and BCP coordinator.	Jim Dye, director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC: Evaluate whether IT positions should require a background check before a newly hired employee begins work.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC: Evaluate the need to have estimates of cost and timing for projects proposed I as a result of the ROCC Strategic Plan for use in prioritization and scheduling.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TN eCampus	Wednesday, March 2, 2016	ROCC: Develop and implement a documentation standard for both IT strategic projects and other key IT operations to provide sufficient evidence of the process working for review.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Verbal: Assess the risk associated with each of the key functions during an IT portion of the ROCC Risk Assessment.	Verbal Recommendation that is not included in the report.	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC: Initiate a process for review of key vendors following the completion of implementing a vendor management procedure; and coordinate the results with TBR Procurement Services	Jim Dye, Director of Technology	Friday, September 30, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Verbal: Consider the following modifications to Banner and other key associated applications: o Implementation of mobile application for student flexibility o Add communication features for justification of unusual items. o Better tie hardware cost to and equipment replacement schedule.		Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC monies appear to be spent on computer devices that are possibly not being used for ROCC purposes and/or not being managed in the same manner that other computer devices are to ensure effective asset management. Consider documenting a process for how this unit will function, improve the equipment inventory to allow equipment use and life to be tracked for asset management, and consider retrieving items that are not being utilized to match the new documented program criteria.	TBD	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Investigate the extent in which TBR provides encryption of the hard drives on all ROCC laptops and mobile devices, and have any hard drives of devices outside of that coverage encrypted.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Verbal: Verify the existence and upgrading of escrowed software	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Ensure sufficient documentation is available regarding changes made to key systems	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Ensure sufficient documentation is available regarding changes made to key systems	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Set a process to periodically review and re-justify open help desk tickets since 30% (16 of 53) of the current open tickets have been open over 90 days	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Obtain SSAE - 16 reports from key application vendors regarding independent testing of their operations that shows positive results in the areas of operations, change management, backups and disaster recovery.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Ensure documentation exists for file restorations to better prove the recoverability from backed up media.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Implement a comprehensive business-wide BCP that identifies business recovery strategies, business resumption processes and business recovery requirements for the entire office.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	Revamp the IT Disaster Recovery section of the BCP for changes needed to meet business requirements	Jim Dye, Director of Technology.	Friday, October 7, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TN eCampus	Wednesday, March 2, 2016	Implement a plan to test the BCP and IT DRP periodically and document the results of such testing	Jim Dye, Director of Technology	Friday, September 30, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	include possible adjustments in backup assignments in the event of a pandemic sickness crisis	Jim Dye, director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Enhance web filtering to block access to web-sites with malicious code, pornography and gambling.	Jim Dye, Director of Technology	Friday, September 30, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Enhance and communicate a new procedural process to better ensure requests for computer access privileges assigned to new hired, terminated, transferred/ promoted employees, adjuncts, contractors and temporary workers are completed in a timely manner.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Utilize the system features to suspended/locked, and subsequently disabled access accounts that are not used in a defined timeframe since a large number of users are persons who are not directly paid by ROCC	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Include steps in add, delete, modify process where established user access privileges are re-justified in a given period of time not to exceed two years.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Develop processes regarding how computing logs will be monitored and what follow-up actions will result from those activities	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Review the current usage of alerts from vendor products and determine if those alerts can be customized to better meet ROCC needs.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
TN eCampus	Wednesday, March 2, 2016	ROCC IT GCR Utilize the new Incident Response procedure to document actions taken in regard to breeches and major unauthorized access attempts.	Jim Dye, Director of Technology	Friday, October 7, 2016		Not Yet Due
WSSC	Wednesday, March 2, 2016	WSSC ITGCR: Enhance policies Enhance status of the information security program policies by addressing the issues not addressed (data ownership and data dissemination) and by implementing the proposed NEW policies in the attachment.	CIO Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSSC	Wednesday, March 2, 2016	WSSC ITGCR: Project Documentation Standard Set a standard for documentation of IT Projects and related events.	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSSC	Wednesday, March 2, 2016	WSSC ITGCR: Vendor Management process Initiate a process, following the implementation of the new vendor management procedure, to ensure vendors with possible access to sensitive WSSC information in the conduct of their business are monitored to ensure they abide by college information security standards and other key policies that apply.	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
WSCC	Wednesday, March 2, 2016	<p>WSCC ITGCR: Procedure Difficiencies</p> <p>Develop and implement comprehensive information technology procedures for:</p> <p>a. Change Management that details how hardware, network configuration, anti-virus definitions and software patch updates will be completed, in addition to implementation of Banner software updates.</p> <p>b. Project Documentation that establishes a standard regarding how IET projects, other than the implementation of Banner program code, will be documented.</p> <p>c. Vendor Management that describes how the Information Technology Department will monitor and manage the delivery of goods and services from key vendors.</p> <p>d. Network Administration that documents the processes performed to maintain the network in the event key personnel are not available</p> <p>e. Logging and Monitoring of computer utilization activities that identifies what will be logged, how it will be reviewed, and how the results will be handled.</p> <p>f. Incident Response Plan that defines how unauthorized access attempts and information breaches are documented and handled according to requirements</p>		Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	<p>WSCC ITGCR Policy Acknowledgement</p> <p>Ensure all employees and others with computer access privileges sign a statement affirming agreement with the acceptable usage of computing assets and the new information security program policies, when these policies are created or updated</p>	CIO Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	<p>WSCC ITGCR: Enhance BCP</p> <p>Enhance the college-wide Business Continuity Plan to ensure planning for and documentation of a business impact analysis that identifies the impact of disasters on the ability to educate students, so business recovery requirements and objectives, as well as assigned roles and responsibilities of a Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster can be developed.</p>	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	<p>WSCC ITGCR: DRP revision for BCP</p> <p>Amend the existing Disaster Recovery Plan to reflect needed changes to information technology recovery requirements for compliance with business requirements stated in the Business Continuity Plan.</p>	cio, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	<p>WSCC ITGCR: Testing Plan for BCP</p> <p>A test plan and documentation of periodic testing conducted to ensure the plan's effectiveness for recovery. This should begin with testing recoverability of data backed up using the recently implemented process.</p>	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	<p>WSCC ITGCR Limit use of USB devices to store data</p> <p>Complete the process of implementing the procedure that limits use of USB data storage devices</p>	CIO - Joe Sargent	Friday, September 30, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Removing administrator privileges from users on their assigned machines Remove the administrator privileges from users on their assigned devices where there is no business justification for users to retain such access privileges	CIO - Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Identifying rogue software on workstations Expand the use of the Identity Finder product to more devices.	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Removing unauthorized software from workstations Implement a process to remove unauthorized software products from workstations when such are noted	CIO, Joe sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	Repeat of Observation 231	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Patching and Anti-virus deployment status Revamp the processes so reports on deploying patches and anti-virus definitions are being reviewed to ensure any incidents of improper deployment are identified for investigation and corrected	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR Help Desk Tickets open > 90 days Develop a process where Help Desk tickets over 90 days old are reviewed to determine their need to remain open	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Web filtering and email scanning Implement stronger web-filtering on sites involving gambling, pornography and known malicious code sites to comply with state laws and prevent the spread of malicious code or viruses on the system. Also, consider scanning outbound emails for possible unauthorized dissemination of sensitive information.	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Periodic PCI testing Consider having an outside entity perform a PCI/DSS test to ensure risk associated without the completion of such a test are properly addressed, since the Touchnet vendor uses network links provided by the college	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Restrict Admin access privileges Review the lists of accounts with administrator or non-expiring network passwords. Make necessary adjustments to administrator accounts and remove the non-expiring password privilege from any accounts that no longer require such privilege	CIO, Joe sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Revamp process to grant, revoke, modify system access privileges Enhance and communicate a revamped procedural process to better ensure requests for computer access privileges assigned to new hired, terminated, transferred/ promoted employees, adjuncts, contractors and temporary workers are completed in a timely manner	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Adjust password setting to match policy Adjust the settings in the DDP to match the specifications in the TBR policy regarding passwords	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due

**TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems  
(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Need better log monitoring process Implement processes regarding how computing logs will be monitored and what follow-up actions will result from those activities	CIO, Joe sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: IR Plan enahnement Enhance the "draft" Incident Response Procedure to include the identity of contacts and template draft letters for use to contact them, when needed	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due
WSCC	Wednesday, March 2, 2016	WSCC ITGCR: Use of Incid Resp. plan Implement processes to utilize the enhanced procedure to record investigations of unauthorized access attempts	CIO, Joe Sargent	Friday, September 30, 2016		Not Yet Due



**TBR SWIA - Status Report on Internal Audit Recommendations - Tennessee Foreign Language Institute**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TFLI	Thursday, May 8, 2014	TFLI and TBR need to update their agreement The TFLI and TBR should revise the outdated agreement to clearly define specific responsibilities and obligations of each party to ensure there is a clear understanding between the entities.	TFLI Executive Director Vice Chancellor for Business Affairs	Tuesday, September 30, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI Employee Status Should be Clarified The TFLI should consider requesting an Attorney General opinion regarding the status of TFLI employees in relation to state employee benefits.	TFLI Executive Director	Sunday, June 1, 2014		In Progress
TFLI	Thursday, May 8, 2014	TFLI should take steps to comply with the Financial Integrity Act The TFLI Executive Director, in coordination with TBR staff, should perform an annual risk assessment to comply with the Financial Integrity Act.	TFLI Executive Director	Thursday, June 30, 2016		In Progress
TFLI	Thursday, May 8, 2014	TFLI needs to establish a detailed budgeting and financial reporting processes The TFLI Executive Director should ensure a detailed budget is created and used to continually monitor financial activity; timely and accurate budget to actual comparisons will provide critical information to management and the Board about operations so that action can be taken when any issues arise. the TFLI Board should approve the budget and monitor revenues, expenditures and adherence to the budget through periodic reports provided by TFLI. If two accounting systems are to be used, the executive Director should ensure the two system,s reconcile and financial data presented to the Board is accurate.	TFLI Executive Director	Monday, June 30, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI employees should be educated as to the rules and laws governing surplus property TFLI management should ensure all employees are aware of and understand the state laws governing surplus property. The Board should consider disciplinary action as deemed necessary.	TFLI Executive Director	Thursday, May 8, 2014		In Progress
TFLI	Thursday, May 8, 2014	TFLI - The Board should consider adding a Senior Accountant position The TFLI Board should consider adding a senior accountant position to manage the day to day business operations and the budgetary and financial reporting activities.	TFLI Executive Director	Wednesday, July 1, 2015		In Progress
TFLI	Thursday, May 8, 2014	TFLI discounts should be defined, approved and monitored TFLI tuition discounts should be defined and approved by the Board. Management should ensure discounts are a sound financial practice for the Institute.	TFLI Executive Director	Monday, June 30, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI needs to develop a Disaster Recovery and Business Continuity PLAN The TFLI Executive Director should create, document, test and disseminate to all employees a business continuity plan and a disaster recovery plan for information technology infrastructure.	TFLI Executive Director	Wednesday, December 31, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI should properly safeguard cash and revenues The TFLI Executive Director should properly safeguarded cash by ensuring the safe is locked when not being used and is only accessible by authorized staff members.	TFLI Executive Director	Monday, June 30, 2014		No Progress

**TBR SWIA - Status Report on Internal Audit Recommendations - Tennessee Foreign Language Institute**  
**(Reports sorted by Institution, Date of Report)**

Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
TFLI	Thursday, May 8, 2014	TFLI Review The TFLI Executive Director should ensure a consistent methodology for approval and use of leave is in place for all employees.		Thursday, May 8, 2014		In Progress
TFLI	Thursday, May 8, 2014	TFLI cash handling duties and recordkeeping duties should be adequately segregated The TFLI Executive Director should ensure cash receipting duties are adequately segregated so that the same person is not receipting money, posting to the accounting records, and creating the deposit. The Executive Director should provide oversight for the operations and in that role, should not be involved in handling transactions.	TFLI Executive Director	Thursday, May 8, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI daily receipts should be reconciled to the enrollment management system The TFLI Executive Director should ensure a daily reconciliation of receipts is performed comparing the tuition revenue receipted to the enrollment management system as a control procedure to document that all student registered have paid and that revenue is properly recognized and recored.	TFLI Executive Director	Friday, May 30, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI - Efforts to improve the classification of TFLI data in the Banner accounting system should continue The TFLI Executive Director should work with the TBR Business Office to routinely and timely submit credit card receipts with appropriate level of detail for proper accounting treatment.	TFLI Executive Director	Thursday, May 8, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI deposits should be completed timely. TFLI management should ensure deposits are made timely.	TFLI Executive Director	Thursday, May 8, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI purchases should be properly documented and authorized in advance. The TFLI Executive Director should implement controls to ensure all expenses have a documented approval prior to incurring the expense.	TFLI Executive Director	Thursday, May 8, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI Management should ensure a bright line exists between the TFLI and the TFLI Fund Inc. Efforts should be made to ensure the distinctions between the TFLI and the TFI Fund Inc. are clearly documented and understood by all parties.	TFLI Executive Director	Thursday, May 8, 2014		No Progress
TFLI	Thursday, May 8, 2014	TFLI - Business policies and procedures need to be updated The TFLI Executive Director should ensure business procedures are documented, approved by the Board and periodically reviewed to determine they are accurate and cover all business operations.	TFLI Executive Director	Monday, June 30, 2014		No Progress

**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016

**AGENDA ITEM:** **Review of Revisions to Fiscal Year 2016  
Audit Plans**

**PRESENTER:** Tammy Birchett

**ACTION REQUIRED:** Voice Vote

**STAFF'S RECOMMENDATION:** Approval

---

**BACKGROUND INFORMATION:**

The Office of Internal Audit at each campus and the system office prepares an annual Audit Plan at the beginning of each fiscal year. Each plan is based upon the staffing and hours available to perform audits and is prepared in conjunction with an annual risk analysis of the audit universe. The audit plans include required audits, risk-based audits, known investigations and special requests or projects. During the year, changes in audit priorities and staffing may result in alterations to the plan.

A summary of significant revisions to the plans from July 2015 to January 2016 is attached, followed by the plan for each of the audit offices listed below. The plan for Roane State is the first plan submitted this year, completed after the Director position was filled in November 2015. There is no revision for Nashville State Community College because the position is currently vacant.

Austin Peay State University  
East Tennessee State University  
Middle Tennessee State University  
Tennessee State University  
Tennessee Tech University  
University of Memphis  
Chattanooga State Community College  
Cleveland State Community College  
Columbia State Community College  
Dyersburg State Community College  
Jackson State Community College  
Motlow State Community College  
Northeast State Community College

Pellissippi State Community College  
Roane State Community College  
Southwest Tennessee Community College  
Volunteer State Community College  
Walters State Community College  
Tennessee Board of Regents --  
System-wide Internal Audit  
Information Systems  
TCATs  
Investigations

**Tennessee Board of Regents  
Summary of Significant Revisions  
Fiscal Year 2016 Audit Plans**

**Overview of Significant Revisions:** The revisions in the table below occurred since the original plans were created in July 2015 through January 2016. Changes in audit priorities and audit staffing over a period of time result in most revisions to audit plans. Investigations and special projects occur and sometimes replace risk-based or other planned audits. However, budgets may also be increased or decreased depending on circumstances encountered during an audit and the time needed to achieve the audit objectives. Most institutions increased the budget for the Access and Diversity audit because more time was needed to meet the audit objectives. Staff resources were below normal because of vacancies in the director position for three institutions during this period.

Institution	Significant Revisions to Audit Plans Since July 1, 2015
APSU	The Director of Internal Audit position has been vacant since October 2015. Two investigations were added. One required audit and one follow-up audit were removed. Ten audit budgets were reduced.
ETSU	Six investigations were added. Two risk-based audits were removed.
MTSU	One investigation budget was increased.
TSU	One risk-based audit was removed from the plan because a special project required more time resources.
TTU	Thirteen investigations were added. Three risk-based audits were removed.
UOM	Six investigations were added.
ChSCC	Four investigations were added.
CISCC	One audit budget was increased. One risk-based audit was removed.
CoSCC	Four audit budgets were increased. Three risk-based audits, one risk assessment, five consulting engagements were removed.
DSCC	Three investigations were added.
JSCC	One investigation was added.
MSCC	Four investigations were added. Three risk-based audits were removed.
NaSCC	The Director of Internal Audit position has been vacant since August 2015. The plan has not been revised since that time.
PSCC	Three audit budgets were increased. One investigation was added. One risk-based audit was removed.
WSCC	Six audit budgets were increased. Four risk-based audits were removed.
TBR Internal Audit	Four audit budgets were decreased because less time was needed than planned. Two audit budgets were increased. One audit follow-up audit was added.
TBR System-wide Investigations	Eight investigations were added.

The following institutions have not had significant revisions during this fiscal year:

- Northeast State Community College
- Southwest Tennessee Community College
- Volunteer State Community College
- TBR System-wide, Information Systems
- TBR System-wide, Tennessee Colleges of Applied Technology

Austin Peay State University  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Actual Hours	Budget to Actual			Estimated Audit Start Date	Current Status
				Original	Revised	Change in Hours	Change in Percent		Hours	Percentage			
Required by Conference	R	AT	OVC Special Assistance Fund	112.5	60.0	-52.5	-46.7%		57.0	-3.0	-5.0%	Jul 2015	Completed
Required by Statute	R	FM	MTSU President Expenses Audit FY2015	187.5	0.0	-187.5	-100.0%	Fn 1	0.0	0.0	NA	Aug 2015	Removed
Required by State Audit	R	FM	State Audit Follow up	75.0	0.0	-75.0	-100.0%	Fn 2	0.0	0.0	NA	Feb 2016	Removed
	F	FM	Risk Assessment - Financial Management	75.0	37.5	-37.5	-50.0%	Fn 1	0.0	-37.5	-100.0%	Apr 2016	Scheduled
	P	FM	Procurement Card Review	187.5	45.0	-142.5	-76.0%	Fn 1	44.0	-1.0	-2.2%	Jul 2015	In Progress
	P	FM	Travel Claim Review	225.0	97.5	-127.5	-56.7%	Fn 1	96.0	-1.5	-1.5%	Jul 2015	In Progress
	S	FM	Access and Diversity 2016	150.0	375.0	225.0	150.0%	Fn 3	377.5	2.5	0.7%	Jul 2015	Completed
	S	IA	Study Abroad	187.5	187.5	0.0	0.0%		0.0	-187.5	-100.0%	Mar 2016	Scheduled
	P	IS	Quality Assessment Review	75.0	37.5	-37.5	-50.0%	Fn 1	0.0	-37.5	-100.0%	Apr 2016	Scheduled
	I	IS	Unscheduled Investigations	112.5	75.0	-37.5	-33.3%	Fn 1	0.0	-75.0	-100.0%	Jul 2015	Scheduled
	C	IS	General Consultation	300.0	37.5	-262.5	-87.5%	Fn 1	59.8	22.3	59.3%	Jul 2015	In Progress
	A	PP	Emergency Preparedness	187.5	75.0	-112.5	-60.0%	Fn 1	0.0	-75.0	-100.0%	Apr 2016	Scheduled
	I	AD	APSU 16-01	0.0	22.5	22.5	NA	Fn 4	21.0	-1.5	-6.7%	Nov 2015	Completed
	I	IA	APSU 16-02	0.0	112.5	112.5	NA	Fn 4	91.5	-21.0	-18.7%	Dec 2015	Completed
	S	AT	Comp Ticket Review	0.0	45.0	45.0	NA		39.0	-6.0	-13.3%	Nov 2015	Completed
	C	AT	Ticket Sales Review	0.0	112.5	112.5	NA	Fn 5	37.0	-75.5	-67.1%	Jan 2016	In Progress
	R	RS	Risk Assessment - Research	52.5	37.5	-15.0	-28.6%	Fn 1	0.0	-37.5	-100.0%	Apr 2016	Scheduled
	R	SS	CCTA Funding Formula	150.0	75.0	-75.0	-50.0%	Fn 1	0.0	-75.0	-100.0%	Jan 2016	Scheduled
	M	SS	Risk Assessment - Student Services	75.0	37.5	-37.5	-50.0%	Fn 1	2.0	-35.5	-94.7%	Apr 2016	Scheduled

**Total Planned Audit Days: 2152.5    1470.0    -682.5    -31.7%    824.8**

Estimated Hours Available For Audits = 1,275 (2 staff July - October; 1 staff November -July)

Audit Types:	Functional Areas:	Status:
R - Required	AD - Advancement	Scheduled
A - Risk-Based (Assessed)	AT - Athletics	In Progress
S - Special Request	AX - Auxiliary	Completed
I - Investigation	FM - Financial Management	Removed
P - Project (Ongoing or Recurring)	IA - Instruction & Academic Support	
M - Management's Risk Assessment	IS - Institutional Support	
C - Consultation	IT - Information Technology	
F - Follow-up Review	PP - Physical Plant	
	RS - Research	
	SS - Student Services	

FN 1 - The Director position became vacant on 11/1/15, and therefore, some audits were removed from the plan or had budget reduced due to a lack of available resources associated with the vacancy.

FN 2 - The State Audit report did not contain any findings, therefore, no follow up was needed.

FN 3 - This audit took longer to complete than originally planned because the area was more complex than anticipated.

FN 4 - This investigation was added when the allegation was received.

FN 5 - This review was requested by management.

**East Tennessee State University  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Current Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by CPB	R	FM	WETS FM	200.0	200.3	0.2	0%	157.5	-42.8	-21%	Nov 2015	In Progress	
Required by DSA	R	FM	Cash Counts and Inventory	39.8	39.8	0.0	0%	5.5	-34.3	-86%	Jun 2016	Scheduled	
Required by Statute	R	FM	TTU Presidents Expenses	200.0	200.3	0.2	0%	166.0	-34.3	-17%	Aug 2015	Completed	
Required by IIA	R	IS	IIA Quality Assurance Self Assessment	100.0	99.8	-0.2	0%	0.0	-99.8	-100%	Apr 2016	Scheduled	
Required by Vendor	R	IT	NACHA Web Transactions Data Security	125.3	125.3	0.0	0%	0.0	-125.3	-100%	Apr 2016	Scheduled	
Required by DSA	R	SS	CCTA Funding Formula	150.0	150.0	0.0	0%	0.0	-150.0	-100%	Mar 2016	Scheduled	
	F	AD	University Advancement	50.0	50.3	0.2	0%	4.0	-46.3	-92%	Feb 2016	In Progress	
	F	AT	INV1405	100.0	50.3	-49.7	-50%	29.5	-20.8	-41%	Oct 2015	In Progress	
	F	FM	State Audit Follow-up	20.0	0.0	-20.0	-100%	FN 5	0.0	NA	NA	Removed	
	F	IT	PCI Compliance Readiness	50.0	50.3	0.2	0%	4.0	-46.3	-92%	Jul 2015	In Progress	
	F	IT	Banner Security	25.0	24.8	-0.2	-1%	6.0	-18.8	-76%	Jul 2015	In Progress	
	F	PP	INV1504	25.0	24.8	-0.2	-1%	3.0	-21.8	-88%	Feb 2016	In Progress	
	F	SS	Student Health Billing Practices	150.0	150.0	0.0	0%	11.0	-139.0	-93%	Jan 2016	In Progress	
	I	FM	Unscheduled Investigations	100.0	0.0	-100.0	-100%	FN 1	0.0	0.0	-100%	NA	Removed
	F	IA	INV1505	50.0	50.3	0.2	0%	0.0	-50.3	-100%	Apr 2016	Scheduled	
	I	IA	INV1506	30.0	10.0	-20.0	-67%	8.5	-1.5	-15%	July 2015	Completed	
	I	AT	INV1601	0.0	15.0	15.0	100%	15.5	0.5	3%	Sept 2015	Completed	
	I	IS	INV1603	0.0	249.8	249.8	100%	184.5	-65.3	-26%	Sept 2015	In Progress	
	I	SS	INV1602	0.0	24.8	24.8	100%	23.0	-1.8	-7%	Sept 2015	Completed	
	I	IS	INV1604	0.0	24.8	24.8	100%	12.0	-12.8	-52%	Nov 2015	In Progress	
	I	SS	INV1605	0.0	50.3	50.3	100%	10.0	-40.3	-80%	Dec-15	In Progress	
	I	SS	INV1606	0.0	9.8	9.8	100%	2.0	-7.8	-79%	Jan-16	In Progress	
	S	FM	Access and Diversity Funds	100.0	225.0	125.0	125%	FN 2	246.0	21.0	9%	Jul 2015	Completed
	S	IA	Medical Library	142.8	171.8	28.9	20%	187.0	15.3	9%	Apr 2015	Completed	
	S	IA	Study Abroad	200.0	399.8	199.7	100%	FN 6	302.0	-97.8	-24%	Nov 2015	In Progress
	S	IS	Timekeeping	50.0	200.3	150.3	301%	FN 3	116.0	-84.3	-42%	Oct 2015	In Progress
	S	IT	Third Party Servers FY 2015	37.5	37.5	0.0	0%	21.5	-16.0	-43%	Apr 2015	Completed	
	S	IT	Third Party Servers FY 2016	150.0	150.0	0.0	0%	0.0	-150.0	-100%	Apr 2016	Scheduled	
	M	FM	Management Risk Assessments	40.0	39.8	-0.2	-1%	0.0	-39.8	-100%	May 2016	Scheduled	
	C	IS	General Consulting	75.0	75.0	0.0	0%	92.0	17.0	23%	Jul 2015	In Progress	
	C	IT	IT Consulting	75.0	75.0	0.0	0%	107.0	32.0	43%	Jul 2015	In Progress	
	P	IS	Electronic Workpapers	75.0	75.0	0.0	0%	80.5	5.5	7%	Jul 2015	In Progress	
	P	IT	PCI Compliance Scans	100.0	0.0	-100.0	-100%	FN 7	0.0	0.0	NA	NA	Removed
5	A	AT	NCAA Compliance	150.0	174.8	24.8	17%	149.5	-25.3	-14%	Apr 2015	In Progress	
5	A	FM	Contracts and Agreements	62.5	62.3	-0.2	0%	52.5	-9.8	-16%	Apr 2015	Completed	
5	A	IT	Web Application Security	100.0	393.8	293.8	294%	FN 4	300.5	-93.3	-24%	Jun 2015	In Progress
5	A	IT	OIT Policies and Procedures Review	40.0	300.0	260.0	650%	FN 4	147.5	-152.5	-51%	Mar 2015	In Progress
5	A	SS	Financial Aid Administration	150.0	150.0	0.0	0%	159.0	9.0	6%	Apr 2015	Completed	
4.9	A	AT	Athletic Ticket Office	225.0	56.3	-168.8	-75%	FN 9	0.0	-56.3	-100%	June 2016	Scheduled
4.5	A	IS	Additional Earnings	225.0	56.3	-168.8	-75%	FN 9	0.0	-56.3	-100%	Jun 2016	Scheduled
4.4	A	FM	Agency Accounts	225.0	168.8	-56.3	-25%	FN 9	0.0	-168.8	-100%	April 2016	Scheduled
4.4	A	FM	Bursars Office	112.5	56.3	-56.3	-50%	FN 9	0.0	-56.3	-100%	Jun 2016	Scheduled
4.4	A	FM	Misc Course Fees	225.0	225.0	0.0	0%	0.0	-225.0	-100%	Mar 2016	Scheduled	
4.2	A	SS	Federal Work Study	168.8	0.0	-168.8	-100%	FN 8	0.0	0.0	NA	NA	Removed
3.9	A	IT	Software License Compliance	150.0	150.0	0.0	0%	0.0	-150.0	-100%	Mar 2016	Scheduled	
3.8	A	IT	Data Warehouse Control and Security	200.0	0.0	-200.0	-100%	FN 8	0.0	0.0	NA	NA	Removed

**Total Planned Audit Days: 4494.1 4842.3 348.2 8% 2603.0 -2239.3**

Estimate Hours Available For Audits = 4,480 (4 staff)

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Status:  
Scheduled  
In Progress  
Completed  
Removed

FN 1 - Hours for Unscheduled Investigations were reassigned to INV 16-03.

FN 2 - Multiple issues discovered and difficulty obtaining information from auditee.

FN 3 - Budget hours increased due to an increase in areas tested. Also, moved start date from June 2016 to October 2015 which shifted the budgeted hours for the current fiscal year.

FN 4 - IT Auditor underestimated the hours needed to complete this audit.

FN 5 - Audit was removed since there were no State Audit findings.

FN 6 - Multiple issues discovered. Two auditors were assigned to the audit to complete by the scheduled due date.

FN 7 - PCI Compliances Scans were not performed by Internal Audit because this task was outsourced.

FN 8 - Audit was removed from plan due to several audits requiring more time than anticipated.

FN 9 - Changed start date which resulted in the budgeted hours spreading across both FY 2016 and FY 2017.

**Middle Tennessee State University  
Internal Audit Plan  
Fiscal Year June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budgets (Hours)				Actual vs. Budget			Estimated Audit Start Date	Current Status		
				Original	Revised	Change in Days	Change in Percentage	Actual	Hours	Percentage				
Required by Conference	R	AT	Football Attendance 2015	255.0	225.0	-30.0	-12%		213.0	-12.0	-5%	Aug 2015	Completed	
Required by Statute	R	FM	ETSU President Expenses FY2015	255.0	255.0	0.0	0%		270.5	15.5	6%	Aug 2015	Completed	
Required by State Audit	R	SS	CCTA FY2016	150.0	150.0	0.0	0%		0.0	-150.0	-100%	Feb 2016	Scheduled	
	F	AT	Athletic Gifts in Kind FY2013	45.0	45.0	0.0	0%		66.5	21.5	48%	Sep 2015	In Progress	
	F	FM	State Audit FYE 6.30.2014	75.0	135.0	60.0	80%		139.5	4.5	3%	Jul 2015	Completed	
	F	FM	State Audit FYE 6.30.2015	0.0	112.5	112.5	NA		6.0	-106.5	-95%	May 2016	Scheduled	
	F	IS	FU-Follow-up Reviews as Needed	75.0	75.0	0.0	0%		0.0	-75.0	-100%	Jul 2015	Scheduled	
	I	IA	INV1504	60.0	60.0	0.0	0%		21.5	-38.5	-64%	Jul 2015	In Progress	
	I	IA	INV1506	60.0	225.0	165.0	275%	Fn 1	286.5	61.5	27%	Jul 2015	In Progress	
	I	IS	INV1502	45.0	45.0	0.0	0%		0.0	-45.0	-100%	Jul 2015	In Progress	
	I	IS	INV1501	60.0	60.0	0.0	0%		0.0	-60.0	-100%	Jul 2015	In Progress	
	I	IS	Unplanned Investigations	450.0	15.0	-435.0	-97%	Fn 1	0.0	-15.0	-100%	Jul 2015	Scheduled	
	I	PP	INV1304	60.0	60.0	0.0	0%		0.0	-60.0	-100%	Jul 2015	In Progress	
	I	SS	INV1402	120.0	120.0	0.0	0%		57.5	-62.5	-52%	Jul 2015	In Progress	
	I	SSS	INV1601	0.0	150.0	150.0	NA		0.0	-150.0	-100%	July 2015	In Progress	
	I	SS	INV1602	0.0	225.0	225.0	NA		0.0	-225.0	-100%	Sept 2015	In Progress	
	I	IS	INV1603	0.0	75.0	75.0	NA		93.5	18.5	25%	Oct 2015	In Progress	
	S	FM	Cash Counts FY2015	75.0	37.5	-37.5	-50%		31.0	-6.5	-17%	Jul 2015	Completed	
	S	FM	Cash Counts FY2016	60.0	60.0	0.0	0%		0.0	-60.0	-100%	June 2016	Scheduled	
	S	FM	Inventories FY2015	150.0	150.0	0.0	0%		151.0	1.0	1%	Jul 2015	Completed	
	S	FM	Inventories FY2016	60.0	60.0	0.0	0%		0.0	-60.0	-100%	May 2016	Scheduled	
	S	FM	Consulting-Assisting President Expenses FY2016	60.0	60.0	0.0	0%		43.5	-16.5	-28%	Jul 2015	In Progress	
	S	FM	Access Diversity Funds 2013-2015	225.0	367.5	142.5	63%		365.5	-2.0	-1%	Aug 2015	Completed	
	S	IA	Study Abroad	225.0	225.0	0.0	0%		291.5	66.5	30%	Sep 2015	In Progress	
	S	IA	Peard Dept Review, Global Studies	45.0	45.0	0.0	0%		0.0	-45.0	-100%	Jul 2015	In Progress	
	S	RS	Confucius Institute	120.0	120.0	0.0	0%		0.0	-120.0	-100%	Sep 2015	In Progress	
	M	IS	MRA-Spring 2016	45.0	45.0	0.0	0%		0.0	-45.0	-100%	Feb 2016	Scheduled	
	C	IS	Consulting-General and Research	150.0	112.5	-37.5	-25%		306.5	194.0	172%	Fn 2	Jul 2015	In Progress
	P	IS	Internal Peer Review FY2016	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Feb 2016	Scheduled	
	P	IS	Project-Electronic Work Papers	150.0	150.0	0.0	0%		120.0	-30.0	-20%	Jul 2015	In Progress	
	A	FM	Property Management Contract Review 2013-2015	75.0	75.0	0.0	0%		76.5	1.5	2%	Jul 2015	In Progress	
4.3	A	RS	Research Services Procedural Review	225.0	225.0	0.0	0%		0.0	-225.0	-100%	Mar 2016	Scheduled	
4.2	A	SS	Financial Aid Procedural Review	225.0	150.0	-75.0	-33%		0.0	-150.0	-100%	Nov 2015	Scheduled	
4.1	A	IS	Emergency Preparedness FY2016	225.0	150.0	-75.0	-33%		0.0	-150.0	-100%	Dec 2015	Scheduled	
3.9	A	FM	Food Services Commissions FY2015	225.0	225.0	0.0	0%		0.0	-225.0	-100%	Jan 2016	Scheduled	
3.8	A	AT	Athletic Concessions Revenue FY2015-2016	225.0	150.0	-75.0	-33%		0.0	-150.0	-100%	Apr 2016	Scheduled	
3.8	A	IS	Blue Print Solutions FY2015	225.0	150.0	-75.0	-33%		0.0	-150.0	-100%	Mar 2016	Scheduled	
3.7	A	PP	Space Utilization Review of Risk Controls	225.0	150.0	-75.0	-33%		0.0	-150.0	-100%	May 2016	Scheduled	
<b>Total Planned Audit Days:</b>				<b>4762.5</b>	<b>4777.5</b>	<b>15.0</b>	<b>0%</b>		<b>2540.0</b>					

Estimate Hours Available For Audits - 4815 (4 staff)

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Status:  
Scheduled  
In Progress  
Completed  
Removed

Fn 1 - Unplanned investigations was reduced to allocate time to new investigations and additional time to INV1506, which includes more detailed work than originally planned.

Fn 2- The budget was originally for one review, however, work was expanded to include a second review.

Tennessee State University  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016

Ranking	Type	Area	Audit	Current Year Budgets (Hours)				Actual vs. Budget			Estimated Audit Start Date	Current Status	
				Original	Revised	Change in Days	Change in Percentage	Actual	Hours	Percentage			
Required by Conference	R	AT	NCAA Student Assistance Fund 2016	150.0	150.0	0.0	0%		149.0	-1.0	-1%	Aug 2015	Completed
Required by State Audit	R	SS	CCTA 2016	165.0	165.0	0.0	0%		0.0	-165.0	-100%	Apr 2016	Scheduled
	F	FM	State Audit Follow Up	225.0	225.0	0.0	0%		141.0	-84.0	-37%	Jan 2016	Completed
	I	IS	Unplanned Investigations 2016	337.5	315.0	-22.5	-7%	Fn 1	128.0	-187.0	-59%	Jul 2015	In Progress
	I	FM	TSU INV 15-06	0.0	0.0	0.0	NA		259.5	259.5	NA	Jul 2015	In Progress
	S	FM	Access and Diversity 2016	150.0	150.0	0.0	0%		220.5	70.5	47%	Oct 2015	Completed
	S	IA	Study Abroad 2016	187.5	240.0	52.5	28%		28.0	-212.0	-88%	Jan 2016	In Progress
	M	IS	Management's Risk Assessment	75.0	75.0	0.0	0%		0.0	-75.0	-100%	Jan 2016	Scheduled
	C	FM	General Consultation 2016	375.0	375.0	0.0	0%		143.5	-231.5	-62%	Jul 2015	In Progress
	P	IS	Quality Assurance Review 2016	37.5	37.5	0.0	0%		0.0	-37.5	NA	Feb 2016	Scheduled
	P	IS	MKI	75.0	37.5	-37.5	-50%	Fn 1	106.5	69.0	184%	Jul 2015	In Progress
5	A	FM	Cash Counts 2016	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Jun 2016	Scheduled
4.1	A	IS	Evidence Room 2016	187.5	0.0	-187.5	-100%	Fn 1	0.0	0.0	NA	Mar 2016	Scheduled
3.8	A	SS	Special Project	225.0	390.0	165.0	73%	Fn 1	377.5	-12.5	-3%	Sep 2015	In Progress
<b>Total Planned Audit Days:</b>				<b>2227.5</b>	<b>2197.5</b>	<b>-30.0</b>	<b>-1%</b>		<b>1553.5</b>				

Estimate Hours Available For Audits = 1905 (2 staff)

Audit Types:

R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:

AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:

Scheduled  
In Progress  
Completed  
Removed

Fn 1 - Various audit budget were reduced to reflect the increase in time needed for the Special Project review.



**Tennessee Tech University  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budgets (Hours)				Budget to Actual			Est. Audit Start Date	Current Status	
				Original	Revised	Change in Hours	Change Percentage	Actual	Hours	Percentage			
Required by Conference	R	AT	Student Assistance Funds 2014-15	75.0	57.8	-17.3	-23%		57.0	0.8	1%	Aug 2015	Completed
Required by State Audit	R	FM	Inventory Observations 6-30-16	0.0	63.8	63.8	NA	Fn 1	0.0	63.8	100%	Apr 2016	Scheduled
Required by State Audit	R	FM	Inventory Observations 6-30-15	140.0	33.8	-106.3	-76%	Fn 1	33.5	0.3	1%	Jul 2015	Completed
Required by State Audit	R	SS	CCTA Funding Formula 2015-16	150.0	150.0	0.0	0%		0.0	150.0	100%	Mar 2016	Scheduled
	F	FM	Follow up to State Audit 2014-15	60.0	60.0	0.0	0%		29.9	30.1	50%	June 2016	Scheduled
	F	IS	Internal Audits Follow-ups 2015-16	50.0	65.3	15.2	30%		49.5	15.8	24%	Jul 2015	In Progress
	I	IS	INV15-10	22.5	17.3	-5.3	-23%		17.0	0.3	1%	Sep 2015	Completed
	I	IS	Unscheduled Investigations 2015-16	200.0	65.3	-134.8	-67%	Fn 4	0.0	65.3	100%	Jul 2015	Scheduled
	I	IA	INV1601	0.0	15.8	15.8	NA		16.5	-0.8	-5%	Jul 2015	Completed
	I	IA	INV1602	0.0	12.8	12.8	NA		12.5	0.3	2%	Sep 2015	Completed
	I	IA	INV1608	0.0	23.3	23.3	NA		27.5	-4.3	-18%	Sep 2015	Completed
	I	IA	INV1609	0.0	41.3	41.3	NA		41.5	-0.3	-1%	Sep 2015	Completed
	I	IA	INV1611	0.0	6.0	6.0	NA		6.0	0.0	0%	Oct 2015	Completed
	I	FM	INV1610	0.0	65.3	65.3	NA		48.5	16.8	26%	Oct 2015	In Progress
	I	IS	INV1603	0.0	3.0	3.0	NA		3.2	-0.2	-7%	Jul 2015	Completed
	I	IS	INV1605	0.0	18.0	18.0	NA		18.0	0.0	0%	Jul 2015	Completed
	I	IS	INV1606	0.0	124.5	124.5	NA	Fn 5	123.1	1.4	1%	Sep 2015	Completed
	I	PP	INV1604	0.0	4.5	4.5	NA		4.8	-0.3	-7%	Jul 2015	Completed
	I	PP	INV1607	0.0	33.0	33.0	NA		33.2	-0.2	-1%	Aug 2015	Completed
	I	FM	INV1613	0.0	6.0	6.0	NA		1.5	4.5	75%	Feb 2016	Completed
	I	IA	INV1612	0.0	24.0	24.0	NA		23.8	0.2	1%	Dec 2015	Completed
	S	FM	Access and Diversity Funds 2015-16	150.0	249.8	99.8	67%	Fn 3	226.5	23.3	9%	Aug 2015	Completed
	S	FM	Dining Charges Review 2015-16	200.0	200.3	0.2	0%		199.8	0.4	0%	Jul 2015	Completed
	S	IA	Study Abroad 2015-16	150.0	187.5	37.5	25%		174.9	12.6	7%	Feb 2016	Completed
	M	AD	Advancement Risk Assessment 2015-16	25.0	24.8	-0.2	-1%		0.0	24.8	100%	Jul 2015	In Progress
	M	AX	Auxiliaries Risk Assessment 2015-16	25.0	24.8	-0.2	-1%		1.5	23.3	94%	Jul 2015	In Progress
	M	IS	Enterprise-wide Risk Assessment 2015-16	35.0	35.3	0.2	1%		0.5	34.8	99%	Jul 2015	In Progress
	M	IA	Instruction and Academic Support Risk Assessment 2015-16	35.0	35.3	0.2	1%		0.0	35.3	100%	Jul 2015	In Progress
	M	IT	Information Technology Risk Assessment 2015-16	25.0	24.8	-0.2	-1%		0.0	24.8	100%	Jul 2015	In Progress
	C	IS	General Consultation 2016	50.0	50.3	0.2	0%		5.0	45.3	90%	Jul 2015	In Progress
	P	RS	Sponsored Program Reviews 2015-16	200.0	200.3	0.2	0%		48.8	151.5	76%	Jul 2015	In Progress
	P	IS	SELF-IIA Self assessment 2015-16	100.0	99.8	-0.2	0%		0.0	99.8	100%	Apr 2016	Scheduled
	P	FM	Procard Review 2015-16	350.0	487.5	137.5	39%		381.8	105.7	22%	Aug 2015	In Progress
5	A	IS	Minors on Campus 2014-15	250.0	487.5	237.5	95%	Fn 6	383.4	104.1	21%	Jul 2015	In Progress
5	A	IT	PCI-DSS 2015	50.0	18.0	-32.0	-64%		18.0	0.0	0%	Jul 2015	Completed
3.7	A	AD	Advancement 2015-16	250.0	0.0	-250.0	-100%	Fn 2	0.0	0.0	NA	Feb 2016	Removed
3.6	A	FM	Receipts 2015-16	250.0	0.0	-250.0	-100%	Fn 2	0.0	0.0	NA	Mar 2016	Removed
3.4	A	FM	Travel 2015-16	300.0	0.0	-300.0	-100%	Fn 2	0.0	0.0	NA	Apr 2016	Removed

**Total Planned Audit Days: 3142.6 3015.8 -126.8 -4% 1987.2**

Estimate Days Available For Audits = 430 (3 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

- 1 - Only one Inventory Observation audit (6-30-15) was originally scheduled, and it included hours to be spent in spring 2015-16 on the next Inventory Observation audit (6-30-16), which won't be completed until 2016-17.
- 2 - Travel, Receipts, and Advancement removed due to Access and Diversity audit, Minors on Campus audit, and Investigations significantly exceeded their anticipated budgeted days.
- 3 - This audit required more fieldwork than anticipated.
- 4 - Unscheduled investigations are typically reduced at each revision by the actual number of hours spent on specific investigations. However, actual and anticipated hours for investigations already completed and in progress (50.3 days) significantly exceeded the original budget (26.7 days), and 5 months remain for additional unscheduled investigations.
- 5 - The number of hours for any particular investigation is never known. This investigation was very extensive.
- 6 - This audit is very extensive. In addition to a very detailed review of the policy itself, it has consisted of contacting representatives from 130 campus units, reviewing over 160 events, and conducting between 40 and 50 interviews and documentation reviews campus-wide for compliance with the Minors on Campus policy.

**University of Memphis  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budgets (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Days	Change in Percentage	Actual	Hours	Percentage			
Required by Statute	R	FM	Risk Assessment-FY2016	82.5	82.5	0.0	0%		27.0	-55.5	-67%	Apr 2016	Scheduled
Required by State Audit	R	FM	Cash Counts For State Auditors	105.0	90.0	-15.0	-14%		48.5	-41.5	-46%	Jul 2015	In Progress
Required by State Audit	R	FM	Inventory Observaton-FY15 Inventory	30.0	30.0	0.0	0%		0.0	-30.0	-100%	Jul 2015	Completed
Required by Vendor	R	IT	NACHA Bank Audit-FY2016	120.0	202.5	82.5	69%	FN5	0.0	-202.5	-100%	Mar 2016	Scheduled
Required by State Audit	R	SS	CCTA Audit-FY2016	150.0	150.0	0.0	0%		0.0	-150.0	-100%	Apr-16	Scheduled
Required by State Audit	R	FM	Inventory Observation for State Audit FY2016	127.5	127.5	0.0	0%		19.0	-108.5	-85%	Mar 2016	Scheduled
	C	IS	Board Transition Taskforce	0.0	82.5	82.5	NA	FN6	0.0	-82.5	-100%	Jan-16	In Progress
	R	FM	Pcards	375.0	450.0	75.0	20%	FN7	269.6	-180.4	-40%	Jul 2015	In Progress
	F	AT	Athletics Comp Tickets-Follow-up	97.5	150.0	52.5	54%	FN8	4.0	-146.0	-97%	May 2016	Scheduled
	F	FM	Follow-up FY14 State Audit	300.0	0.0	-300.0	-100%	FN9	0.0	0.0	NA	Oct 2015	Removed
	F	FM	Study Abroad-CF from FY15	202.5	52.5	-150.0	-74%	FN1	24.0	-28.5	-54%	Sept 2015	Completed
	I	IS	Unscheduled Investigations-FY2016	405.0	97.5	-307.5	-76%	FN2	0.0	-97.5	-100%	Jul 2015	Scheduled
	I	FM	INV16001	0.0	22.5	22.5	NA		18.0	-4.5	-20%	Jul 2015	Completed
	I	FM	INV16002	0.0	45.0	45.0	NA		41.0	-4.0	-9%	Jul 2015	Completed
	I	FM	INV16003	0.0	15.0	15.0	NA		10.5	-4.5	-30%	Jul 2015	Completed
	I	FM	INV16004	0.0	15.0	15.0	NA		7.0	-8.0	-53%	Jul 2015	Completed
	I	FM	INV16005	0.0	67.5	67.5	NA		56.5	-11.0	-16%	Aug 2015	Completed
	I	FM	INV16006	0.0	75.0	75.0	NA		141.0	66.0	88%	Oct 2015	Completed
	S	FM	Diversity Audit	300.0	450.0	150.0	50%	FN3	456.5	6.5	1%	Jul 2015	Completed
	C	AT	Courtesy Cars-FY2016	247.5	247.5	0.0	0%		81.3	-166.2	-67%	Jan-16	In Progress
	C	IS	General Consulting Management	300.0	277.5	-22.5	-8%		138.0	-139.5	-50%	Jul 2015	In Progress
	C	FM	Compliance - Inventory	0.0	45.0	45.0	NA		25.5	-19.5	-43%	Jul 2015	Completed
	C	IT	IT Consulting-FY2016	247.5	247.5	0.0	0%		141.9	-105.6	-43%	Jul 2015	In Progress
	C	IT	IT Security Controls	247.5	450.0	202.5	82%	FN10	448.3	-1.7	0%	Jul 2015	Completed
	C	FM	Communication - Sciences School	0.0	150.0	150.0	NA	FN4	191.7	41.7	28%	Oct 2015	Completed
	C	FM	Attorney Client Project	0.0	225.0	225.0	NA	FN11	133.4	-91.6	-41%	Jul 2015	Completed
	C	FM	UT QAR Team FY2016	0.0	67.5	67.5	NA		55.0	-12.5	-19%	Jul 2015	Completed
	P	IS	QAR Review-FY2016	82.5	82.5	0.0	0%		0.0	-82.5	-100%	Apr 2016	Scheduled
5	A	AT	Athletics Comp Tickets-FY2016-Carryforward hours	150.0	37.5	-112.5	-75%	FN1	32.0	-5.5	-15%	Jul 2015	Completed
5	A	FM	Data Analytics	300.0	300.0	0.0	0%		156.5	-143.5	-48%	Jul 2015	In Progress
5	A	FM	Asset Verifications-FY2016	352.5	450.0	97.5	28%	FN12	301.7	-148.3	-33%	Jul 2015	In Progress
4	A	RS	Grant Compliance BigData NIH Grant-FY2016	397.5	502.5	105.0	26%		466.0	-36.5	-7%	Jul 2015	Completed
3.2	A	IT	Controls Sponsored Accounts-FY2016	247.5	0.0	-247.5	-100%	FN13	0.0	0.0	NA	Jan 2016	Removed
3.1	A	AT	Athletics Travel Expenses-FY2016	300.0	352.5	52.5	18%		32.0	-320.5	-91%	Feb-16	Scheduled
2.4	A	AX	Bookstore Controls-FY2016	247.5	300.0	52.5	21%	FN14	297.5	-2.5	-1%	Oct 2015	In Progress
<b>Total Planned Audit Days:</b>				<b>5,415</b>	<b>5,940</b>	<b>525</b>	<b>10%</b>		<b>3,623</b>				

Estimate Days Available For Audits - 798 (4 staff)

<b>Audit Types:</b> R - Required A - Risk-Based (Assessed) S - Special Request I - Investigation P - Project (Ongoing or Recur) M - Management's Risk Asses C - Consultation F - Follow-up Review	<b>Functional Areas:</b> AD - Advancement AT - Athletics AX - Auxiliary FM - Financial Management IA - Instruction & Academic Support IS - Institutional Support IT - Information Technology PP - Physical Plant RS - Research SS - Student Services	<b>Status:</b> Scheduled In Progress Completed Removed	FN1 Had a small amount of carryforward hours into FY16. Was mostly performed in FY15 so adjusted to actual hours in FY16 to free up hours in the plan for other audits and projects. FN2 Hours reduced as investigations occur and input into MKI to account for actual investigations in FY 16 as they occur. FN3 Audit took much longer than expected and also additional hours for TIP Program at Law School. FN4 Consulting project (cost analysis of clinic) added per special request by Management. FN5 Scope expanded to also include PCI compliance in this area per Management request. FN6 Request from President & Legal Counsel pursuant to pending legislation regarding FOCUS Act. IA is an advisory member. FN7 Expanded scope of pcard continuous monitoring due to bank implementing a new pcard system plus a new employee in Procurement with oversight over pcards. FN8 Planned hours added to Comp Ticket follow-up per additional work requested by new President and Development Office. FN9 Follow-up occurred in FY15 per required date for follow-up. Hours were budgeted in case additional follow-up was needed in FY16. No additional hours were necessary in FY16. FN10 Scope expanded due to request from ITS. IT Security Controls. FN11 Additional hours due to extra work related to pending discussions by Management with outside entity, Speech & Hearing Clinic. FN12 Additional hours added due to expanded scope visiting off-campus locations. Fixed Asset Verifications. FN13 Project canceled and will be moved to FY17 per discussion with ITS Management. Hours allocated to other IT projects on the audit plan. FN14 Hours added to expand scope to perform additional work regarding scholarship clause in the Bookstore contract.
---	--	--	--

**Chattanooga State Community College**  
**Internal Audit Plan**  
**Fiscal Year Ended June 30, 2016**  
**Revised January 2016**

Ranking	Type	Area	Audit	Current Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	SS	CCTA	187.50	187.50	0.00	0%		0.0	-187.5	-100%	Mar 2016	Scheduled
	F	IS	Follow up Reviews	90.0	75.0	-15.0	-17%		36.3	-38.8	-52%	Jul 2015	In Progress
	F	FM	State Audit Follow-up	7.5	7.5	0.0	0%		3.8	-3.8	-50%	Jan 2016	In Progress
	I	IS	INV1502	22.5	45.0	22.5	100%	FN3	23.0	-22.0	-49%	Apr 2015	In Progress
	I	IS	INV1601	60.0	22.5	-37.5	-63%	FN4	20.0	-2.5	-11%	Oct 2015	Completed
	I	IS	INV1602	0.0	52.5	52.5	NA	FN4	37.0	-15.5	-30%	Nov 2015	In Progress
	I	IS	INV1603	0.0	45.0	45.0	NA	FN4	41.8	-3.3	-7%	Nov 2015	Completed
	I	IS	INV1604	0.0	15.0	15.0	NA	FN4	0.0	-15.0	-100%	Nov 2015	In Progress
	I	IS	Assist TBR Investigations	60.0	37.5	-22.5	-38%	FN4	19.5	-18.0	-48%	Jul 2015	In Progress
	S	FM	Cash Counts	22.5	52.5	30.0	133%	FN5	52.8	0.3	0%	Oct 2015	Completed
	S	FM	Access & Diversity Funds	60.0	120.0	60.0	100%	FN6	119.8	-0.3	0%	Aug 2015	Completed
	S	FM	Year End Procedures FYE 2016	11.3	7.5	-3.8	-33%		0.0	-7.5	-100%	Jun 2016	Scheduled
	S	FM	Year End Procedures FYE 2015	7.5	7.5	0.0	0%		7.5	0.0	0%	Jul 2015	Completed
	S	IA	Volkswagon Academy	82.5	96.8	14.3	17%		60.5	-36.3	-37%	May 2015	In Progress
	S	IA	Study Abroad	97.5	138.8	41.3	42%	FN7	94.8	-44.0	-32%	Aug 2015	In Progress
	S	IT	NACHA	105.0	97.5	-7.5	-7%		5.3	-92.3	-95%	Mar 2016	Scheduled
	M	IS	Enterprise Risk Assessment	37.5	37.5	0.0	0%		0.0	-37.5	-100%	May 2016	Scheduled
	C	IS	General Consultation	90.0	97.5	7.5	8%		64.3	-33.3	-34%	Jul 2015	In Progress
	P	IS	Quality Self Assessment	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Feb 2016	Scheduled
	P	IS	Special Projects-Audit Software	97.5	97.5	0.0	0%		78.3	-19.3	-20%	Jul 2015	In Progress
5	A	IA	Adult Education	97.5	90.0	-7.5	-8%		0.0	-90.0	-100%	Mar 2016	Scheduled
4	A	IS	Human Resources	210.0	0.0	-210.0	-100%	FN 2	0.0	0.0	NA	Apr 2016	Removed
3.6	A	FM	Payroll	90.0	90.0	0.0	0%		0.0	-90.0	-100%	May 2016	Scheduled
3.6	A	FM	Accounts Receivable	97.5	105.0	7.5	8%		1.0	-104.0	-99%	Apr 2016	Scheduled
3.4	A	AT	Sports Clinic	60.0	157.5	97.5	163%	FN1	151.0	-6.5	-4%	Aug 2015	Completed
3.4	A	AX	Print Shop	90.0	82.5	-7.5	-8%		25.0	-57.5	-70%	Nov 2015	In Progress
3.3	A	FM	Contracts	120.0	0.0	-120.0	-100%	FN 2	0.0	0.0	NA	Mar 2016	Removed
2.2	S	SS	Enrollment Activity	0.0	22.5	22.5	NA		0.0	-22.5	-100%	Mar 2016	Scheduled

**Total Planned Audit Days: 1841.3    1825.5    -15.8    -1%    841.3**

Estimate Hours Available For Audits = 1,815 (1 1/2 staff)

**Audit Types:**

- R - Required
- A - Risk-Based (Assessed)
- S - Special Request
- I - Investigation
- P - Project (Ongoing or Recurring)
- M - Management's Risk Assessment
- C - Consultation
- F - Follow-up Review

**Functional Areas:**

- AD - Advancement
- AT - Athletics
- AX - Auxiliary
- FM - Financial Management
- IA - Instruction & Academic Support
- IS - Institutional Support
- IT - Information Technology
- PP - Physical Plant
- RS - Research
- SS - Student Services

**Status:**

- Scheduled
- In Progress
- Completed
- Removed

FN 1- First audit with new auditor and issues discovered required additional hours to complete.

FN2 - Removed audits from plan to compensate for additional hours needed for new staff, other audit topics and investigations

FN3 - Additional hours added for gathering of additional research and major report changes.

FN4 - Investigations hours increased based on number and type of projects received. Total investigations hours divided amongst projects based on difficulty of topic.

FN5 - Expanded locations tested using both available auditors.

FN6 - Audit hours expanded for changes in scope of project and knowledge of campus activities.

FN7 - Change in auditor assigned to project added increased supervision time and involvement during the audit.

Cleveland State Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by Statute	R	FM	PSCC-Presidential Expense Audit FYE 2015	112.5	112.5	0.0	0%		127.0	14.5	13%	Sep 2015	Completed
Required by State Audit	R	IS	Year End 2015	15.0	15.0	0.0	0%		14.0	-1.0	-7%	Jul 2015	Completed
Required by State Audit	R	IS	Year End 2016	7.5	7.5	0.0	0%		0.0	-7.5	-100%	Jun 2016	Scheduled
Required by State Audit	R	SS	CCTA Funding Formula	150.0	150.0	0.0	0%		0.0	-150.0	-100%	Mar 2016	Scheduled
	F	IS	Title IV	37.5	30.0	-7.5	-20%		6.5	-23.5	-78%	Nov 2015	Scheduled
	F	IS	State Audit Follow-up	75.0	187.5	112.5	150%	FN 1	75.0	-112.5	-60%	Nov 2015	Scheduled
	I	IS	Unscheduled Investigations	37.5	0.0	-37.5	-100%		0.0	0.0	NA	Jul 2015	Scheduled
	I	IS	INV201501	103.1	137.3	34.1	33%		185.0	47.8	35%	Aug 2015	Completed
	S	FM	NACHA 2016	112.5	112.5	0.0	0%		0.0	-112.5	-100%	May 2016	Scheduled
	S	FM	Access and Diversity Funds	37.5	75.0	37.5	100%	FN 1	91.5	16.5	22%	Aug 2015	Completed
	S	IA	Study Abroad	37.5	67.5	30.0	80%		68.0	0.5	1%	Oct 2015	In Progress
	M	IA	CLSCC - Managements Risk Assessment	30.0	30.0	0.0	0%		0.0	-30.0	-100%	Apr 2016	Scheduled
	M	IS	TCAT Athens - Managements Risk Assessment	15.0	7.5	-7.5	-50%		1.0	-6.5	-87%	Jan 2016	In Progress
	C	IS	General Consultation-2016	37.5	37.5	0.0	0%		25.0	-12.5	-33%	Jul 2015	In Progress
	P	IS	QAR-2016	37.5	30.0	-7.5	-20%		0.0	-30.0	-100%	Feb 2016	Scheduled
	P	IS	Automated Workpapers	27.5	54.8	27.2	99%		37.0	-17.8	-32%	Aug 2015	In Progress
3.9	A	FM	Purchasing 2015	150.0	75.0	-75.0	-50%	FN 3	0.0	-75.0	-100%	June 2016	Scheduled
3.8	A	IT	User Access	75.0	0.0	-75.0	-100%	FN 3	0.0	0.0	NA	NA	Removed
<b>Total Planned Audit Days:</b>				<b>1098.1</b>	<b>1129.5</b>	<b>31.4</b>	<b>3%</b>		<b>630.0</b>				

Estimate Hours available for Audits = 1,130 (1 staff)

Audit Types:

R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:

AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:

Scheduled  
In Progress  
Completed  
Removed

FN 1 Audits required more time than originally estimated due to change in scope

FN 2 Audit start date change time is split over current year and next year

FN 3 Audit removed due additional needed for other audits.

**Columbia State Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula	150.0	150.0	0.0	0%		1.5	-148.5	-99%	Nov 2015	In Progress
Required by TBR	F	IT	Follow-up State Audit Finding	15.0	15.0	0.0	0%		13.8	-1.2	-8%	Jan 2016	In Progress
	I	FM	Unscheduled Investigation	45.0	0.0	-45.0	-100%	FN 3	0.0	0.0	NA	NA	Removed
	S	IA	Study Abroad	150.0	165.0	15.0	10%		109.0	-56.0	-34%	Sep 2015	In Progress
	S	FM	Access and Diversity	150.0	150.0	0.0	0%		149.0	-1.0	-1%	Jul 2015	Completed
	M	IS	Review Management's Risk Assessment_TCAT Pulaski	7.5	7.5	0.0	0%		0.3	-7.3	-97%	Mar 2016	In Progress
	M	IS	Review Management's Risk Assessment_TCAT Hohenwald	7.5	7.5	0.0	0%		0.3	-7.3	-97%	Mar 2016	In Progress
	M	IA	Review Management's Risk Assessment - Instruction and Academic Support	15.0	0.0	-15.0	-100%		0.0	0.0	NA	NA	Removed
	M	PP	Review Management's Risk Assessment - Physical Plant	7.5	15.0	7.5	100%		0.0	-15.0	-100%	Feb 2016	Scheduled
	M	AX	Review Management's Risk Assessment - Auxiliary	7.5	6.0	-1.5	-20%		0.0	-6.0	-100%	Feb 2016	Scheduled
	M	FM	Review Management's Risk Assessment - Financial Management	15.0	9.8	-5.3	-35%		0.0	-9.8	-100%	Nov 2015	Scheduled
	C	IS	General Consulting Services	22.5	7.5	-15.0	-67%		0.8	-6.8	-90%	Jul 2015	In Progress
	C	IS	Consumer Information, Safety and Security	0.0	52.5	52.5	NA	FN 1	39.2	-13.3	NA	Aug 2015	In Progress
	C	SS	Consumer Information Disclosures	112.5	0.0	-112.5	-100%	FN 1, FN 2	15.8	15.8	NA	NA	Removed
	C	SS	Process Review	28.1	0.0	-28.1	-100%	FN 2	0.0	0.0	NA	NA	Removed
	C	SS	Consumer Information , Student Right to Know	0.0	0.0	0.0	NA	FN 1, FN 2	3.0	3.0	NA	NA	Removed
	C	SS	General Consulting Services	22.5	37.5	15.0	67%	FN 2	32.8	-4.7	-13%	Jul 2015	In Progress
	C	IA	Accessibility	37.5	7.5	-30.0	-80%	FN 3	7.8	0.3	3%	Jul 2015	In Progress
	C	IA	General Consulting Services	7.5	7.5	0.0	0%		1.3	-6.3	-83%	Jul 2015	In Progress
	C	IT	General Consulting Services	7.5	7.5	0.0	0%		0.5	-7.0	-93%	Jul 2015	In Progress
	C	PP	General Consulting Services	15.0	7.5	-7.5	-50%		6.6	-1.0	-13%	Jul 2015	In Progress
	C	AX	General Consulting Services	7.5	0.0	-7.5	-100%	FN 2	0.0	0.0	NA	NA	Removed
	C	AD	General Consulting Services	22.5	60.0	37.5	167%	FN 4	44.6	-15.4	-26%	Jul 2015	In Progress
	C	AT	General Consulting Services	7.5	0.0	-7.5	-100%	FN 2	0.0	0.0	NA	NA	Removed
	C	FM	General Consulting Services	60.0	30.0	-30.0	-50%	FN 3	13.0	-17.0	-57%	Jul 2015	In Progress
	P	IS	IIA Quality Assurance Self-assessment	75.0	75.0	0.0	0%		0.0	-75.0	-100%	Feb 2016	Scheduled
	P	IS	Website Development	112.5	75.0	-37.5	-33%		5.3	-69.8	-93%	Aug 2015	In Progress
	P	IS	Electronic Work Papers	20.6	42.0	21.4	104%		36.5	-5.5	-13%	May 2015	In Progress
4	A	SS	Return To Title IV	60.0	0.0	-60.0	-100%	FN 2	0.0	0.0	NA	NA	Removed
4	A	SS	Federal Work-Study	30.0	0.0	-30.0	-100%	FN 2	3.3	3.3	100%	NA	Removed
3.4	A	IA	Controls Review	37.5	7.5	-30.0	-80%	FN 3	0.0	-7.5	-100%	Mar 2016	Scheduled
3	A	FM	Random Cash Counts	45.0	15.0	-30.0	-67%	FN 3	0.0	-15.0	-100%	Nov 2015, Apr 2016	Scheduled
3	A	IT	Controls Review	30.0	7.5	-22.5	-75%		0.0	-7.5	-100%	Jan 2016	Scheduled
3	A	FM	Audit Outcomes Status review	0.0	7.5	7.5	NA		0.0	-7.5	-100%	Mar-16	Scheduled
2.9	A	IS	Controls Review	22.5	7.5	-15.0	-67%		0.0	-7.5	-100%	Mar 2016	Scheduled
2.9	A	AD	Controls Review	7.5	7.5	0.0	0%		0.0	-7.5	-100%	Jan 2016	Scheduled
2.5	A	AT	Athletic Travel	18.8	0.0	-18.8	-100%		0.0	0.0	NA	NA	Removed
<b>Total Planned Audit Days:</b>				<b>1379.9</b>	<b>987.8</b>	<b>-392.2</b>	<b>-28%</b>		<b>484.0</b>				

Estimate Available Hours For Audits = 997.5 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

FN 1 Consumer Information Compliance Review was divided into three main focus areas.  
FN 2 Removed in order to accommodate completion of ongoing audit and service engagements. Audits will re-evaluate for 2016-2017 audit plan.  
FN 3 Adjusted to accommodate completion of ongoing audit and service engagements.  
FN 4 Adjusted to accommodate requests for value added services.

**Dyersburg State Community College**  
**Internal Audit Plan**  
**Fiscal Year Ended June 30, 2016**  
**Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budgets (Hours)				Budget vs. Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	FM	Year End Cash Counts & Bank Confirmations - 06302016	30.0	15.0	-15.0	-50%		0.0	-15.0	-100%	Jun 2016	Scheduled
Required by State Audit	R	SS	CCTA Funding Formula	140.0	140.3	0.2	0%		0.0	-140.3	-100%	Mar 2016	Scheduled
	F	FM	Follow-up to State Audit	25.0	34.5	9.5	38%		34.5	0.0	0%	Dec 2015	Completed
	I	IS	Unscheduled Investigations	65.0	1.5	-63.5	-98%	Fn 1	0.0	-1.5	-100%	Jul 2015	In Progress
	I	IS	Investigation 15-01	10.0	34.5	24.5	246%		37.5	3.0	9%	Jul 2015	Completed
	I	IS	Investigation 15-02	10.0	8.3	-1.7	-17%		9.5	1.3	15%	Sept 2015	Completed
	I	IS	Investigation 1601	0.0	18.8	18.8	NA		18.5	-0.3	-1%	Nov 2015	In Progress
	I	IS	Investigation 1602	0.0	15.0	15.0	NA		8.5	-6.5	-43%	Aug 2015	Completed
	I	IS	Investigation 1603	0.0	7.5	7.5	NA		12.0	4.5	60%	Nov 2015	Completed
	F	IS	Investigation 1502 Follow-up	0.0	9.8	9.8	NA		3.5	-6.3	-64%	Nov 2015	Completed
	S	FM	Study Abroad	110.0	110.3	0.2	0%		76.5	-33.8	-31%	Dec 2015	In Progress
	S	PP	Building Security/Key Control	110.0	110.3	0.2	0%		115.5	5.3	5%	Oct 2015	In Progress
	S	SS	Federal Work Study Program and FA Fraud	100.0	99.8	-0.2	0%		0.0	-99.8	-100%	Jun 2016	Scheduled
	S	SS	Student Needs & Cash Concessions	60.0	45.0	-15.0	-25%		0.0	-45.0	-100%	Apr 2016	Scheduled
	S	FM	Access and Diversity Funds	110.0	150.0	40.0	36%		150.0	0.0	0%	Oct 2015	Completed
	S	FM	Faculty Sick Leave	80.0	80.3	0.2	0%		0.0	-80.3	-100%	May 2016	Scheduled
	M	FM	Risk Assessment Financial Management	60.0	60.0	0.0	0%		0.0	-60.0	-100%	Apr 2016	Scheduled
	M	IS	Risk Assessment Public Service	50.0	50.3	0.2	0%		1.5	-48.8	-97%	Apr 2016	In Progress
	M	SS	Risk Assessment Student Affairs	60.0	50.3	-9.8	-16%		0.0	-50.3	-100%	Apr 2016	Scheduled
	P	IS	IIA Quality Assurance Self-Assessment	50.0	50.3	0.2	0%		0.0	-50.3	-100%	Apr 2016	Scheduled
	C	IS	General Consultation	50.0	0.8	-49.3	-99%	FN-2	48.5	47.8	6367%	Jul 2015	In Progress
	C	IS	PII Review	65.0	65.3	0.2	0%		12.5	-52.8	-81%	Jan 2015	In Progress
	C	IS	LRC Reclassification	0.0	30.0	30.0	NA		36.5	6.5	22%	Jul 2015	Completed

**Total Planned Audit Days: 1185.2 1187.3 2.1 0% 565.0**

Estimate Available Hours For Audits = 1175 (1 staff)

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Status:  
Scheduled  
In Progress  
Completed  
Removed

FN 1 - The Unscheduled Investigations item is the pool of time allotted for various unknown investigations that may arise during the year. As investigations are performed, they are listed as a separate line item.

FN-2 - This consultation was primarily review of the State IT Audit findings and TBR IT audit findings.

**Jackson State Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula End of Term	150.0	150.0	0.0	0%		0.0	-150.0	-100%	Mar 2016	Scheduled
Required by Statute	R	FM	VSCC President's Expense Audit	150.0	172.5	22.5	15%		172.5	0.0	0%	Oct 2015	Completed
Required by State Audit	R	FM	Year-end Procedures	22.5	15.0	-7.5	-33%		0.0	-15.0	-100%	Jun 2016	Scheduled
	F	FM	State Audit Follow up-09012015	90.0	90.0	0.0	0%		55.5	-34.5	-38%	Sep 2015	Completed
	F	IS	Emergency Preparedness Follow up	37.5	37.5	0.0	0%		0.0	-37.5	-100%	June 2016	Scheduled
	F	IT	Internal Audit Follow-up	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Apr 2016	Scheduled
	I	SS	INV1501	0.0	80.6	80.6	100%	Fn1	34.0	-46.6	-58%	June 2015	Completed
	S	FM	Access and Diversity Funds	127.5	90.0	-37.5	-29%		105.0	15.0	17%	Aug 2015	Completed
	S	IA	Study Abroad	127.5	187.5	60.0	47%		109.8	-77.8	-41%	Nov 2015	In progress
	M	IS	TCAT Risk Assessment	37.5	52.5	15.0	40%		0.0	-52.5	-100%	Jan 2016	In progress
	M	AX	Risk Assessment-Auxiliary	22.5	22.5	0.0	0%		39.0	16.5	73%	May 2016	Scheduled
	M	SS	Risk Assessment - Student Services	30.0	30.0	0.0	0%		0.0	-30.0	-100%	May 2016	Scheduled
	C	IS	General Consultation	187.5	75.0	-112.5	-60%	Fn 2	38.8	-36.3	-48%	Jul 2015	In progress
	P	IS	IIA Quality Assurance Self-Assessment	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Apr 2016	Scheduled
	S	FM	Payroll	0.00	150.0	150.0	NA		0.0	1125.00	NA	Mar 2016	Scheduled
<b>Total Planned Audit Days:</b>				<b>1057.5</b>	<b>1228.1</b>	<b>170.6</b>	<b>16%</b>		<b>554.5</b>				

Estimate Available Audit Hours = 1095 (1 staff)

**Audit Types:**

R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

**Functional Areas:**

AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

**Status:**

Scheduled  
In Progress  
Completed  
Removed

Fn 1 - This audit was inadvertently not included in previous audit plans.

Fn2 - This budget was reduced to allocate resources to other audits.

**Motlow State Community College**  
**Internal Audit Plan**  
**Fiscal Year Ended June 30, 2016**  
**Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Actual to Budget			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	FM	State Audit Assistance Year End	15.0	15.0	0.0	0%		5.5	-9.5	-63%	May 2016	In Progress
Required by State Audit	R	SS	CCTA Funding Formula (Fall 2015 Data)	150.0	125.3	-24.8	-17%		0.0	-125.3	-100%	Mar 2016	Scheduled
	F	IA	Workforce Development	30.0	15.0	-15.0	-50%		2.5	-12.5	-83%	Oct 2015	In Progress
	F	FM	State Audit	30.0	30.0	0.0	0%		0.0	-30.0	-100%	Nov 2015	Scheduled
	F	IT	Information Technology	40.0	22.5	-17.5	-44%		6.3	-16.3	-72%	Nov 2015	In Progress
	F	IS	Financial Aid	75.0	22.5	-52.5	-70%		0.0	-22.5	-100%	Nov 2015	Scheduled
	F	IS	Internal Audit Follow-ups	25.0	15.0	-10.0	-40%		0.0	-15.0	-100%	Jul 2015	Scheduled
	I	IS	Unscheduled Investigations	50.0	0.0	-50.0	-100%	Fn 1	0.0	0.0	NA	Sep 2015	Scheduled
	I	IT	INV1601	0.0	195.0	195.0	NA	Fn 1	166.3	-28.8	-15%	Aug 2015	In Progress
	I	AT	INV1602	0.0	30.0	30.0	NA	Fn 1	19.8	-10.3	-34%	Sep 2015	In Progress
	I	AT	INV1604	0.0	150.0	150.0	NA	Fn 1	79.5	-70.5	-47%	Jan-16	In Progress
	I	IA	INV1603	0.0	45.0	45.0	NA		24.8	-20.2	-45%	Oct-15	In Progress
	C	AX	Auxiliary-FY 2016	11.3	8.3	-3.0	-27%		0.0	-8.3	-100%	Sept 2015	Scheduled
	S	IA	Study Abroad	80.0	80.3	0.2	0%		4.1	-76.2	-95%	Jul 2015	Scheduled
	S	FM	Access and Diversity Funds	75.0	127.5	52.5	70%	Fn 2	119.6	-7.9	-6%	Jul 2015	In Progress
	M	IS	Managements Risk Assessment TCAT McMinnville	25.0	15.0	-10.0	-40%	Fn 2	2.0	-13.0	-87%	Dec 2015	In Progress
	M	IS	Managements Risk Assessment TCAT Murfreesboro	25.0	15.0	-10.0	-40%	Fn 2	2.0	-13.0	-87%	Dec 2015	In Progress
	M	IS	Managements Risk Assessment TCAT Shelbyville	24.8	15.0	-9.8	-39%	Fn 2	0.5	-14.5	-97%	Dec 2015	In Progress
	M	IT	Managements Risk Management Information Technology	34.9	22.5	-12.4	-36%	Fn 2	0.0	-22.5	-100%	Nov 2015	Scheduled
	C	IA	Managements Risk Management Instruction and Academic Support	34.9	22.5	-12.4	-36%	Fn 2	0.0	-22.5	-100%	Nov 2015	Scheduled
	C	FM	Financial Management-FY 2016	11.3	8.3	-3.0	-27%	Fn 2	26.5	18.3	221%	Jul 2015	In Progress
	C	AT	Athletics-FY 2016	11.3	4.5	-6.8	-60%	Fn 2	0.0	-4.5	-100%	Sep 2015	Scheduled
	C	IS	Institutional Support-FY 2016	11.3	3.8	-7.5	-67%	Fn 2	0.0	-3.8	-100%	Oct 2015	Scheduled
	C	IT	Information Technology-FY 2016	11.3	3.8	-7.5	-67%	Fn 2	0.0	-3.8	-100%	Oct 2015	Scheduled
	C	AD	Advancement-FY 2016	11.3	3.8	-7.5	-67%	Fn 2	0.0	-3.8	-100%	Oct 2015	Scheduled
	C	IA	Instruction and Academic Support-FY 2016	11.3	3.8	-7.5	-67%	Fn 2	0.0	-3.8	-100%	Jul 2015	Scheduled
	C	PP	Physical Plant-FY 2016	11.3	3.8	-7.5	-67%	Fn 2	0.0	-3.8	-100%	Oct 2015	Scheduled
	C	SS	Student Services-FY 2016	11.3	8.3	-3.0	-27%	Fn 2	0.0	-8.3	-100%	Oct 2015	Scheduled
	P	IS	QAR Quality Assessment Review	40.0	39.8	-0.2	-1%		0.0	-39.8	-100%	Feb 2016	Scheduled
	S	SS	Tennessee Promise	0.0	172.5	172.5	NA	Fn 2	155.2	-17.3	-10%	Nov-15	In Progress
4.6	A	FM	Payroll Audit	145.9	0.0	-145.9	-100%	Fn 2	5.5	5.5	NA	Jul 2015	Removed
4.3	A	IS	Human Resources	145.5	0.0	-145.5	-100%	Fn 2	6.5	6.5	NA	Jul 2015	Removed
4.2	A	SS	Admissions and Registration	75.0	0.0	-75.0	-100%	Fn 2	0.0	0.0	NA	Nov 2015	Removed
<b>Total Planned Audit Days:</b>				<b>1222.2</b>	<b>1223.3</b>	<b>1.1</b>	<b>0%</b>		<b>626.5</b>				

Estimate Available Audit Hours = 1,222 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

FN 1: The time allocated to unscheduled investigations was reduced as allegations were received and time resources were allocated to them.

FN 2: Due to the addition of the Tennessee Promise audit and the Access and Diversity audit needing more resources than originally anticipated, time resources for other audits were reduced or audits were removed.



Northeast State Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Actual vs. Budget			Estimated Audit Start Date	Status
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage		
Required by State Audit	R	SS	CCTA Funding Formula	150.00	150.00	0.00	0%	0.0	-150.0	-100%	Mar 2016	Scheduled
Required by State Audit	R	FM	State Audit Assistance-Yr End	45.00	45.00	0.00	0%	0.0	-45.0	-100%	May 2016	Scheduled
Required by Statute	R	FM	WSCC - President's Expenses Audit	150.00	150.00	0.00	0%	151.0	1.0	1%	Jul 2015	Completed
	F	IS	Other Internal Audit Follow-Up	37.50	37.50	0.00	0%	31.0	-6.5	-17%	Jul 2015	Completed
	S	IS	Special Requests and Projects	52.50	52.50	0.00	0%	0.0	-52.5	-100%	Jul 2015	Scheduled
	S	FM	Travel Process Review	202.50	202.50	0.00	0%	119.0	-83.5	-41%	Jul 2015	In Progress
	S	FM	Access and Diversity Funds	150.00	150.00	0.00	0%	154.0	4.0	3%	Jul 2015	Completed
	S	IA	Study Abroad	52.50	52.50	0.00	0%	22.5	-30.0	-57%	Sep 2015	In Progress
	M	FM	TCAT RISK Assessment	22.50	22.50	0.00	0%	14.5	-8.0	-36%	Jan 2016	In Progress
	M	FM	Risk Assessments-NeSCC	52.50	52.50	0.00	0%	0.0	-52.5	-100%	Oct 2015	Scheduled
	C	IS	General Consultation	52.50	52.50	0.00	0%	26.0	-26.5	-50%	Jul 2015	In Progress
	P	IS	Electronic Workpapers Software	52.50	52.50	0.00	0%	39.0	-13.5	-26%	Jul 2015	In Progress
	P	IS	IIA Quality Assurance Self Study	37.50	37.50	0.00	0%	0.0	-37.5	-100%	Feb 2016	Scheduled
4.1	A	IS	Human Resources	51.00	51.00	0.00	0%	0.0	-51.0	-100%	Jun 2016	Scheduled
<b>Total Planned Audit Days:</b>				<b>1108.50</b>	<b>1108.50</b>	<b>0.00</b>	<b>0%</b>	<b>557.0</b>				

Estimate Available Audit Hours = 1,095 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

Pellissippi State Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percent	Actual Hours	Hours	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula	225.0	187.50	-37.5	-17%		0.0	187.5	100%	Dec 2015	Scheduled
Required by TBR	F	FM	Internal Audit Follow Ups	37.5	22.50	-15.0	-40%		1.5	21.0	93%	Jul 2015	In Progress
	S	FM	NACHA	75.0	75.00	0.0	0%		75.3	-0.3	0%	Oct 2015	Completed
	S	IA	Faculty Credentials	105.0	112.50	7.5	7%		86.8	25.7	23%	Nov 2015	In Progress
	S	IA	Internation Education Review (TNCIS)	60.0	90.00	30.0	50%	FN3	44.5	45.5	51%	Nov 2015	In Progress
	S	IS	Access and Diversity	60.0	180.00	120.0	200%	FN1	174.0	6.0	3%	Jul 2015	Completed
	M	IS	TCAT Knoxville Risk Assessment	15.0	7.50	-7.5	-50%		7.0	0.5	7%	Jan 2016	Completed
	M	IS	PSCC - Risk Assessment Institutional Support	15.0	15.00	0.0	0%		13.5	1.5	10%	Jan 2016	In Progress
	M	IS	PSCC - Enterprise Wide Risk Assessment	15.0	7.50	-7.5	-50%		0.0	7.5	100%	May 2016	Scheduled
	M	IS	PSCC - Risk Assessment BCS	15.0	7.50	-7.5	-50%		0.0	7.5	100%	Dec 2015	Scheduled
	M	IT	PSCC - Risk Assessment Information Technology	22.5	15.00	-7.5	-33%		0.0	15.0	100%	Apr 2016	Scheduled
	M	SS	PSCC - Risk Assessment Financial Aid	15.0	15.00	0.0	0%		0.0	15.0	100%	Oct 2015	Scheduled
	C	IT	PSCC - IT Security Consulting, Etc.	15.0	22.50	7.5	50%		14.8	7.7	34%	Jul 2015	In Progress
	C	IS	Consulting/Special Request	90.0	90.00	0.0	0%		45.0	45.0	50%	Jul 2015	In Progress
	C	IA	Review of Compliance Assist	60.0	52.50	-7.5	-13%		21.0	31.5	60%	Nov 2015	In Progress
	P	IS	Quality Assurance Review	60.0	45.00	-15.0	-25%		0.0	45.0	100%	Jan 2016	Scheduled
	P	FM	Review of RFP's & other purchasing issues	37.5	37.50	0.0	0%		11.0	26.5	71%	Jul 2015	In Progress
	P	FM	MKInsight Software	60.0	60.00	0.0	0%		42.0	18.0	30%	Jul 2015	In Progress
	P	IS	Review of French Exchange Program	45.0	30.00	-15.0	-33%		0.0	30.0	100%	Apr 2016	Scheduled
	P	IS	North Carolina QAR Project	0.0	37.50	37.5	NA	FN4	4.0	33.5	89%	Apr 2016	In Progress
	I	FM	PSCC 16-001	0.0	22.50	22.5	NA		17.8	4.7	21%	Nov-15	Completed
	P	IS	Review of Higher Education Compliance Matrix	0.0	37.50	37.5	NA	FN4	4.0	33.5	89%	Jul-15	In Progress
5	A	AD	Foundation	90.0	120.00	30.0	33%	FN5	116.0	4.0	3%	Jul 2015	Completed
3.5	A	FM	Accounts Receivable	120.0	0.00	-120.0	-100%	FN2	0.0	0.0	NA	Mar 2016	Removed
<b>Total Planned Audit Days:</b>				<b>1237.5</b>	<b>1290.0</b>	<b>52.50</b>	<b>4%</b>		<b>678.2</b>				

Estimate Available Audit Hours = 1,207.5 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

FN1 - When this audit was initially planned the budget time was 8 days based upon an estimate of how long the central office thought it would take to complete the audit. The revised budget was determined based upon time spent on the audit already as well as the fact that several issues were noted during the course of the audit.

FN2 - Because of other project and the time spend on the access and diversity audit this audit was removed from the audit plan.

FN3 - Orginal budget was based upon me just assisting with TnCIS audit and revised budget included me actually auditing international travel by Pellissippi State students.

FN4 -These items relate to projects that were not originally requested prior to the beginning of fiscal year 15-16 but were requested during the year.

FN5 - The scope of the audit was expanded because of a request by management related to a particular issue.

**Roane State Community College**  
**Internal Audit Plan**  
**Fiscal Year Ended June 30, 2016**  
**Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Actual vs. Budget			Estimated Audit Start Date	Status
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage		
Required by State Audit	R	FM	Year End Cash Counts - 2016	7.5	7.5	0.0	0%	0.0	-7.5	-100%	Jun 2016	Scheduled
Required by IIA	R	IS	Quality Assurance Review 2016	60.0	60.0	0.0	0%	0.0	-60.0	-100%	April 2016	Scheduled
Required by State Audit	R	SS	RSCC CCTA 2016	75.0	75.0	0.0	0%	0.0	-75.0	-100%	Mar 2016	Scheduled
	S	FM	Access and Diversity	150.0	150.0	0.0	0%	4.3	-145.8	-97%	Nov 2015	In Progress
	I	FM	INV 1601	15.0	15.0	0.0	0%	0.0	-15.0	-100%	Feb 2016	Scheduled
	I	FM	Unscheduled Investigations	75.0	75.0	0.0	0%	0.0	-75.0	-100%	Nov 2015	Scheduled
	C	FM	Student Apartments	37.5	37.5	0.0	0%	0.0	-37.5	-100%	Feb 2016	Scheduled
	S	IA	Study Abroad	150.0	150.0	0.0	0%	31.8	-118.2	-79%	Dec 2015	In Progress
	M	IS	TCAT Oneida Risk Assessment	7.5	7.5	0.0	0%	1.5	-6.0	-80%	Jan 2016	Completed
	M	IS	TCAT Harriman Risk Assessment	7.5	7.5	0.0	0%	2.5	-5.0	-67%	Jan 2016	Completed
	M	IS	TCAT Crossville Risk Assessment	7.5	7.5	0.0	0%	2.5	-5.0	-67%	Jan 2016	Completed
	M	IS	TCAT Jacksboro Risk Assessment	7.5	7.5	0.0	0%	3.5	-4.0	-53%	Jan 2016	Completed
	M	IS	RSCC Risk Assessment	75.0	75.0	0.0	0%	3.0	-72.0	-96%	Dec 2015	In Progress
	C	IS	General Consultation	112.5	112.5	0.0	0%	65.8	-46.7	-42%	Nov 2015	In Progress
	P	IS	MKI Implementation	60.0	60.0	0.0	0%	20.8	-39.2	-65%	Nov 2015	In Progress
<b>Total Planned Audit Days:</b>				<b>847.5</b>	<b>847.5</b>	<b>0.0</b>	<b>0%</b>	<b>135.7</b>				

Estimate Available Audit Hours = 1,095 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

Note: The RSCC Interim Director of Internal Audit started November 1, 2015. This is the first audit plan presented for RSCC to the Audit Committee this year.

**Southwest Tennessee Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Actual vs. Budget			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	SS	CCTA	150.0	150.0	0.0	0%		0.00	-150.00	-100%	Jan 2016	Scheduled
	F	FM	State Audit Follow Up	75.0	75.0	0.0	0%		99.00	24.00	32%	Sep 2015	Completed
	F	FM	Federal Audit Follow up	52.5	52.5	0.0	0%		0.00	-52.50	-100%	Jan 2016	Scheduled
	F	IS	Internal Audit Follow Up	52.5	52.5	0.0	0%		42.50	-10.00	-19%	Jul 2015	In Progress
	I	IS	Unscheduled Investigations	97.5	97.5	0.0	0%		78.00	-19.50	-20%	Jul 2015	In Progress
	S	FM	Cash Count	30.0	30.0	0.0	0%		2.50	-27.50	-92%	Jul 2015	In Progress
	S	FM	Access and Diversity Funds	105.0	150.0	45.0	43%	Fn 1	246.00	96.00	64%	Jul 2015	Completed
	S	FM	Federal Perkins Loan	45.0	45.0	0.0	0%		11.50	-33.50	-74%	Jul 2015	In Progress
	S	IA	Study Abroad	150.0	150.0	0.0	0%		136.00	-14.00	-9%	Jul 2015	In Progress
	M	IS	Risk Management-Institutional Support	52.5	30.0	-22.5	-43%	Fn 2	0.00	-30.00	-100%	Oct 2015	Scheduled
	M	IS	Risk Management TCAT	15.0	15.0	0.0	0%		0.00	-15.00	-100%	Jun 2016	Scheduled
	M	IT	Risk Management-Technology/Services	52.5	52.5	0.0	0%		0.00	-52.50	-100%	May 2016	Scheduled
	M	PP	Risk Management-Physical Plant	52.5	30.0	-22.5	-43%	Fn 2	39.00	9.00	30%	Jul 2015	Completed
	C	IS	General Consultation	97.5	97.5	0.0	0%		58.00	-39.50	-41%	Jul 2015	In Progress
	P	IS	Audit Software	75.0	75.0	0.0	0%		39.00	-36.00	-48%	Jul 2015	In Progress
	P	IS	IIA Quality Assurance Self-Assessment	75.0	75.0	0.0	0%		0.00	-75.00	-100%	Feb 2016	Scheduled
<b>Total Planned Audit Days:</b>				<b>1177.5</b>	<b>1177.5</b>	<b>0.0</b>	<b>0%</b>		<b>751.50</b>				

Estimate Available Audit Days = 156 (1 staff)

**Audit**

**Types:**

R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

**Functional Areas:**

AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

**Status:**

Scheduled  
In Progress  
Completed  
Removed

Fn 1 - This audit needed more time resources than originally anticipated.

Fn 2 - This budget was reduced because time resources were allocated to the Study Abroad audit.

**Volunteer State Community College  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula	150.0	150.0	0.0	0%		0.0	-150.0	-100%	Mar 2016	Scheduled
	F	FM	State Audit Follow-Up	37.5	67.5	30.0	80%		67.5	0.0	0%	Nov 2015	Completed
	F	IS	Follow-Up Activities	37.5	37.5	0.0	0%		6.5	-31.0	-83%	Jul 2015	In Progress
	I	IS	Unscheduled Investigations	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Jul 2015	Scheduled
	S	AT	Athletic Work Study Program	150.0	150.0	0.0	0%		7.5	-142.5	-95%	Jan 2016	In Progress
	S	FM	Access and Diversity Funds	150.0	300.0	150.0	100%	FN 1	322.5	22.5	8%	Jul 2015	In Progress
	S	FM	State Audit Year-End Procedures	15.0	15.0	0.0	0%		0.0	-15.0	-100%	Jun 2016	Scheduled
	S	SS	Student Campus Activities	150.0	75.0	-75.0	-50%		0.0	-75.0	-100%	Mar 2016	Scheduled
	S	IA	Study Abroad	150.0	150.0	0.0	0%		48.0	-102.0	-68%	Nov 2015	In Progress
	M	IS	Management Risk Assessment	75.0	75.0	0.0	0%		0.0	-75.0	-100%	May 2016	Scheduled
	M	IS	TCAT Hartsville Management Risk Assessment	7.5	7.5	0.0	0%		0.0	-7.5	-100%	Feb 2016	Scheduled
	M	IS	TCAT Livingston Management Risk Assessment	7.5	7.5	0.0	0%		0.0	-7.5	-100%	Feb 2016	Scheduled
	C	IS	General Consultation	112.5	112.5	0.0	0%		54.5	-58.0	-52%	Jul 2015	In Progress
	P	IS	QAIP Self Assessment	75.0	75.0	0.0	0%		0.0	-75.0	-100%	Feb 2016	Scheduled
	P	IS	MKI Implementation	75.0	75.0	0.0	0%		43.5	-31.5	-42%	Jul 2015	In Progress
	S	IA	On-going audits (started before MKI implementation)	37.5	15.0	-22.5	-60%		11.5	-3.5	-23%	Jul 2015	Completed
<b>Total Planned Audit Days:</b>				<b>1267.5</b>	<b>1350.0</b>	<b>105.0</b>	<b>8%</b>		<b>550.0</b>				

Estimate Available Audit Hours = 1132.5 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

FN 1: Access and Diversity Funds audit testwork took longer than anticipated. The Faculty and Staff Recruitment and Retention fund contains travel expenditures for several employees, and all travel payments were tested rather than sampled. Additionally, the criteria testwork for the Access and Diversity scholarship recipients was more detailed than expected.

**Walters State Community College**  
**Internal Audit Plan**  
**Fiscal Year Ended June 30, 2016**  
**Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Estimated Audit Start Date	Status
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage		
Required by State Audit	R	SS	CCTA Funding Formula - Institutional Data	150.0	150.0	0.0	0.0%	0.0	-150.0	-100.0%	Mar 2016	Scheduled
Required by State Audit	R	FM	Year End Procedures	0.0	30.0	30.0	NA	20.5	-9.5	-31.7%	July 2015	Completed
Required by Statute	R	FM	NeSCC President's Expenses	112.5	150.0	37.5	33.3%	98.0	-52.0	-34.7%	Sep 2015	Completed
Required by Standards	R	IS	Quality Assessment Review	37.5	37.5	0.0	0.0%	0.0	-37.5	-100.0%	May 2016	Scheduled
	I	IS	Unscheduled Investigations	37.5	37.5	0.0	0.0%	0.0	-37.5	-100.0%	Jul 2015	Scheduled
	S	FM	NACHA Compliance Review	75.0	150.0	75.0	100.0%	109.5	-40.5	-27.0%	Dec 2015	In Progress
	S	SS	Access and Diversity Funds Grant Audit	22.5	150.0	127.5	566.7%	Fn 1 149.5	-0.5	-0.3%	Aug 2015	Completed
	S	SS	Study Abroad Program Audit	15.0	150.0	135.0	900.0%	Fn 1 112.5	-37.5	-25.0%	Nov 2015	Completed
	S	FM	WSCC President's Expenses Audit	15.0	15.0	0.0	0.0%	0.0	-15.0	-100.0%	Oct 2015	Completed
	C	IS	Institutional Support Consulting	82.5	112.5	30.0	36.4%	108.0	-4.5	-4.0%	Jul 2015	In Progress
	M	AX	WSCC Auxiliary Risk Assessment	15.0	15.0	0.0	0.0%	0.0	-15.0	-100.0%	May 2016	Scheduled
	M	IA	Community Education Risk Assessment	15.0	15.0	0.0	0.0%	0.0	-15.0	-100.0%	May 2016	Scheduled
	M	IS	TCAT Morristown Risk Assessment	7.5	7.5	0.0	0.0%	4.0	-3.5	-46.7%	Feb 2016	Scheduled
	M	IS	WSCC Communications and Marketing Risk Assessment	15.0	15.0	0.0	0.0%	0.0	-15.0	-100.0%	May 2016	Scheduled
	M	IS	WSCC Risk Assessment	7.5	7.5	0.0	0.0%	0.0	-7.5	-100.0%	May 2016	Scheduled
	M	PP	Facilities Management Risk Assessment	15.0	15.0	0.0	0.0%	0.0	-15.0	-100.0%	May 2016	Scheduled
	P	IS	MKinsight Audit Software	150.0	150.0	0.0	0.0%	15.0	-135.0	-90.0%	Jul 2015	In Progress
5.0	A	FM	PCI-DSS	60.0	0.0	-60.0	-100.0%	Fn 2 0.0	0.0	NA	April 2016	Removed
5.0	A	FM	Contracts Audit	112.5	0.0	-112.5	-100.0%	Fn 2 0.0	0.0	NA	Jan 2016	Removed
5.0	A	IT	Cloud Computing Audit	150.0	0.0	-150.0	-100.0%	Fn 2 0.0	0.0	NA	Nov 2015	Removed
5.0	A	IT	IT Governance	30.0	30.0	0.0	0.0%	0.0	-30.0	-100.0%	Mar 2016	Scheduled
5.0	A	FM	Accounts Receivable	112.5	0.0	-112.5	-100.0%	Fn 2 0.0	0.0	NA	Jan 2016	Removed
<b>Total Planned Audit Days:</b>				<b>1237.5</b>	<b>1237.5</b>	<b>0.0</b>	<b>0.0%</b>	<b>617.0</b>				
Estimate Available Audit Days = 1,244 (1 staff)												
<b>Audit Types:</b> R - Required A - Risk-Based (Assessed) S - Special Request I - Investigation P - Project (Ongoing or Recurring) M - Management's Risk Assessment C - Consultation F - Follow-up Review				<b>Functional Areas:</b> AD - Advancement AT - Athletics AX - Auxiliary FM - Financial Management IA - Instruction & Academic Support IS - Institutional Support IT - Information Technology PP - Physical Plant RS - Research SS - Student Services				<b>Status:</b> Scheduled In Progress Completed Removed				
Fn 1 - This is the first time this area has been audited and is requiring more resources than anticipated.												
Fn 2- These audits were removed from the schedule due to time resources allocated to other projects.												

**Tennessee Board of Regents - System Office**  
**Internal Audit Plan**  
**Fiscal Year Ended June 30, 2016**  
**Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Est. Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual Hours	Hours	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula - Prep	112.5	22.5	-90.0	-400%	FN 2	0.0	22.5	0%	Oct 2015	Scheduled
Required by TBR	F	FM	RSCC - Grant Follow up	0.0	150.0	150.0	100%	FN 1	1.0	149.0	1%	Apr-16	Scheduled
Required by IIA	R	IS	Periodic Internal Peer Reviews (QAR)	187.5	75.0	-112.5	-150%	FN 2	6.5	68.5	9%	Jan 2016	In Progress
Required by TBR	F	FM	Follow up Travel Claims	37.5	15.0	-22.5	-150%		6.0	9.0	40%	Dec 2015	In Progress
Required by TBR	F	IS	TFLI Follow-up	112.5	52.5	-60.0	-114%	FN 3	40.5	12.0	77%	Nov 2015	In Progress
	S	FM	TNCIS	187.5	187.5	0.0	0%		15.0	172.5	8%	Nov 2015	In Progress
	M	IS	Management's Risk Assessment	7.5	22.5	15.0	67%		0.0	22.5	0%	May 2016	Scheduled
	C	FM	General Consultation	150.0	112.5	-37.5	-33%		27.5	85.0	24%	Jul 2015	In Progress
	P	IS	Electronic Working Papers	187.5	337.5	150.0	44%	FN 4	251.5	86.0	75%	Jul 2015	In Progress
3.5	A	PP	Capital Projects	112.5	150.0	37.5	25%	FN 5	94.5	-74.5	63%	Jun 2015	In Progress
<b>Total Planned Audit Days:</b>				<b>1095.0</b>	<b>1125.0</b>	<b>30.0</b>	<b>3%</b>		<b>442.5</b>				

Estimate Available Audit Hours = 1,110 (1 staff)

Audit Types:  
R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

Functional Areas:  
AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

Status:  
Scheduled  
In Progress  
Completed  
Removed

Fn 1 - This audit was added because the Interim Audit Director at RSCC previously worked in the grants area, and cannot perform the follow up due to perceived independence issues.

Fn 2 - CoSCC internal auditor will be helping on this project, therefore hours for the SWIA were reduced.

Fn 3 - Budget reduced because there is less work anticipated with the audit than originally thought.

Fn 4 - Based on trend of time charged to this project, it appears more than the time resources will be needed.

Fn 5 - Budget increased because more time was needed to complete the audit objectives.

**Tennessee Board of Regents - Information Systems  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget vs. Actual (Hours)			Estimated Audit Start Date	Status			
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage					
Required by Standards	R	IS	QA Self Assessment	37.5	37.5	0.0	0.0	0.0	-37.5	-100%	Apr 2016	Scheduled			
	F	IT	Follow-up on all SWIA IT Audits	90.0	90.0	0.0	0.0	38.5	-51.5	-57%	Jul 2015	In Progress			
	C	IT	General IT Consultation	90.0	90.0	0.0	0.0	33.5	-56.5	-63%	Jul 2015	In Progress			
	C	IT	Banner ODS Data Warehouse Project	56.3	56.3	0.0	0.0	13.5	-42.8	-76%	Jul 2015	In Progress			
5	A	IT	ETSU IT GCR - 032016	112.5	112.5	0.0	0.0	0.0	-112.5	-100%	April 2016	Scheduled			
5	A	IT	UOM IT GCR - 052016	112.5	112.5	0.0	0.0	0.0	-112.5	-100%	Jun 2016	Scheduled			
5	A	IT	ChSCC IT GCR - 092015	112.5	112.5	0.0	0.0	129.0	16.5	15%	Sep 2015	In Progress			
5	A	IT	MSSC IT GCR - 10/2015	112.5	112.5	0.0	0.0	148.5	36.0	32%	Nov 2015	In Progress			
5	A	IT	NaSCC IT GCR - 012016	112.5	112.5	0.0	0.0	0.0	-112.5	-100%	Mar 2016	Scheduled			
5	A	IT	NeSCC IT GCR - 042016	112.5	112.5	0.0	0.0	0.0	-112.5	-100%	May 2016	Scheduled			
5	A	IT	VSCC ITGCR - 112015	112.5	112.5	0.0	0.0	17.0	-95.5	-85%	Jan 2016	In Progress			
5	A	IT	WSCC ITGCR - 072015	112.5	112.5	0.0	0.0	195.5	83.0	74%	Jul 2015	In Progress			
5	A	IT	RODP IT General Controls Review	90.0	90.0	0.0	0.0	Fn 1 246.5	156.5	174%	Jul 2015	In Progress			
5	A	IT	OIR Data Center Contract - 022016	90.0	90.0	0.0	0.0	0.0	-90.0	-100%	Jun 2016	Scheduled			
5	A	IT	TCAT IT Questionnaire	75.0	75.0	0.0	0.0	18.5	-56.5	-75%	Sep 2015	In Progress			
				1428.8	1428.8			840.5							
Provision to complete prior period audits															
5	A	IT	MTSU IT GCR	15.0	15.0	0.0	0.0	0.0	-15.0	-100%		Completed			
5	A	IT	TTU IT GCR	22.5	22.5	0.0	0.0	32.0	9.5	42%		Completed			
5	A	IT	DSCC IT GCR	22.5	22.5	0.0	0.0	16.5	-6.0	-27%		Completed			
5	A	IT	TBR - Information Security	22.5	22.5	0.0	0.0	0.0	-22.5	-100%		Completed			
<b>Total Planned Audit Days:</b>				<b>1511.3</b>	<b>1511.3</b>			<b>889.0</b>							
Estimate Available Audit Hours = 1515 (1 staff)															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"> <b>Audit Types:</b>  R - Required  A - Risk-Based (Assessed)  S - Special Request  I - Investigation  P - Project (Ongoing or Recurring)  M - Management's Risk Assessment  C - Consultation  F - Follow-up Review </td> <td style="width: 33%;"> <b>Functional Areas:</b>  AD - Advancement  AT - Athletics  AX - Auxiliary  FM - Financial Management  IA - Instruction &amp; Academic Support  IS - Institutional Support  IT - Information Technology  PP - Physical Plant  RS - Research  SS - Student Services </td> <td style="width: 33%;"> <b>Status:</b>  Scheduled  In Progress  Completed  Removed </td> </tr> </table>													<b>Audit Types:</b> R - Required A - Risk-Based (Assessed) S - Special Request I - Investigation P - Project (Ongoing or Recurring) M - Management's Risk Assessment C - Consultation F - Follow-up Review	<b>Functional Areas:</b> AD - Advancement AT - Athletics AX - Auxiliary FM - Financial Management IA - Instruction & Academic Support IS - Institutional Support IT - Information Technology PP - Physical Plant RS - Research SS - Student Services	<b>Status:</b> Scheduled In Progress Completed Removed
<b>Audit Types:</b> R - Required A - Risk-Based (Assessed) S - Special Request I - Investigation P - Project (Ongoing or Recurring) M - Management's Risk Assessment C - Consultation F - Follow-up Review	<b>Functional Areas:</b> AD - Advancement AT - Athletics AX - Auxiliary FM - Financial Management IA - Instruction & Academic Support IS - Institutional Support IT - Information Technology PP - Physical Plant RS - Research SS - Student Services	<b>Status:</b> Scheduled In Progress Completed Removed													
FN 1 - The audit scope increased causing more resources to be used than originally anticipated.															



**Tennessee Board of Regents - TCATs  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget vs. Actual			Estimated Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
	C	FM	General Consulting	0.0	90.0	90.0	NA	Fn 1	5.0	-85.0	-94%	Oct 2015	In-Progress
	P	FM	Audit Program Development	0.0	37.5	37.5	NA	Fn 1	73.5	36.0	96%	Aug 2015	In-Progress
	A	FM	Crump-IAR-Focused Review 14/15	0.0	5.3	5.3	NA	Fn 1	3.0	-2.3	-43%	Mar 2014	In-Progress
	A	FM	Covington-IAR-Focused Review - 14/15	25.0	45.0	20.0	80%		33.5	-11.5	-26%	Jun 2015	In-Progress
	A	FM	Ripley-IAR-Focused Review-15	0.0	37.5	37.5	NA	Fn 1	26.0	-11.5	-31%	Jun 2015	In-Progress
	A	FM	Nashville-IAR-Focused Review-15	0.0	12.8	12.8	NA	Fn 1	29.5	16.8	131%	May 2015	Completed
	A	FM	Athens-IAR-Focused Review-15	0.0	36.0	36.0	NA	Fn 1	12.0	-24.0	-67%	May 2015	Completed
	A	FM	Harriman-IAR-Focused Review-15	0.0	15.0	15.0	NA	Fn 1	36.0	21.0	140%	Apr 2016	Completed
	A	FM	Hohenwald-IAR-Focused Review-15	75.0	75.0	0.0	0%		44.0	-31.0	-41%	Oct 2015	Completed
	A	FM	Jacksboro-IAR-Focused Review-15	0.0	1.9	1.9	NA	Fn 1	1.0	-0.9	-47%	Apr 2015	Completed
	A	FM	Knoxville-IAR-Focused Review - 15	18.8	0.0	-18.8	-100%		33.0	33.0	NA	May 2015	Completed
	A	FM	McMinnville-IAR-Focused Review-15	0.0	4.5	4.5	NA	Fn 1	10.5	6.0	133%	Feb 2015	Completed
	A	FM	Memphis-IAR-Focused Review-15	0.0	24.8	24.8	NA	Fn 1	34.5	9.8	39%	Mar 2015	In-Progress
	A	FM	Morristown-IAR-Focused Review - 15	18.8	54.8	36.0	192%		31.5	-23.3	-42%	Jun 2015	In-Progress
	A	FM	Newbern-IAR-Focused Review-15	15.0	0.0	-15.0	NA		13.5	13.5	NA	Feb 2015	In-Progress
	A	FM	Oneida-IAR-Focused Review - 15	18.8	12.8	-6.0	-32%		29.0	16.3	127%	May 2015	Completed
	A	FM	Pulaski-IAR-Focused Review-15	0.0	4.5	4.5	NA	Fn 1	16.5	12.0	267%	Mar 2015	Completed
	A	FM	Athens-IAR-Focused Review-16	37.5	0.0	-37.5	-100%		0.0	0.0	NA	May 2016	Scheduled
	A	FM	Chattanooga-IAR-Focused Review-16	75.0	30.0	-45.0	-60%		5.5	-24.5	-82%	Nov 2015	Scheduled
	A	FM	Covington-IAR-Focused Review-16	37.5	56.3	18.8	50%		0.0	-56.3	-100%	Jun 2016	Scheduled
	A	FM	Crossville-IAR-Focused Review-16	52.5	30.0	-22.5	-43%		7.0	-23.0	-77%	Oct 2015	In-Progress
	A	FM	Crump-IAR-Focused Review-16	75.0	30.0	-45.0	-60%		2.0	-28.0	-93%	Nov 2015	Scheduled
	A	FM	Elizabethhton-IAR-Focused Review-15/16	75.0	37.5	-37.5	-50%		34.0	-3.5	-9%	Dec 2015	Scheduled
	A	FM	Dickson-IAR-Focused Review-16	37.5	32.3	-5.3	-14%		6.5	-25.8	-80%	Mar 2016	Scheduled
	A	FM	Hartsville-IAR-Focused Review-16	45.0	26.3	-18.8	-42%		10.0	-16.3	-62%	Feb 2016	In-Progress
	A	FM	Harriman-IAR-Focused Review-16	0.0	31.5	31.5	NA	Fn 1	0.0	-31.5	-100%	Mar 2016	Scheduled
	A	FM	Hohenwald-IAR-Focused Review-16	75.0	60.0	-15.0	-20%		0.0	-60.0	-100%	Aug 2015	Scheduled
	A	FM	Jacksboro-IAR-Focused Review-16	37.5	47.3	9.8	26%		27.5	-19.8	-42%	Sep 2015	In-Progress
	A	FM	Knoxville-IAR-Focused Review-16	37.5	60.0	22.5	60%		0.0	-60.0	-100%	May 2016	Scheduled
	A	FM	Livingston-IAR-Focused Review-16	52.5	37.5	-15.0	-29%		29.5	-8.0	-21%	Jan 2016	In-Progress
	A	FM	McKenzie-IAR-Focused Review-15/16	75.0	28.5	-46.5	-62%		18.0	-10.5	-37%	Aug 2015	In-Progress
	A	FM	McMinnville-IAR-Focused Review-16	37.5	37.5	0.0	0%		5.0	-32.5	-87%	Feb 2016	In-Progress
	A	FM	Memphis-IAR-Focused Review-16	45.0	50.3	5.3	12%		0.0	-50.3	-100%	Apr 2016	Scheduled
	A	FM	Murfreesboro-IAR-Focused Review-16	37.5	36.0	-1.5	-4%		0.0	-36.0	-100%	Mar 2016	Scheduled
	A	FM	Nashville-IAR-Focused Review-16	37.5	36.0	-1.5	-4%		0.0	-36.0	-100%	May 2016	Scheduled
	A	FM	Newbern-IAR-Focused Review-16	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Feb 2016	Scheduled
	A	FM	Oneida-IAR-Focused Review-16	37.5	22.5	-15.0	-40%		8.0	-14.5	-64%	Mar 2016	Scheduled
	A	FM	Paris-IAR-Focused Review-15/16	75.0	28.5	-46.5	-62%		19.5	-9.0	-32%	Sep 2015	In-Progress
	A	FM	Pulaski-IAR-Focused Review-16	37.5	33.8	-3.8	-10%		0.0	-33.8	-100%	Jun 2016	Scheduled
	A	FM	Ripley-IAR-Focused Review-16	37.5	67.5	30.0	80%		0.0	-67.5	-100%	Apr 2016	Scheduled
	A	FM	Shelbyville-IAR-Focused-16	52.5	22.5	-30.0	-57%		0.0	-22.5	-100%	Nov 2015	Scheduled
	A	FM	Whiteville-IAR-Focused Review-16	37.5	22.5	-15.0	-40%		0.0	-22.5	-100%	Jan 2016	Scheduled
	A	FM	Jackson-IAR-Focused Review-16	37.5	37.5	0.0	0%		1.5	-36.0	-96%	May 2016	Scheduled
	A	FM	Morristown-IAR-Focused Review-16	37.5	37.5	0.0	0%		0.0	-37.5	-100%	Jun 2016	Scheduled

**Total Planned Audit Days: 1431.25 1433.63 2.38 0% 606.0**  
 Estimate Hours Available For Audit = 1,365 (1 staff)

Audit Types:  
 R - Required  
 A - Risk-Based (Assessed)  
 S - Special Request  
 I - Investigation  
 P - Project (Ongoing or Recurring)  
 M - Management's Risk Assessment  
 C - Consultation  
 F - Follow-up Review

Functional Areas:  
 AD - Advancement  
 AT - Athletics  
 AX - Auxiliary  
 FM - Financial Management  
 IA - Instruction & Academic Support  
 IS - Institutional Support  
 IT - Information Technology  
 PP - Physical Plant  
 RS - Research  
 SS - Student Services

Status:  
 Scheduled  
 In Progress  
 Completed  
 Removed

Fn 1 After an analysis of time spent by audit, it was determined this audit was inadvertently omitted from previous plans. Therefore, it was added with this revision.

**Tennessee Board of Regent - Investigations  
Internal Audit Plan  
Fiscal Year Ended June 30, 2016  
Revised January 2016**

Ranking	Type	Area	Audit	Current Year Budget (Hours)				Budget to Actual			Est. Audit Start Date	Status	
				Original	Revised	Change in Hours	Change in Percentage	Actual	Hours	Percentage			
	C	IS	Consultation with Campus Auditors	180.0	337.5	157.5	88%	212.0	-125.5	-37%		Jul 2015	In Progress
	I	IS	Investigation Management	180.0	225.0	45.0	25%	151.5	-73.5	-33%		Jul 2015	In Progress
	I	FM	TBR 10-08	37.5	22.5	-15.0	-40%	0.0	-22.5	-100%		Jul 2015	In Progress
	I	FM	TBR 12-04	37.5	22.5	-15.0	-40%	0.0	-22.5	-100%		Jul 2015	In Progress
	I	FM	TBR 13-02	37.5	22.5	-15.0	-40%	0.0	-22.5	-100%		Jul 2015	In Progress
	I	IS	TBR 14-03	15.0	7.5	-7.5	-50%	8.5	1.0	13%		Jul 2015	Completed
	I	IA	TBR 14-04	37.5	37.5	0.0	0%	0.0	-37.5	-100%		Mar 2016	Scheduled
	I	FM	TBR 14-15	0.0	7.5	7.5	NA	0.0	-7.5	-100%	FN 2	May 2016	Removed
	I	IS	TBR 14-20	7.5	0.0	-7.5	-100%	0.0	0.0	NA		Jul 2015	Completed
	I	FM	TBR 15-01	60.0	75.0	15.0	25%	73.5	-1.5	-2%		Jul 2015	In Progress
	I	FM	TBR 15-03	37.5	22.5	-15.0	-40%	0.0	-22.5	-100%		Jul 2015	In Progress
	I	FM	TBR 15-04	75.0	240.0	165.0	220%	226.5	-13.5	-6%		Jul 2015	In Progress
	I	FM	TBR 15-05	0.0	37.5	37.5	NA	0.0	-37.5	-100%		Jul 2015	In Progress
	I	IS	TBR 15-07	0.0	7.5	7.5	NA	0.0	-7.5	-100%		Jul 2015	In Progress
	I	IS	TBR 15-10	0.0	7.5	7.5	NA	8.5	1.0	13%	FN 3	Nov 2015	Removed
	I	IS	TBR 16-01	60.0	37.5	-22.5	-38%	7.5	-30.0	-80%		Nov 2015	In Progress
	I	IS	TBR 16-02	75.0	37.5	-37.5	-50%	2.5	-35.0	-93%		Oct 2015	In Progress
	I	PP	TBR 16-03	0.0	7.5	7.5	NA	0.0	-7.5	-100%		May 2016	Scheduled
	I	IS	TBR 16-04 (FWAH 16-0115)	0.0	7.5	7.5	NA	4.0	-3.5	-47%		Aug 2015	Completed
	I	AT	TBR 16-05	0.0	15.0	15.0	NA	0.0	-15.0	-100%		Dec 2015	Scheduled
	I	IA	TBR 16-07	0.0	7.5	7.5	NA	7.0	-0.5	-7%	FN 4	Oct 2015	Removed
	I	IA	TBR 16-08	0.0	150.0	150.0	NA	66.0	-84.0	-56%		Oct 2015	In Progress
	I	FM	TFLI FWAH 16-0201	0.0	15.0	15.0	NA	31.0	16.0	107%		Oct 2015	In Progress
	I	FM	Unscheduled Investigations	525.0	37.5	-487.5	-93%	7.0	-30.5	-81%	FN 1	Jul 2015	In Progress
<b>Total Planned Audit Days:</b>				<b>1365.0</b>	<b>1387.5</b>	<b>22.5</b>	<b>2%</b>	<b>805.5</b>					

Estimate Available Audit Hours = 1,380 (1 staff)

**Audit**

**Types:**

R - Required  
A - Risk-Based (Assessed)  
S - Special Request  
I - Investigation  
P - Project (Ongoing or Recurring)  
M - Management's Risk Assessment  
C - Consultation  
F - Follow-up Review

**Functional Areas:**

AD - Advancement  
AT - Athletics  
AX - Auxiliary  
FM - Financial Management  
IA - Instruction & Academic Support  
IS - Institutional Support  
IT - Information Technology  
PP - Physical Plant  
RS - Research  
SS - Student Services

**Status:**

Scheduled  
In Progress  
Completed  
Removed

FN 1 - The budgeted time for unscheduled investigations is reduced as actual cases are opened.

FN 2 - Incorporated into President's Expense Audit

FN 3 - Referred to STCC IA 11/10/2015

FN 4 - Referred to STCC IA

**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016

**AGENDA ITEM:** **Review of State Statutes Regarding  
Internal Audit Committees**

**PRESENTER:** Chancellor David Gregory  
Tammy Birchett

**ACTION REQUIRED:** Informational Report

**STAFF'S RECOMMENDATION:** Accept Report

---

**BACKGROUND INFORMATION:**

The Tennessee General Assembly passed legislation in 2004 regarding the establishment of an audit committee, and other related matters, for the Tennessee Board of Regents system and the University of Tennessee system. In 2005, the State of Tennessee Audit Committee Act of 2005 was enacted, regarding the establishment of audit committees, and other related matters, for state governing boards, councils, commissions and equivalent bodies meeting certain criteria. The key points of the 2004 and 2005 legislation are summarized below and copies of the statutes are included in these materials. The committee will discuss this information.

***Higher Education Accountability Act*** – 2004 Public Chapter 0904 (added TCA 49-14-101 through 106). This act directs the:

- **49-14-102(a).** Creation of an audit committee for the two named higher education boards.
- **49-14-102(b).** Internal auditor's hiring, reporting line to the committee and board, and removal only for cause.
- **49-14-103(a).** Internal auditor's responsibility to establish a process for confidential reporting and investigations of illegal, improper, wasteful or fraudulent activity.
- **49-14-103(b).** Applicability of TCA 8-50-116 (regarding protection from retaliation) to all higher education employees for cooperating with auditors.

- **49-14-104.** Policy for quarterly reports of expenses of system chancellor/presidents and prohibits self-granted exceptions by chancellor/presidents to fiscal, spending or travel policies or statutes.
- **49-14-105.** Hiring and termination of campus auditors upon recommendation of president and approval of chancellor or designee.
- **49-14-106.** Governor's ability to petition for removal of a governing board member from any public higher education institution for neglect of duty.

***Higher Education Financial Accountability*** – 2004 Public Chapter 0768 (added TCA 49-7-3001 through 3003). This act directs the:

- **49-7-3001.** Requirement for risk-based internal financial audits of the offices of the chancellor and presidents of the institutions comprising the two named public higher education systems.
- **49-7-3002.** Maintenance of a flight log for each state-owned airplane used by officers or employees of the two named public higher education systems or institutions.
- **49-7-3003.** Prohibition on purchases of alcoholic beverages by the two named public higher education systems from funds derived from state taxes, tuition or student fees.

***State of Tennessee Audit Committee Act of 2005*** – 2005 Public Chapter 0310 (added TCA 4-35-101 through 108). This act directs the:

- **4-35-102.** Creation of an audit committee for a state governing board, council, commission, or equivalent body that has the authority to hire and terminate its employees or that is responsible for the preparation of financial statements.
- **4-35-103.** Development of an audit committee charter addressing the audit committee's purpose, powers, duties, and mission, to be approved by the full board and comptroller.
- **4-35-104.** Audit committee shall be a standing committee of the board, with a minimum of 3 members, chosen as stated in the charter, with meetings held as stated in the charter.
- **4-35-105.** Responsibilities of an audit committee including overseeing financial reporting and related disclosures, evaluating management's assessment of internal controls; formally reiterating, to the governing body or management and staff the responsibility of the same for preventing, detecting, and reporting fraud, waste, and abuse; serving as a facilitator of any audits or investigations, informing the comptroller of the treasury of the results of assessments and controls to reduce the risk of fraud; and promptly notifying the comptroller of any indications of fraud.

- **4-35-106.** Powers and duties of the audit committee to carry out its responsibilities, including seeking information from employees or external parties; meeting with agency management, governing body members, external and internal auditors, legal counsel, or others as necessary; and requiring internal auditors to report directly to the audit committee.
- **4-35-107.** Audit committee's responsibility to establish a process for confidential reporting and investigations of illegal, improper, wasteful or fraudulent activity and applicability of TCA 8-50-116 (regarding protection from retaliation) to all employees for cooperating with auditors.
- **4-35-108.** Audit committee shall abide by the notice requirements adhered to by the state governing body and shall be subject to the open meetings provisions of title 8, chapter 44, except that the committee may hold confidential, nonpublic executive sessions to discuss certain matters, including 1) items deemed not subject to public inspection under §§ 10-7-503 and 10-7-504, and all other matters designated as confidential or privileged under this code; 2) litigation; 3) audits or investigations; 4) information protected by federal law; and 5) matters involving information under § 4-35-107, where the informant has requested anonymity.

### Summary of Audit Committee Statutes

	Higher Education Accountability Act of 2004	Higher Education Financial Accountability 2004	Audit Committee Act of 2005
Applies to:	Higher Education Systems		Governing Body
Creation of Audit Committee (AC)	X		X
AC employs Internal Auditor (IA)	X		
IA reports directly to AC	X		X
IA removable only for cause	X		
Hiring and termination of campus auditors upon recommendation of president and approval of chancellor or designee	X		
Establish a process for confidential reporting of illegal and improper issues; working papers confidential	X		X
TCA 8-50-116 (protection for employees from retaliation for reporting to or cooperating with IA)	X		X
Policy for quarterly reports of expenses for system presidents / chancellors	X		
Prohibits self-granted exceptions by system presidents / chancellors on spending or travel policies or statutes	X		
Requires risk-based financial audits of the offices of the chancellor and presidents of the systems		X	
Maintenance of flight log for each state-owned plane of the systems		X	
Prohibits purchases of alcoholic beverages by the systems from state taxers, tuition or student fees		X	
Creation of AC for state governing body with authority to hire and terminate employees or prepare financial statements			X
AC Charter: purpose, powers, duties, mission and meetings			X
AC is a standing committee with minimum of 3 members			X
AC Duties: oversee financial reporting, management's assessment of controls, communicate responsibility to prevent, detect and report FWA, communicate to comptroller on risks and fraud			X
AC Powers: seek information on issues, meet with management, auditors, legal counsel, others			X
AC Meetings: abides by governing body notice requirements, may have executive session on confidential matters, litigation, audits or investigations, and information protected by federal law			X

**Title 49 Education**  
**Chapter 14 Higher Education Accountability Act of 2004**  
**Page 1 of 2**

**49-14-101. Short Title.**

This chapter shall be known and may be cited as the "Higher Education Accountability Act of 2004."

HISTORY: Acts 2004, ch. 904, § 1.

**49-14-102. Creation of audit committee -- Employment of internal auditor.**

(a) The board of regents created under chapter 8, part 2 of this title and the University of Tennessee board of trustees created under chapter 9, part 2 of this title shall each create an audit committee. Each board is authorized to select one (1) or more certified public accountants or other qualified citizens who are not members of such board to serve on the audit committee.

(b) Each audit committee shall employ a person qualified by training and experience to serve as an internal auditor. The internal auditor shall report directly to the audit committee and respective board and shall be removable only for cause by a majority vote of the respective board. The internal auditor shall file a report on the audit work with the audit committee at least annually.

HISTORY: Acts 2004, ch. 904, § 2.

**49-14-103. Establishment of process for confidentially reporting misconduct.**

(a) The internal auditor shall establish a process by which students, employees, taxpayers or other citizens may confidentially report suspected illegal, improper, wasteful or fraudulent activity. The detailed information received pursuant to such a report of illegal, improper, wasteful or fraudulent activity or any ongoing investigation of the activity shall be considered working papers of the internal auditor and shall be confidential under title 10, chapter 7. Each year the internal auditor shall include within the auditor's annual report a summary of all completed audit activities pursuant to this chapter.

(b) Section § 8-50-116 shall apply to all higher education employees. In addition, no higher education employee shall suffer any of the actions specified in § 8-50-116 for reporting to or cooperating with auditors or for reporting any facts to the state board of regents or the University of Tennessee board of trustees or the audit committees of either board. Any person who knowingly and willingly retaliates or takes adverse action of any kind against any person for reporting alleged wrongdoing pursuant to this chapter commits a Class A misdemeanor.

HISTORY: Acts 2004, ch. 904, § 3.

**Title 49 Education**  
**Chapter 14 Higher Education Accountability Act of 2004**  
**Page 2 of 2**

**49-14-104. Reports -- Legislative intent.**

The board of regents created under chapter 8, part 2, of this title and the University of Tennessee board of trustees created under chapter 9, part 2, of this title shall establish a policy requiring that reports by their respective system president or chancellor, and presidents or chancellors detailing expenditures made by, at the direction of, or for the benefit of, the chancellor or president be filed with the board no less than annually. It is the legislative intent that the policy require the report of discretionary expenditures, which shall include, but not be limited to, unrestricted gifts, foundation funds, athletic funds, sponsorship fees, licenses and royalty funds and other such funds that would not be included in the operating budget for the chancellor's or the president's office. Chancellors or presidents shall not have the authority to grant themselves an exception to fiscal, spending or travel policies established by the board or by statute.

HISTORY: Acts 2004, ch. 904, § 4; 2010, ch. 891, § 2.

**49-14-105. Removal of governing board members for neglect of duty.**

Members of any governing board of public higher education shall be subject to removal from the board for neglect of duty. The governor may petition for a board member's removal due to neglect of duty and the removal shall be effective upon a majority vote of the voting board members.

HISTORY: Acts 2004, ch. 904, § 5.

**49-14-106. Hiring of internal auditors -- Termination of employment.**

The hiring of campus internal auditors shall be done upon the recommendation of the institutional presidents with the approval of the chancellor or the University of Tennessee president or designee as applicable. Termination of employment of campus internal auditors shall require prior approval by the chancellor or University of Tennessee president as applicable and the board audit committee. Annual or other periodic audits of chief executives shall be performed by an internal auditor or auditors who are not employees of the institution of the chief executive being audited.

HISTORY: Acts 2004, ch. 904, § 6.



**Title 49 Education**  
**Chapter 7 Postsecondary and Higher Education Generally**  
**Part 30 Higher Education Financial Accountability**  
**Page 1 of 1**

**49-7-3001. Risk-based internal financial audits.**

(a) The trustees of the University of Tennessee shall require risk-based internal financial audits for the offices of the university president and the chancellors of the campuses comprising the system; provided, that at least thirty percent (30%) of such offices shall be audited in any given year. Such audits shall be reviewed by the board of trustees and the comptroller of the treasury.

(b) The board of regents of the state university and community college system shall require risk-based internal financial audits of the offices of the chancellor and the presidents of the institutions comprising the system; provided, that at least thirty percent (30%) of such offices shall be audited in any given year. The audits shall be reviewed by the board of regents and the comptroller of the treasury.

(c) The audits shall be performed for each fiscal year and shall be completed and furnished to the system's governing body and the comptroller of the treasury by December 1 following the close of each fiscal year.

HISTORY: Acts 2004, ch. 768, § 1; 2010, ch. 891, § 3.

**49-7-3002. Flight log of state-owned airplane.**

A flight log shall be maintained for each state-owned airplane used by officers or employees of the University of Tennessee system or its institutions or the state university and community college system or its institutions for travel related to the system or an institution. The log shall show the reason for each flight, the date and final destination of each flight, time of departure, time of arrival, all stops made prior to reaching the final destination, the length of time of each portion of a flight and the name of any person traveling on any portion of a flight and the position the person holds with the University of Tennessee system or the state university and community college system. If a person who is not an officer or employee of the University of Tennessee or the state university and community college system is a passenger on any portion of a flight, then the log shall clearly identify the person, the portion of the flight on which the person is a passenger and show the reason the person is a passenger.

HISTORY: Acts 2004, ch. 768, § 1.

**49-7-3003. Restrictions on purchase of alcoholic beverages.**

The University of Tennessee and the state university and community college system shall not purchase alcoholic beverages, beer or wine with funds derived from state taxes, tuition or student fees that are appropriated or reappropriated by the general assembly.

HISTORY: Acts 2004, ch. 768, § 1.

**Title 4 State Government**  
**Chapter 35 State of Tennessee Audit Committee Act of 2005**  
**Page 1 of 4**

**4-35-101. Short title.**

This chapter shall be known and may be cited as the "State of Tennessee Audit Committee Act of 2005."

HISTORY: Acts 2005, ch. 310, § 2.

**4-35-102. Creation of audit committees.**

(a) A state governing board, council, commission, or equivalent body that has the authority to hire and terminate its employees shall create an audit committee, subject to subsection (c).

(b) A state governing board, council, commission, or equivalent body that is responsible for the preparation of financial statements, whether included in the financial statements of other entities or free standing, shall create an audit committee, subject to subsection (c).

(c) A state governing board, council, commission, or equivalent body subject to subsections (a) and (b) may be excepted from the requirement to form an audit committee only upon the approval of the comptroller of the treasury.

HISTORY: Acts 2005, ch. 310, § 3.

**4-35-103. Development of charter -- Guidelines for and review of charter -- Approval.**

(a) An audit committee created pursuant to this chapter shall develop a written charter addressing the audit committee's purpose, powers, duties, and mission.

(b) The comptroller of the treasury shall establish guidelines for creation of an audit committee charter and shall review the proposed charter to determine whether the charter contains the minimum necessary requirements.

(c) The charter, and any subsequent amendments, shall be presented to the full state governing board, council, commission, or equivalent body, and the comptroller of the treasury for approval.

HISTORY: Acts 2005, ch. 310, § 4.

**4-35-104. Standing committee -- Members -- Meetings.**

(a) The audit committee shall be a standing committee of the state governing board, council, commission, or equivalent body.

**Title 4 State Government**  
**Chapter 35 State of Tennessee Audit Committee Act of 2005**  
**Page 2 of 4**

(b) An audit committee created pursuant to this chapter shall have at a minimum three (3) members, chosen as prescribed in the audit committee charter.

(c) (1) The audit committee's charter shall provide for the frequency of and procedures relative to conducting meetings.

(2) The audit committee shall meet upon the request of the comptroller of the treasury.

HISTORY: Acts 2005, ch. 310, § 5.

**4-35-105. Responsibilities of audit committee.**

The responsibilities of an audit committee created pursuant to this chapter include, but are not limited to:

(1) Overseeing the financial reporting and related disclosures, especially when financial statements are issued;

(2) Evaluating management's assessment of the body's system of internal controls;

(3) Formally reiterating, on a regular basis, to the state governing board, council, commission, equivalent body, or management and staff of the agency to which the audit committee is attached, the responsibility of the state governing board, council, commission, equivalent body, or management and staff of the agency for preventing, detecting, and reporting fraud, waste, and abuse;

(4) Serving as a facilitator of any audits or investigations of the body to which the audit committee is attached, including advising auditors and investigators of any information the audit committee may receive pertinent to audit or investigative matters;

(5) Informing the comptroller of the treasury of the results of assessment and controls to reduce the risk of fraud; and

(6) Promptly notifying the comptroller of the treasury of any indications of fraud.

HISTORY: Acts 2005, ch. 310, § 6.

**4-35-106. Powers and duties.**

An audit committee created pursuant to this chapter shall have the power and duty to take whatever actions the audit committee deems necessary in carrying out its responsibilities in this chapter, including, but not limited to:

**Title 4 State Government**  
**Chapter 35 State of Tennessee Audit Committee Act of 2005**  
**Page 3 of 4**

- (1) Seeking information the audit committee requires from employees or external parties;
- (2) Meeting with agency management, board, council, commission, or equivalent body members, external and internal auditors, legal counsel, or others as necessary; and
- (3) Requiring internal auditors to report directly to the audit committee.

HISTORY: Acts 2005, ch. 310, § 7.

**4-35-107. Establishment of confidential reporting of illegal, improper, wasteful or fraudulent activity.**

(a) An audit committee created pursuant to this chapter shall establish a process by which employees, taxpayers or other citizens may confidentially report suspected illegal, improper, wasteful or fraudulent activity. The detailed information received pursuant to such a report of illegal, improper, wasteful or fraudulent activity or any investigation thereof, except those matters disclosed in the final reports, shall be considered audit working papers and shall be confidential under title 10, chapter 7.

(b) Section 8-50-116 shall apply to all state governing board, council, commission or equivalent body employees. In addition, no state governing board, council, commission or equivalent body's employees shall suffer any of the prohibited retaliatory actions specified in § 8-50-116 for reporting or cooperating with the audit committee, internal auditors, or auditors from, or approved by, the comptroller of the treasury, or for reporting any facts to the state governmental body to which the audit committee is attached. Any person who knowingly and willingly retaliates or takes adverse action of any kind against any person for reporting alleged wrongdoing pursuant to this chapter commits a Class A misdemeanor.

HISTORY: Acts 2005, ch. 310, § 8.

**4-35-108. Notice of meetings -- Open meetings -- Exceptions.**

(a) Except as provided in subsection (b), all meetings of an audit committee created pursuant to this chapter shall abide by the notice requirements adhered to by the state governing board, council, commission, or equivalent body to which the audit committee is attached.

(b) All meetings of an audit committee created pursuant to this chapter shall be subject to the open meetings provisions of title 8, chapter 44, except that the audit committee may hold confidential, nonpublic executive sessions to discuss:

- (1) Items deemed not subject to public inspection under §§ 10-7-503 and 10-7-504, and all other matters designated as confidential or privileged under this code;

**Title 4 State Government**  
**Chapter 35 State of Tennessee Audit Committee Act of 2005**  
**Page 4 of 4**

(2) Litigation;

(3) Audits or investigations;

(4) Information protected by federal law; and

(5) Matters involving information under § 4-35-107(a), where the informant has requested anonymity.

(c) No business, other than that described under subdivisions (b)(1)-(5), shall be considered during a confidential, nonpublic executive session by the audit committee.

(d) For purposes of providing notice of a confidential, nonpublic executive session, the agenda must disclose the general nature of discussion as described under subdivisions (b)(1)-(5).

(e) A meeting at which both subject matter open to the public and confidential subject matter will be discussed shall be conducted as follows:

(1) All business relating to subject matter that is public in nature shall be conducted first; and

(2) At the conclusion of the meeting relating to subject matter that is public in nature, the chair shall announce that the public portion of the meeting is adjourned and that the remainder of the meeting will concern matters that are confidential under subdivisions (b)(1)-(5). When everyone at the meeting who is not authorized to attend the confidential portion of the meeting has departed, the confidential portion of the meeting shall commence.

(f) This chapter is not intended to prevent the full state governing board, commission, council, or equivalent body from going into confidential, nonpublic executive session for the purpose of further discussing those matters as described under subdivisions (b)(1)-(5). All portions of meetings of the full state governing board, commission, council, or equivalent body, where matters described under subdivisions (b)(1)-(5) will be discussed, shall be exempt from title 8, chapter 44; provided, that the full state governing board, commission, council or equivalent body shall abide by the notice requirements of subsections (c)-(e).

HISTORY: Acts 2005, ch. 310, § 9.

**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016

**AGENDA ITEM:** **Review of Chief Audit Executive Job Description**

**PRESENTER:** Dale Sims, Vice Chancellor  
April Preston, Assistant Vice Chancellor

**ACTION REQUIRED:** Voice Vote

**STAFF’S RECOMMENDATION:** Accept Report

---

**BACKGROUND INFORMATION:**

As part of the Audit Committee Charter, the Committee is to periodically review the “appointment, compensation, reassignment, or dismissal” of the Chief Audit Executive. Late last year Chairman Griscom ask that the Office of Human Resources, in coordination with the Chief Audit Executive, perform a review of the Chief Audit Executive’s job description and make whatever recommendations were deemed appropriate.

This process began with a request that the Chief Audit Executive review the job description and identify any recommended changes necessary to better represent the duties and responsibilities of the position. At the completion of this task, the job description was reviewed by the Assistant Vice Chancellor for Human Resources as to form and completeness. All changes proposed by the Chief Audit Executive are included within the attached draft.

Once this process was completed, the Assistant Vice Chancellor then reviewed the job description for the purpose of developing a recommendation as to appropriate placement on the Board’s Executive Compensation Plan. As background, the methodology used in developing compensation recommendations related to System executives considers the following data sources for comparable positions: College & University Professionals Association (CUPA) for System Offices; CUPA for All Doctoral Institutions; Economic Research Institute (ERI); Compensation Analyst (a product of Korn Ferry/Hay Group); and the University of Tennessee System. These are the same data sources and processes used to develop compensation

recommendations for all other members of the System Office senior staff. Using these data sources and the standard Executive Compensation Plan methodology, an adjustment in the compensation of the Chief Audit Executive is warranted.

In summary, the attached revised job description is recommended for your consideration as a more complete and accurate representation of the duties and responsibilities of the Chief Audit Executive. Should the Committee approve the revised job description, a recommendation for an appropriate salary adjustment will be available for consideration by the Committee at its meeting.



**System-wide Chief Audit Executive**

**Tennessee Board of Regents (TBR)**

**Position Title:** Chief Audit Executive

**Department:** System-wide Internal Audit

**Reports to and Supervised by:** Audit Committee and Board of Regents (functionally) / Vice Chancellor for Business and Finance (administratively)

**Position Supervises:** SWIA Positions - Assistant Director, Investigative Auditor IV, Information Systems Auditor IV, Internal Auditor IV for TCATs, Administrative Assistant I. TBR Institutional Positions: Internal Audit Directors at the system's six universities and 13 community colleges and other audit staff.

**FLSA Status:** Exempt

**Major Functions:**

The Chief Audit Executive (CAE) serves as the chief auditor for the Tennessee Board of Regents system, a position created by state statute (*TCA 49-14-102*) and whose duties are governed, in part, by the system's bylaws (Section VII, Item 1.f) and by the Audit Committee Charter. The CAE reports functionally (all audit activities) to the Audit Committee and the Board of Regents. Campus internal auditors report functionally to the Audit Committee through the CAE. The Chief Audit Executive has direct and unrestricted access to the Audit Committee Chair and other Board members and meets quarterly with the Audit Committee to report on audit and related matters. The CAE meets regularly with the Chancellor and his staff to remain informed on governance, strategic initiatives, risk and related matters and to provide advice as needed. The Board, on the recommendation of the Audit Committee appoints the system's Chief Audit Executive (*TCA 49-14-102*).

The CAE provides leadership for the system's internal audit function, managing the Office of System-wide Internal Audit and coordinating system-wide internal and external audit activities to accomplish the purpose of the office. The purpose of internal audit is to improve the system's operations by conducting assurance and consulting activities designed to evaluate and identify improvements in the effectiveness of governance processes, internal controls and risk management.

The CAE reports administratively to the Vice Chancellor for Business and Finance, as described in the Audit Committee Charter. The campus Internal Audit Directors report administratively to their respective campus president.

**Responsibilities:**

<b>Responsibilities related to the office:</b>	<b>% of Time</b>	<b>Essential / Marginal</b>
Reports functionally to the Audit Committee, a standing committee of the Tennessee Board of Regents system. Develops agendas and reports in coordination with the Audit Committee Chair for the four official	25%	E



<p>quarterly meetings each year. Provides quarterly presentations to the Committee in both public and executive sessions to keep members apprised of completed and ongoing internal, Comptroller's Office and any other audit and investigation activities, including audit findings, recommendations for improvements and management's implementation of recommendations. Provides reports and other information to the Chair and other members on such activities as needed through the year. Manages and analyzes the progress of audit plans, plan revisions and year-end status reports of audit activities and provides updates to the Committee. Researches, prepares and reports on special studies of policies, processes or operations. Presents annual summaries of management's risk and control assessment activities. Analyzes and provides information on staffing, salaries and other resources needed or available for audit activities. Facilitates an annual review of the Audit Committee Charter, campus Internal Audit charters and Board policies applicable to Internal Audit. Provides monthly, quarterly and annual written reports of audit and investigation activities to the Audit Committee and management.</p>		
<p>Provides leadership for the system-wide internal audit function for the Tennessee Board of Regents system. Plans, leads, manages and monitors the internal audit activities of the system and its 46 institutions to comply with applicable policies, laws, and professional auditing standards. Audits and investigations may include internal reviews of any operations or activities of the system office, its institutions, TFLI and those of affiliated foundations, vendors, consultants or other parties conducting business with the system or its institutions. Develops and oversees the execution of comprehensive annual risk-based audit plans. Ensures audits required by state statute or other directives are completed as mandated, including those of the Chancellor and presidents of the system institutions and audits of institutional data used in the state's higher education funding formula. Consults and collaborates frequently with system office internal audit staff, campus internal audit staff and management on audits and investigations. Reviews and prepares written reports of the results of internal audits and investigation activities, ensuring the effective communication of recommendations for improving operations. Meets with management to discuss audit results, findings or recommendations and related audit matters.</p>	30%	E
<p>Maintains a qualified professional audit team with the knowledge, skills and professional certifications to meet the audit and investigation needs of the system. To ensure audit needs are met, the system office audit staff conduct and report on audits and investigations throughout the system, including three positions where each is dedicated to a specific area: 1) investigations; 2) information technology; and 3) Tennessee Colleges of Applied Technology. Hires, trains and supervises internal audit and administrative staff in the system office. Approves hiring of campus audit directors upon recommendation of the campus presidents. Provides or organizes orientation and training opportunities for the system's audit staff to ensure continuing professional development and efficient delivery of relevant training to meet continuing education requirements, including requirements to maintain professional certifications. Effectively manages the budget and resources for the</p>	15%	E

system office. Organizes and facilitates quarterly meetings with internal auditors to discuss business matters of mutual interests. Provides information, guidance and a forum for auditors to discuss audits, investigations, policies and procedures and other areas as needed. Maintains an audit manual and website as a resource for system-wide internal audit activities.		
Establishes and maintains a means for employees, students or other individuals to confidentially report matters of fraud, waste or abuse and ensures confidentiality of information exempted from state open records statutes. Promptly communicates issues of fraud, waste or abuse to the Audit Committee, the Tennessee Comptroller's Office and the Tennessee Board of Regents General Counsel. Consults with audit staff, campus staff, the Comptroller's Office and legal counsel on relevant issues and oversees the review and investigations of reported information. Develops and reviews audit reports to address or resolve such matters. Provides quarterly updates of ongoing cases to the Audit Committee during executive sessions of Audit Committee meetings.	13%	E
Establishes and maintains a quality assurance and improvement program to ensure compliance, consistency, and quality in the system-wide internal audit function and conformance with the <i>International Standards for the Professional Practice of Internal Auditing</i> , issued by the Institute of internal Auditors. The quality assurance and improvement program includes both internal and external assessments of conformance with professional auditing standards and continuous improvement of the system-wide internal audit function. Participates, as possible, in peer review opportunities at systems or institutions outside the TBR system.	5%	E
Develops and manages an enterprise risk management and control assessment and reporting process for implementation by management across the system. Provides training and consultation as needed to institutional management on the enterprise risk management program and reports on the results of the program to the Audit Committee and the Legislative Fiscal Review Committee. Results of the risk assessment program are also used to ensure compliance with the Tennessee Financial Integrity Act and reported annually to the Tennessee Department of Finance and Administration and the Tennessee Comptroller's Office.	5%	E
Maintains professional relationships and communicates effectively with staff of the Comptroller's Office, Tennessee Finance and Administration, Tennessee Higher Education Commission, the U.S. Department of Education, law enforcement and other related offices. Maintains collegial relationships and communicates effectively with board members, system and institutional executives, managers, audit staff and other internal and external parties as needed. Participates in various Tennessee Board of Regents quarterly committee meetings including Finance, Business Affairs Sub-Council, Presidents Council and others as needed.	5%	E
Perform other duties as assigned.	2%	M

**QUALIFICATIONS**

**Required Education:**

Bachelor's Degree or higher in Accounting or a related business field from a regionally accredited institution.

**Required Certification:**

Active Certified Public Accountant (CPA) or Certified Internal Auditor (CIA).

**Required Experience:**

At least 10 years professional experience in auditing; up to 2 years professional experience in accounting or a related business field may be substituted for 2 years in auditing.

**Required Skills:**

- Demonstrated professional experience in managing project(s).
- Documented professional supervisory experience.
- Demonstrated effective written and oral communication skills.
- Possess effective personal computing skills with Microsoft Office software programs.
- Possess effective analytical skills.
- Proven ability to exercise professional judgment in evaluating information and making recommendations.

**Preferred Qualifications:**

- Master's Degree in Accounting or a related business field from a regionally accredited institution.
- Experience working or auditing in higher education.
- Experience working with or auditing a large computerized accounting and information system, such as Banner.
- Other related professional certifications.

**I have read the above position description and understand the requirements set forth therein.**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

Salary Grade:

<p><b>For Official Use Only:</b></p> <p>1A: __/1B: __/2: __/3A: __ 3B: __/4A: __/4B: __ 5: __ = Total points: __/Grade: __</p> <p><b>Initials:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____</p>
--

**Tennessee Board of Regents  
Committee on Audit**

**DATE:** March 15, 2016

**AGENDA ITEM:** **Non-Public Executive Session**

**PRESENTER:** Tammy Birchett

**ACTION REQUIRED:** Informational Report

**STAFF'S RECOMMENDATION:** Accept Report

---

**BACKGROUND INFORMATION:**

The Committee will meet in a non-public executive session to review ongoing investigations.