



TENNESSEE BOARD OF REGENTS
Thursday, September 15, 2016
Committee Meetings

- A. Committee on Workforce Development
 - 1. Community College Graduates: Job Placement Rates and First-time Licensure Pass Rates
 - 2. Proposed Program Terminations, Modifications and New Technical Program Implementations
 - 3. Highlight SkillsUSA National Awards
- B. Committee on Academic Policies and Programs
 - 1. New Program Proposal for MTSU
 - 2. Recommended Revisions to Policy 2:01:00:04 – Awarding of Credits Earned through Extra-Institutional Learning to Community Colleges and Universities
 - 3. Annual Accreditation Report
 - 4. Graduation Report
 - 5. Preliminary Fall Enrollment Report
 - 6. Academic Affairs Update
- C. Committee on Personnel and Compensation
 - 1. Consent Agenda
 - a. Out of Cycle Tenure and Promotion at Chattanooga State Community College
 - b. Recommendations to Award Tenure Upon Appointment
 - 2. Consideration of Compensation Proposals
 - 3. Revisions to TBR Policy 7:01:00:00 – Firearms and Other Weapons
- D. Committee on Finance and Business Operations
 - 1. Consent Agenda
 - a. Approval of New TBR Policy 1:10:00:00 – Contracts
 - b. Recommended Revisions to TBR Policy 1:03:02:10 – Approvals of Procurements and Contracts
 - c. Approval of New Policy 4:02:10:10 – Procurement Card
 - d. Technology Access Fee Spending Plans
 - 2. Presentation of Capital Budget for FY 2017 – 2018
 - 3. System Budget Requests to Tennessee Higher Education Commission



TENNESSEE BOARD OF REGENTS
Quarterly Board Meeting
Friday, September 16, 2016 - 9:30 a.m. (EDT)
Agenda

- I. Approval of the Minutes
 - A. June 24, 2016 Regular Session Board Meeting
 - B. Special Called Meeting on August 30, 2016
- II. Report of Interim Action
- III. Report of the Committees
 - A. Consent Agenda
 - 1. Minutes of the Workforce Development Committee on September 15, 2016
 - 2. Minutes of the Academic Policies and Programs Committee on September 15, 2016
 - 3. Minutes of the Audit Committee on August 30, 2016
- IV. Report of the Regents Award in Excellence in Philanthropy
- V. Report of the Chancellor
 - AT & T Aspire Scholarship Presentation
 - CDU Report
- VI. Reports of Presidents and Directors
- VII. Unfinished Business
 - A. Security and Safety Task Force Report
- VIII. New Business
 - A. Approval of the Proposed 2017 Meeting Dates
 - B. Minutes of the Personnel and Compensation Committee on September 15, 2016 that includes Tenure Upon Appointments and Compensation Proposals
 - C. Minutes of the Finance and Business Operations Committee on September 15, 2016 that includes the Capital Budget for FY 2017 – 2018 and Capital Match Funding Report
 - D. Naming Requests from Austin Peay State University
 - a. Re-naming of the Hemlock Semiconductor Building
 - b. Naming of the Jenkins & Wynne Building
 - c. Naming of the John Morgan Walk of History

TENNESSEE BOARD OF REGENTS
SEPTEMBER 15 – 16, 2016
CHATTANOOGA STATE COMMUNITY COLLEGE
SCHEDULE OF EVENTS

WEDNESDAY, SEPTEMBER 14

3:00 PM EDT: HOTEL CHECK-IN Dining is on your own; dining information will be available in hotel lobby.

**Doubletree by Hilton
Downtown Chattanooga**
407 Chestnut St.
Chattanooga, TN 37402
423.756.5150

**Hampton Inn and Suites
Chattanooga Downtown**
400 Chestnut St. Chattanooga,
TN 37402
423.693.0500

**Hilton Garden Inn
Chattanooga/Downtown**
311 Chestnut St. Chattanooga,
TN 37402
423.308.9000

THURSDAY, SEPTEMBER 15

Reserve parking will be available adjacent to the Bond Humanities and Fine Arts Bldg. in Lot P15. Information packets will be available in the lobby of the Bond HFA Bldg. near the meeting room. Special transportation will be provided for attendees upon request.

10:00 AM	Registration begins	Bond HFA Bldg. lobby
10:30 AM	Shuttle to VW Academy (Campus Tour)	Leaves from front of Bond HFA Bldg.
11:00 AM	Wacker Institute & Allied Health tours	Leave from front of Bond HFA Bldg.
12:00 NOON	Lunch	Health Science Center Lobby
1:00 PM	TBR Committee Meetings	Auditorium, Bond HFA Bldg.

Committee meetings will begin immediately following lunch and will proceed throughout the afternoon. At the conclusion of the meeting, all guests will return to their hotel. A Hospitality Suite will be located in the Double Tree.

4:30 – 5:30 PM	Hospitality Suite	Doubletree, 2 nd Floor
5:15 PM	Hilton Garden Inn guests	Bus will depart
5:25 PM	Doubletree and Hampton Inn guests	Bus will depart
5:30 -6:30 PM	Reception	Waterhouse Pavilion
6:30-8:00 PM	Dinner	Waterhouse Pavilion
8:00-11:00 PM	Hospitality Suite	Doubletree, 2 nd Floor

CHSCC SHUTTLE BUS WILL RUN BETWEEN HILTON GARDEN AND DOUBLE TREE FROM 4:15–5:30 PM AND AGAIN FROM 8:30–11:00 PM, EVERY 15 MINUTES.

FRIDAY, SEPTEMBER 16

7:00 AM	Hilton Garden Inn guests requiring transportation	Bus will depart for campus
7:15 AM	Double Tree and Hampton Inn guests	Bus will depart for campus
7:30-8:45 AM	Breakfast	Health Science Center Lobby
9:00 AM	Welcome Dr. Flora W. Tydings, President Chattanooga State Community College	Bond HFA Auditorium
9:30 AM	TBR Quarterly Meeting	Bond HFA Auditorium
11:30 AM (approx..)	Boxed Lunches available	Bond HFA Lobby

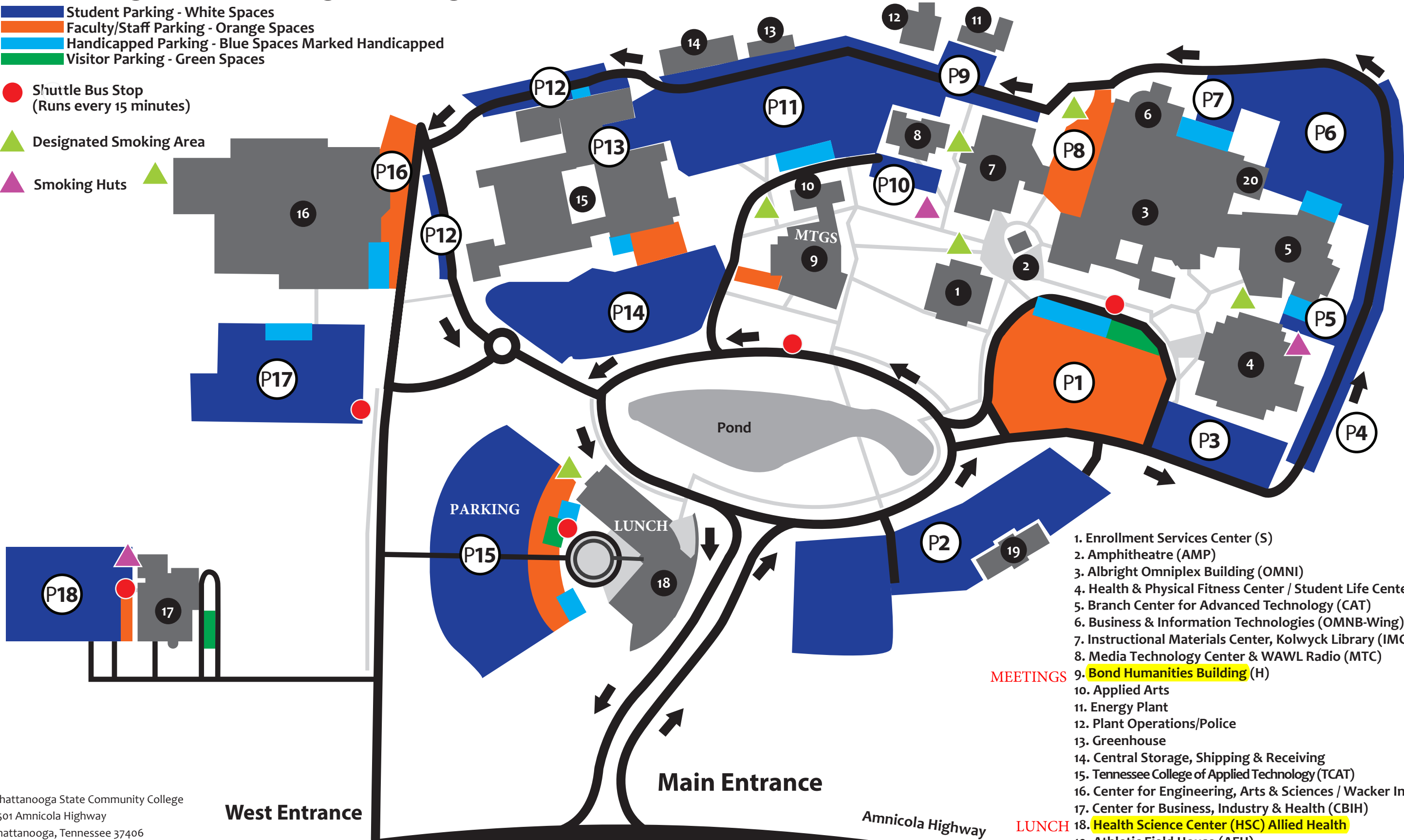
Chattanooga State Building & Parking Map

- Student Parking - White Spaces
- Faculty/Staff Parking - Orange Spaces
- Handicapped Parking - Blue Spaces Marked Handicapped
- Visitor Parking - Green Spaces

Shuttle Bus Stop
(Runs every 15 minutes)

Designated Smoking Area

Smoking Huts



1. Enrollment Services Center (S)
2. Amphitheatre (AMP)
3. Albright Omniplex Building (OMNI)
4. Health & Physical Fitness Center / Student Life Center (HPF)
5. Branch Center for Advanced Technology (CAT)
6. Business & Information Technologies (OMNB-Wing)
7. Instructional Materials Center, Kolwyck Library (IMC)
8. Media Technology Center & WAWL Radio (MTC)
9. Bond Humanities Building (H)
10. Applied Arts
11. Energy Plant
12. Plant Operations/Police
13. Greenhouse
14. Central Storage, Shipping & Receiving
15. Tennessee College of Applied Technology (TCAT)
16. Center for Engineering, Arts & Sciences / Wacker Institute (CETAS)
17. Center for Business, Industry & Health (CBIH)
18. Health Science Center (HSC) Allied Health
19. Athletic Field House (AFH)
20. Child Development Center (CDC)



**TENNESSEE BOARD OF REGENTS
Quarterly Board Meeting
September 15 - 16, 2016**

EXECUTIVE SUMMARY

Thursday, September 15, 2016

A. COMMITTEE ON WORKFORCE DEVELOPMENT

1. COMMUNITY COLLEGE GRADUATES: JOB PLACEMENT RATES AND FIRST-TIME LICENSURE RATES (Vice Chancellor Warren Nichols)

Vice Chancellor Nichols will present results of the 2014-2015 community college graduates job placement rates. The report, sourced by the Tennessee Higher Education Commission 2016 Fact Book, provides placement rate data per each individual college. The report will also highlight self-reported data such as: the graduate job placement rates for each individual program and the first-time passing rates of students in the Nursing and Allied Health programs.

2. PROPOSED PROGRAM TERMINATIONS, MODIFICATIONS, AND NEW TECHNICAL PROGRAM IMPLEMENTATIONS (Vice Chancellor James D. King)

Program Proposals Requiring Board Approval:

Four (4) program proposals are being presented for the Board's review and approval. These proposals will allow the Tennessee Colleges of Applied Technology to be more responsive to the needs of students, businesses, and industries. The proposals are:

- Implementation of Industrial Maintenance-Mechatronics Program at TCAT-Livingston located at the Cookeville Higher Education Center. (See Implementation Proposal #1)
- Implementation of a Practical Nursing Program at TCAT-Livingston located at the Cookeville Higher Education Center. (See Implementation Proposal #2)
- Implementation of Welding Program at TCAT-Livingston located at the Cookeville Higher Education Center. (See Implementation Proposal #3)
- Implementation of Welding Technology program at TCAT- McKenzie located at the Adult Education Building in Dresden, Tennessee. (See Implementation Proposal #4)

Academic Proposals Requiring Only Notification to Vice Chancellor:

Fourteen (14) academic actions were submitted by TCAT institutions to the Vice Chancellor for approval based on section C of the TBR Policy: 2:01:02:00, requiring only notification to the Vice Chancellor. Appropriate documentation to support need was provided. The proposals are as follows:

Executive Summary – September 2016 Quarterly Meeting

TCAT	Summary of Proposal	New Costs/Funding Source	Approval/ Implementation Date
TCAT Jacksboro	Inactivate the Gas Metal ARC due to low enrollments.	None	8/9/16
TCAT Jacksboro	Inactivate Industrial Electricity-Electrician due to low enrollments.	None	8/9/16
TCAT Nashville	Inactivate Rx Electrocardiography, RX Grant Emergency Medical Dispatch, and RX Patient Care Technician due to low enrollments and placements.	None	8/9/16
TCAT Nashville	Inactivate the Automotive Training Education program due to low enrollments.	None	8/9/19
TCAT Pulaski	Establish a Certified Nursing Assistant dual enrollment program for Columbia Central, Mt. Pleasant, and Spring Hill High Schools.	None	8/18/16
TCAT Pulaski	Establish a Call Center Support Specialist dual enrollment course at Mt. Pleasant High School.	None	8/18/16
TCAT Pulaski	Establish a Residential Construction Technology dual enrollment program at Columbia Central High School and Mt. Pleasant High School.	None	8/18/16
TCAT Livingston	Change the certificates approved in June 2016 to diplomas in the Administrative Office Technology program. Diplomas are: Medical Coding Specialist and Legal Administrative Assistant.	None	7/1/16
TCAT Crossville	Add adult students to their existing Early Childhood program.	None	8/18/16
TCAT Pulaski	Inactivate HVAC-R at the Northfield Instructional Service Center due to low enrollments.	None	8/1/16
Newbern	Offer a Welding dual enrollment program at Dyer County and Lake County High Schools.	Minimal	8/11/16
Statewide Health Information	Due to industry feedback, the Health Information Technology program readjusted the curriculum: Add 70 hours to Intro to Medical Insurance and Combine Keyboarding and Intro to Computers to one course of 90 hours.	None	8/1/16
TCAT Paris	Inactivate Certified Nursing Assistant due to low enrollments.	None	8/22/16
TCAT Livingston	Offer the Certified Nursing Program at the Cookeville Higher Education Center. The program will be 120 clock hours in length.	Covered by campuses funds	1/1/17

3. HIGHLIGHT SKILLSUSA NATIONAL AWARDS (Vice Chancellor James D. King)

Vice Chancellor James King will open up the presentation with an introduction to a brief video on SkillsUSA and how the organization addresses the skills gap. The skills gap is the gap between the jobs available in the skilled trades and the skilled workers ready to fill them. Employers are desperate for workers with the technical skills to meet their industry's demands, and employability skills that can be applied to any industry. Fortunately for employers, SkillsUSA has an impact on the lives of America's future workforce through the development of personal, workplace and technical skills that are grounded in academics. To demonstrate how SkillsUSA addresses the skills gap and meets employers' needs for a qualified workforce, an industry representative will join us to share the reasons his company partners with SkillsUSA. Finally, Molly Martin, SkillsUSA State President, will be giving a presentation regarding national awards and recognitions received during the 2016 SkillsUSA National Leadership and Skills Conference. Once again, the Tennessee Colleges of Applied Technology (TCAT) SkillsUSA students represented the Tennessee Board of Regents in exemplary fashion. Eighty-nine students competed in 60 competitions with 37 students bringing home gold, silver and bronze and 79 students finishing in the top ten nationally. At each seat, Board members will receive a special token of appreciation for their support of the Colleges and SkillsUSA as well as a 2016 Tennessee SkillsUSA Annual Report.

B. COMMITTEE ON ACADEMIC POLICIES AND PROGRAMS

1. APPROVAL OF NEW DEGREE PROGRAM (*Vice Chancellor Tristan Denley*)

The committee will receive a proposal for approval of one new degree program.

Middle Tennessee State University

Bachelor of Arts/ Bachelor of Science (BA/BS) in Religious Studies

Middle Tennessee State University proposes to offer a 120 SCH BA/BS degree designed to develop critical thinkers in the comparative study of religious studies through a framework of description, analysis and critique in keeping with the institutional mission of MTSU effective fall 2017. Like other degrees in the College of Liberal Arts, this proposed program provides a foundation for a wide range of careers in which writing, communicating, critical thinking and team-work are essential as well as graduate work and training. Religious literacy is an invaluable resource for graduates to succeed in increasing diverse multicultural society and workforce. The O*Net lists more than 260 possible occupations related to religious studies.

2. REVISION TO POLICY: 2:01:00:04: AWARDING OF CREDITS EARNED THROUGH EXTRA INSTITUTIONAL LEARNING TO COMMUNITY COLLEGES AND UNIVERSITIES (*Vice Chancellor Tristan Denley*)

Vice Chancellor Denley will inform the Board of revisions to awarding of credits earned through extra institutional learning to community colleges and universities Policy: 2:01:00:04.

Executive Summary – September 2016 Quarterly Meeting

3. ANNUAL ACCREDITATION REPORT (*Vice Chancellor Tristan Denley*)

The Annual Accreditation Report summarizes all activity for the academic year 2015-2016 on regional and program accreditation. The report also provides information on all non-accreditable programs that go through either the Program Review or the Academic Audit process. A summary of all activity is provided along with a more detailed accounting of all accreditation and quality assurance activity.

4. GRADUATION REPORT (*Vice Chancellor Tristan Denley*)

The graduation report provides graduation counts for 2015-16 by institution and award level for the Board Meeting in September. Reporting of graduations was finalized in July.

5. PRELIMINARY FALL ENROLLMENT REPORT (*Vice Chancellor Tristan Denley*)

The Committee will receive a report of preliminary enrollment figures and trends in the TBR universities and community colleges for the fall semester 2016.

6. REPORT ON ACADEMIC AFFAIRS INITIATIVES (*Vice Chancellor Tristan Denley*)

Vice Chancellor Tristan Denley will give an update on the impact of system-wide student success initiatives.

C. COMMITTEE ON PERSONNEL AND COMPENSATION

1. CONSENT AGENDA

A. Out of Cycle Tenure and Promotion at Chattanooga State Community College (*Vice Chancellor Tristan Denley*)

The Committee will consider a request for promotion of Randy Ricketson to Assistant Professor in Engineering and Information Technology at Chattanooga State Community College. Mr. Ricketson was approved for promotion recommendation through appropriate channels at Chattanooga State but inadvertently not submitted to TBR during the normal cycle. The promotion recommendation includes a salary increase of \$1,537 or a 3% increase.

B. RECOMMENDATIONS TO AWARD TENURE UPON APPOINTMENT (*Vice Chancellor Tristan Denley*)

The Committee will review for approval recommendations from all six (6) universities and two (2) community colleges (Chattanooga State and Pellissippi State) to award tenure upon appointment to 17 university and two (2) individuals who were recruited because of distinctions in their fields or other special qualifications. Campuses agreed during the recruitment and hiring process to recommend these persons. A summary of qualifications for each person recommended is attached.

2. CONSIDERATION OF INSTITUTIONAL COMPENSATION PROPOSALS (*Vice Chancellor Dale Sims*)

The Committee will consider approval of the institutional compensation proposals.

Executive Summary – September 2016 Quarterly Meeting

3. REVISIONS TO TBR POLICY 7:01:00:00 FIREARMS AND OTHER WEAPONS

(General Counsel Mary Moody)

Since implementation of Policy 7:01:00:00, there have been recurring issues regarding Section II. A. We propose the attached amendment to the policy to address those issues.

D. COMMITTEE ON FINANCE

1. CONSENT AGENDA (Vice Chancellor Dale Sims)

- a. Approval of New Policy 1:10:00:00 – Contracts
- b. Recommended Revisions to Policy 1:03:02:10 – Approvals of Procurements and Contracts
- c. Approval of New Policy 4:02:10:10 – Procurement Card
- d. Technology Access Fee Spending Plans

The Committee will receive a report on the review of FY 2016-2017 Technology Access Fee spending plans.

2. PRESENTATION OF CAPITAL BUDGET FOR FY 2017–2018 (Vice Chancellor Dale Sims)

The Committee will consider for approval the recommendations for the capital budget for FY 2017-2018.

3. SYSTEM BUDGET REQUESTS TO TENNESSEE HIGHER EDUCATION COMMISSION

(Vice Chancellor Dale Sims)

The Committee will consider for approval System requests to be forwarded to the Tennessee Higher Education for inclusion in the 2017-2018 budget request.

Friday, September 16, 2016

I. MINUTES

A. Minutes from the June 24, 2016 Regular Session Meeting

The Board will consider approving the minutes from the June 24, 2016 regular session of the Board.

B. Minutes from the August 30, 2016 Special Called Session

The Board will consider approving the minutes from the August 30, 2016 Special Called Session where the Board approved the recommendation for the director at TCAT Jacksboro.

II. REPORT OF INTERIM ACTION

This report serves as a record of business transacted by the Office of the Chancellor since the previous meeting of the Board. A copy of the report is enclosed in the materials.

Executive Summary – September 2016 Quarterly Meeting

III. REPORT OF THE COMMITTEES

The Board will consider approving the minutes of the following committee meetings:

1. Report of the Workforce Development Committee Meeting on September 15, 2016
2. Report of the Academic Policies and Programs Committee Meeting on September 15, 2016
3. Report of the Audit Committee Meeting on September 15, 2016

IV. REPORT OF THE REGENTS AWARD FOR EXCELLENCE IN PHILANTHROPY

The Board will hear a report on the recent presentation of the Regents Award for Excellence in Philanthropy to Martha and Bobby Fogelman on May 16, 2016 with Regent Duckett and President David Rudd assisting with the presentation.

V. REPORT OF THE CHANCELLOR

VI. REPORTS OF PRESIDENTS AND DIRECTORS

VII. UNFINISHED BUSINESS

- Security and Safety Task Force Report

VIII. NEW BUSINESS

A. Approval of the Proposed 2017 Meeting Dates

The Board will consider approving the proposed meeting dates for 2017.

B. Minutes of the Personnel and Compensation Committee on September 15, 2016 that includes Tenure Upon Appointment and Compensation Proposals

The Board will consider approving the minutes from the September 15, 2016 meeting of the Personnel and Compensation Committee that includes tenure upon appointment and compensation proposals.

C. Report of the Finance and Business Operations Committee Meeting on September 15, 2016 that Includes the Capital Budget for FY 2017-2018 and Capital Match Funding Report

The Board will consider approving the minutes from the Finance and Business Operations Committee meeting on September 15, 2016 that includes approval of FY 2017-2018 capital budget and capital match funding report.

D. Naming Requests from Austin Peay State University

- a. **Re-naming of the Hemlock Semiconductor Building** – the Board will be asked to rename the Hemlock Semiconductor Building the Technology Building
- b. **Naming of the Jenkins & Wynne Building** – the Board will be asked to name the Jenkins & Wynne Pre-Owned Cars building the Jenkins Building.
- c. **John Morgan Walk of History** – the Board will be asked to approve the request to name a new space designated to recognize alumni and donors to the university as the John Morgan Walk of History.

MINUTES
TENNESSEE BOARD OF REGENTS
REGULAR SESSION

June 24, 2016

The Tennessee Board of Regents met in regular session on June 24, 2016, at Northeast State Community College, located in Blountville, Tennessee. Vice Chair Emily Reynolds, presiding, called the meeting to order. In her opening remarks, Vice Chair Reynolds thanked President Janice Gilliam and her team for their gracious hospitality and for an excellent presentation about the college's 50 years of service to the community. She also thanked Sullivan County Mayor Richard Venable, Kingsport Mayor John Clark, Unicoi County Mayor Greg Lynch and Mrs. Lottie Ryans, Foundation Secretary, for attending the meeting. Vice Chair Reynolds expressed personal thanks to everyone who performed and supported the Thursday evening meal and entertainment. She then introduced The Honorable Jai Templeton, Commissioner of Agriculture, who was recently appointed to office and, by virtue of his position, serves as a member of the Board of Regents.

Next, she called on the Board Secretary, Mary Moody, to call the roll. The following members, constituting a quorum, were present:

Mrs. MaryLou Apple
Dr. Russ Deaton
Mr. Greg Duckett
Dr. Tricia Farwell
Mr. Darrell Freeman
Mr. Tom Griscom
Ms. Fran Marcum
Dr. Barbara Prescott
Ms. Emily Reynolds
Mr. Howard Roddy
Mr. Nick Russell
Ms. Leigh Shockey
Mr. J. Parker Smith
Commissioner Jai Templeton
Mr. Bob Thomas
Ms. Danni Varlan

Members not available to attend the meeting were Governor Bill Haslam, and Commissioner Candice McQueen.

I. MINUTES

Minutes from the March 30, 2016 regular scheduled meeting and minutes from the special called session held on May 27, 2016 were provided to all members prior to the meeting. Regent Thomas moved approval of the minutes as presented. Regent Duckett provided a second to the motion and the motion was approved by a voice vote.

II. REPORT OF INTERIM ACTION

Vice Chair Reynolds called upon Chancellor Gregory, who presented the Report of Interim Action, reflecting business transacted by the Office of the Chancellor since the previous meeting of the Board. Chancellor Gregory requested approval of the report. Regent Prescott moved to accept the report and Regent Varlan provided a second to the motion. The motion passed on a voice vote. A copy of the Report is attached to the official copy of the Minutes as Appendix A.

III. REPORT OF THE COMMITTEES

Board members were asked to act on the report of the June 23, 2016 meeting of the Academic Policies and Programs Committee; the report of the June 23, 2016 meeting of the External Affairs Committee; the report of the June 23, 2016 meeting of the Workforce Development Committee and the report of the June 23, 2016 meeting of the Audit Committee. Members were provided copies of the reports prior to taking action. Regent Thomas moved approval of the minutes with a second provided by Regent Marcum. The motion carried. The minutes of the committees are as follows:

ACADEMIC POLICIES AND PROGRAMS COMMITTEE

The Committee on Academic Policies and Programs met in regular session on June 23, 2016, on the campus of Northeast State Community College.

As the only agenda item, the Committee reviewed the request regarding the Middle Tennessee State University Joey A. Jacobs Chair of Excellence in Accounting. In the June 21, 2013, meeting of the Committee on Academic Policies and Procedures, the Committee approved the revision of the Joey A. Jacobs Chair of Excellence in Accountancy. As part of the 2016-17 budget, Governor Haslam included \$1.5 million from general government funding to supplement the existing Jacobs Chair of Excellence funds. A motion was made by Regent Prescott with a second by Regent Varlan to seek approval from the Tennessee Higher Education Commission for the House and Senate Education Subcommittees to enact the release of funds. The motion carried by unanimous voice vote.

There being no further business to come before the Committee, the meeting adjourned.

Respectfully submitted,

Committee on Academic
Policies and Programs

EXTERNAL AFFAIRS COMMITTEE

The Committee on External Affairs met in regular session on June 23, 2016, at Northeast State Community College.

The first item on the agenda was the proposed policy on Firearms and Other Weapons. General Counsel Mary Moody reviewed the proposed Safety and Security Policy 7:01:00:00 entitled Firearms and Other Weapons. Ms. Moody explained that the policy implements laws enacted by the General Assembly in 2016 regarding firearms. She explained that while there is still a general prohibition on weapons, including firearms, on our campuses, the new laws create exceptions for those with valid handgun carry permits. Full-time employees with valid permits may carry a concealed handgun on campus, provided they first register with law enforcement. Employees and students with carry permits may transport and store firearms and ammunition locked in their vehicles.

The universities are given the authority to adopt their own policies in this policy. Both the new laws and the policy will take effect on July 1, 2016.

Regent Prescott made a motion to approve the policy and it was seconded by Regent Apple. The Committee, by voice vote, approved adoption of the policy.

The second item before the Committee was a TBR system policy related to the use of social media. Communications Director Greppin-Watts was recognized to explain the policy. Ms. Greppin-Watts explained that the policy is proposed to provide guidance on acceptable use of social media; address potential risks, and ensure consistency across TBR system office operations.

The policy states that all official social media accounts of the TBR or its system office units/departments/functions must be established and maintained by the TBR System Office of Communications. It clarifies that any accounts created to imply representation of the TBR must be approved and authorized by the communications director. A TBR employee that manages such accounts must relinquish all rights to the account upon departure.

The policy also addresses the use of TBR system office personal social media accounts. Employees are not to imply to represent TBR in personal posting and are to be clear they are not representing TBR in their opinions. Violation of this policy may result in disciplinary action.

Regent Roddy made a motion to approve the policy and a second was provided by Regent Prescott. The policy was approved by voice vote.

Ms. Greppin-Watts explained the TBR system office Broadcast Email Policy. Any messages sent to the entire *TBRStaff* email list must be approved by the vice chancellor or unit head of the person sending the email and should be related directly to System Office or relevant higher education functions. Any broadcast emails concerning issues that might be controversial or attract media attention require prior review from the communications director.

Regent Griscom made a motion to approve the policy and a second was provided by Regent Roddy. The policy was approved by voice vote. Ms. Greppin-Watts introduced Matthew Gann for the last item. She said this standardization of websites and its development in house saved hundreds of thousands of dollars and will make the websites more customer friendly and more easily updated.

Matthew Gann, Associate Director of Web Services and Digital Strategy presented the network of websites created for the Colleges of Applied Technology. The websites will be rolled out in July/August 2016 and are aimed at standardizing the TCAT websites, while still giving individual institutions the ability to post events and other unique items to their website. Mr. Gann demonstrated the new website and its features.

There being no further business to come before the Committee, the meeting was adjourned.

Respectfully submitted,

Committee on External Affairs

WORKFORCE DEVELOPMENT COMMITTEE

The Committee on Workforce Development met in regular session on June 23, 2016, on the campus of Northeast State Community College.

As the first item of business, the committee approved the following Tennessee College of Applied Technology program proposals and academic actions presented by Vice Chancellor James King:

- Implementation of a Marketing, Merchandising & Parts Operation Program at TCAT-Crossville to be located at the main campus;
- Implementation of a hybrid Administrative Office Technology program at TCAT-Morristown to be located at the Sevier County Campus;
- Implementation of a Medical Assistant/Patient Care Technician Technology program at TCAT-McMinnville to be located on the main campus;
- Implementation of an adult Welding Technology program at TCAT-Livingston to be located at White County High School in Sparta, TN;
- Implementation of an adult Certified Nursing Assistant Technology program at TCAT-Livingston to be located at White County High School in Sparta, TN;
- Implementation of an adult Industrial Maintenance/Mechatronics program at TCAT-

- Livingston to be located at White County High School in Sparta, TN;
- Changing name of the Industrial Maintenance Technician program at TCAT-Chattanooga to Industrial Maintenance-Mechatronics;
- Adding two certificate exit points to the Computer Support Technician program at TCAT-Chattanooga;
- Adding six new certificate exit points to the Landscape and Turf Management program at TCAT-Chattanooga;
- Adding two new certificate exit points to the Welding Technology program at TCAT-Chattanooga;
- Establishment of a dual enrollment Welding Technology program at TCAT-Crump with Hardin County High School;
- Establishment of a dual enrollment Certified Production Technology program at TCAT-Crump with Hardin County High School;
- Establishment of a dual enrollment Certified Production Technology program at TCAT-Crump with Adamsville High School;
- Establishment of a dual enrollment Certified Production Technology program at TCAT-Crump with McNairy Central High School;
- Inactivation of the online Computer Information System program at TCAT-Jacksboro;
- Relocating the Practical Nursing program at TCAT-Jackson at the Parson site to the Chester County Higher Education Center in Henderson, TN;
- Inactivation of the Welding Technology program at TCAT-Nashville at the Wilson County Campus, and transferring the program from TCAT-Nashville to TCAT-Hartsville;
- Reduction of the Powerline Construction and Maintenance Technology program hours at TCAT-Oneida/Huntsville from 864 to 648 clock hours;
- Establishment of a dual enrollment Welding Technology program at TCAT-Whiteville with Fayette-Ware High School in Somerville, TN;
- Inactivation of Drafting and CAD at TCAT-Crossville;
- Changing the exit points for Automotive Technology statewide from eight (8) exit points to the following three exit points: (1) Technician Assistant Certificate for completing three of eight areas; (2) Technician Apprentice Certificate for completing six of the eight areas; and (3) Master Technician Diploma for completing all eight areas;
- Reduction of the program hours for Machine Tool Technology statewide from 2,160 to 1,728;
- Reduction of the program hours for Collision Repair Technology statewide from 2,160 to 1,728;
- Addition of an Appliance Repair option to the HVAC-R program at TCAT-Morristown;
- Establishment of a dual enrollment Transportation and Logistics program at Livingston with Upperman High School;
- Addition of two new certificate exit points to the Administrative Office Technology program at Livingston;
- Expansion of the Industrial Maintenance program at TCAT-Pulaski to a night offering at the main campus; and
- Inactivation of the Health Unit Coordinator program at TCAT-Jacksboro.

A motion was made by Regent Prescott and seconded by Regent Smith. Motion carried by voice vote.

Vice Chancellor Warren Nichols gave an update on TCAT and Community College Articulation and Program Alignment.

Next, Vice Chancellors Warren Nichols and James D. King provided highlights for the 2014 Labor Education Alignment Program (LEAP) grant results for the community colleges and TCATs and a summary of 2016 LEAP grant proposals.

As the last item of business, Vice Chancellor Warren Nichols gave an update on the AT&T Aspire Scholarship Award grant.

There being no further business to come before the Committee, the meeting was adjourned.

Respectfully submitted,

Committee on Workforce Development

AUDIT COMMITTEE

The Committee on Audit met in regular session on June 23, 2016 at Northeast State Community College. A quorum was present. The following Audit Committee members attended the meeting along with system office staff and the Board's Vice Chair, Regent Emily Reynolds. Other Board members and guests were in the audience.

Regent Tom Griscom, Audit Committee Chair
Regent MaryLou Apple
Regent Greg Duckett
Regent Darrell Freeman
Regent Fran Marcum
Regent J. Parker Smith
Regent Leigh Shockey

Item I, Consent Agenda, included two items; Item I.a., Review of Revised Internal Audit Charter for Austin Peay State University and Item I.b., Review of Revisions to the Fiscal Year 2016 Internal Audit Plans. The significant revisions to the audit plans were summarized in the materials and the revised audit plans are included as Attachment A to these minutes. The committee voted to approve the Consent Agenda items as presented.

Item II, Update of the Impact of the Focus Act on Internal Audit Functions, was presented by Chancellor David Gregory and Tammy Birchett, Chief Audit Executive. Chancellor Gregory commented that a meeting has been set with staff from the Governor's Office and the Division of State Audit to discuss statutory requirements from 2004 for internal audit that were not amended by the FOCUS Act. Regent Griscom commented on the importance of resolving any questions

about the internal audit function as the Board continues to consider governance changes resulting from the FOCUS Act. This item was for informational purposes and required no action.

Item III, Review of System-wide Internal Audit Budget, was introduced by Regent Griscom as representing the current structure of System-wide Internal Audit. The budget was discussed by Mrs. Birchett. She noted that the number of complaints received by the office that require investigation has increased over the last two years and may require additional staffing in the future. She also encouraged the Board to consider adding a compliance officer in the future. Regent Duckett asked about the role of a compliance position and whether the institutions have compliance positions. Mrs. Birchett responded that some institutions have compliance officers and some have compliance officers for specific activities, such as athletics. She stated that the intent of the position mentioned was to provide coordination and assistance for compliance activities on the campuses to be able to provide assurance to the Board regarding the compliance activities. The committee voted to approve the Budget as presented.

Item IV, Informational Reporting, contained three items. Item IV.a., Review of Comptroller's Office Audit Reports, consisted of a discussion of a financial and compliance audit report issued by the Comptroller's Office during the last quarter. The report for East Tennessee State University is summarized as Attachment B to these minutes. This item was for informational purposes and required no action.

Item IV.b., Update of Corrective Actions on Performance Audit Findings, was a progress report of the corrective actions taken by the Tennessee Board of Regents system office staff on findings included in the Comptroller's performance audit of the system, issued in January 2014. Mrs. Birchett commented that some of the corrective actions for 2 of the 9 original findings are still underway. This item was for informational purposes and required no action.

Item IV.c., Review of Internal Audit Reports, consisted of discussion of internal audit reports issued by the system's internal auditors during the last quarter. Mrs. Birchett summarized the results of the Complete College Tennessee Act Outcome Measure audits for the 2014 – 2015 Academic Year and Fall 2015, issued by most of the institutions. She noted that audits for the remaining institutions are in progress or will be completed in the future. A list of the internal audits issued during the quarter is included as Attachment C to these minutes. This item was for informational purposes and required no action.

Item V, Review of Professional Auditing Standards, was an overview of the professional auditing standards followed by the system's internal auditors. Mrs. Birchett provided a brief overview of the Standards issued by the Institute of Internal Auditors and stated that the results of quality assurance self-assessments would be provided for the committee at the next meeting. This item was for informational purposes and required no action.

There being no further business to come before the Committee on Audit, the meeting was adjourned.

Respectfully submitted,

Committee on Audit

Attachments referenced in the June 23, 2016 meeting of the Audit Committee are attached to the official copy of the Minutes as Appendix B.

IV. REPORT OF THE REGENTS AWARD IN EXCELLENCE IN PHILANTHROPY

Vice Chair Reynolds called on Regent Marcum, who reported on recent awards presented to Mr. Wayne Ard, nominated for this award by Austin Peay State University, and the Warren Broyles family and Roadrunner Markets, nominated by East Tennessee State University.

The Regents Award in Excellence in Philanthropy recognizes individuals or groups who have made significant efforts to benefit higher education in Tennessee. The award is given only to the most dedicated philanthropists for their support of the important work of TBR institutions.

Mr. Wayne Ard, and the late Marianne Ard, were nominated by President Alisa White for the outstanding support and commitment they have for Austin Peay State University. Their relationship with APSU began in the late 1980s when the Ards hosted gatherings in their home for fundraising events and to honor visiting dignitaries. It was then that Mrs. Ard began to organize the Candlelight Ball, a formal celebration that raises money for the University scholarships. Throughout the years, the Ards supported APSU both financially and through service. After the passing of Marianne Ard in December 2014, Wayne Ard made a major financial gift to APSU to fund scholarships in Marianne's name for several generations of APSU students. Because of their generosity, the University is naming its new student health services facility, the Wayne and Marianne Ard Building. Mr. Ard accepted the award at an event held on the campus of APSU on April 26th with President White assisting with the presentation along with former APSU President Oscar Page. Next, President White offered additional remarks about Mr. Ard's support.

Regent Marcum continued with the report of another presentation of the Regents Award for Excellence in Philanthropy presented to the Warren Broyles family and Roadrunner Markets, nominated by East Tennessee State University. The honorees' generous support of ETSU includes a recent \$1 million gift toward ETSU's new football stadium, currently under construction. They established a record for others to emulate that represents the greatest qualities for excellence in philanthropy. Mr. Ryan Broyles and Ms. Kelly Rhea accepted the award at a presentation on May 18th with President Brian Noland assisting with the presentation.

V. REPORT OF THE CHANCELLOR

Chancellor Gregory reported on the work being done across the system to implement the FOCUS Act while maintaining momentum across the three sectors toward accomplishing the Drive to 55 mission. He described the efforts of the TBR Central Office staff to ensure a smooth and effective

transition of governance to the soon to be formed university boards. Members of the Chancellor's Senior Staff are heading small groups to address issues in areas of statutory requirements, governance, finance, alignment, collaboration and communication.

Chancellor Gregory thanked the Board for their time and input during the June 7 work session. He reminded the Board that although transitions take time, TBR is committed to move into the next generation of higher education in Tennessee.

Chancellor Gregory asked Student Regent Nick Russell to report on innovation and entrepreneurship projects that he has been involved with while at Tennessee Tech University through the National Science Foundation's National Innovation Network. Tennessee Tech received an NSF grant totaling just under \$300,000 to establish Tech as a training site in the Innovation Corp program.

VI. REPORTS OF PRESIDENTS AND DIRECTORS

Vice Chair Reynolds called on President Karen Bowyer for the Community College presidents' report, who then introduced Krissy DeAlejandro, Executive Director of tnAchieves. Ms. DeAlejandro provided a brief report on the progress made in the number of students attending college in Tennessee, from the 496 students tnAchieves began with in 2008 to the 56,000 applicants in 2015, with the advent of Tennessee Promise. She stated that a significant culture change has occurred: students do not think about "if" they are going to college, but "where" they are going to college. Ms. DeAlejandro introduced Ms. Katie Townsend, a 2015 graduate of Alcoa High School, who reported on how much Tennessee Promise has changed her life, giving her the opportunity to become an elementary school teacher.

Two alumni from Northeast State, Ms. Victoria Hewlett and Ms. Beth Ross, were then asked to report on their experiences at a community college and how it prepared them to continue their educations at Yale University and Columbia University, respectively.

President Bowyer ended her report by extending best wishes to President Wade McCamey in his retirement and thanking him for his leadership over the years.

Vice Chair Reynolds then called on Director Dwight Murphy for the report of the Tennessee Colleges of Applied Technology. Director Murphy reported on the recent Chancellor's Award for Excellence in Philanthropy presented to the Gene Haas Foundation. In 2015, the Foundation awarded almost \$200,000 to 16 different TCATs across the state for scholarship awards. Haas is the owner of Haas Automation Incorporated, America's leading builder of CNC machine tool equipment. More than 1,200 non-profit organizations and schools have received funds totaling more than \$27 million from the Foundation. The Foundation was nominated by the TCATs for the Chancellor's Award for Excellence in Philanthropy for their support of the Machine Tool programs across the state.

Director Murphy then introduced the 2016 Outstanding Student of the Year, Ms. Sandra Timberlake. Ms. Timberlake is an administrative office technology student at the TCAT Nashville. In her role as Outstanding Student, she will represent the TCATs at such events as legislative sessions, community events, state level conferences and meetings with elected officials to share the impact technical education has had on her life.

For the universities, President Alisa White of Austin Peay State University, provided the Board with a report on their transition efforts. She reported that each university has formed a transition team, committee or taskforce to support the transfer of governance from TBR to the university's board. Faculty have begun reviewing how faculty trustees will be appointed. Campuses are continuing to review governance structure, fiduciary responsibilities, board culture, roles and responsibilities of the board and the president of respective universities. Conversations have and continue to happen with executive leaders at Tennessee Higher Education Commission concerning the change in roles and responsibilities. Budget implications concerning technical and video streaming needs for board meetings are being reviewed. She thanked General Counsel Mary Moody and Assistant Board Secretary Sonja Mason for planning a work session for university attorneys and board professionals who will be assuming the support function for the new boards.

She further reported on the accreditation process with SACSCOC, stating that universities will need to submit a prospectus to SACSCOC by September 1. After the General Assembly confirms the new members of the new boards, the executive committee of SACSCOC will take action on the substantive change in governance. The new boards are to convene within 30 days after the executive committee approves the change. Within six months after the first board meeting, the six institutions will have a SACSCOC site visit.

She emphasized the importance of keeping processes going during the transition period regarding approvals of academic affairs matters, program proposals, tuition and fees and capital project requests. President White concluded by saying that we are all in it together to benefit the students to make a positive impact on Tennessee.

Vice Chair Reynolds then called on Regent Russ Deaton for comment regarding the work of the Tennessee Higher Education Commission. He reported on the meetings that have taken place or will take place with each of the universities, and expressed appreciation for the collaborative attitudes of all involved.

VII. UNFINISHED BUSINESS

There was no unfinished business to come before the board at this time.

VIII. NEW BUSINESS

- A. The first agenda item covered was the approval of criteria for the position of Chancellor of the Tennessee Board of Regents in anticipation of beginning a search to fill that position. David Gregory has been serving as Acting Chancellor since appointed by the Board on January

21, 2016. A copy of the draft criteria was provided to all Board members prior to the meeting. Regent Griscom moved to adopt the criteria as presented, with a second provided by Regent Smith. The motion passed. A copy of the criteria is attached to the official copy of the Minutes as Appendix C. Vice Chair Reynolds announced that the executive search firm of Greenwood Asher will be directing the search and that the next step would be to select the advisory committee to serve on the search

- B. Vice Chair Reynolds called on Acting Chancellor Gregory, who presented the criteria for the next president at Jackson State Community College and requested the assistance of the executive search firm of Greenwood Asher on this search. Regent Thomas made a motion to approve the criteria with a second provided by Regent Griscom. The motion carried. A copy of the criteria is attached to the official copy of the Minutes as Appendix D.
- C. Vice Chair Reynolds called on Regent Duckett for the report of the Finance and Business Operations Committee held on June 23, 2016. The committee report includes action on tuition and maintenance fees for 2016-2017, dual enrollment student rate for 2016-2017, and also funding for operations for the 2016-2017 fiscal year. Maintenance fee recommendations vary by institution and range from a low of 2.3% at University of Memphis to a high of 3% at the ETSU College of Medicine and College of Pharmacy. The recommendation for community colleges is an increase of 2.6% with a 2.8% increase recommended at the TCATs. The operating budget for the system totaling \$3.02 billion for fiscal year 2015-2016 and \$2.99 billion for fiscal year 2016-2017 were recommended for approval during the Committee's meeting. The budget is based on the level of state funds recommended in the Governor's proposed budget as well as early estimates of factors such as enrollment growth, research activities, and availability of federal funds. The full effect of the approved fee increases and any enrollment changes will be included in the October revised budget. Regent Duckett moved to approve the report of the Finance and Business Operations Committee. A second was provided by Regent Thomas. The roll call vote was passed unanimously. The maintenance fees as presented are shown below:

Universities

- Maintenance fee rate increases vary among institutions based on institutional need:
 - APSU – 2.8%
 - ETSU – 2.6%
 - MTSU – 2.6%
 - TSU – 2.4%
 - TTU – 2.8%
 - UOM – 2.3%

Community Colleges:

- Recommendations are intended to increase maintenance fee and tuition rates by 2.6%.

Colleges of Applied Technology:

- Recommendations are intended to increase maintenance fee rates by 2.8%.

Professional Schools:

- UOM Law School: 2.3% increase
- ETSU College of Medicine: 3.0% increase
- ETSU Pharmacy School: 3.0% increase

A copy of the minutes from the June 23, 2016 meeting of the Finance and Business Operations Committee is attached to the official copy of the Minutes as Appendix E.

- D. Vice Chair Reynolds then called on Regent Roddy for the report of the June 23, 2016 meeting of the Personnel and Compensation Committee. Included in the report are actions taken on president emeritus contracts; tenure and promotion for community colleges, universities and colleges of applied technology along with staff's recommendation on faculty promotional increases; revisions to the TBR policy on faculty rank and promotion at TCATs; institutional requests for new or amended compensation plans for APSU, ETSU, MTSU, TTU and VSCC; and proposed system compensation strategies. Regent Roddy moved adoption of the report with Regent Thomas providing a second. The motion was approved unanimously by roll call vote. A copy of the minutes from the June 23, 2016 meeting of the Personnel and Compensation Committee is attached to the official copy of the Minutes as Appendix F.
- E. The next item on the agenda concerned Middle Tennessee State University's request to rename Forrest Hall as the ROTC Building, which was the name of the building from 1954 to 1958. Chancellor Gregory reported that in October 2015, President McPhee created a task force to study whether a name change was necessary for Forrest Hall, which was named for Confederate cavalryman, Lieutenant General Nathan Bedford Forrest. Chancellor Gregory then called on President McPhee for further comments about the process that took place regarding the recommended name change. A task force comprised of 15 representatives from the student body, alumni, faculty and broader community met and held three public forums and two open deliberations. The group was charged with collecting information, listening to the concerns of interested parties on both sides of the debate and making a recommendation on a course of action. Guiding the group was a member of the faculty, who is also an alumnus, and whose academic expertise is in war and the manner in which wars and the participants are memorialized and honored. Additionally, the committee had the expertise and guidance of State Historian Dr. Carroll Van West, another member of MTSU's faculty. Following the deliberations, the committee recommended that the name of Nathan Bedford Forrest be removed from the ROTC building. The decision was not unanimous and there was strong dissent from a few on the task force. President McPhee further remarked about how different the university is now with regards to how it was in the 1950's when the building was first named. In 1958, Middle Tennessee College enrollment was 2,539 students from the mid-state region. Today, Middle Tennessee State University is a very diverse institution with

approximately 23,000 students and over 115,000 alumni representing every state in the Union and countries around the world.

Using the criteria established and utilized by the Board of Regent today, President McPhee stated that General Forrest would not be eligible to have his name placed on any building at MTSU, and this is the only building named for an individual with no direct connection to the university.

President McPhee further stated to assure that future generations can learn from this chapter in MTSU's history, a request has been made to Dr. Carroll Van West to develop a historical time line of the life of General Forrest to be housed in the Gore Center. This will allow future generations to study the man and make their own evaluations.

Vice Chair Reynolds called on General Counsel Mary Moody for an explanation of the impact of the newly enacted *Tennessee Heritage Protection Act of 2016* on the request to rename this building. Ms. Moody explained that the Act prohibits renaming a building such as Forrest Hall unless a waiver of the prohibition is obtained from the Tennessee Historical Commission. Therefore, the necessary action would be to approve the renaming and to authorize MTSU to file a petition with the Tennessee Historical Commission seeking the requisite waiver.

Regent Duckett then moved to approve Chancellor Gregory's recommendation to approve the renaming of Forrest Hall to the ROTC Building. Regent Freeman seconded the motion and the motion carried unanimously.

- F. The next item on the agenda was a naming request from Walters State Community College to name the Student Services Building after President Wade B. McCamey in recognition of his contributions to the college. President McCamey opened Walters State Student Success Center offering a one-stop shop for student services, which later expanded into the Student Services Building. He was also responsible for Walters State being named an Apple Distinguished Program three times for its innovative use of technology to engage students and improve learning outcomes. Under his leadership, the college consistently ranked near the top among the nation's most tech-savvy community colleges and is currently ranked 2nd in the nation among mid-sized community colleges by e. Republic's Center for Digital Education for its use of technology and digital services to improve academic services. For these reasons and many more the Walters State Community College naming committee forwarded the request to the Chancellor for Board action. Regent Thomas moved to approve the naming request with a second provided by Regent Smith. The motion was approved.
- G. Next, Vice Chair Reynolds called on Regent Danni Varlan to present the resolution of appreciation for President Wade McCamey. Regent Varlan moved adoption of the resolution and Regent Smith seconded the motion. The motion was approved. A copy of the resolution is attached to the official copy of the Minutes as Appendix G. President McCamey addressed the Board and thanked them for the building naming and resolution of appreciation. He

expressed deep affection and appreciation for the support he has received over the years in his career with the Tennessee Board of Regents.

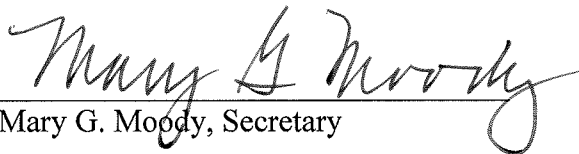
- H. Vice Chair Reynolds called on Regent Thomas to present the resolution of appreciation for Faculty Regent Tricia Farwell. He then moved adoption of the resolution and a second was provided by Regent Duckett. The motion carried. Regent Farwell provided words of appreciation for the help and support she received from everyone over the past year. A copy of the resolution is attached to the official copy of the Minutes as Appendix H.
- I. Next, Regent Smith presented the resolution of appreciation for Student Regent Nick Russell and moved adoption of the resolution. Regent Varlan seconded the motion and the motion was accepted. Regent Russell expressed his gratitude for the opportunity of serving as Student Regent. A copy of the resolution of appreciation is attached to the official copy of the Minutes as Appendix I.
- J. Vice Chair Reynolds turned the gavel over to Regent Thomas to preside over the last agenda item, the election of Vice Chair. Regent Thomas then called on Regent Griscom for nominations for the Vice Chair. Regent Griscom nominated Regent Emily Reynolds to serve as the Vice Chair for 2016-2017 with a unanimous second. The motion received a unanimous approval. Vice Chair Reynolds thanked everyone for their confidence and faith in her and looks forward to serving an additional year as the Vice Chair.

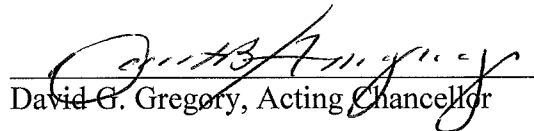
In closing, Vice Chair Reynolds and Chancellor Gregory thanked President Janice Gilliam and her staff for hosting the June quarterly Board meeting. The next quarterly meeting will be held in Chattanooga, Tennessee and hosted by Chattanooga State Community College.

IX. ADJOURNMENT OF THE MEETING

There being no further business to come before the board, the meeting was adjourned.

Respectfully submitted,


Mary G. Moody, Secretary


David G. Gregory, Acting Chancellor

Emily J. Reynolds, Vice Chair

MINUTES
TENNESSEE BOARD OF REGENTS
SPECIAL CALLED SESSION

August 30, 2016

The Tennessee Board of Regents met in a special called session on Tuesday, August 30, 2016, at 10:00 a.m. (CDT), for the purpose of receiving and acting on a recommendation for the next director at the Tennessee College of Applied Technology at Jacksboro. Vice Chairman Reynolds welcomed everyone as she called the meeting to order. A special welcome was extended to the Mr. Alex Fitzner, who was recently appointed as the Faculty Regent. Vice Chairman Reynolds then called on Ms. Mary Moody, General Counsel and Board Secretary, to call the roll. The following members, constituting a quorum, were present:

Regent Emily Reynolds, Vice Chairman
Regent MaryLou Apple (via conference call)
Regent Greg Duckett
Regent Alex Fitzner
Regent Tom Griscom
Regent Fran Marcum
Regent Barbara Prescott
Regent Howard Roddy
Regent J. Parker Smith
Commissioner Jai Templeton (via conference call)
Regent Bob Thomas
Regent Danni Varlan

Governor Bill Haslam, Commissioner Candice McQueen, and Regents Darrell Freeman, Mike Krause, Nick Russell and Leigh Shockey were not available to participate. Joining the call was the recommended candidate for the position, Ms. Debbie Petree.

Vice Chairman Reynolds called on Chancellor Gregory for the recommendation. Chancellor Gregory thanked the search committee for its commitment and dedication to the search process and announced the recommendation of Ms. Debbie Petree as the next director of the Tennessee College of Applied Technology at Jacksboro, to begin on September 1. Currently Ms. Petree serves as the Interim Director and has served in this role since July 2015. Ms. Petree began her career with the Tennessee Board of Regents at Roane State Community College as a Training Specialist and Senior Case Manager from 1992 to 2000. She also served as an adjunct faculty member from 1996-2010. She served as Assistant Director at TCAT-Jacksboro from 2008-2015, and was appointed Interim Director upon the retirement of David Browder in 2015. She received a Bachelor of Science in Applied Organizational Management and a Master of Arts in Education from Tusculum College; a Specialist Degree in Supervision and Administration in Education from Lincoln Memorial University; a Doctorate in Business Administration from Kennedy-

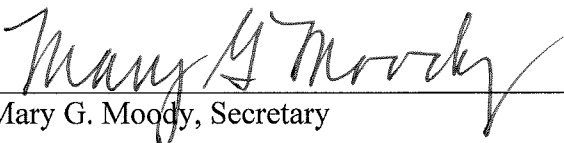
Western University; and, is in the dissertation process for her Doctorate in Education Executive Leadership at Lincoln Memorial University.

Vice Chairman Reynolds called on Regent Varlan, who served as the Board representative on the search. The fourteen (14) member search committee also included Vice Chancellor James King, and representatives from the College's faculty, staff, students, and the College's general advisory committee. A pool of 26 applicants was received via the TBR Online Position and Employment System. The search committee met on June 13, June 29, and August 3 to review the applicants, select interview candidates, conduct interviews and make its recommendation to the Chancellor. Regent Varlan made a motion to accept Chancellor Gregory's recommendation to hire Ms. Debbie Petree. A unanimous second was given. A roll call vote was taken and the motion was approved unanimously.

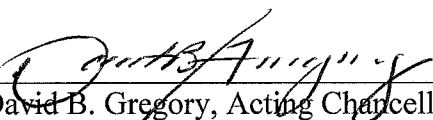
Vice Chair Reynolds called on Ms. Petree for comments. She addressed the Board and thanked them for the opportunity to serve in this role. She remarked that the director is but one member of the team that contributes to the success of students and that she looks forward to serving in this new capacity.

There was no further business to come before the Board and the meeting was adjourned.

Respectfully submitted,

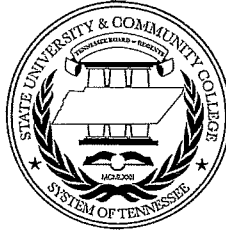


Mary G. Moody, Secretary



David B. Gregory, Acting Chancellor

Emily J. Reynolds, Vice Chairman

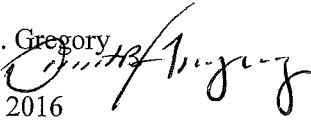


TENNESSEE BOARD OF REGENTS

Office of the Chancellor

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TO: Members of the Tennessee Board of Regents

FROM: David B. Gregory 

DATE: June 24, 2016

SUBJECT: Interim Action Report – Third Quarter

The following constitutes a record of business transacted by the Office of the Chancellor since the previous regular quarterly meeting of the Board of Regents under the authority of Article VIII of the Bylaws, which grants to the Chancellor interim authority to act on behalf of the Board. Pending any questions, the actions are recommended for Board consideration and confirmation.

I. Personnel Actions – Tennessee Board of Regents Staff

Appointments: Maressa Whaley – Student Success Initiative Coordinator – Academic Affairs; Effective June 27, 2016

Rick Locker – Interim Director of Communications; Effective July 1, 2016

Scott Nikolai – Analytics and Evaluation Analyst – Academic Affairs; Effective July 1, 2016

Chelsey Sloan – Temporary Administrative Assistant I – Community Colleges; Effective August 8, 2016

Reclassifications: Michael Tinsley – from Perkins Grant Coordinator to Director of Early College Initiatives – Community Colleges; effective July 1, 2016.

Promotions: Deanna Morris-Stacey – from Admin Asst III/Coordinator OESI to Director of Programs and Initiatives; Community Colleges; Effective June 16, 2016.

Ebonee Pinkard – from Administrative Assistant I – Academic Affairs to Administrative Assistant III/Coordinator – OESI; Effective August 15, 2016

Degree Attainment: None

Members of the Tennessee Board of Regents
Interim Action Report – Third Quarter
Page Two

Retirement: Raylean Henry – Associate Vice Chancellor – Extra Institutional Learning, Community Colleges - Effective July 31, 2016

Separations: Ingrid Bradley - Help Desk- TN eCampus; Effective June 30, 2016

Patricia Brasfield –Help Desk-TN eCampus; Effective June 30, 2016

Georgeann McKnight –Help Desk-TN eCampus; Effective June 30, 2016

Nora Maxwell –Help Desk-TN eCampus; Effective June 30, 2016

Pamela Knox – Associate Vice Chancellor- Academic Affairs; Effective July 18, 2016

Therese Olten - Training Specialist-TN eCampus; Effective August 5, 2016

Kenyatta Lovett – Vice Chancellor Research and Assessment-Community Colleges; Effective August 31, 2016

Appointments: Vice President and Other Executives: Attachment A

Salary Adjustments: Vice President and Other Executives: Attachment B

II. Acceptance of Gifts and Grants

III. Construction Projects: State Building Commission Activities: Attachment C
Summary of Construction Contracts: Attachment D

IV. Approval of Contracts and Agreements: Attachment E

V. TCAT Crossville 14-day Approval Process July 22, 2016: Attachment F

VI. University of Memphis Exception Request from Discounted Dual Enrollment Rate: Attachment G

VII. University of Memphis \$-250 Plan Modifications: Attachment H

TBR System-wide
Vice Presidents and Executive Level Appointments

Institution	Name	Position	Salary	Effective Date
ChSCC	James Long	VP – Information Technology	\$115,000	9-1-16
JSCC	Horace Chase	Interim President	\$137,000	9-2-16
MTSU	Alan Thomas	VP – Business and Finance	\$211,200	7-25-16
STCC	Anita Lockridge	Vice President	\$135,000	8-1-16
UoM	Bruce Harber	Chief Operations Officer	\$150,000	7-1-16
UoM	Robert Jackson	Chief Information Officer	\$185,000	9-1-16
WSCC	Melissa Leann Long	Executive Director – President's Office	\$60,105	8-1-16

TBR System-wide
Vice Presidents and Executive Level Increases

Institution	Name	Position	Effective Date	Type of Increase	Increase	Salary
ChSCC	Swenson, Tammy	Executive VP – Business & Finance	July 1, 2016	Technical	\$5,600.00	140,439.00
DSCC	Camper, Diane	VP - Technology	July 1, 2016	Equity	\$1,000.00	96,466.00
DSCC	Prater, Margaret	VP – WIA, WIA NW TN Workforce Board	July 1, 2016	Equity	\$5,403.00	90,042.00
NeSCC	Hamilton, Allana	VP – Academic Affairs	July 1, 2016	Equity	\$1,869.00	126,446.00
NeSCC	McCord, Jeff	VP – Economic and Workforce Development	October 31, 2016	One-time Lump Sum	\$2,500.00	114,899.00
UoM	Harber, Bruce	Chief Operations Officer	July 1, 2016	Reclass	\$34,549.00	115,451.00

Tennessee Board of Regents
Summary of State Building Commission Executive Subcommittee

June 9, 2016 SBC Executive Subcommittee Meeting

<u>Institution</u>	<u>Transaction</u>	<u>SBC ESC Action</u>	<u>Action to be Taken</u>
MSCC			
SBC #166/021-01-2015	Acquisition	Approved a revision in project budget, funding, and source(s) of funding, in order to award a contract	OFD/GS to coordinate transaction
MTSU			
SBC #166/009-03-2016	Demolition	Approved project, budget, scope of funding and source(s) of funding	Campus will proceed with the demolition
UoM			
Transaction No. 14-09-012	Disposal	Approved disposal in fee below fair market value with waiver of one appraisal	
UoM			
SBC #166/007-03-2016	Designer Selection	Approved selection of Haizlip Studio as designer for the project	OFD/GS to coordinate transaction OFD prepares Designer Agreement and continues with project
APSU			
Transaction No. 16-04-005	Acquisition	Approved obtaining title work, appraisal, survey, and environmental assessment, and to exercise an option to acquire the required interest, not to exceed fair market value, with waiver of advertisement and one appraisal	OFD/GS to coordinate transaction
MTSU			
SBC #166/009-04-2016	Demolition	Approved project, budget, scope of funding and source of funding	Campus will proceed with the demolition
TSU			
SBC #166/001-01-2016	Demolition	Approved project, budget, scope of funding and source of funding	Campus will proceed with the demolition
TSU			
Transaction No. 16-05-004	Acquisition	Approved obtaining title work, appraisal, survey, and environmental assessment, and to exercise an option to acquire the required interest, not to exceed fair market value, with waiver of advertisement and one appraisal	OFD/GS to coordinate transaction
TSU			
Transaction No. 15-10-005	Acquisition	Approved obtaining title work, appraisal, survey, and environmental assessment, and to exercise an option to acquire the required interest, not to exceed fair market value, with waiver of advertisement and one appraisal	OFD/GS to coordinate transaction
PSCC			
Transaction No. 13-10-954	Disposal	Approved a lease amendment	OFD/GS to coordinate transaction

July 25, 2016 SBC Executive Subcommittee Meeting

<u>Institution</u>	<u>Transaction</u>	<u>SBC ESC Action</u>	<u>Action to be Taken</u>
UoM			
Transaction No. 14-09-012	Disposal	Approved disposal in fee below fair market value with waiver of one appraisal	OFD/GS to coordinate transaction

APSU			
SBC #166/003-03-2016	Designer Selection	Approved selection of Kurzynske & Associates as designer for the project	OFD prepares Designer Agreement and continues with project
ChSCC			
SBC #166/012-03-2016	Designer Selection	Approved selection of Derthick Henley Wilkerson as designer for the project	OFD prepares Designer Agreement and continues with project
ChSCC			
SBC #166/012-02-2016	Designer Selection	Approved selection of Engineering Services Group as designer for the project	OFD prepares Designer Agreement and continues with project
CISCC			
SBC #166/013-02-2016	Designer Selection	Approved selection of Hefferlin + Kronenberg as designer for the project	OFD prepares Designer Agreement and continues with project
CISCC			
SBC #166/013-01-2016	Designer Selection	Approved selection of Stantec Consulting Services as designer for the project	OFD prepares Designer Agreement and continues with project
CoSCC			
SBC #166/015-01-2016	Designer Selection	Approved selection of Kaatz Binkley Jones Morris as designer for the project	OFD prepares Designer Agreement and continues with project
DSCC			
SBC #166/017-01-2016	Designer Selection	Approved selection of HNA Engineering as designer for the project	OFD prepares Designer Agreement and continues with project
DSCC			
SBC #166/017-02-2016	Designer Selection	Approved selection of McGehee Nicholson Burke as designer for the project	OFD prepares Designer Agreement and continues with project
ETSU			
SBC #166/005-04-2016	Designer Selection	Approved selection of Barge Waggoner Sumner Cannon as designer for the project	OFD prepares Designer Agreement and continues with project
JSCC			
SBC #166/019-02-2016	Designer Selection	Approved selection of Allen & Hoshall as designer for the project	OFD prepares Designer Agreement and continues with project
MTSU			
SBC #166/009-07-2016	Designer Selection	Approved selection of Hefferlin + Kronenberg as designer for the project	OFD prepares Designer Agreement and continues with project
MTSU			
SBC #166/009-06-2016	Designer Selection	Approved selection of Vreeland Engineers as designer for the project	OFD prepares Designer Agreement and continues with project
MTSU			
SBC #166/009-05-2016	Designer Selection	Approved selection of Bauer Askew Architecture as designer for the project	OFD prepares Designer Agreement and continues with project
NaSCC			
SBC #166/038-02-2016	Designer Selection	Approved selection of West Welch Reed Engineers as designer for the project	OFD prepares Designer Agreement and continues with project
RSCC			
SBC #166/027-01-2016	Designer Selection	Approved selection of Community Tectonics as designer for the project	OFD prepares Designer Agreement and continues with project
RSCC			
SBC #166/027-02-2016	Designer Selection	Approved selection of Adams Craft Herz Walker as designer for the project	OFD prepares Designer Agreement and continues with project
SWCC			
SBC #166/033-01-2016	Designer Selection	Approved selection of HNA Engineering as designer for the project	OFD prepares Designer Agreement and continues with project
TCAT - Covington			
SBC #166/042-01-2016	Designer Selection	Approved selection of American Structurepoint as designer for the project	OFD prepares Designer Agreement and continues with project
TCAT - Dickson			
SBC #166/046-01-2016	Designer Selection	Approved selection of Adkisson & associates as designer for the project	OFD prepares Designer Agreement and continues with project
TCAT - Oneida			
SBC #166/078-01-2016	Designer Selection	Approved selection of Adams Craft Herz Walker as designer for the project	OFD prepares Designer Agreement and continues with project
TSU			
SBC #166/001-03-2016	Designer Selection	Approved selection of Street Dixon Rick as designer for the project	OFD prepares Designer Agreement and continues with project

TTU			Approved selection of Civil Engineering & Surveying as designer for the project	OFD prepares Designer Agreement and continues with project
SBC #166/011-01-2016	Designer Selection		Approved selection of Richard C. Rinks & Associates as designer for the project	OFD prepares Designer Agreement and continues with project
TTU			Approved selection of Richard C. Rinks & Associates as designer for the project	OFD prepares Designer Agreement and continues with project
SBC #166/011-06-2016	Designer Selection		Approved selection of Upland Design Group as designer for the project	OFD prepares Designer Agreement and continues with project
TTU			Approved selection of Fleming Associates Architects as designer for the project	OFD prepares Designer Agreement and continues with project
SBC #166/011-05-2016	Designer Selection		Approved selection of Kaatz Binkley Jones Morris as designer for the project	OFD prepares Designer Agreement and continues with project
UoM			Approved selection of Advanced Energy Engineering as designer for the project	OFD prepares Designer Agreement and continues with project
SBC #166/007-05-2016	Designer Selection		Approved selection of Pickering Firm as designer for the project	OFD prepares Designer Agreement and continues with project
VSCC			Approved selection of Allen & Hoshall as designer for the project	OFD prepares Designer Agreement and continues with project
SBC #166/025-02-2016	Designer Selection		Approved disposal by easement with waiver of advertisement and appraisals	OFD/GS to coordinate transaction
VSCC				
SBC #166/025-01-2016	Designer Selection			
TBR				
SBC #166/000-02-2010	Designer Selection			
Statewide				
SBC #166/000-01-2015	Designer Selection			
CISCC				
SBC #166/16-06-007	Disposal			

August 22, 2016 SBC Executive Subcommittee Meeting

<u>Institution</u>	<u>Transaction</u>	<u>SBC ESC Action</u>	<u>Action to be Taken</u>
NaSCC		Approved permitting NaSCC to engage a realty firm utilizing campus procurement procedures. Secretary Hargett noted that Senator Steven Dickerson had reached out in support of the request	OFD/GS to coordinate transaction
JSCC	Procurement		
SBC #166/019-01-2013	Easement	Form of easement approved by OSA and AG	OFD/GS to coordinate transaction
UoM		Approved to issuing a Request for Proposal for a Ground Lease	OFD/GS to coordinate transaction
	Procurement		
UoM		Approved obtaining title work, appraisal, survey, and environmental assessment, and to exercise an option to acquire the required interest, not to exceed fair market value, with waiver of advertisement and one appraisal and waiver of REM Fees	OFD/GS to coordinate transaction
Transaction No. 12-07-026	Acquisition	Approved selection of Barber McMurry Architects as designer for the project	OFD prepares Designer Agreement and continues with project
ETSU			
SBC #166/005-02-2016	Designer Selection		

ETSU				
SBC #166/005-03-2016	Designer Selection	Approved selection of Barber McMurry Architects as designer for the project	OFD prepares Designer Agreement and continues with project	
JSCC				
SBC #166/019-01-2016	Designer Selection	Approved selection of Braganza Design/Group as designer for the project	OFD prepares Designer Agreement and continues with project	
TTU				
SBC #166/011-03-2016	Designer Selection	Approved selection of Maffett Loftis Engineering as designer for the project	OFD prepares Designer Agreement and continues with project	

Tennessee Board of Regents
Summary of State Building Commissions Actions
06/09/2016 thru 08/11/2016

Date	SBC Number	Institution	Project	Value	SBC Action
6/9/2016	166/000-02-2010	Statewide	Regional Consultants	6,450,000	Approved a revision in project budget, funding and sources of funding; proceeding with the process to select an additional consultant; and to extend contracts for an additional two years
	166/00-03-2013	Statewide	Specialty Consultants	2,000,000	Approved a revision in project budget, funding and sources of funding and to extend contracts for an additional two years
	166/005-02-2016	ETSU	CoM Building #2 Physical Therapy Reno	1,000,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/005-03-2016	ETSU	Pediatrics Renovation	500,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/009-05-2016	MTSU	Academic Classroom Building	30,500,000	Approved fully planning a project, budget, scope, funding and source of funding; to utilize Construction Manager/General Contractor alternative delivery method; and to proceed with the process to select a designer
	166/011-13-2014	TTU	Recreation and Fitness Center	53,134,260	Approved a revision in project budget, funding and sources of funding
	166/011-01-2016	TTU	Storm Water Replacement	605,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/011-02-2016	TTU	Parking and Transportation Improvements	27,700,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/011-03-2016	TTU	Volpe Library First Floor Expansion	1,060,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/007-03-2016	UoM	Land Bridge and Parking Garage	36,600,000	Approved utilizing Construction Manager/General Contractor alternative delivery method
	166/019-02-2016	JSCC	Physical Plant Service Bldg Repairs & Up	1,000,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/032-01-2016	PSCC	Strawberry Plains Science Labs	3,500,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/021-07-2014	MSCC	Campus Roof Replacement	-49,255	Rec'd report C.O. # @ 11.51%
	166/007-01-2015	UoM	McWhorter Library Maintenance	3,314	Rec'd report C.O. # @ 1.56%
	166/001-02-2016	TSU	Health Sciences Facility	38,800,000	Approved full planning a project, budget, scope, funding, sources of funding; proceeding with the process to select a designer; and to utilize Construction Manager/General Contractor alternative delivery method
	166/012-01-2016	ChSCC	CETAS Interior Modernizations	7,640,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
7/14/2016	166/021-01-2016	MSCC	Rutherford County Teaching Addition III	27,190,000	Approved full planning a project, budget, scope, funding, sources of funding; proceeding with the process to select a designer; and to utilize Construction Manager/General Contractor alternative delivery method
	166/027-01-2016	RSCC	Campbell County Higher Ed Cntr Lab Exp	1,100,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
	166/015-01-2012	CoSCC	Williamson County Center Relocation	52,760,000	Approved a revision in project budget, scope, funding and sources of funding
	166/023-01-2011	WSCC	Greene County Expansion	27,250,000	Approved a revision in sources of funding

166/046-01-2016	TCAT Dickson TCAT Dickson Roof Replacements	550,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/003-03-2016	APSU Browning Hall Mechanical Updates	1,530,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/005-04-2016	ETSU Stormwater Drainage Repairs	2,000,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/009-06-2016	MTSU Several Bldgs. Electrical Updates	1,600,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/009-07-2016	MTSU Several Bldgs. Exterior Repairs	1,630,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/001-03-2016	TSU Migration Implementation	7,850,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/011-05-2016	TTU Several Bldgs. Upgrades Phase 2	5,340,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/011-04-2016	TTU Cookeville Higher Ed Campus Roof Repair	750,000	Approved a project, budget, scope, funding and source of funding utilizing Best Value alternative delivery method and proceeding with the process to select a designer
166/011-06-2016	TTU Sev Bldgs. Waterproofing & Exterior Reps	1,800,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/007-05-2016	UoM Building Envelope Repairs	3,000,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/012-02-2016	ChSCC Elevator Updates	990,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/012-03-2016	ChSCC Instructional Materials Bldg Roof Repl	500,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/013-01-2016	CISCC Plumbing & Sewer Modernization	750,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/013-02-2016	CISCC Classroom Renovations	330,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/015-01-2016	CoSCC Several Buildings Roof Replacements	700,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/017-01-2016	DSCC Gymnasium Mechanical Updates	310,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/017-02-2016	DSCC Interior Gym Repairs	220,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/019-02-2016	JSCC Science Building HVAC Updates	520,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/038-02-2016	NeSCC Building Controls Updates	430,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/027-02-2016	RSCC Campus-wide Paving	160,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/033-01-2016	SWCC Mechanical Systems Modernization	1,110,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/025-01-2016	VSCC Ramer Building HVAC Updates	400,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/025-02-2016	VSCC Roof Replacements & Envelope Repairs	320,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer

166/023-01-2016	WSSC	ADA & Mechanical Systems Updates	780,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/042-01-2016	TCAT Covington	Moisture Remediation	720,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/078-01-2016	TCAT Oneida	Oneida Bldg Stabilization & Corrections	210,000	Approved a project, budget, scope, funding and source of funding, and proceeding with the process to select a designer
166/000-01-2013	Statewide	TCAT Maintenance Repairs & Corrections	1,070,000	Approved a revision in project budget, scope, funding and sources of funding
166/000-02-2013	Statewide	Management Support Services	4,500,000	Approved a revision in project budget, scope, funding and sources of funding
166/000-01-2015	Statewide	TCAT MPE & Infrastructure Updates	3,800,000	Approved a revision in project budget, scope, funding and sources of funding
166/003-05-2015	APSU	Music Mass Comm HVAC Replacement	2,730,000	Approved a revision in project budget, scope, funding and sources of funding
166/009-05-2011	MTSU	Saunders Fine Arts HVAC Updates	3,257,055	Approved a revision in project budget, scope, funding and sources of funding
166/009-07-2015	MTSU	Central Plant Control Updates	4,320,000	Approved a revision in project budget, scope, funding and sources of funding
166/007-04-2012	UoM	Various Buildings HVAC Updates	6,350,000	Approved a revision in project budget, scope, funding and sources of funding
166/015-02-2015	CoSCC	Powerhouse System Repairs	700,000	Approved a revision in project budget, scope, funding and sources of funding
166/019-02-2015	JSCC	Elevator Modernizations	730,000	Approved a revision in project budget, scope, funding and sources of funding
166/021-01-2015	MSCC	Exterior Building Repairs	932,000	Approved a revision in project budget, scope, funding and sources of funding
166/032-02-2013	PSCC	HVAC Updates	1,250,000	Approved a revision in project budget, scope, funding and sources of funding
166/027-01-2015	RSCC	Campus Roof Replacements	1,767,206	Approved a revision in project budget, scope, funding and sources of funding
166/033-02-2015	SWCC	Roof Replacements & Envelope Repairs	1,880,000	Approved a revision in project budget, scope, funding and sources of funding
166/023-01-2015	WSSC	Mechanical & Electrical Updates	1,580,000	Approved a revision in project budget, scope, funding and sources of funding
166/001-03-2010	TSU	Mechanical Updates	4,747,696	Approved a revision in project budget, scope, funding and sources of funding
166/034-01-2016	NaSCC	Clarksville Modular Space	550,000	Approved a project, budget, scope, funding and source of funding, utilizing the regional consultant for design
166/009-04-2004	MTSU	Underground Electrical Update	54,782.21	Rec'd report C.O. # @ 7.89%
166/011-11-2013	TTU	Laboratory Science Bldg & Infrastructure	81,750,000	Approved utilizing Construction Manager/General Contractor alternative delivery method
166/011-07-2015	TTU	Roof Replacements	1,730,227	Approved a revision in budget, funding and source(s) of funding in order to award a construction contract
166/007-09-2011	UoM	Railroad Pedestrian Improvements	1,800,000	Approved a revision in project budget, funding, and sources of funding
166/007-06-2016	UoM	Advanced Manufacturing Research Lab	2,100,000	Approved full planning a project, budget, scope, source of funding, and proceeding with the process to select a designer
166/009-03-2013	MTSU	Master Plan	350,000	Approved the Master Plan as presented by Perkins & Will
166/001-04-2012	TSU	Master Plan	450,000	Approved a revision in project budget, funding and source of funding, and the Master Plan as presented by Woolpert, Inc.

8/11/2016

CONSTRUCTION CONTRACTS AWARDED 07/01/2016 - 09/30/2016
Contracts totaling \$12,898,919.18

<u>Designer</u>	<u>Contractor</u>	<u>Contract Sum</u>	<u>Awarded</u>	<u>Project Number</u>	<u>Institution/ Project Name</u>
Maffett Loftis Engineering, LLC	W & O Construction Company, Inc.	5,559,000.00	7/7/2016	166/011-08-2015A	TTU Maddux/McCord Residence Hall Upgrades
Campbell & Associates, Inc.	Wilder Contracting, LLC	374,760.00	8/3/2016	166/012-01-2015	ChSCC CETAS Engineering Classrooms
Engineering Services Group, PC	Nor-Well Company, Inc.	2,524,800.00	8/15/2016	166/005-02-2015	ETSU Powerhouse Boiler Replacement
Horrell Group, Architects	B Four Plled, Inc.	815,319.00	8/15/2016	166/007-05-2011D	UoM Defense Audit Building Roof Replacement
I.C. Thomasson Associates, Inc.	C-Tech Controls	1,040,000.00	8/15/2016	166/009-07-2015	MTSU Central Plant Controls Updates
Rodney L. Wilson Consulting, PLLC	First Place Finish, Inc.	145,444.00	8/19/2016	166/009-02-2016	MTSU Demolition - Natatorium
Canup Engineering, Inc.	Barnes & Brower, Inc.	1,863,981.00	8/19/2016	166/007-07-2013C	UoM Various Buildings Codes and Safety Updates
Hart Freeland Roberts, Inc.	Wright Paving Contractors, Inc.	144,163.18	8/22/2016	166/000-02-2015C	TCAT - Shelbyville Parking Lot Replacement
OGCB, Inc.	CS3, Incorporated	312,932.00	8/31/2016	166/000-01-2010Z4	TCAT - Memphis Statewide Aviation HVAC Updates
Adkisson & Associates Architects, Inc.	Fuel Tank Maintenance	118,500.00	8/31/2016	166/000-02-2011C1	TCAT - McMinnville Admin Bldg Accessibility (ADA) Adaptations

Summary by Type of Contract										
Contracts Approved from June 1, 2016 to August 31, 2016										
	Amendment to Existing Contract	Clinical Affiliation	Dual Services	Professional Services	Service Agreement	Other				
Dept./Institution										Contract Total
<u>TBR Offices</u>										
Academics	2	-	1	9	1	1				14
RODP	4	89	-	-	-	1				94
TBR Combined	10	1	9	14	4	5				43
Subtotal	16	90	10	23	5	7				151
<u>Institutions</u>										
APSU	-	-	-	-	1	-				1
ETSU	-	-	-	-	-	1				1
MTSU	2	-	-	-	1	-				3
TSU	1	-	-	-	1	-				2
TTU	-	-	-	1	1	-				2
UOM	1	-	-	-	3	3				7
ChSCC	-	-	-	1	1	1				3
CISCC	-	-	-	-	-	4				4
CoSCC	-	-	-	-	-	1				1
DSCC	1	-	-	-	-	-				1
JSCC	-	-	-	-	-	-				-
MSCC	-	-	-	1	-	-				1
NaSCC	-	-	1	-	-	-				1
NeSCC	-	-	-	-	-	-				-
PSCC	4	-	-	-	2	-				6
RSCC	-	-	-	-	-	-				-
STCC	-	-	-	-	-	-				-
VSCC	-	-	-	-	-	-				-
WSCC	-	-	-	-	-	-				-
TCAT Combined	1	1	1	1	-	10				14
Subtotal	10	1	2	4	10	20				47
Grand Total	26	91	12	27	15	27				198

Summary by Type of Contract										
Contracts Approved from June 1, 2015 to August 31, 2015										
	Amendment to Existing Contract	Clinical Affiliation	Dual Services	Professional Services	Service Agreement	Other				Contract Total
Dept./Institution										
<u>TBR Offices</u>										
Academics	-	-	-	40	-	1				41
RODP	3	119	12	1	-	2				137
TBR Combined	10	-	10	1	3	6				30
Subtotal	13	119	22	42	3	9				208
<u>Institutions</u>										
APSU	2	-	-	-	1	1				4
ETSU	2	-	-	-	4	1				7
MTSU	1	-	-	-	1	6				8
TSU	2	-	2	-	-	-				4
TTU	5	-	-	-	1	1				7
UOM	5	-	-	-	5	3				13
ChSCC	1	-	-	-	-	2				3
CISCC	-	-	-	-	-	2				2
CoSCC	-	-	-	-	3	-				3
DSCC	-	-	-	-	-	-				-
JSCC	-	-	-	-	1	-				1
MSCC	-	-	-	-	-	-				-
NaSCC	1	-	1	-	-	-				2
NeSCC	-	-	-	-	-	-				-
PSCC	4	-	-	-	1	1				6
RSCC	-	-	-	-	-	-				-
STCC	-	-	-	-	-	2				2
VSCC	-	-	-	-	-	-				-
WSCC	-	-	-	-	-	-				-
TCAT Combined	1	-	-	1	-	10				12
Subtotal	24	-	3	1	17	29				74
Grand Total	37	119	25	43	20	38				282

Tennessee Board of Regents

Contracts Approved June 1, 2016 through August 31, 2016

Contract ID	Contract Type	Contractor	Dept./Institution	Commodity	Yearly Amount	System-wide	Start Date	End Date	Competitive
104961	Amendment to Existing Agreement	Everfi, Inc.	Academics	Computer Software	\$50,000.00	yes	6/15/2016	6/14/2017	yes
105178	Amendment to Existing Agreement	Coffey Consulting, LLC	Academics	Other - Services	\$0.00		7/1/2016	2/28/2018	
105497	Professional Service	Northeast State Community College - SU MATH	Academics	Cooperative Educational Offerings	\$30,000.00		5/1/2016	1/1/2017	
105499	Professional Service	Southwest TN Community College - SU ENGL	Academics	Cooperative Educational Offerings	\$11,700.00		5/1/2016	1/1/2017	
105500	Professional Service	University of Memphis - SU MATH	Academics	Cooperative Educational Offerings	\$17,550.00		5/1/2016	1/1/2017	
105514	Professional Service	Austin Peay State University - MATH1710	Academics	Cooperative Educational Offerings	\$11,700.00		5/1/2016	1/1/2017	
105518	Professional Service	Southwest TN Community College - SU MATH1530	Academics	Cooperative Educational Offerings	\$19,500.00		5/1/2016	1/1/2017	
105606	Dual Service	Tennessee Higher Education Commission - Pamela Knox	Academics	Consulting	\$36,120.43		8/8/2016	5/15/2017	
105618	Cooperative Agreement	Complete College America	Academics	Grant	\$25,000.00		8/1/2016	8/1/2018	
105621	Professional Service	Middle Tennessee State University - SU ENGR	Academics	Cooperative Educational Offerings	\$25,005.00		5/1/2016	1/1/2017	
105651	Professional Service	Chattanooga State Community College -SAILS ENGL	Academics	Cooperative Educational Offerings	\$30,000.00		7/1/2016	6/30/2017	
105652	Professional Service	Chattanooga State Community College -SAILS MATH	Academics	Cooperative Educational Offerings	\$27,500.00		7/1/2016	6/30/2017	
105685	Professional Service	MTSU and MSCC - PS1005 POLS1030	Academics	Cooperative Educational Offerings	\$17,550.00		5/1/2016	1/1/2017	
105690	Service Agreement	Fellowship Travel International Inc. - student/faculty/staff international travel agency service	Academics	Other - Services	\$2,000,000.00	yes	8/1/2016	7/31/2017	yes
104171	Amendment to Existing Agreement	Liz Allen Fey	Administration	Other - Services	\$26,000.00		6/1/2016	5/31/2017	
105664	Service Agreement	Peak Sports Management - corporate sponsorship services for athletic department	APSU	Other - Services	\$600,000.00		8/1/2016	7/31/2021	yes
105675	Software License	Global Software, Inc.	Business and Finance	Computer Software License	\$238,703.00		7/22/2016	7/21/2021	
105101	Amendment to Existing Agreement	Tennessee Technological University - board meeting audio and video streaming services	Chancellor's Office	Other - Services	\$25,000.00		7/1/2016	6/30/2017	yes
105676	Service Agreement	Tasteful Gatherings	CLSCC	Catering	\$6,250.00		7/1/2016	6/30/2026	yes
105691	Use of Facilities	Linda Burger Properties	CLSCC	Lease of Space	\$16,896.00		9/1/2016	8/31/2017	yes
105694	Professional Service	Cleveland State Community College Foundation	CLSCC	Other - Services	\$0.00		8/1/2016	7/31/2017	
105729	Lease Agreement	Junior Achievement	CLSCC	Lease of Space	\$0.00		10/1/2016	9/30/2019	

Contract ID	Contract Type	Contractor	Dept./Institution	Commodity	Yearly Amount	System-wide	Start Date	End Date	Competitive
105681	Service Agreement	McNeely Pigott & Fox Public Relations LLC	COMM	Consulting	\$100,000.00	yes	8/1/2016	7/21/2021	yes
105720	Professional Service	Sullivan Branding, LLC	COMM	Marketing	\$2,000,000.00	yes	8/15/2016	8/14/2021	yes
104032	Amendment to Existing Agreement	NGWeb Solutions	Comm. Colleges	Computer Software	\$36,000.00	yes	5/1/2016	4/30/2017	yes
104414	Amendment to Existing Agreement	AssetWorks	Comm. Colleges	Computer Software	\$63,500.00	yes	9/1/2014	8/31/2017	yes
105672	Cooperative Agreement	Mallory Valley Utility District	COSCC	Memo of Understanding	\$0.00		4/30/2016	3/29/2017	
105579	Service Agreement	Pearson Education, Inc.	CSTCC	Other - Services	\$680,000.00		7/1/2016	6/30/2017	
105635	Banking Services	First Tennessee Bank	CSTCC	Banking Services	\$59,238.72		7/1/2016	6/30/2017	yes
105698	Professional Service	Chattanooga State Community College Foundation	CSTCC	Other - Services	\$0.00		7/26/2016	6/30/2017	
101738	Amendment to Existing Agreement	First Tennessee Bank	DSCC	Banking Services	\$0.00	yes	9/1/2016	12/31/2016	yes
105582	Revenue	Sodexo	ETSU	Other - Services	\$4,302,580.00		7/1/2016	6/30/2026	yes
105717	Lease Agreement	Carter County Tomorrow	Facilities	Lease of Space	\$177,066.00		7/1/2016	6/30/2021	
105718	Lease Agreement	Tennessee Department of Transportation	Facilities	Construction	\$92,385.00		8/16/2016	12/31/2030	
105723	Professional Service	Flood Brothers - moving services	HR	Other - Services	\$35,606.00		8/10/2016	10/31/2016	yes
105619	Hotel/Lodging Agreement	Pickwick Landing State Park Inn	Internal Audit	Lodging and Meeting Space	\$6,513.50		10/18/2016	10/21/2016	
102026	Amendment to Existing Agreement	Runner Technologies, Inc.	IT	Other - Services	\$133,349.00	yes	7/1/2016	6/30/2017	yes
105719	Professional Service	Motlow College Foundation	MSCC	Other - Services	\$0.00		7/1/2016	6/30/2017	
102958	Amendment to Existing Agreement	Wright Travel Agency, Inc.	MTSU	Other - Services	\$600,000.00	yes	7/1/2016	6/30/2017	yes
105315	Amendment to Existing Agreement	Blue Raider Sports Properties, LLC	MTSU	Other - Services	\$2,000,000.00		7/1/2016	6/30/2026	yes
105598	Service Agreement	Air Planning, LLC	MTSU	Travel	\$544,371.00		6/7/2016	11/19/2016	yes
105709	Dual Services Extra Compensation	Tennessee Board of Regents-Pat Couch	NaSCC	Teaching	\$4,121.71		8/22/2016	12/8/2016	
102409	Clinical Affiliation	Contemporary Women's Health, PLLC	Nursing/AH	Clinical Experience	\$0.00		3/15/2012	3/15/2017	
102839	Clinical Affiliation	Knoxville Pediatric Associates(also101483)	Nursing/AH	Clinical Experience	\$0.00		10/23/2012	10/31/2017	
104305	Clinical Affiliation	Stone Mountain Health Services (multiple sites)	Nursing/AH	Clinical Experience	\$0.00		8/25/2014	8/25/2019	
105258	Clinical Affiliation	Moncrief Army Health Clinic	Nursing/AH	Clinical Experience	\$0.00		8/2/2016	3/1/2021	
105363	Clinical Affiliation	Morristown Clinic Corp dba E. Tenn. Clinic Corp	Nursing/AH	Clinical Experience	\$0.00		8/22/2016	12/1/2016	
105369	Clinical Affiliation	Blount Memorial Hospital	Nursing/AH	Clinical Experience	\$0.00		3/24/2016	3/23/2021	
105438	Clinical Affiliation	Grace Community Health Center (Gray, KY)	Nursing/AH	Clinical Experience	\$0.00		3/28/2016	3/27/2021	
105463	Clinical Affiliation	Dr. Wofford MD (Internal Medicine Nephrology)	Nursing/AH	Clinical Experience	\$0.00		4/11/2016	4/10/2021	
105465	Clinical Affiliation	TNMO Healthcare,LLCdbaAvalon Hospice of Nash	Nursing/AH	Clinical Experience	\$0.00		4/13/2016	4/12/2021	
105475	Clinical Affiliation	Middlefield Primary Care	Nursing/AH	Clinical Experience	\$0.00		4/18/2016	4/17/2021	
105481	Clinical Affiliation	Simpson Clinic, LLC	Nursing/AH	Clinical Experience	\$0.00		4/21/2016	4/20/2021	

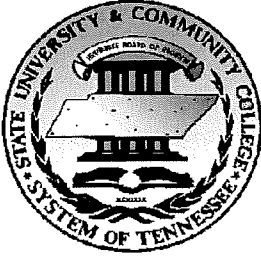
Contract ID	Contract Type	Contractor	Dept./Institution	Commodity	Yearly Amount	System-wide	Start Date	End Date	Competitive
105484	Clinical Affiliation	Planned Parenthood of Middle and East Tennessee	Nursing/AH	Clinical Experience	\$0.00		7/1/2016	6/30/2021	
105486	Clinical Affiliation	Ocoee Pediatrics	Nursing/AH	Clinical Experience	\$0.00		4/22/2016	4/21/2021	
105490	Clinical Affiliation	New Horizons Diabetes Clinic	Nursing/AH	Clinical Experience	\$0.00		5/13/2016	5/12/2021	
105515	Clinical Affiliation	Unity Medical Center (Manchester)	Nursing/AH	Clinical Experience	\$0.00		4/27/2016	4/26/2021	
105525	Clinical Affiliation	Jackson TN Hosp Co LLC dba Tennova HC Reg. Jackson	Nursing/AH	Clinical Experience	\$0.00		4/28/2016	4/27/2021	
105528	Clinical Affiliation	Gilbert Gearing MD	Nursing/AH	Clinical Experience	\$0.00		5/2/2016	5/1/2021	
105529	Clinical Affiliation	Meharry Medical Group (Multiple Sites)	Nursing/AH	Clinical Experience	\$0.00		5/2/2016	5/1/2021	
105535	Clinical Affiliation	Dr. John A Anderson	Nursing/AH	Clinical Experience	\$0.00		5/5/2016	5/4/2021	
105538	Clinical Affiliation	University Health System (Victoria Meloy)	Nursing/AH	Clinical Experience	\$0.00		6/1/2016	5/31/2017	
105539	Clinical Affiliation	Ringgold Pediatric Clinic	Nursing/AH	Clinical Experience	\$0.00		5/6/2016	5/5/2021	
105540	Clinical Affiliation	Nashville Skin & Cancer	Nursing/AH	Clinical Experience	\$0.00		5/10/2016	5/9/2021	
105541	Clinical Affiliation	Lincoln Memorial University	Nursing/AH	Clinical Experience	\$0.00		5/10/2016	5/9/2021	
105543	Clinical Affiliation	Center for Women's Healthcare (Alabama)	Nursing/AH	Clinical Experience	\$0.00		5/11/2016	5/10/2021	
105544	Clinical Affiliation	Christian Family Medicine (Trenton TN)	Nursing/AH	Clinical Experience	\$0.00		5/11/2016	5/10/2021	
105547	Clinical Affiliation	TriStarHealth Netwkr dba Stoncrest Internal Med	Nursing/AH	Clinical Experience	\$0.00		5/25/2016	5/24/2019	
105553	Clinical Affiliation	Duck Family Medicine	Nursing/AH	Clinical Experience	\$0.00		5/13/2016	5/12/2021	
105554	Clinical Affiliation	The Next Door	Nursing/AH	Clinical Experience	\$0.00		5/13/2016	5/12/2021	
105555	Clinical Affiliation	Cookeville OB-GYN Associates	Nursing/AH	Clinical Experience	\$0.00		5/13/2016	5/12/2017	
105556	Clinical Affiliation	Evanston Premier Healthcare Research LLC	Nursing/AH	Clinical Experience	\$0.00		5/13/2016	5/12/2021	
105557	Clinical Affiliation	Mountain Empire PACE	Nursing/AH	Clinical Experience	\$0.00		5/16/2016	5/15/2021	
105558	Clinical Affiliation	Jamestown Family Care Clinic	Nursing/AH	Clinical Experience	\$0.00		5/16/2016	5/15/2021	
105561	Clinical Affiliation	The Town Doctor	Nursing/AH	Clinical Experience	\$0.00		5/16/2016	5/15/2021	
105563	Clinical Affiliation	GMS Florida West Coast	Nursing/AH	Clinical Experience	\$0.00		5/17/2016	5/16/2021	
105564	Clinical Affiliation	Robert Chin dba MidSouth Women's Clinic	Nursing/AH	Clinical Experience	\$0.00		5/18/2016	5/17/2021	
105572	Clinical Affiliation	Acute Acre of Adamsville	Nursing/AH	Clinical Experience	\$0.00		5/23/2016	5/22/2021	
105573	Clinical Affiliation	Diabetes & Geriatrics Specialist: Pardeep Sharma	Nursing/AH	Clinical Experience	\$0.00		5/24/2016	5/23/2021	
105574	Clinical Affiliation	Highland OB-GYN Clinic, PA (North Carolina)	Nursing/AH	Clinical Experience	\$0.00		5/24/2016	5/23/2021	
105575	Clinical Affiliation	Warwick Healthcare	Nursing/AH	Clinical Experience	\$0.00		5/25/2016	5/24/2021	
105576	Clinical Affiliation	Dr. Debbie Daniel, MD	Nursing/AH	Clinical Experience	\$0.00		5/25/2016	5/24/2021	
105578	Clinical Affiliation	Mercy Family Clinic (Texas)	Nursing/AH	Clinical Experience	\$0.00		5/26/2016	5/25/2021	
105580	Clinical Affiliation	Corbin Pediatric Associates	Nursing/AH	Clinical Experience	\$0.00		5/31/2016	5/30/2021	
105581	Clinical Affiliation	Integrated Health Cooperative	Nursing/AH	Clinical Experience	\$0.00		6/1/2016	5/31/2021	
105589	Clinical Affiliation	Central Texas College	Nursing/AH	Clinical Experience	\$0.00		6/3/2016	6/2/2021	
105590	Clinical Affiliation	Tennessee Pediatrics - Nashville	Nursing/AH	Clinical Experience	\$0.00		6/3/2016	6/2/2021	
105593	Clinical Affiliation	University Health System (Jennifer Henry)	Nursing/AH	Clinical Experience	\$0.00		6/6/2016	6/5/2017	
105595	Clinical Affiliation	Pioneer Pediatrics	Nursing/AH	Clinical Experience	\$0.00		8/22/2016	12/21/2016	
105596	Clinical Affiliation	Winchester Pediatrics	Nursing/AH	Clinical Experience	\$0.00		6/7/2016	6/6/2021	
105597	Clinical Affiliation	Southwest Georgia Health Care	Nursing/AH	Clinical Experience	\$0.00		6/7/2016	6/7/2021	
105599	Clinical Affiliation	Premise Health Holding Corp	Nursing/AH	Clinical Experience	\$0.00		6/8/2016	6/7/2021	

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105600	Clinical Affiliation	Jackson TN Hosp.Co.LLC dba Madison Clinic Corp	Nursing/AH	Clinical Experience	\$0.00		8/1/2016	7/31/2021	
105601	Clinical Affiliation	Foothills Family Practice	Nursing/AH	Clinical Experience	\$0.00		6/13/2016	6/12/2021	
105603	Clinical Affiliation	Walnut Medical Center	Nursing/AH	Clinical Experience	\$0.00		6/13/2016	6/12/2021	
105605	Clinical Affiliation	Dr. Linda Foster MD	Nursing/AH	Clinical Experience	\$0.00		6/27/2016	6/26/2021	
105607	Clinical Affiliation	Universal Family Care	Nursing/AH	Clinical Experience	\$0.00		6/14/2016	6/13/2021	
105608	Clinical Affiliation	Third and Church Health Care	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105609	Clinical Affiliation	Tennova Healthcare Shelbyville	Nursing/AH	Clinical Experience	\$0.00		6/27/2016	6/26/2021	
105610	Clinical Affiliation	Sunshine Specialty Clinic, PLLC	Nursing/AH	Clinical Experience	\$0.00		6/27/2016	6/26/2021	
105611	Clinical Affiliation	Bristol Gynecology & Obstetrics PC	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105613	Clinical Affiliation	Resurrection Health	Nursing/AH	Clinical Experience	\$0.00		6/16/2016	6/15/2021	
105616	Clinical Affiliation	Cumberland Gap Medical (3 sites)	Nursing/AH	Clinical Experience	\$0.00		6/17/2016	6/16/2021	
105620	Clinical Affiliation	Pediatric Consultants North	Nursing/AH	Clinical Experience	\$0.00		6/21/2016	6/20/2021	
105625	Clinical Affiliation	Bolivar Physician Practices (Life Point Health)	Nursing/AH	Clinical Experience	\$0.00		6/27/2016	6/26/2021	
105628	Clinical Affiliation	Center Hill Medical PLLC	Nursing/AH	Clinical Experience	\$0.00		6/27/2016	6/26/2021	
105634	Clinical Affiliation	Tenn. Dept. Mental Health & Substance Abuse Svcs	Nursing/AH	Clinical Experience	\$0.00		8/1/2016	7/31/2021	
105636	Clinical Affiliation	Family Care Center	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105638	Clinical Affiliation	HCA Health Svcs TN dba TriStar Summit Med Ctr	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105639	Clinical Affiliation	Athens Women's Clinic - BrittanyWare	Nursing/AH	Clinical Experience	\$0.00		8/21/2016	12/31/2016	
105640	Clinical Affiliation	Prudent Medical Associate	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105642	Clinical Affiliation	Nephrology Associates	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105643	Clinical Affiliation	Physicians to Women, Inc.	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105644	Clinical Affiliation	Ohio Health Center, Inc.	Nursing/AH	Clinical Experience	\$0.00		6/28/2016	6/27/2021	
105653	Clinical Affiliation	Children's Clinic East	Nursing/AH	Clinical Experience	\$0.00		8/1/2016	12/16/2016	
105657	Clinical Affiliation	DLP Haywood Regional Medical Center, LLC	Nursing/AH	Clinical Experience	\$0.00		7/6/2016	7/5/2021	
105666	Clinical Affiliation	Juan M Garcia MD Health & Wellness Specialist	Nursing/AH	Clinical Experience	\$0.00		7/15/2016	7/14/2021	
105667	Clinical Affiliation	Catawba Women's Center	Nursing/AH	Clinical Experience	\$0.00		7/15/2016	7/14/2021	
105673	Clinical Affiliation	Covenant Healthcare for Women	Nursing/AH	Clinical Experience	\$0.00		7/19/2016	7/18/2021	
105674	Clinical Affiliation	Northside Medical Professionals	Nursing/AH	Clinical Experience	\$0.00		7/25/2016	7/24/2021	
105678	Clinical Affiliation	Three Rivers Comm. Health Group (Multiple Sites)	Nursing/AH	Clinical Experience	\$0.00		7/25/2016	7/24/2021	
105687	Clinical Affiliation	Madisonville Primary Care Group	Nursing/AH	Clinical Experience	\$0.00		7/28/2016	7/27/2021	
105688	Clinical Affiliation	Regional Kidney Care	Nursing/AH	Clinical Experience	\$0.00		7/28/2016	7/27/2021	
105689	Clinical Affiliation	Glenn Carter MD	Nursing/AH	Clinical Experience	\$0.00		7/28/2016	7/27/2021	
105692	Clinical Affiliation	Peter G Stimpson, MD	Nursing/AH	Clinical Experience	\$0.00		7/29/2016	7/28/2021	
105699	Clinical Affiliation	Carlos and Parnell MD,PA	Nursing/AH	Clinical Experience	\$0.00		7/29/2016	7/28/2021	
105699	Clinical Affiliation	East Tennessee Medical Associates	Nursing/AH	Clinical Experience	\$0.00		8/3/2016	8/2/2021	
105711	Clinical Affiliation	Vickery Family Medicine	Nursing/AH	Clinical Experience	\$0.00		8/11/2016	8/10/2021	
105715	Clinical Affiliation	Stones River Dermatology, PLC	Nursing/AH	Clinical Experience	\$0.00		8/15/2016	8/14/2021	
105730	Clinical Affiliation	Sentef Medical Center	Nursing/AH	Clinical Experience	\$0.00		8/23/2016	8/22/2021	
105741	Clinical Affiliation	H & M Health and Wellness	Nursing/AH	Clinical Experience	\$0.00		8/26/2016	8/25/2021	
105577	Professional Service	Terrell Strayhorn - Diversity Conference Speaker	OESI	Speaker	\$6,000.00		9/29/2016	9/30/2016	
105623	Dual Service	PSCC- Donnell King - mlearning and emerging technologies	OESI	Personnel	\$1,500.00		7/18/2016	6/30/2017	

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105632	Dual Service	Southwest TN- Denise Malloy - mobilization consultant	OESI	Memo of Understanding	\$9,750.00		7/18/2016	7/30/2017	
105633	Dual Service	TCAT Knoxville- Tim Blais - mlearning and mobilization	OESI	Memo of Understanding	\$1,500.00		7/18/2016	6/30/2017	
105646	Hotel/Lodging Agreement	Doubletree by Hilton Chattanooga TN - Maxine Smith Fellows Dinner & Lodging	OESI	Lodging and Meeting Space	\$9,898.69		9/13/2016	9/15/2016	
105654	Dual Service	TCAT Morristown- Dave Voss - TBR Mobile Repair Center	OESI	Memo of Understanding	\$1,000.00		7/18/2016	6/30/2017	
105655	Dual Service	TCAT Morristown- Darren Aldred - Consulting Services for 3D Printing	OESI	Memo of Understanding	\$1,500.00		7/18/2016	6/30/2017	
105669	Dual Service	WSCC- Jeff Horner -Implementation of Mobilization Initiatives	OESI	Memo of Understanding	\$2,250.00		7/18/2016	6/30/2017	
105670	Dual Service	WSCC- Angela Darlene Smith - mlearning	OESI	Memo of Understanding	\$1,000.00		7/18/2016	6/30/2017	
105671	Dual Service	WSCC- Matthew Smith - mlearning	OESI	Memo of Understanding	\$1,000.00		7/18/2016	6/30/2017	
105701	Professional Service	James Francisco Bonilla - Diversity Conference Speaker	OESI	Speaker	\$3,705.00		9/28/2016	9/28/2016	
105704	Professional Service	Chicora Martin - Diversity Conference Speaker	OESI	Speaker	\$2,000.00		9/29/2016	9/29/2016	
105731	Professional Service	Farah Bemani - Emerging Technologies Symposium	OESI	Consulting	\$2,500.00		10/4/2016	10/15/2016	
105732	Professional Service	Jeffrey Powell - Emerging Technologies Symposium	OESI	Consulting	\$2,500.00		10/4/2016	10/15/2016	
105733	Professional Service	Michael Abbiatti - Emerging Technologies Symposium	OESI	Consulting	\$3,500.00		10/4/2016	10/15/2016	
105734	Professional Service	John Falchi - Emerging Technologies Symposium	OESI	Consulting	\$3,500.00		10/4/2016	10/15/2016	
105735	Professional Service	John Shoemaker - Emerging Technologies Symposium	OESI	Consulting	\$2,500.00		10/4/2016	10/15/2016	
105736	Professional Service	George Saltzman - Emerging Technologies Symposium	OESI	Consulting	\$3,500.00		10/4/2016	10/15/2016	
105737	Professional Service	Phylise Banner - Emerging Technologies Symposium	OESI	Consulting	\$3,500.00		10/4/2016	10/15/2016	
105746	Professional Service	Michael Mills - Emerging Technologies Symposium	OESI	Consulting	\$2,500.00		10/4/2016	10/15/2016	
105696	Amendment to Existing Agreement	Canteen Dining Services dba Five Star Food Service	PSTCC	Other - Services	\$63,000.00	yes	7/1/2016	6/30/2017	yes
100753	Amendment to Existing Agreement	Validis Resources	PSTCC	Other - Services	\$450,000.00	yes	7/1/2016	6/30/2017	yes
104870	Amendment to Existing Agreement	Dynamic Security, Inc.	PSTCC	Other - Services	\$450,000.00		7/1/2016	6/30/2017	yes
105001	Amendment to Existing Agreement	US Bank	PSTCC	Banking Services	\$5,000.00		7/15/2016	7/14/2017	yes
105696	Service Agreement	Abesco Cleaning Services	PSTCC	Custodial Services	\$100,000.00		8/15/2016	8/16/2017	yes
105697	Service Agreement	Knox Blount Maintenance Inc.	PSTCC	Custodial Services	\$325,000.00		8/15/2016	8/16/2017	yes
102491	Amendment to Existing Agreement	TTU - Marketing	RODP	Marketing	\$692,590.00		9/1/2016	8/31/2017	
102666	Amendment to Existing Agreement	EBSCO Publishing - HW Wilson	RODP	Computer Software License	\$158,386.00	yes	7/1/2016	6/30/2017	yes

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102925	Amendment to Existing Agreement	BocaVox, LLC	RODP	Computer Software License	\$420,000.00		1/1/2016	12/31/2016	yes
105108	Amendment to Existing Agreement	Four-D Software, Inc., dba Mediatrax, Inc.	RODP	Computer Software	\$6,000.00		9/1/2016	8/31/2017	
105683	Revenue	MTSU Bookstore	RODP	Other - Services	\$75,000.00		8/1/2016	7/31/2017	
102650	Amendment to Existing Agreement	American Paper & Twine Company, Inc.	TBR	Other - Goods	\$1,900,000.00	yes	8/1/2016	7/31/2017	yes
104168	Amendment to Existing Agreement	Kelly Services, Inc.	TBR	Other - Services	\$2,000,000.00	yes	9/1/2016	8/31/2017	yes
104866	Amendment to Existing Agreement	Staples Contract & Commercial, Inc.	TBR	Office Supplies	\$22,000,000.00	yes	7/1/2016	6/30/2017	yes
105284	Amendment to Existing Agreement	Everfi, Inc. Student Education Advisory Board	TBR	Computer Software	\$217,500.00		1/1/2016	6/30/2017	yes
105629	Service Agreement	Five Star Food Service	TBR	Other - Services	\$727,677.00		6/1/2016	6/20/2021	
105677	Service Agreement	TCAT Knoxville	TBR	Catering	\$10,000.00		7/15/2016	9/14/2021	yes
105702	Dual Service	The Chronicle of Higher Education	TBR	Other - Services	\$90,466.00		8/15/2016	8/14/2021	
105751	License Agreement	Department of Labor and Workforce Development	TBR	Other - Services	\$51,020.00	yes	10/1/2016	9/30/2021	
105650	Grant Agreement	Chattanooga Housing Authority	TCAT Athens	Grant	\$1,138,326.00		7/1/2016	6/30/2017	
105682	Lease Agreement	TN Department of Safety	TCAT Athens	Lease of Space	\$27,554.00		8/1/2016	6/30/2017	
105562	Use of Facilities	Tennessee Department of Transportation	TCATS Dickson	Other	\$0.00		7/1/2016	6/30/2017	
105602	Lease Agreement	Tri-County Career & Technical Education Center	TCATS Dickson	Other	\$22,100.00		6/13/2016	6/13/2030	
105548	Lease Agreement	TN Department of Labor and Workforce Development	TCATS Hartsville	Lease of Space	\$1.00		7/1/2016	6/30/2017	
105648	Grant Agreement	Tennessee Department of Labor	TCATS Knoxville	Grant	\$1,957,493.00		7/1/2016	6/30/2017	
105706	Grant Agreement	K-V-T Food Stores, Inc.	TCATS Knoxville	Grant	\$100,000.00		7/1/2016	6/30/2017	
105612	Clinical Affiliation	Jani King of Memphis	TCATS Livingston	Clinical Experience	\$0.00		4/1/2016	3/30/2017	
105680	Professional Service	Walters State Community College	TCATS Memphis	Custodial Services	\$110,813.52		8/1/2016	7/31/2017	yes
105489	Use of Facilities	Department of Education	TCATS Morristown	Lease of Space	\$0.00		4/1/2016	6/30/2022	
105571	Revenue	National Coalition of Certification Centers	TCATS Nashville	Personnel	\$226,000.00		7/1/2016	6/30/2017	
103460	Amendment to Existing Agreement	Jackson State Community College - host institution for TCATS	TCATS Office	Memo of Understanding	\$27,000.00		9/1/2016	8/31/2017	
105569	Professional Service	TCAT Jackson-Carol Tomlinson	TCATS Office	Other - Services	\$429,000.00		7/1/2016	6/30/2017	
105626	Dual Service	Covenant Health	TCATS Office	Teaching	\$7,360.80		9/1/2016	8/31/2017	
105647	Clinical Affiliation	Crockett County	TCATS Office	Clinical Experience	\$0.00		6/1/2016	5/31/2021	
105594	Lease Agreement	Southern Connections Catering, Inc.	TCATS Ripley	Lease of Space	\$1.00		5/25/2016	5/25/2021	
101317	Amendment to Existing Agreement	Landscapes Services, Inc.	TCATS Shelbyville	Catering	\$6,300.00		7/1/2016	6/30/2017	yes
102146	Amendment to Existing Agreement	Brightview Landscapes LLC	TSU	Landscaping	\$22,660.00		7/1/2016	9/30/2016	yes
105726	Service Agreement	Huron Consulting Services, LLC	TSU	Landscaping	\$286,120.00		10/1/2016	9/30/2017	yes
103116	Service Agreement	Tennessee Tech University Foundation	TTU	Other - Services	\$1,389,855.00		9/15/2016	9/14/2017	yes
105649	Professional Service	City of Memphis	TTU	Foundation Duties	\$0.00		7/1/2016	6/30/2036	
101276	Amendment to Existing Agreement	AT&T	UOM	Other	\$856,500.00		7/16/2009	1/1/2017	
104121	Purchase Agreement		UOM	Telecommunications Services	\$798,000.00	yes	7/1/2016	6/30/2017	yes

Contract ID	Contract Type	Contractor	Dept./Institution	Commodity	Yearly Amount	System-wide	Start Date	End Date	Competitive
105617	Service Agreement	Avaya, Inc.	UOM	Telecommunications Services	\$339,565.62	yes	7/1/2016	6/30/2021	yes
105686	Service Agreement	Short's Travel Management	UOM	Travel	\$5,000,000.00	yes	8/1/2016	6/30/2021	yes
105695	Service Agreement	AirFax-Airline Marketing Associates	UOM	Travel	\$401,028.00		10/13/2016	11/18/2016	yes
105707	Purchase Agreement	Pomeroy IT Solutions	UOM	Computer Hardware and Peripherals	\$1,021,306.57		9/1/2016	8/31/2017	yes
105586	Cooperative Agreement	Volunteer State College Foundation	VSCC	Foundation Duties	\$0.00		7/1/2016	6/30/2017	
198	TOTAL								



Tennessee Board of Regents

1415 Murfreesboro Road – Suite 350 – Nashville, Tennessee 37217-2833
(615) 366-4400 FAX (615) 366-4464

MEMORANDUM

To: Members of the Tennessee Board of Regents
From: James D. King, Vice Chancellor for the Tennessee Colleges of Applied Technology
CC: David Gregory, Chancellor
Date: July 22, 2016
Re: Tennessee Colleges of Applied Technology- 14 Day Process

In order to respond rapidly to the training needs, a resolution delegating authority to the Chancellor to approve Tennessee College of Applied Technology programs was proposed and approved during the March 2009 Board Meeting. This resolution allows for new program proposals and modifications to be forwarded to the Board for review for 14 days. Once reviewed, the Board will delegate authority to the Chancellor to approve the proposals submitted unless objections are voiced by the Board. Letters will be sent to the appropriate institution to authorize implementation of the proposed action. The approved programs will be reported to the Board in the quarterly interim action reports.

Attached you will find a proposal summary submitted by the Tennessee Colleges of Applied Technology-Crossville. The institution proposes to add adult students to the Early Childhood Education program for the fall 2017 term. TBR staff members and I have reviewed this proposal and recommend approval. In accordance with TBR *Policy: 2:01:02:00, Vocational Program Review and Approval*, this information is provided for your consideration.

This proposal is submitted for your consideration in response to the requirements of our accreditation board.

If you have questions or concerns that would require this proposal to go before the full Board at the next quarterly meeting, please contact Dr. Carol G. Puryear by **Wednesday, August 10, 2016** by email at carol.puryear@tbr.edu. The proposed academic actions will be approved through delegated authority by the Chancellor unless a concern is identified within this 14-day period.

Thank you for your continued support and commitment to the Tennessee Colleges of Applied Technology.

JDK:cgp

PROGRAM IMPLEMENTATION PROPOSAL – 1

INSTITUTION:	Tennessee College of Applied College – Crossville
PROPOSAL:	<p>TCAT Crossville proposes the implementation of an Early Childhood Education Program (ECE). This program prepares students for employment in pre-kindergarten, daycares, and potentially their own daycare operation. Graduates seeking to continue their education can receive credit once they earn their certification. Secondary students can receive post-secondary credit through dual enrollment. The program will be 1296 clock hours.</p>
EFFECTIVE DATE:	September 2016
OBJECTIVES:	<p>The goal of this program is to provide adult students with academic instruction to gain the education necessary to become an assistant or, in some cases, a lead teacher in pre-school programs. Each student will gain valuable practical experience as an intern working directly with young children.</p> <p>The program will offer the following opportunities to adult students:</p> <ul style="list-style-type: none">▪ Provide a diploma program for Early Childhood Education;▪ Provide a credential enabling graduates to obtain employment in a childcare facility or operate their own;▪ Receive valuable hands on training in a campus operated daycare as well as internships in commercial daycares; and▪ Improve the economic development opportunities in TCAT's service area by meeting a need identified in the Horizon Initiative.
NEED:	<p>As part of the Horizon Initiative data revealed a need for more childcare opportunities to support young workers in the Cumberland County Area. Many people surveyed cited the lack of daycare options as the reason for their inability to work or hold a job. Local businesses cited the lack of daycare options as a hindrance to filling open positions and creating a high turnover rate. The local Chamber of Commerce and City governments recognizing this need have submitted letters of support for the program. Currently TCAT Crossville offers an ECE program to secondary students. TCAT Crossville operates a daycare (Campus Kids Corner) for children 3-5 years old as a training lab.</p>

PROJECTED ENROLLMENT:	Year	Enrollment	Completers
	1	10	8
	2	15	13
	3	20	18

PROJECTED COSTS:	Salaries	\$ 75,000 /yr.
	Supplies	\$ 7,500 /yr.
	Equipment	\$ 0

NEW FACULTY NEEDED: Currently there is one full time faculty on staff and no new position is needed for the program. Compensation for this position including benefits is approximately \$75,000. There may be some need for adjunct instructors depending upon the size of the class.

FACILITIES: The campus currently has a secondary ECE program and those facilities will be used for the adults as well. The daycare is self-funded through child care revenue collected. Eventually the program could relocate to a community supported location.

ACTION REQUIRED: Staff recommends approval.




Vice President for Business & Finance

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MEMORANDUM

To: Dale Sims, Vice Chancellor for Business and Finance

From: David Zettergren, Vice President for Business and Finance 

Date: July 12, 2016

Re: University of Memphis Exception Request from Discounted Dual Enrollment Rate


At the June Quarterly Board meeting, the Board approved a discounted dual enrollment rate of \$33 for those dual enrollment students enrolled in greater than 12 hours; however the board allowed for the Chancellor to consider, and grant where appropriate, exceptions to this discounted rate.

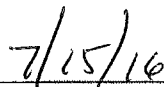
The University of Memphis would like to request an exception to this discounted rate. Although in ten years, we have never had a dual enrollment student take more than 9 hours in one semester, this change cannot be supported in our current fee assessment mechanism. We currently assess dually enrolled students' fees by a course attribute which overrides all the fee rules and charges them per hour with the reduced rate and no program service fees. This mechanism will not accommodate the discounted rate over twelve hours. We request that we not be included in this further reduced rate structure.

If exclusion is granted and there is ever a situation where we are apprised of a student enrolled in greater than 12 hours, we agree to scholarship the difference between the full dual enrollment rate and the discounted dual enrollment rate (20% of the full dual enrollment rate) for hours exceeding 12.

Please consider this request and let me know if you wish to discuss.


Recommended:


Dale Sims, Vice Chancellor for Business and Finance


Date

Approved:


David Gregory, Chancellor


Date



TENNESSEE BOARD OF REGENTS

Office of Business & Finance

1415 Murfreesboro Road, Suite 346 | Nashville, TN 37217-2833 | Phone 615.366.3921 | Fax 615.366.2246 | www.tbr.edu

MEMORANDUM

To: Chancellor David Gregory

From: Dale Sims *DS*

Date: July 12, 2016

Re: University of Memphis R-250 Plan Modifications

As part of their request on FY 2016-17 maintenance fees and tuition, the University requested two adjustments to the R-250 Tuition plan approved for UoM. You will recall that the Board delegated authority to the Chancellor to consider such adjustments. The requested adjustments are:

1. Under the R-250 Plans, the out of state tuition rates are to equal the state appropriation per FTE for the preceding year. The University requests approval of the following rates based upon the actual FY 2015-16 state appropriation per full-time equivalent student of \$5,996:
 - Undergraduate 250-R Rate: \$250 per hour with a cap at 12 hours per semester (annual charge of \$6,000); and
 - Graduate 250-R Rate: \$300 per hour with a cap at 10 hours per semester (annual charge of \$6,000).
2. Expand application of the currently approved R-250 Plan to also include Law students. This action would be consistent with prior action to include graduate students within the R-250 Plan. It is proposed that the out of state tuition for the law school be capped at 11 hours, consistent with the existing law school maintenance fee cap (at 11 hours). Further, the law school R-250 Rate would be calculated in the same manner as for undergraduate and graduate students, again, to be capped at 11 hours. Students eligible for this rate are defined as admitted students who have a permanent address that is located within a county that is within a 250 mile radius of the University of Memphis, who do not currently qualify for the Border County classification or other in-State residency classification.

- Based on the FY 2015-16 state subsidy per FTE student at UoM, the R-250 rate would be \$273 per credit hour (annual charge of \$6,006).

I recommend approval of these requests. Please let me know if you wish to discuss.

Approved:



Chancellor David Gregory

7-18-16

Date

- c. Renee' Stewart, TBR
Jeanie Smith, UoM



Tennessee Board of Regents
Committee on Workforce Development
September 15, 2016

AGENDA

1. **COMMUNITY COLLEGE GRADUATES: JOB PLACEMENT RATES AND FIRST-TIME LICENSURE RATES** (Vice Chancellor Warren Nichols)
2. **PROPOSED PROGRAM TERMINATIONS, MODIFICATIONS, AND NEW TECHNICAL PROGRAM IMPLEMENTATIONS** (Vice Chancellor James D. King)
3. **HIGHLIGHT SKILLSUSA NATIONAL AWARDS** (Vice Chancellor James D. King)



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Workforce Development

SUBJECT: Community College Graduates: Job Placement Rates and
First-time Licensure Pass Rates

DATE: September 15, 2016

PRESENTER: Vice Chancellor Warren Nichols

ACTION REQUIRED: No Action Needed

STAFF'S RECOMMENDATION: N/A

BACKGROUND INFORMATION:

Vice Chancellor Nichols will present results of the 2014-2015 community college graduates job placement rates. The report, sourced by the Tennessee Higher Education Commission 2016 Fact Book, provides placement rate data per each individual college. The report will also highlight self-reported data such as: the graduate job placement rates for each individual program and the first-time passing rates of students in the Nursing and Allied Health programs.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Workforce Development

SUBJECT: Proposed Program Terminations, Modifications, and New Technical Program Implementations

DATE: September 15, 2016

PRESENTER: Vice Chancellor James D. King

ACTION REQUIRED: Voice Vote

STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

Program Proposals Requiring Board Approval:

Four (4) program proposals are being presented for the Board's review and approval. These proposals will allow the Tennessee Colleges of Applied Technology to be more responsive to the needs of students, businesses, and industries. The proposals are:

- Implementation of Industrial Maintenance-Mechatronics Program at TCAT-Livingston be located at the Cookeville Higher Education Center. (See Implementation Proposal #1)
- Implementation of a Practical Nursing Program at TCAT-Livingston be located at the Cookeville Higher Education Center. (See Implementation Proposal #2)
- Implementation of Welding Program at TCAT-Livingston be located at the Cookeville Higher Education Center. (See Implementation Proposal #3)
- Implementation of Welding Technology program at TCAT- McKenzie located at the Adult Education Building in Dresden, Tennessee. (See Implementation Proposal #4)

Academic Proposals Requiring Only Notification to Vice Chancellor:

Fourteen (14) academic actions were submitted by TCAT institutions to the Vice Chancellor for approval based on section C of the TBR Policy: 2:01:02:00, requiring only notification to the Vice Chancellor. Appropriate documentation to support need was provided. The proposals are as follows:

TCAT	Summary of Proposal	New Costs/Funding Source	Approval/ Implementation Date
TCAT Jacksboro	Inactivate the Gas Metal ARC due to low enrollments.	None	8/9/16
TCAT Jacksboro	Inactivate Industrial Electricity-Electrician due to low enrollments.	None	8/9/16
TCAT Nashville	Inactivate Rx Electrocardiography, RX Grant Emergency Medical Dispatch, and RX Patient Care Technician due to low enrollments and placements.	None	8/9/16
TCAT Nashville	Inactivate the Automotive Training Education program due to low enrollments.	None	8/9/19
TCAT Pulaski	Establish a Certified Nursing Assistant dual enrollment program for Columbia Central, Mt. Pleasant, and Spring Hill High Schools.	None	8/18/16
TCAT Pulaski	Establish a Call Center Support Specialist dual enrollment course at Mt. Pleasant High School.	None	8/18/16
TCAT Pulaski	Establish a Residential Construction Technology dual enrollment program at Columbia Central High School and Mt. Pleasant High School.	None	8/18/16
TCAT Livingston	Change the certificates approved in June 2016 to diplomas in the Administrative Office Technology program. Diplomas are: Medical Coding Specialist and Legal Administrative Assistant.	None	7/1/16
TCAT Crossville	Add adult students to their existing Early Childhood program.	None	8/18/16
TCAT Pulaski	Inactivate HVAC-R at the Northfield Instructional Service Center due to low enrollments.	None	8/1/16
Newbern	Offer a Welding dual enrollment program at Dyer County and Lake County High Schools.	Minimal	8/11/16
Statewide Health Information	Due to industry feedback, the Health Information Technology program readjusted the curriculum: Add 70 hours to Intro to Medical Insurance and Combine Keyboarding and Intro to Computers to one course of 90 hours.	None	8/1/16
TCAT Paris	Inactivate Certified Nursing Assistant due to low enrollments.	None	8/22/16
TCAT Livingston	Offer the Certified Nursing Program at the Cookeville Higher Education Center. The program will be 120 clock hours in length.	Covered by campuses funds	1/1/17

PROGRAM IMPLEMENTATION PROPOSAL – 1

INSTITUTION:	Tennessee College of Applied Technology - Livingston
PROPOSAL:	<p>The Tennessee College of Applied Technology – Livingston proposes to start an Industrial Maintenance-Mechatronics program at the Cookeville Higher Education Center.</p> <p>The program will be 2160 clock hours.</p>
EFFECTIVE DATE:	January 2017
OBJECTIVES:	<p>This program prepares students for employment in high demand in Industrial Maintenance- Mechatronics.</p> <p>The objectives of the Industrial Maintenance-Mechatronics are:</p> <ul style="list-style-type: none">▪ To provide training in the set-up, programming, troubleshooting, and repair of Industrial Equipment including Mechanical, AC/DC Electrical, Pneumatics, Hydraulics, Rigging, and Piping.▪ To provide training in the set-up, programming, troubleshooting, and repair pertaining to Electronics, Electrical Motors, Electrical Relay Controls, Industrial Electrical Wiring, Level and Flow Process Control, and PLC Control Systems.▪ To provide training in set-up, programming, troubleshooting and repair pertaining to PLC Wiring, Robotics, Automation, Mechatronics, and Mechatronics Troubleshooting.▪ To providing training in Welding Technology and Machine Tool Technology.
NEED:	<p>The TN Department of Labor and Workforce Development in the Tennessee’s Hot Careers to 2024 indicates General Maintenance and Repair Workers will see 925 Average annual openings from 2014 to 2024. Industrial Machinery Mechanics will see 320 average annual openings with a median salary for 2015 of \$48,808.</p>

PROJECTED ENROLLMENT:	YEAR	ENROLLMENT	COMPLETERS
	1	12	10
	2	12	11
	3	15	13

PROJECTED COSTS	Salary and benefits/yr.	\$ 52,900
	Supplies/yr.	\$ 40,000
	Equipment/ 1 st year	\$ 400,000

Existing campus funds will be used for start-up.

NEW FACULTY NEEDED: One new faculty member will be hired.

FACILITIES: Space is available in the Cookeville Higher Education Center for a classroom and lab.

ACTION REQUIRED: Staff recommends approval.

PROGRAM IMPLEMENTATION PROPOSAL – 2

INSTITUTION: Tennessee College of Applied Technology - Livingston

PROPOSAL: The Tennessee College of Applied Technology – Livingston proposes to start a Practical Nursing program at the Cookeville Higher Education Center.

The program will be 1296 clock hours.

EFFECTIVE DATE: January 2017

OBJECTIVES: Objectives for the Practical Nursing Program are:

- To provide training in the competencies required of a Licensed Practical Nurse.
- To provide the knowledge, understanding, and skills necessary to provide safe and competent nursing practice in the delivery of healthcare.
- To provide the principles of the nursing process in meeting specific patient needs in diversified healthcare settings.

NEED: The TN Department of Labor and Workforce Development in the Tennessee's Hot Careers to 2024 indicates Licensed Practical and Licensed Vocational Nurses will have an average annual openings of 1,205 with a median salary of \$36,673 from 2014 to 2024. Nursing Assistants will also see an average of 1,315 from 2014 to 2024. With an aging population the need for long-term care will continue to impact the need for training of Practical Nurses and Certified Nursing Assistants.

PROJECTED ENROLLMENT:	YEAR	ENROLLMENT	COMPLETERS
	1	25	18
	2	25	19
	3	25	20

PROJECTED COSTS	Salary and benefits/yr.	\$ 52,900
	Supplies/yr.	\$ 25,000
	Equipment/ 1 st year	\$ 250 000

Existing campus funds will be used for start-up.

NEW FACULTY NEEDED:

One new faculty member will be hired.

FACILITIES:

Space is available in the Cookeville Higher Education Center for a classroom and lab.

ACTION REQUIRED:

Staff recommends approval.

PROGRAM IMPLEMENTATION PROPOSAL – 3

INSTITUTION: Tennessee College of Applied Technology - Livingston

PROPOSAL: The Tennessee College of Applied Technology – Livingston proposes to start a Welding program at the Cookeville Higher Education Center.

The program will be 12 months in length (1296 clock hours).

EFFECTIVE DATE: January 2017

OBJECTIVES: The Welding program objectives are:

- To provide students with the basic and advanced techniques of welding procedures and processes common to industry.
- To teach welding techniques for acetylene welding, arc welding, TIG welding and MIG welding.
- To learn how to weld in different positions such as flat, vertical, horizontal, and overhead positions.

NEED: According to the O*Net On-line resource the outlook for welders, cutters, solderers, brazers, and fitters have a bright outlook for the future. The Career One Stop projects for the state that the percentage of change for Welders, Cutters, Solders, and Brazers is a positive 18%. According to the Tennessee Industry and Occupational Employment Projections for 2012 – 2022, Welding, Soldering, and Brazing Machine Setters, Operators, and Tenders is one of the fastest growing occupations with a growth rate of 3.2.

PROJECTED ENROLLMENT:	YEAR	ENROLLMENT	COMPLETERS
	1	12	10
	2	15	13
	3	18	16

PROJECTED COSTS	Salary and benefits/yr.	\$ 52,900
	Supplies/yr.	\$ 40,000
	Equipment/ 1 st year	\$ 300,000

Existing campus funds will be used for start-up.

NEW FACULTY NEEDED:

One new faculty member will be hired.

FACILITIES:

Space is available in the Cookeville Higher Education Center for a classroom and lab.

ACTION REQUIRED:

Staff recommends approval.

PROGRAM IMPLEMENTATION PROPOSAL – 4

INSTITUTION: Tennessee College of Applied Technology - McKenzie

PROPOSAL: The Tennessee College of Applied Technology – McKenzie proposes to start a Welding program at the Adult Education building in Dresden, Tennessee.

The program will be 12 months in length (1296 clock hours).

EFFECTIVE DATE: January 2017

OBJECTIVES: The objective is to open a post-secondary Welding program at the Adult Education building to accommodate the area in providing skilled welders to meet the unmet needs in the area.

NEED: The U.S. Bureau of Labor Statistics reports that the need for welders is expected to grow by 26 percent by 2020.

PROJECTED ENROLLMENT:

YEAR	ENROLLMENT	COMPLETERS
1	16	14
2	18	16
3	20	18

PROJECTED COSTS

Salary and benefits/yr.	\$ 45,000 plus benefits
Supplies/yr.	\$ 20,000
Equipment/ 1 st year	\$ 100,000

Existing campus funds will be used for start-up.

NEW FACULTY NEEDED: One new faculty member will be hired.

FACILITIES: The program will be housed in the Adult Education Building, Dresden, TN.

ACTION REQUIRED: Staff recommends approval.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Workforce Development

SUBJECT: Highlight SkillsUSA National Awards

DATE: September 15, 2016

PRESENTER: Vice Chancellor James D. King

ACTION REQUIRED: No Action Needed

STAFF'S RECOMMENDATION: Information Purposes Only

BACKGROUND INFORMATION:

Vice Chancellor James King will open up the presentation with an introduction to a brief video on SkillsUSA and how the organization addresses the skills gap. The skills gap is the gap between the jobs available in the skilled trades and the skilled workers ready to fill them. Employers are desperate for workers with the technical skills to meet their industry's demands, and employability skills that can be applied to any industry. Fortunately for employers, SkillsUSA has an impact on the lives of America's future workforce through the development of personal, workplace and technical skills that are grounded in academics. To demonstrate how SkillsUSA addresses the skills gap and meets employers' needs for a qualified workforce, an industry representative will join us to share the reasons his company partners with SkillsUSA. Finally, Molly Martin, SkillsUSA State President, will be giving a presentation regarding national awards and recognitions received during the 2016 SkillsUSA National Leadership and Skills Conference. Once again, the Tennessee Colleges of Applied Technology (TCAT) SkillsUSA students represented the Tennessee Board of Regents in exemplary fashion. Eighty-nine students competed in 60 competitions with 37 students bringing home gold, silver and bronze and 79 students finishing in the top ten nationally. At each seat, Board members will receive a special token of appreciation for their support of the Colleges and SkillsUSA as well as a 2016 Tennessee SkillsUSA Annual Report.



Tennessee Board of Regents
Committee on Academic Policies and Programs
September 15, 2016

AGENDA

1. APPROVAL OF NEW DEGREE PROGRAM (*Vice Chancellor Tristan Denley*)

The committee will receive a proposal for approval of one new degree program.

Middle Tennessee State University

Bachelor of Arts/ Bachelor of Science (BA/BS) in Religious Studies

Middle Tennessee State University proposes to offer a 120 SCH BA/BS degree designed to develop critical thinkers in the comparative study of religious studies through a framework of description, analysis and critique in keeping with the institutional mission of MTSU effective fall 2017. Like other degrees in the College of Liberal Arts, this proposed program provides a foundation for a wide range of career in which writing, communicating, critical thinking and team-work are essential as well as graduate work and training. Religious literacy is an invaluable resource for graduates to succeed in increasing diverse multicultural society and workforce. The O*Net lists more than 260 possible occupations related to religious studies.

2. REVISION TO POLICY: 2:01:00:04: AWARDING OF CREDITS EARNED THROUGH EXTRA INSTITUTIONAL LEARNING TO COMMUNITY COLLEGES AND UNIVERSITIES (*Vice Chancellor Tristan Denley*)

The revisions to awarding of credits earned through extra institutional learning to community colleges and universities Policy: 2:01:00:04.

3. ANNUAL ACCREDITATION REPORT (*Vice Chancellor Tristan Denley*)

The Annual Accreditation Report summarizes all activity for the academic year 2015-2016 on regional and program accreditation. The report also provides information on all non-accreditable programs that go through either the Program Review or the Academic Audit process. A summary of all activity is provided along with a more detailed accounting of all accreditation and quality assurance activity.

4. GRADUATION REPORT (*Vice Chancellor Tristan Denley*)

The graduation report provides graduation counts for 2015-16 by institution and award level for the Board Meeting in September. Reporting of graduations was finalized in July.

5. PRELIMINARY FALL ENROLLMENT REPORT (*Vice Chancellor Tristan Denley*)

The Committee will receive a report of preliminary enrollment figures and trends in the TBR universities and community colleges for the fall semester 2016.

6. REPORT ON ACADEMIC AFFAIRS INITIATIVES (*Vice Chancellor Tristan Denley*)

Vice Chancellor Tristan Denley will give an update on the impact of system-wide student success initiatives.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Academic Policies and Programs
SUBJECT: Approval of New Degree Program
DATE: September 15, 2016
PRESENTER: Vice Chancellor Tristan Denley
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

Middle Tennessee State University

Bachelor of Arts/ Bachelor of Science (BA/BS) in Religious Studies

Middle Tennessee State University proposes to offer a 120 SCH BA/BS degree designed to develop critical thinkers in the comparative study of religious studies through a framework of description, analysis and critique in keeping with the institutional mission of MTSU effective fall 2017. Like other degrees in the College of Liberal Arts, this proposed program provides a foundation for a wide range of career in which writing, communicating, critical thinking and team-work are essential as well as graduate work and training. Religious literacy is an invaluable resource for graduates to succeed in increasing diverse multicultural society and workforce. The O*Net lists more than 260 possible occupations related to religious studies.

ACADEMIC PROPOSAL SUMMARY

September 2016 TBR Quarterly Meeting

INSTITUTIONS: Middle Tennessee State University (MTSU)

PROPOSAL: Establish a New Bachelor of Arts/Bachelor of Science (BA/BS) in Religious Studies

EFFECTIVE DATE: Fall 2017

PURPOSE:

According to the 1963 Supreme Court decision in *Abington Township v. Schempp* (1963) “education is not complete without a study of comparative religion or the history of religion and its relationship to the advancement of civilization.” MTSU is committed to preparing students to thrive in their chosen professions and a changing global society. Given the distinctive role religion has played and continues to play in global culture, the proposed program will provide students with a cultural literacy that is invaluable in our increasingly diverse and multicultural society.

INSTITUTIONAL PRIORITY

A key component of MTSU’s institutional priority is to use scholarship to enhance public service and contribute to the development of an educated public that has the ability to both benefit from that diversity and participate in civil society as informed citizens. The proposed program fits squarely within MTSU’s Institutional Mission and the increasingly diversity of the region.

CURRICULUM: The proposed program requires completion of **120** semester credit hours distributed as follows:

<u>Curriculum Component</u>	<u>Hour Required</u>
General Education	41
Major Field Core (courses required of all students in program)	18
Concentration (courses specific to the concentration)	0
Electives (may be guided or general electives)	31-34 (BA) 15-18 (BS)
Other: Minor (for both BA & BS students)	15-18
Foreign Language (for BA students)	12
TOTAL:	120 SCH

No. of new courses: 2 with 6 credit hours

NEED:

A descriptive, interpretive, comparative field, Religious Studies coursework seeks to prepare students to become well-informed, independent, and creative thinkers equipped with the methods and theories necessary to study religious phenomena in a systematic way, to synthesize findings, and to analyze critically what one finds. Religious Studies offer students an invaluable foundation for a wide range of careers in which reading, writing, understanding, and analysis are essential. A 2014 study by the Association of American Colleges and Universities found that of the over three million survey respondents 91% of employers agree that “All students should have educational experiences that teach them how to solve problems with people whose views are different from their own,” 78% of employers agree that “All students should learn about societies and cultures outside the United States and about global issues and developments,” and 93% agree that “[A new hire] candidates’ demonstrated capacity to think critically, communicate clearly, and solve complex problems is more important than their undergraduate major” (Humphreys and Kelly 6-7).

IMPACT:

Students with an AA/AS degree from Tennessee community colleges can transfer into the program. Religious Studies will accept all General Education requirements. The Religious Studies B.A. will accept 18 general elective course hours and the Religious Studies B.S. will accept 30 general electives. Tennessee Transfer Pathways which most align to the major include the following: Anthropology, English, Foreign Language, Geography, History, International Affairs, Philosophy, Political Science, Psychology, and Sociology.

PLANS FOR ACCREDITATION:

There are no plans for professional accreditation, as is the standard in the field of Religious Studies.

PROJECTED STUDENT ENROLLMENT:

Year	Full-Time Headcount	Part-time Headcount	Total Year Headcount	FTE	Graduates
1(F2017)	7	4	11	9	--
2	15	4	19	17	--
3	25	6	31	28	4
4	33	10	43	38	7
5	40	12	52	46	10

A 20% attrition rate is predicted beginning in year two.

ORGANIZATIONAL STRUCTURE:

This program will be housed in the Department of Philosophy within the College of Liberal Arts. One of the current faculty will serve as the program coordinator. No additional administrative support structure will be required.

PROJECTED NEW COSTS AND REVENUE:

The cost of the program will be recouped through tuition dollars. One additional faculty member will be hired early in the program to broaden the focus of the program to include a more Eastern (Asian) views of religion as a complement the existing faculty expertise. No institutional reallocation of funds is necessary.

STAFF RECOMMENDATION:

As part of the approved policy for academic program review, an external review of the proposed program was conducted May 4-5, 2016. Dr. Stephen C. Berkwitz, Professor and Department Head of Religious Studies at Missouri State University, served as the external reviewer and recommended approval of the program stating “The additional resources to initiate the BA/BA major are minimal, and the benefits to the university and its students are significant...all the required pieces are in place to establish a distinctive and productive program in Religious Studies.”

The proposal has been reviewed by the staff of the Office of Academic Affairs. Board approval is recommended.

**Tennessee Higher Education Commission
Attachment A: THEC Financial Projections
Middle Tennessee State University
B.A. & B.S. in Religious Studies**

Five-year projections are required for baccalaureate and Master's degree programs
Projections should include cost of living increases per year.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
I. Expenditures							
A. One-time Expenditures							
New/Renovated Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	-	-	-	-	-	-	-
Library	-	-	-	-	-	-	-
Consultants	-	-	-	-	-	-	-
Travel	-	-	-	-	-	-	-
Other	2,000	-	-	-	-	-	-
Sub-Total One-time	\$ 2,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Recurring Expenditures							
Personnel							
Administration							
Salary	\$ 9,200	\$ 9,200	\$ 9,200	\$ 9,200	\$ 9,200	\$ -	\$ -
Benefits	-	-	-	-	-	-	-
Sub-Total Administration	\$ 9,200.00	\$ 9,200.00	\$ 9,200.00	\$ 9,200.00	\$ 9,200.00	\$ -	\$ -
Faculty							
Salary	\$ 4,200	\$ 55,000	\$ 56,650	\$ 58,350	\$ 60,100	\$ -	\$ -
Benefits	-	18,150	18,695	19,256	19,834	-	-
Sub-Total Faculty	\$ 4,200	\$ 73,150	\$ 75,345	\$ 77,606	\$ 79,934	\$ -	\$ -
Support Staff							
Salary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-	-	-
Sub-Total Support Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Graduate Assistants							
Salary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-	-	-
Tuition and Fees* (See Below)	-	-	-	-	-	-	-
Sub-Total Graduate Assistants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Operating							
Travel	\$ 1,000	\$ 1,030	\$ 1,061	\$ 1,093	\$ 1,126	\$ -	\$ -
Printing	1,500	1,545	1,591	1,639	1,688	-	-
Equipment	-	-	3,000	-	-	-	-
Other	4,500	4,000	4,000	4,000	4,000	-	-
Sub-Total Operating	\$ 7,000	\$ 6,575	\$ 9,652	\$ 6,732	\$ 6,814	\$ -	\$ -
Total Recurring	\$ 20,400	\$ 88,925	\$ 94,197	\$ 93,538	\$ 95,948	\$ -	\$ -
TOTAL EXPENDITURES (A + B)	\$ 22,400	\$ 88,925	\$ 94,197	\$ 93,538	\$ 95,948	\$ -	\$ -

***If tuition and fees for Graduate Assistants are included, please provide the following information.**

Base Tuition and Fees Rate	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Number of Graduate Assistants		-		-		-		-		-		-

II. Revenue

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Tuition and Fees ¹	71,064	134,232	221,088	300,048	363,216	-	-
Institutional Reallocations ²	(48,664)	(45,307)	(126,891)	(206,510)	(267,268)	-	-
Federal Grants ³	-	-	-	-	-	-	-
Private Grants or Gifts ⁴	-	-	-	-	-	-	-
Other ⁵	-	-	-	-	-	-	-
BALANCED BUDGET LINE	\$ 22,400	\$ 88,925	\$ 94,197	\$ 93,538	\$ 95,948	\$ -	\$ -

Notes:

(1) In what year is tuition and fee revenue expected to be generated and explain any differential fees. Tuition and fees include maintenance fees, out-of-state tuition, and any applicable earmarked fees for the program.

Tuition and fees will be generated beginning in Year 1 and are estimated conservatively, using 2014-15 tuition rates across all 5 years.

Year One: (7 FT students x 12 credits x 2 semesters x \$329 = \$55,272) + (4 PT students x 6 credits x 2 semesters x \$329 = \$15,792) = \$71,064

Year Two : (15 FT students x 12 credits x 2 semesters x \$329 = \$118,440) + (4 PT students x 6 credits x 2 semesters x \$329 = \$15,792) = \$134,232

Year Three: (25 FT students x 12 credits x 2 semesters x \$329 = \$197,400) + (6 PT students x 6 credits x 2 semesters x \$329 = \$23,688) = \$221,088.

Year Four (33 FT students x 12 credits x 2 semesters x \$329 = \$260,568) + (10 PT students x 6 credits x 2 semesters x \$329 = \$39,480) = \$300,048.

Year Five (40 FT students x 12 credits x 2 semesters x \$329 = \$315,840) + (12 PT students x 6 credits x 2 semesters x \$329 = \$47,376) = \$363,216

(2) Please identify the source(s) of the institutional reallocations, and grant matching requirements if applicable.

No Institutional Reallocations are included in this proposal.

(3) Please provide the source(s) of the Federal Grant including the granting department and CFDA(Catalog of Federal Domestic Assistance) number.

No Federal grants are included in this proposal.

(4) Please provide the name of the organization(s) or individual(s) providing grant(s) or gift(s).

No external grants are included in this proposal.

(5) Please provide information regarding other sources of the funding.

N/A

NOTES: Recurring expenses - Administration includes a one course reassignment each semester as well as a \$5,000 summer supplement for the program coordinator

NOTES: Recurring expenses - Faculty includes adjunct support for 2 courses in year 1 and 4 courses in year 2, followed by hiring of an additional full-time faculty member in year 3.

NOTES: Recurring expenses - Operating includes funds to support increase in department expenses related to support of a new degree program (e.g., printing, supplies, travel, etc.)

This category also includes the expenses (\$4,500) associated with sponsorship of the Lyceum

NOTES: One-time Expenditures - Other includes \$2,000 in one-time expenditures for initial recruitment and program promotion.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Academic Policies and Programs

SUBJECT: Policy: 2:01:00:04, Awarding of Credits Earned Through Extra Institutional Learning to Community Colleges and Universities

DATE: September 15, 2016

PRESENTER: Vice Chancellor Tristan Denley

ACTION REQUIRED: Voice Vote

STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

Vice Chancellor Tristan Denley will present revisions to Policy: 2:01:00:04, Awarding of Credits Earned Through Extra-Institutional Learning to Community Colleges and Universities.

Awarding of Credits Earned Through Extra-Institutional Learning to Community Colleges and Universities: 2:01:00:04

Extra-Institutional or Life-long Learning

- A. The process for awarding of credits through “Extra-Institutional or Life-long Learning” by the community colleges and universities must be in compliance with the Commission on Colleges of the Southern Association of Colleges and Schools’ Principles of Accreditation on Programs (reference 3.4), the Commission’s Position Statement on the “Transfer of Academic Credit,” and its policy on “The Transfer or Transcribing of Academic Credit.” (Exhibit 1)
- B. The institutional process for awarding credits through Prior Learning Assessment (PLA) by TBR community colleges and universities must be in compliance with the *Recommended Standards in Prior Learning Assessment (PLA) Policy and Practice of Tennessee Public Colleges and Universities* (August 7, 2012).
 - 1. These Standards ensure that TBR colleges and universities will utilize best practices and provide services to students that are consistent among institutions.
 - 2. The Standards ensure transferability of PLA credit, include identification of types of PLA credits available, instruct campuses on the transcription of PLA credit, and establish common standards for portfolio review.
 - 3. The Standards are available, in their entirety, as Exhibit 1 to TBR Guideline A-030 Articulation Among Community Colleges and Universities.
- C. When awarding credit under this provision, the institution should use a recognized guide or procedure for awarding the credit for extra-institutional or life-long learning. The recognized guides or procedures may include:
 - 1. American Council on Education (ACE) National Guide to Educational Credit for Training Programs.
 - 2. ~~ACE Guide to the Evaluation of Educational Experiences in the Armed Forces.~~

2. Guide to Credit by Examination.

3. College Entrance Examination Board Advanced Placement Program. (CEEB/AP)

4. Defense Subject Standardized Test (DSST) formerly DANTES.

5. Credit by Departmental Examination. (ref. SACS)

~~7. Degree relevant extra-institutional learning credit awarded and transcribed by other accredited institutions, as well as that credit transcribed by ACE on the ACE Registry Transcript System (AARTS for the Army, SMART for Navy and Marines, CCAF for the Air Force) and the ACE Registry of Credit Examinations (ROCR)~~

6. Subject matter experts who are not members of the institution's faculty but who evaluate extra-institutional learning at the institution's request.

7. Individual portfolios using the Council for Adult and Experiential Learning (CAEL) or other standardized guidelines authorized, in advance, by permission of the institution.

D. When awarding credit to students who are veterans or military service members, the institution will reference the Joint Services Transcript (JST), DD-214 and/or transcripts from the Army/American Council on Education Registry Transcript System (AARTS), Sailor/Marine American Council on Education Registry Transcript (SMART), Community College of Air Force (CCAF) and Coast Guard Institute (CGI). The institution will use the American Council of Education (ACE) for awarding credit for military experience, education, and/or training obtained during military experience. The recognized procedures include:

1. If military experience, education, and/or training are equivalent to a course that fulfills a general education or degree program requirement, the course credit will

count towards graduation. Otherwise, appropriate course credit will be granted for elective credit.

2. Should credit not be captured through ACE recommendations, TBR institutions will offer veterans and service members an opportunity for prior learning assessment via another recognized mechanism (refer to Section C above).

3. Each TBR institution will provide veteran and military service members relevant information on awarding college credit for military education, experience, and/or training.

4. Each TBR institution will provide contact information to veteran and military service members to the appropriate office for evaluating and awarding credits.

5. Each TBR institution will maintain a set of institutional policies on the awarding of academic credit for military experience within their undergraduate catalog. The policies will include a description of the procedure for removing excessive hours applied to transcripts, which may affect student eligibility for financial aid.

E. When utilizing published guides for extra-institutional learning, the information provided should include:

1. course title;
2. location of all sites where the course is offered;
3. length in hours, days, or weeks;
4. period during which the credit recommendation applies;
5. purpose for which the credit was designed;
6. learning outcomes;
7. teaching methods, materials, and major subject areas covered; and
8. college credit recommendations offered by categories (by level of degrees) and expressed in semester hours and subject area(s) in which credit is applicable.

Awarding of Credits Earned Through Extra-Institutional Learning to Community Colleges and Universities: 2:01:00:04

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 - 2. Guide to Credit by Examination.
 - 3. College Entrance Examination Board Advanced Placement Program. (CEEB/AP)

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1. course title;
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3. length in hours, days, or weeks;
4. period during which the credit recommendation applies;
5. purpose for which the credit was designed;
6. learning outcomes;
7. teaching methods, materials, and major subject areas covered; and
8. college credit recommendations offered by categories (by level of degrees) and expressed in semester hours and subject area(s) in which credit is applicable.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Academic Policies and Programs
SUBJECT: Annual Accreditation Report
DATE: September 15, 2016
PRESENTER: Vice Chancellor Tristan Denley
ACTION REQUIRED: No Action Needed
STAFF'S RECOMMENDATION:

BACKGROUND INFORMATION:

The Annual Accreditation Report summarizes all activity for the academic year 2015-2016 on regional and program accreditation. The report also provides information on all non-accreditable programs that go through either the Program Review or the Academic Audit process. A summary of all activity is provided along with a more detailed accounting of all accreditation and quality assurance activity.

Summary

TBR Annual Accreditation and Quality Assessment Report

July 1, 2015 to June 31, 2016

Institutional Accreditation

- The University of Memphis received reaffirmation of accreditation by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) until 2025.
- MTSU and TTU each submitted its self-study for off-site review and hosted a SACSCOC visiting team. A reaffirmation decision by SACSCOC for each institution will be rendered at the SACSCOC Annual Meeting in December 2016.
- APSU submitted its Quality Enhancement Plan summary and monitoring report to SACSCOC.
- TSU submitted its fifth-year interim report to SACSCOC.
- Jackson State Community College received reaffirmation of accreditation by SACSCOC on June 16, 2016 until 2026.
- Ten additional community colleges including Chattanooga State, Columbia State, Dyersburg State, Motlow State, Nashville State, Pellissippi State, Roane State, Southwest Tennessee, Volunteer State and Walters State were involved in activities related to the SACSCOC reaffirmation including substantive change, QEP and mid-cycle report processes.

Program Accreditation

- Combined, TBR universities and community colleges have a total of 476 programs subject to accreditation by national agencies, 297 in TBR universities and 179 in community colleges.
- 88.3% of creditable programs in TBR community colleges are fully accredited (158); 11.7% of creditable programs are pending accreditation or are new programs seeking accreditation (21).
- 94.6% of creditable programs in TBR universities are fully accredited (281); 5.4% of creditable programs are pending accreditation or are new programs seeking accreditation (16).
- In 2015-2016, TBR universities and community colleges participated in a total of 140 accreditation-related activities including self-studies, program reviews, site visits, and interim reports to accrediting agencies.
- Of the 139 programs involved in some level of review by accrediting agencies, 33 programs received notice of an official action taken by the accrediting agency to include reaffirmation, continuation of accreditation, or acceptance as newly accredited in 2015-16.

Academic Audit

- For the 2015-16 academic year, 44 Academic Programs system-wide underwent the Academic Audit process.
- In the spring of 2016, each of these programs completed an Academic Audit Self Study written report and hosted an Academic Auditor Team. The Academic Auditor Team provided an onsite review and subsequently issued a written report including commendations, affirmations and recommendations for improvement.

Program Review

- The TBR system had 36 programs undergo the Program Review process in 2015-16.
- These programs each prepared a Program Review written report and hosted external peer reviewers on campus. These peer reviewers each subsequently prepared an evaluation and a written report.

TBR Accreditation Quality Assurance Report 2015-2016 08192016

Tennessee Board of Regents Annual Accreditation and Quality Assessment Update, July 1, 2015 to June 30, 2016					
Institutional Level Accreditation Activities					
Institution	Scope/Purpose of Review	Accrediting Body	Self Study or Other Activity	Site Visit Date(s)	Official Action Taken
APSU	Response to 2014 On Site visit	SACSCOC	Provided Executive Summary of the institution's Quality Enhancement Plan and a Monitoring Report September 8, 2015	NA	Requested a Second Monitoring Report
MTSU	Reaffirmation of Accreditation	SACSCOC	2015 Self Study and 2016 Reaffirmation Onsite Visit	Mar. 28-31, 2016	Action(s) will be received in December 2016 and an official letter will be received in January 2017.
TSU	Fifth-Year Interim Report	SACSCOC	Fifth Year Interim Report submitted on 3/15/16	NA	Report Accepted (July 8, 2016letter) with a request for a referral Report addressing CR 2.8, CS 3.3.1.1, CS 3.4.11, and CS 3.13 to be submitted by April 2017. Next decennial reaffirmation in 2020.
TTU	Reaffirmation of Accreditation	SACSCOC	Received no recommendations from the SACSCOC on-site review committee	Mar. 29-31, 2016	Action to be taken at December 2016 SACSCOC Board meeting
UM	Decennial Reaffirmation of Accreditation	SACSCOC	Response to SACSCOC Board of Trustees due September 6, 2016	Mar. 24-26, 2015	Granted Reaffirmation of Accreditation to 2025
ChSCC	5th Year Interim Report	SACSCOC	Drafting Report	NA	N/A Submitting 9/15/16
ChSCC	Quality Enhancement Plan	SACSCOC	Drafting Report	NA	N/A Submitting 9/15/16
CoSCC	Notification of relocation of Williamson County	SACSCOC	Letter of notification	NA	Notification Accepted
CoSCC	Inform of new Hospitality and Tourism Management Certificate program	SACSCOC	Substantive Change Proposal submitted April 2016	NA	Awaiting response
CoSCC	Inform of new Medical Lab Technology AAS program	SACSCOC	Substantive Change Proposal submitted May 2016	NA	Awaiting response

TBR Accreditation Quality Assurance Report 2015-2016 08192016

DSCC	Substantive Change to offer General Education certificate via dual enrollment at four area high schools	SACSCOC	Self Study	2/1/2016	All Standards met. Accreditation affirmed
JSCC	Reaffirmation of Accreditation	SACSCOC	QEP Development	11/1/2015	Granted Reaffirmation of Accreditation to 2026, June 16, 2016
MSCC	Reaffirmation of Accreditation	SACSCOC	Submitted Institutional Summary and Pre-Orientation Survey October 2015; Team attended Orientation Workshop December 2015		Received notification of upcoming comprehensive review from SACSCOC in Summer 2015
NaSCC	Substantive Change for New Site	SACSCOC	Substantive change prospectus submitted for McGavock High School.	On-site visit scheduled February 2017.	Acquisition approved 6/16/2016
PSCC	Implementation of Welding Program	SACSCOC	Substantive Change		Pending Approval
PSCC	Implementation of Criminal Justice Program	SACSCOC	Substantive Change		Report submitted fall 2016
RSCC	5th Year Interim Report	SACSCOC	5th Year Compliance Report and QEP Impact Report		No follow up required; correspondence received 1/21/2016
STCC	Enrollment and Financial Profiles	SACSCOC	Sent enrollment and financial profiles to SACS-COC: financial profile on July 2015 and enrollment profile in January 2016.	None	None
VSCC	Fifth Year Interim Report	SACSCOC			Referral Report due April , 2016 addressing standard 2.10 Student Services. Notification of no additional report requested July 6, 2016.
VSCC	Prospectus for acquisition of off-campus instructional site from Nashville State Community College	SACSCOC		Oct. 10-13, 2016	Approval of acquisition of off-campus instructional site with site visit scheduled for October 10-13, 2016.

TBR Accreditation Quality Assurance Report 2015-2016 08192016

WSCC	Substantive Change		SACSCOC	Letter of notification - AAS Information Technology (termination); AAS Computer and Information Science changed to AAS Computer Information Science; AAS Emergency Medical Services (new program); AAS Fire Protection (new program); new off-site location at 25-49% (Northview Academy)		Letter sent on 4/20/16, acceptance/response not yet received.
Academic Program Level Accreditation Activities						
Institution	Program Name	Degree(s)	Accrediting Body	Self Study or Other Activity	Site Visit Date(s)	Official Action Taken
APSU	General Business	BBA	AACSB	On Site Visit	2/24/2016	AACSB Peer Review Team's deferral visit
APSU	Management	MS	AACSB	On Site Visit	2/24/2016	AACSB Peer Review Team's deferral visit
APSU	Engineering Technology	AAS & BS	ABET	Draft Statement of Accreditation received with invitation to submit a response because program was found to have weaknesses/deficiencies during November 2014 On Site visit	Letter of Response due March 2015 for review at the Commission's Summer Meeting	None
APSU	Art	BA/BFA	NASAD	Self Study and On Site Visit	3/1/2016	Will receive official findings in October 2016
ETSU	Accountancy	BBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Accountancy	MAcc	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.

TBR Accreditation Quality Assurance Report 2015-2016 08192016

ETSU	Economics	BBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Finance	BBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Management	BBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Marketing	BBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Business Administration	MBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Business Administration	AMBA	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Digital Marketing	MS	AACSB	Fifth year maintenance report submitted. Letter dated March 1, 2016 regarding extension of accreditation for 5 years.		Reaffirmation of accreditation extended to 2020-2021.
ETSU	Chemistry	BS	ACS	A Periodic report was submitted in 2013. Letter dated April 12, 2016 regarding continued approval of accreditation.		The program's next periodic report will be due in 2018.

TBR Accreditation Quality Assurance Report 2015-2016 08192016

ETSU	Human Services	BS	CSHSC	Site visit occurred in February 2016. Letter dated March 13, 2016 regarding approval of program accreditation.	February 2016	Accreditation granted through February 2021.
ETSU	Cardiopulmonary Science	BS	CoARC	Letter dated January 8, 2016 acknowledges the establishment of a free standing degree program from the existing concentration.		
ETSU	Pharmacy	PharmD	ACPE	Site visit occurred April 12-14, 2016. Letter dated June 23-25, 2016 regarding the continuation of accreditation status.	April 12-14, 2016	Accreditation granted until June 24, 2024.
ETSU	Radiologic Science	BS	JRCERT	Letter dated January 22, 2016 regarding the continuing accreditation status of the bachelors degree radiography program.		The next site visit is scheduled for the third quarter of 2019.
MTSU	Curriculum & Instruction	MED	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Curriculum & Instruction	EDS	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Administration & Supervision	MED	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Administration & Supervision	EDS	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Assessment, Learning & School Improvement	EdD	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Special Education	MED	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Advanced Studies in Teaching & Learning	MED	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Foreign Languages	MAT	CAEP	Follow-up report completed and submitted	Fall 2016	NA
MTSU	Mathematics	MST	CAEP	Follow-up report completed and submitted	Fall 2016	NA

TBR Accreditation Quality Assurance Report 2015-2016 08192016

MTSU	Literacy	MED	CAEP	Follow-up report completed and submitted	Fall 2016	NA
TSU	Social Work	BS	CSWE	Accreditation	11/3/15-11/4/15	Reaffirm the programs accreditation for 8 years, ending in February 2023
TSU	Education	BS	CAEP	Accreditation report submitted	January 29- 30, 2017	Extension granted to TSU; Official TSU Report sent to CAEP
TSU	Industrial Technology	BS	ATMAE	Accreditation	4/17/16-4/19/16	Accreditation Report and On-Site Visit in Two Years:
TSU	Computer Engineering	BS	ABET	Accreditation visit	11/15/15-11/17/15	Action to be taken at July 2016 ABET meeting
TSU	Civil Engineering	BS	ABET	Accreditation visit	11/15/15-11/17/15	Action to be taken at July 2016 ABET meeting
TSU	Electrical Engineering	BS	ABET	Accreditation visit	11/15/15-11/17/15	Action to be taken at July 2016 ABET meeting
TSU	Mechanical Engineering	BS	ABET	Accreditation visit	11/15/15-11/17/15	Action to be taken at July 2016 ABET meeting
TSU	Computer Science	BS	ABET CAC	Accreditation visit	11/15/15-11/17/15	Action to be taken at July 2016 ABET meeting
TSU	Healthcare Planning and Administration	BS	AUHPA	Accreditation visit	Jun-16	Meeting has taken place; waiting on the outcomes
TSU	Nursing	BSN, MSN	ACEN	Accreditation visit	9/28/15 - 10/1/15	Continuing accreditation granted to MSN program with follow-up report in 1 year; Continuing accreditation for BSN program, with follow-up report in 2 years.
TTU	Music	BS	NASM	Program of Self Study	Feb. 26-27, 2015	No action taken by the NASM Commission - Pending corrective actions
TTU	Computer Engineering	BS	ABET		Oct. 20-21, 2014	Accreditation awarded by ABET through 2021
TTU	Civil Engineering	BSCE	ABET		Oct. 20-21, 2014	
TTU	Chemical Engineering	BSCHE	ABET		Oct. 20-21, 2014	
TTU	Electrical Engineering	BSEE	ABET		Oct. 20-21, 2014	
TTU	Mechanical Engineering	BSME	ABET		Oct. 20-21, 2014	
TTU	Computer Science	BS	ABET	Interim Report		Accreditation awarded by ABET through 2019

TBR Accreditation Quality Assurance Report 2015-2016 08192016

UM	Nursing	BSN/MSN	CCNE	5/28/2015		Continues to meet all accreditation standards
UM	School Psychology	PhD	APA	9/8/2015		Next site visit in 2021
UM	Counseling	MS	CACREP/CORE	4/1/2016		Approval to convert a CORE Accredited Rehabilitation Counseling Program to a dually accredited Clinical Rehabilitation Counseling and Clinical Mental Health Counseling Program
UM	Law	JD	ABA		March 23-25, 2016	ABA will act on the reports at the Sept meeting
UM	Business	BBA, MBA, IMBA, MS, MA, PhD	AACSB		Feb 21-23, 2016	Accredited as of May 20, 2016
UM	Education	BSEd, BFA, BM, MAT, MS, EdD	CAEP		April 3-5, 2016	Report from CAEP will be in Nov 2016
UM	Engineering	BSBS, BSCE, BSCPe, BSME	ABET		Nov 15-17, 2015	ABET commission meeting the week of July 11, 2016
ChSCC	Nuclear Medicine Technology	Certificate	Joint Review Committee on Educational Programs in Nuclear Medicine Tech (JRCNMT)	Self Study 2/8/2016	June 27-28, 2016	No action at this time
ChSCC	Paramedic	Certificate	CoAEMSP for CAAHEP	Self Study 7/1/2015	March 3-4, 2016	No action at this time
CISCC	Industrial Technology	AAS	ATMAE	Self-Study submitted March 4, 2016	4/6/2016	Official Action not taken until ATMAE Annual Meeting on November 2-5, 2016. Final Team Report recommends "Accreditation with Report in 2 years"
CoSCC	Radiologic Technology	AAS	JRCERT	2014 Annual Report submitted in July of 2015		Accreditation Maintained
CoSCC	Veterinary Technology	AAS	AVMA	Biennial Report submitted in September of 2015		Accreditation Maintained

TBR Accreditation Quality Assurance Report 2015-2016 08192016

CoSCC	Respiratory Care	AAS	CoARC	Annual Report submitted July of 2015 and Re-accreditation site Visit	April 25-26, 2016	Accreditation Maintained
DSCC	Business	AS	ACBSP	Self Study	Feb-16	Accreditation affirmed
DSCC	Paramedic Program	AAS, TC	CAAHEP/CoAEMS P	Annual Report	NA	Approved 06.24.16
DSCC	NURSING	AAS- NURSING (Paramedic to RN)	ACEN	Planned Substantive Change	NA	approved
DSCC	NURSING	AAS- NURSING (curriculum change)	ACEN	Planned Substantive Change	NA	approved
DSCC	NURSING	AAS- NURSING (Paramedic to RN)	Tennessee Board of Nursing	Written notification	NA	approved
JSCC	Occupational Therapy Assistant	AAS	AOTA	Self-Study submitted December 2015	9/1/2016	Pre-accreditation Status granted
JSCC	Radiography	AAS	JRCERT			Reaffirmation granted March 23, 2016
JSCC	Nursing	AAS	NLNAC			Reaffirmation granted July 29, 2015
MSCC	Mechatronics	AAS and C1	ATMAE			Received Accreditation on November 1, 2015
MSCC	Early Childhood Education	AAS	NAEYC	Submitted Annual Report to NAEYC		Continued NAEYC Accreditation through March 2022
MSCC	Nursing	AAS	ACEN	Submitted Annual Reports to ACEN and Tennessee Board of Nursing (TBON)		Received full approval from TBON; Continued ACEN Accreditation through Spring 2023
MSCC	Paramedic	AAS and C1	CAAHEP/CoAEMS P			Received Executive Analysis from CAAHEP/CoAEMSP
MSCC	Business	AAS	ACBSCP	Submitted Quality Assurance Report in February 2016		Received response on QA Report in June 2016

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NaSCC	Culinary Arts	Certificate	ACFEFAC		On-site visit March 2016. One area of non- compliance cited.	Written response required, describing action taken to comply with ACFEF standards due June 1, 2016.
NaSCC	Occupational Therapy Assistant	AAS	ACOTE		On-site visit November 2015	Program accreditation granted December 2015 for 10 years. Interim Report due Spring 2020.
NaSCC	Paralegal Studies	AAS	ABA		On-site visit April 11-12, 2016 non- compliance items cited.	Written response required, describing action taken to comply with ABA standards due September 15, 2016.
NeSCC	Computer & Information Sciences: Computer Programming	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Computer & Information Sciences: Information Assurance	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Computer & Information Sciences: Internet and Web Development	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations

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NeSCC	Computer & Information Sciences: Personal Computer Management	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Computer & Information Sciences: Networking Engineering Technology	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Business, Management	AAS	ACBSP	Quality Assurance Report every 2 years	Next Quality Assurance Report due August 2017. Next site visit scheduled in 2019	QA Report sent to ACBSP office 9/9/15, approved during Commissioners meeting 11/17-18/15 with no notes or conditions and opportunities for improvement
NeSCC	Business, Small Business Management	AAS	ACBSP	Quality Assurance Report every 2 years	Next Quality Assurance Report due August 2017. Next site visit scheduled in 2019	QA Report sent to ACBSP office 9/9/15, approved during Commissioners meeting 11/17-18/15 with no notes or conditions and opportunities for improvement
NeSCC	Business, Accounting	AAS	ACBSP	Quality Assurance Report every 2 years	Next Quality Assurance Report due August 2017. Next site visit scheduled in 2019	QA Report sent to ACBSP office 9/9/15, approved during Commissioners meeting 11/17-18/15 with no notes or conditions and opportunities for improvement

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NeSCC	Office Administration Technology, General	AAS	ACBSP	Quality Assurance Report every 2 years	Next Quality Assurance Report due August 2017. Next site visit scheduled in 2019	QA Report sent to ACBSP office 9/9/15, approved during Commissioners meeting 11/17-18/15 with no notes or conditions and opportunities for improvement
NeSCC	Office Administration Technology, Legal	AAS	ACBSP	Quality Assurance Report, every 2 years	Next Quality Assurance Report due August 2017. Next site visit scheduled in 2019	QA Report sent to ACBSP office 9/9/15, approved during Commissioners meeting 11/17-18/15 with no notes or conditions and opportunities for improvement
NeSCC	Office Administration Technology, Medical	AAS	ACBSP	Quality Assurance Report every 2 years	Next Quality Assurance Report due August 2017. Next site visit scheduled in 2019	QA Report sent to ACBSP office 9/9/15, approved during Commissioners meeting 11/17-18/15 with no notes or conditions and opportunities for improvement
NeSCC	Electrical Technology: Electrical	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	N/A	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Electrical Technology: Electromechanical	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	N/A	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations

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NeSCC	Industrial Technology: Automotive Service	AAS	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Industrial Technology: Engineering Design Technology	A. A. S.	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Industrial Technology: Machine Tool	A. A. S.	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Industrial Technology: Manufacturing Engineering Technology	A. A. S.	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Industrial Technology: Mechanical	A. A. S.	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	NA	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations

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NeSCC	Industrial Technology: Motor Sports	A. A. S.	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	N/A	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Industrial Technology: Welding/Metal Fabrication	A. A. S.	ATMAE	Two-year Report was submitted to ATMAE 9/2/15	N/A	The ATMAE Board reviewed the two-year report at the 11/11/2015 Board Meeting. The ATMAE Board accepted the two-year report with no follow-up recommendations
NeSCC	Industrial Technology: Welding/Metal Fabrication	A. A. S.	American Welding Society (AWS)	Development of an AWS Accredited Testing Facility (ATF) Quality Manual and an internal self evaluation - Ongoing.	Fall 2016	Target date for submission - Fall 2016 with proposed site visit to follow
NeSCC	Industrial Technology: Machine Tool	A. A. S.	National Institute of Metalworking Skills (NIMS)	NIMS Self Study Completed	Fall 2016	Site visit tentatively scheduled for Fall 2016
NeSCC	Cardiovascular Technology	A.A.S.	CAAHEP	Self Study Submitted Annual Report Submitted and Accepted	Fall 2016	Continuing Accreditation awarded Invasive: May 2007 for 9 years; Non-Invasive: November 2009 for 7 years
NeSCC	Dental Assisting	A.A.S.	ADA	Annual Report Submitted and Accepted	NA	Continuing Accreditation awarded August 2012 for 6 years
NeSCC	Dental Assisting	Certificate	ADA	Annual Report Submitted and Accepted	NA	Continuing Accreditation awarded August 2012 for 6 years

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NeSCC	Paramedic	A.A.S.	CAAHEP-CoAEMSP and Tennessee Department of Health, Division of Emergency Medical Services	Annual Report Submitted and Accepted	NA	Continuing Accreditation awarded July 2012 for 5 years
NeSCC	EMT - Paramedic	Certificate			NA	Phase out Summer 2016. Statewide common curriculum alignment.
NeSCC	Medical Laboratory Technology	AAS	NAACLS	Annual Report Submitted and Accepted	NA	Continuing Accreditation awarded April 2015 for 7 years
NeSCC	Surgical Technology	AAS	CAAHEP-Surgical Technology and the Accreditation Review Council for Surgical Technology and Surgical Assisting	Annual Report Submitted and Accepted	NA	Continuing Accreditation awarded May 2012 for 10 years
NeSCC	Early Childhood Education	AAS	NAEYC	Annual Report Submitted and Accepted	NA	NA
NeSCC	Early Childhood Education	Certificate	NAEYC	Annual Report Submitted and Accepted	NA	NA
PSCC	Culinary Arts	AAS BUS	ACF	Self-Study	2017	Self-study to be submitted and site visit scheduled
PSCC	Paralegal Studies	AAS PARALEGAL	ABA	Self-Study	2017	Self-study to be submitted and site visit scheduled
PSCC	Nursing	AAS NURSING	ACEN	Substantive Change		Substantive Change to be submitted
RSCC	Dental Hygiene	AAS	ADA	Annual Report submitted 9/10/2015		
RSCC	Massage Therapy	Certificate	COMTA	Renewal Application for submission of self-study		Application accepted 5/18/2016
RSCC	Occupational Therapist Assistant	AAS	AOTA	Annual Report accepted 4/10/2016		
RSCC	Opticianry	AAS	COA	Annual Report accepted 10/10/2015		

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RSCC	Radiologic Technology	AAS	JCERT			Extension of accreditation from 5 years to 8 years; correspondence 8/20/2015
RSCC	EMT/Paramedic	Certificate	CoAEMSP	Annual Report accepted 1/7/2016		
RSCC	Physical Therapist Assistant	AAS	APTA	Annual Report accepted 10/30/2015		
RSCC	Respiratory Therapy	AAS	COARC	Annual Report accepted 10/30/2015		
RSCC	Polysomnography	Certificate	COAPSG	Annual Report submitted December, 2015		
RSCC	Health Information Management	AAS	CAHIIM	Annual Report submitted 5/21/2016		
RSCC	Surgical Technology	AAS	CAAHEP	Self Study submitted 9/11/2015	Site visit 2/1-2/2016	5 areas of strength; no areas of concern; awaiting official correspondence from CAAHEP, Sept. 2016
RSCC	Nursing	AAS	ACEN	Substantive change re common curriculum submitted 6/7/2016		ACEN continued accreditation for 8 years; correspondence 8/25/2015
RSCC	Early Childhood Education	AAS	NAEYC	Progress Report submitted 9/30/2015		2-Yr Accreditation with conditions; report due 9/30/2016
STCC	Architectural Engineering Tech, Electrical Engineering Tech, Mechanical Engineering Tech, Computer Engineering Tech	AAS	ABET	Architectural Engineering Technology submitted a follow-up report on June 30, 2016.	No site visit	None. Waiting for report.
STCC	Dietetic Technician	AAS	ACEND	Five-Year Program Assessment Report was submitted November 2015 for review at July 2016 board meeting.	No site visit	Decision expected from ACEND in the fall of 2016.
STCC	Pharmacy Technician	Technical Certificate	ASHP and ACPE	Progress report submitted in March 2016.	No site visit	Anticipate full accreditation fall 2016.
STCC	Physical Therapist Assistant	AAS	CAPTE	Compliance report submitted in February 2016.	No site visit	Program accredited through 2017.

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STCC	Radiologic Technology	AAS	JRCERT	Self-study was submitted and program reaccredited August 2015.	No site visit	Program accredited through 2023.
STCC	Early Childhood Education	AAS	NAEYC	Accreditation report submitted September 30, 2015.	No site visit	Report acknowledged. Commendations and suggestions given for next report, due September 30, 2016.
VSCC	Respiratory Care Technology	AAS	CoARC		October 12-13, 2015	Continuing Accreditation granted on March 21, 2016 through 2026.
VSCC	Medical Laboratory Technology	AAS	NAACLS		September 24-25, 2015	Continuing Accreditation granted on April 15, 2016 through April 30, 2021.
WSCC	Physical Therapist Assistant	AAS	CAPTE	Site Visit	3/1/15 - 3/4/15	Reaffirmed Accreditation through 2025
WSCC	Physical Therapist Assistant	AAS	CAPTE	Annual Report		Report submitted 11/30/15
WSCC	Business - Culinary Arts	AAS & Technical Certificate	ACFEFAC	Self-Study Report	4/11/16-4/13/16	Report submitted and accepted April 2016; accreditation decision expected July/Aug 2016
WSCC	Health Information Technology	AAS	CAHIIM	Annual Program Assessment Report (covers AY 2015 & 2016)		Report submitted and accepted 6/27/16
WSCC	Respiratory Care	AAS	CoARC	Annual Report		Report submitted and accepted 6/30/16
WSCC	Public Safety, Paramedic Technology; Emergency Medical Technician Paramedic; Emergency Medical Technician	AAS & Technical Certificates	CAAHEP/CoAEMS P	Annual Report		Report submitted and accepted 12/30/15
WSCC	Early Childhood Education	AAS & Technical Certificates	NAEYC	Annual Report		Report submitted and accepted 9/30/15
WSCC	Computer & Information Science	AAS	ACBSP	Site Visit	11/17/15-11/18/15	Reaffirmed Accreditation through 2025
WSCC	Business	AAS	ACBSP	Site Visit	11/17/15-11/18/15	Reaffirmed Accreditation through 2025

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WSCC	Surgical Technology	AAS	ARC/STSA	Site Visit	2/1/16-2/2/16	Initial accreditation - Notification of accreditation action expected September 2016.
WSCC	Nursing	AAS	ACEN	Follow-Up Report		Report Submitted Feb. 2016. Approval to be received August 2016.
Academic Audit Activities						
Institution	Program Name	Degree(s)	Self Study or Other Activity	Site Visit Date(s)		
APSU	General Agriculture	BS	Self Study	4/1/2016		
APSU	Biology	BS	Self Study	4/5/2016		
APSU	Biology	MS	Self Study	3/22/2016		
APSU	Management Technology	AS	Self Study	4/18/2016		
APSU	Professional Studies	BPS	Self Study	3/24/2016		
ETSU	Communication Studies	BA, BS	Self study submitted to TBR on February 4, 2016.	3/25/16		
ETSU	Sport and Leisure Management	BS	Self study submitted to TBR on February 4, 2016.	4/22/16		
TSU	Political Science	BS	Self Study-Academic Audit	4/11/16		
TSU	Biology	BS	Self Study-Academic Audit	4/14/16		
TSU	Sociology	BS	Self Study-Academic Audit	4/1/2016		
TTU	English	BA	Program Self Study	4/8/2016		
ChSCC	Psychology	AA, AS	2/5/2016	4/13/2016		
CISCC	Advanced Emergency Medical Technician	C1 - Certificate	Self Study Submitted	4/22/2016		
CISCC	Emergency Medical Technician	C1 - Certificate	Self Study Submitted	4/22/2016		
CISCC	Fine Arts	AFA	Self Study Submitted	3/18/2016		
CoSCC	Fine Arts	AFA	Self Study and Site Visit	4/4/2016		

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CoSCC	Education	AST	Self Study and Site Visit	3/17/2016		
JSCC	Teaching	AST	Self Study	28-Mar-16		
MSCC	Biology	AS	Self study	4/15/2016		
MSCC	Teaching	AST	Self study	4/1/2016		
NaSCC	Music Technology	Certificate	Self study submitted February 2016.	4/20/2016		
NaSCC	Computer Networking Technology	AAS	Self study submitted March 2016.	4/15/2016		
NeSCC	Entertainment Technology Sound and Lighting	Certificate	Self study submitted February 2016.	3/22/2016		
PSCC	Natural Sciences	AS	Self study	3/24/2016		
RSCC	Music	AFA	Self Study submitted 2/4/2016	3/17/2016		
RSCC	Environmental Health Technology	AAS	Self Study submitted 2/4/2016	3/22-23/2016		
STCC	Criminal Justice	AAS	Self Study	4/7/2016		
VSCC	Health Sciences	AAS	Self study report submitted to TBR on February 2015	5/8/2016		
VSCC	University Parallel	AA/AS	Self study report submitted to TBR on February 2015	4/4/2016		
VSCC	History, Economics, Geography and Political Science	AA/AS	Self study report submitted to TBR on February 2015	3/18/2016		
VSCC	Visual and Performing Arts	AA/AS	Self study report submitted to TBR on February 2015	4/1/2016		
WSCC	Fine Arts	AFA	Self Study	4/12/2016		
WSCC	Healthcare Documentation Specialist	Certificate	Self Study	3/22/2016		
WSCC	Medical Insurance Specialist	Certificate	Self Study	3/22/2016		
Academic Program Review Activities						

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Institution	Program Name	Degree(s)	Self Study or Other Activity	Site Visit Date(s)	
ETSU	Biomedical Sciences	PhD	Self-study submitted to reviewers on March 15, 2016.	March 31 - April 1, 2016	
ETSU	Nursing	PhD	Self-study submitted to reviewers on March 23, 2016.	April 7-8, 2016	
ETSU	Sport Physiology and Performance	PhD	Self-study submitted to reviewers on February 2, 2016.	February 25-26, 2016	
MTSU	English	BA	Self Study	3/17/2016	
MTSU	Geosciences	BS	Self Study	3/25/2016	
MTSU	Health and Human Performance	MS	Self Study	April 13-14, 2016	
MTSU	Mathematical Sciences	MS	Self Study	March 14-15, 2016	
MTSU	Professional Science	MS	Self Study	April 4-5, 2016	
TSU	Public Administration	PhD	Program Self Study	2/9/2016	
TSU	Engineering	MS	Program Self Study	4/29/2016	
TSU	Biology	PhD	Program Self Study	3/31/16	
TSU	Dental Hygiene	AAS, BS	Program Self Study	5/1/2016	
TTU	Biology	BS	Program Self Study	March 23-25, 2016	
TTU	Wildlife Fisheries	BS	Program Self Study	March 23-25, 2016	
TTU	Biology	MS	Program Self Study	March 23-25, 2016	
TTU	Chemistry	MS	Program Self Study	Feb. 10-12, 2016	
UM	Liberal Studies	BLS/MALS	Self Study	April 10-12, 2016	
UM	Professional Studies	BPS	Self Study	April 10-12, 2016	
UM	Ed, Psyc and Research	MS/PhD	Self Study	March 13-15, 2016	
UM	Biomedical Engineering	MS/PhD	Self Study	April 3-5, 2016	
UM	Engineering Technology	MS	Self Study	March 27-29, 2016	

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ChSCC	Professional Actor Training Program & AA/AS UTPA - Theatre Transfer	CERT-BEGA, CERT-INTA, CERT-AVDA, CERT-PROA, AA/AS-UTPA-UTHA	Quality Assurance Funding Program Review - Internal & External Review	04/28/2016 - 05/04/2016	
DSCC	Computer Information Technology	AAS	Program Review	6/1/2016	
DSCC	Criminal Justice	AA and AS	Program Review	7/20/2015	
NaSCC	Central Sterile Processing Technology	Certificate	Self study submitted May 2016.	On-site visit June 24, 2016.	
NeSCC	Medical Laboratory Technology	AAS	DACUM	5/13/2016	
NeSCC	Office Administration Technology: General Office	AAS	Statewide TBR Common Curriculum Review	Statewide curriculum reviews held at TBR Office and through conference calls during AY 2015-2016. Changes effective Fall 2016	
NeSCC	Office Administration Technology: Legal Office	AAS	Statewide TBR Common Curriculum Review	Statewide curriculum reviews held at TBR Office and through conference calls during AY 2015-2016. Changes effective Fall 2016	
NeSCC	Office Administration Technology: Medical Office	AAS	Statewide TBR Common Curriculum Review	Statewide curriculum reviews held at TBR Office and through conference calls during AY 2015-2016. Changes effective Fall 2016	
NeSCC	Computer and Information Sciences: Networking Engineering Technology Information Assurance Computer Programming Personal Computer Management Web Development	AAS	Common Curriculum approvals will go into effect during Fall 2017, with some program name/title changes	Statewide TBR Common Curriculum Review throughout AY 2015-2016	
NeSCC	Electrical Technology: Electromechanical	AAS	DACUM	4/21/2016	

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NeSCC	Industrial Technology: Automotive Service	AAS	DACUM	4/29/2016	
NeSCC	Industrial Technology: Automotive Service Certificate	Certificate	DACUM	4/29/2016	
NeSCC	Industrial Technology: Machine Tool	AAS/Certificate	Industry Meeting Curriculum Review	4/5/2016, 5/6/2016	
NeSCC	Industrial Technology: Manufacturing	AAS	Industry Meeting Curriculum Review	3/21/2016, 3/29/2016	
NeSCC	Industrial Technology: All Concentrations Electrical Technology: All Concentrations	AAS/Certificate	Industry Meeting Program Review	6/6/2016	



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Academic Policies and Programs
SUBJECT: Graduation Report
DATE: September 15, 2016
PRESENTER: Vice Chancellor Tristan Denley
ACTION REQUIRED: No Action Needed
STAFF'S RECOMMENDATION:

BACKGROUND INFORMATION:

The graduation report provides graduation counts for 2015-16 by institution and award level for the Board Meeting in September. Reporting of graduations was finalized in July.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Academic Policies and Programs
SUBJECT: Preliminary Fall Enrollment Report
DATE: September 15, 2016
PRESENTER: Vice Chancellor Tristan Denley
ACTION REQUIRED: No Action Needed
STAFF'S RECOMMENDATION:

BACKGROUND INFORMATION:

The Committee will receive a report of preliminary enrollment figures and trends in the TBR universities and community colleges for the fall semester 2016.



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Academic Policies and Programs
SUBJECT: Report on Academic Initiatives
DATE: September 15, 2016
PRESENTER: Vice Chancellor Tristan Denley
ACTION REQUIRED: No Action Needed
STAFF'S RECOMMENDATION:

BACKGROUND INFORMATION:

Vice Chancellor Tristan Denley will give an update on the impact of system-wide student success initiatives.



**Tennessee Board of Regents
Committee on Personnel and Compensation
September 15, 2016**

AGENDA

I. Consent Agenda

A. Out of Cycle Tenure and Promotion at Chattanooga State Community College
(Vice Chancellor Tristan Denley) The Committee will consider a request for promotion of Randy Ricketson to Assistant Professor in Engineering and Information Technology at Chattanooga State Community College. Mr. Ricketson was approved for promotion recommendation through appropriate channels at Chattanooga State but inadvertently not submitted to TBR during the normal cycle. The promotion recommendation includes a salary increase of \$1,537 or a 3% increase.

B. Recommendations to Award Tenure Upon Appointment
(Vice Chancellor Tristan Denley)

The Committee will review for approval recommendations from all six (6) universities and two (2) community colleges (Chattanooga State and Pellissippi State) to award tenure upon appointment to 17 university and two (2) individuals who were recruited because of distinctions in their fields or other special qualifications. Campuses agreed during the recruitment and hiring process to recommend these persons. A summary of qualifications for each person recommended is attached.

II. Consideration of Institutional Compensation Proposals (Vice Chancellor Dale Sims)

The Committee will consider approval of the institutional compensation proposals.

III. Revisions to TBR Policy 7:01:00:00 Firearms and Other Weapons (General Counsel Mary Moody)

Since implementation of Policy 7:01:00:00, there have been recurring issues regarding Section II. A. We propose the attached amendment to the policy to address those issues.



TENNESSEE BOARD OF REGENTS

MEETING: Personnel and Compensation Committee

SUBJECT: Out of Cycle Tenure and Promotion at Chattanooga State Community College

DATE: September 15, 2016

PRESENTER: Vice Chancellor Tristan Denley

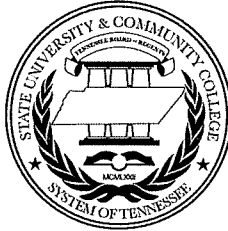
ACTION REQUIRED: Roll Call Vote

STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The Committee will consider a request for promotion of Randy Ricketson to Assistant Professor in Engineering and Information Technology at Chattanooga State Community College. Mr. Ricketson was approved for promotion recommendation through appropriate channels at Chattanooga State but inadvertently not submitted to TBR during the normal cycle.

The promotion recommendation includes a salary increase of \$1,537 or a 3% increase.



TENNESSEE BOARD OF REGENTS

MEETING: Personnel and Compensation Committee
SUBJECT: Recommendations to Award Tenure Upon Appointment
DATE: September 15, 2016
PRESENTER: Vice Chancellor David Gregory
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The Committee will review for approval recommendations from all 6 universities and 2 community colleges (Chattanooga State and Pellissippi State) to award tenure upon appointment to 17 university and 2 community college team members who were recruited because of distinctions in their fields or other special qualifications. Campuses agreed during the recruitment and hiring process to recommend these persons. A summary of qualifications for each person recommended is attached.

Tenure Upon Appointment 2016

Universities

Austin Peay State University

Dr. Rebecca Corvey, Director School of Nursing

East Tennessee State University

Dr. Debbie C. Byrd Dean College of Pharmacy

Dr. William A. Block, Jr., Chair of Obstetrics and Gynecology

Dr. Brian Johnston, Associate Professor Global Sports Leadership Program

Dr. Melessia Webb Director of Undergraduate Programs College of Nursing

Middle Tennessee State University

Dr. Keith Gamble, Chair of Economics and Finance

Dr. Heather Hundley, Chair of Communication Studies & Organizational Communication

Dr. Jason Martin, Associate Dean, Walker Library

Dr. Timothy Odegard, Chairholder of the Murfree Chair of Dyslexic Studies

Dr. Michael Sherr, Chair of Social Work

Dr. David Wood, Chairholder of the Martin Chair of Insurance

Tennessee State University

Dr. Chiquita A. Briley, Associate Professor and Chair of Family and Consumer Sciences

Dr. Lucien Yates, Dean Graduate Studies

Tennessee Tech University

Dr. Gerald Gannod, Chair Computer Science

Dr. Wendy Mullen, Chair Music

University of Memphis

Dr. Gretchen Peterson, Professor Sociology

Dr. Steven L. West, Professor and Chair Counselling, Educational Psychology and Research (CEPR)

Community Colleges

Chattanooga State Community College

Dana Nichols, Vice President Academic Affairs

Pellissippi State Community College

Dr. Ann E. Norton, Professor and Assistant Vice President of Academic Affairs

Austin Peay State University

Dr. Rebecca Corvey is recommended for Tenure upon appointment as Director of the School of Nursing at Austin Peay State University effective September 1, 2016. Dr. Corvey comes to APSU from Middle Georgia State University in Macon, GA where she has served as Dean and Professor of Nursing since 2011. Note that Middle Georgia received University status in July, 2015. Prior to that time it was known as Middle Georgia State College. Dr. Corvey has also held several other administrative roles at Middle Georgia State University, including, Associate Vice President for Academic Affairs and Division Chair, Nursing and Health Sciences. Dr. Corvey has presented at numerous conferences. She has also submitted and collaborated on several grant initiatives within the Health field. Dr. Corvey has served on community and professional boards. Dr. Corvey holds a BS in Nursing from the University of New Hampshire; a Master of Nursing from the University of Arkansas School of Medicine; and a Doctor of Education from the University of Georgia. We would like for Dr. Corvey to be awarded tenure at the rank of full Professor.

Chattanooga State Community College

Dr. Dana Nichols Professor and Vice President for Academic Affairs achieved the level of Associate Professor with tenure while teaching English/Spanish at Gainesville State College. She continued to advance her career as Coordinator, Dean and then Assistant Vice President of Academic Affairs for Lanier Technical College.

Dr. Nichols earned her Ph. D. from Georgia State University in English, including secondary emphasis in Spanish; she has published over 30 papers. Dr. Nichols sits on Chattanooga State's President's Cabinet and on our Executive Committee for Achieving the Dream Initiative.

East Tennessee State University

Dr. Debbie C. Byrd is recommended for tenure upon appointment as professor of Pharmacy Practice and dean of East Tennessee State University's Gatton College of Pharmacy effective July 1, 2016. Most recently Dr. Byrd served as associate dean of the College of Pharmacy at the University of Tennessee, where she was tenured and held the rank of professor. Previously she was the director of the Office of Experiential Learning in the Department of Pharmacy Practice in Auburn University's Harrison School of Pharmacy. Her clinical and hospital experience dates to 1997. Dr. Byrd has served in several leadership roles in the American Association of Colleges of Pharmacy. In addition to extensive teaching experience, she has made over 60 invited presentations at professional meetings and has authored or co-authored nearly 40 scholarly articles in refereed journals. Dr. Byrd has received numerous awards and honors. She holds a B.S. in Chemistry from Middle Tennessee State University, an M.B.A. from Tennessee Technological University, and a Pharm.D. degree from the University of Tennessee.

Dr. William A. Block, Jr. is recommended for tenure upon appointment as professor and chair of the Department of Obstetrics and Gynecology in East Tennessee State University's Quillen College of Medicine effective January 15, 2016. Most recently Dr. Block served as Medical Director of the Midwest Fetal Care Center, Allina Hospitals and Clinics/Children's Hospitals of Minnesota. Previously he was chief of the Division of Perinatology in ETSU's Department of Obstetrics and Gynecology. He has extensive clinical experience, including expertise in fetal therapy, prenatal diagnosis, and protocol-driven outcomes in fetal anomalies. Dr. Block has served on numerous professional committees and boards and is the recipient of several awards. His scholarly research, reviews and abstracts have appeared in many journals and professional outlets, and he has given nearly 40 invited lectures. Dr. Block holds a B.S. in Physics from the University of the South, an M.B.A. from Emory University, and an M.D. from East Tennessee State University.

Dr. Brian Johnston is recommended for tenure upon appointment as associate professor in East Tennessee State University's Global Sports Leadership Program in the College of Graduate Studies effective August 2, 2016. Dr. Johnston's resume depicts undergraduate and graduate teaching, a strong role in online course development, and a broad scope of experiences in athletic administration that bear directly on the Global Sport Leadership program's focus on an interdisciplinary curriculum in which a critical mass of courses is taught by practitioners who are experts in the field. Most recently he served as Associate Athletic Director for Student Athlete Experience and Analytics at ETSU. Dr. Johnston has held administrative positions of increasing responsibility, including head athletic trainer, Director of Athletic Medicine, Clinical Director of the Jerry Robertson BucSports Athletic Medicine Center, and assistant athletic director. Dr. Johnston has taught courses at the undergraduate and graduate level, as well as non-credit instructional activities for sport medicine professionals, coaches and athletic training professionals. He has co-authored several research articles and made over 25 invited presentations at national and international meetings. Dr. Johnston holds a B.S. in Physical

Education from East Tennessee State University, an M.S.S. in Sports Management from the United States Sports Academy, and a Ph.D. in Sport Physiology and Performance from East Tennessee State University.

Dr. Melessia Webb is recommended for tenure upon appointment as Director of Undergraduate Programs and associate professor in East Tennessee State University's College of Nursing effective September 19, 2016. Dr. Webb is currently dean of nursing at Northeast State Community College, where she is also a tenured associate professor. Before moving to Northeast State she was an assistant professor of nursing at ETSU and served as coordinator of the clinical nurse leader track in the Master of Science in Nursing program and later as coordinator of the university's RN to BSN program. Her clinical experience dates to 1996 and includes oncology, cardiac and pulmonary care, and surgical intensive care. Dr. Webb has made several professional presentations and is the recipient of numerous awards and honors. She holds a Bachelor of Science in Nursing, a Master of Science in Nursing, and an Ed.D. in Educational Leadership and Policy Analysis (Post-Secondary track), all earned at East Tennessee State University.

Middle Tennessee State University

Dr. Keith Gamble is recommended for tenure upon appointment as Associate Professor and Chair, Department of Economics and Finance at Middle Tennessee State University effective August 1, 2016. Dr. Gamble comes to MTSU from DePaul University where he has served since 2009 as Assistant Professor. Prior to that appointment, he served as Whitebox Post-Doctoral Fellow at Yale School of Management from 2008-09. Dr. Gamble has several publications on finance in print. He also has two articles on science in publication and three working papers in process. Dr. Gamble has been the recipient of several research fellowships, grants and awards. He has presented research at numerous annual meetings and workshops and has an active service record at DePaul University. Further, he has won teaching awards at DePaul University, Harvard University, and University of California, Berkeley. Dr. Gamble earned the A.B. in Economics from Harvard College and the Ph.D. in Economics from University of California, Berkeley.

Dr. Heather Hundley is recommended for tenure upon appointment as Professor and Chair, Department of Communication Studies & Organizational Communication at Middle Tennessee State University effective August 1, 2016. Dr. Hundley comes to MTSU from the California State University, San Bernardino (CSUSB) where she served as Professor of Communication Studies since 2004. While employed at this location, she served as Assistant Dean at the Palm Desert Campus from 2009-2012. Dr. Hundley has furthered her academic preparation by attending the Higher Education Resource Services (HERS) program in 2012 and the Center for Creative Leadership, Women's Leadership Experience in 2011. Since 2014 she has also served as the Executive Director of the Western States Communication Association. Dr. Hundley has been recognized with several honors and recognitions including the Top Competitive Paper in the Communication and the Law Interest Group of the Western States Communication Association and Communication in 2011 and the Outstanding Service Award at CSUSB in 2006. She has authored/co-authored several books, book chapters, and refereed journal articles. Dr. Hundley holds a B.A. and an M.A. in Communication Studies from California State University, Sacramento and the Ph.D. degree from the University of Utah in Salt Lake City.

Dr. M. Jason Martin is recommended for tenure in the User Services Department of the James Walker Library at Middle Tennessee University at the rank of Associate Professor effective July 1, 2016. Dr. Martin will serve as Associate Dean of the Walker Library. Dr. Martin comes to MTSU from Stetson University's DuPont-Ball Library where he served as Head of Public Services since July, 2012. Prior to that, he served as Instructor Librarian, Assistant Librarian and Associate Librarian at the University of Central Florida from 2006 until 2012. Additionally, he served as Assistant Librarian at Louisiana State University for almost two years. While at Stetson University, he has served on the Faculty Senate, General Education Assessment Committee, Student Retention Task Force, Academic Technology Committee, International Learning Committee, Continuing Education and Lifelong Learning Committee and Summer Program Taskforce. Dr. Martin has written several articles in refereed journals, conference proceedings, and professional journals and has made presentations at the regional and national levels. Dr. Martin holds the B.A. in History and the M.A. in Library and Information Science

from the University of South Florida, and he earned the Ed.D. from the University of Central Florida.

Dr. Timothy N. Odegard is recommended for tenure in the Department of Psychology at Middle Tennessee State University. Dr. Odegard serves as Chairholder of the Murfree Chair of Excellence in Dyslexic Studies and Professor in the Department of Psychology effective November 16, 2015. Dr. Odegard came to MTSU from the Wilson Language Training Corporation where he served as Director of Research since 2012. Prior to that appointment, he served as both Assistant and Associate Professor of Psychology at the University of Texas at Arlington from 2005-2011. Dr. Odegard has won the International Multisensory Structured Language Education Council Innovator Award as an Outstanding MSLE Professional in 2010, a Research Excellence Award at the University of Texas Arlington in 2008, 2009 and 2010. He has been awarded multiple research grants including NIH and Veterans Affairs Administration. Dr. Odegard has numerous published peer reviewed research articles, book chapters, conference presentations, and paper presentations. Dr. Odegard earned the B.A. degree in Psychology from Hendrix College in Arkansas, the M.A. and Ph.D. degrees from the University of Arkansas, Dyslexia Specialist Training from Texas Scottish Rite Hospital for Children, and a postdoctoral fellowship from the University of Texas at Arlington.

Dr. Michael Sherr is recommended for tenure upon appointment as Professor and Chair, Department of Social Work at Middle Tennessee State University effective August 1, 2016. Dr. Sherr comes to MTSU from the University of Tennessee at Chattanooga where he has served since 2012 as Department Head and Professor. He has also served as Assistant Professor and Associate Professor at the School of Social Work at Baylor University from 2006-2012. Prior to that he served as Assistant Professor at Northwest Nazarene University from 2004-06. He has served as Commissioner of the Commission on Education Policy, Council on Social Work since 2010. He has authored three books and has numerous refereed publications, book chapters, book reviews, technical reports, and refereed presentations. Dr. Sherr also has a strong funded research background with more than 10 grants funded. Dr. Sherr earned the B.S. in Social Work from the University of North Carolina, Greensboro and the M.S.W. and Ph.D. from the University of South Carolina.

Dr. David Wood is recommended for tenure upon appointment as Chair of the Martin Chair of Insurance, Finance and Professor in the Department of Economics and Finance at Middle Tennessee State University effective August 1, 2016. Dr. Wood comes to MTSU from Appalachian State University in North Carolina where he served for the past 31 years beginning as an Assistant Professor in 1985 and ending as the Joseph F. Freeman Distinguished Professor of Insurance. He also served as Director, Brantley Risk and Insurance Center for 14 years while at Appalachian State University. Dr. Wood also held teaching positions at Delta State University in Mississippi and Louisiana Tech University. Dr. Wood has won awards for excellence in teaching and service. He has published in numerous peer reviewed publications and has served as a consultant to industry and government agencies concerning risk management, insurance programs and agency valuation. Dr. Wood earned the B.B.A. from Delta State University, the M.B.A. from University of Mississippi, and the D.B.A. from Louisiana Tech University.

Pellissippi State Community College

Dr. Ann Norton has been appointed Assistant Vice President of Academic Affairs. Prior to her appointment at Pellissippi State Community College, Dr. Norton served as Humanities Division Chair and Title III Grant Activities Director at Madisonville Community College. While at Madisonville Community College, Dr. Norton served as Professor of Communication from 1991 to 2015. Dr. Norton has published research on *A Longitudinal View of the Liberal Arts Curriculum A Decade After Merger: A Multiple Case Study of Community Colleges In Connecticut, Kentucky, and Louisiana* and holds a Ph.D. in Educational Leadership and Organizational Development from University of Louisville.

Tennessee State University

Dr. Chiquita A. Briley is an Associate Professor and Chair of Family and Consumer Sciences. Dr. Briley has a background in nutritional sciences with an emphasis in community nutrition. Her focus of research and extension is in the area of childhood obesity and working with developing curriculum using health promotion models to improve healthier eating behaviors for culturally diverse limited-resource families. Dr. Briley has received over 2.36 million dollars of external funding and 2.4 million in total funding. She has a total of 83 publications which includes peer-reviewed professional journal articles (12) and extension publications. Dr. Briley has taught nutrition courses at the undergraduate and graduate levels. She has been on several thesis and dissertation committees working with students in the area of nutrition, health promotion and food science. Dr. Briley has been on several committees and created student-driven groups for service on the college campus which includes the War on Hunger and the Black Graduate Student Association (BGSA). During her tenure as Interim Department Chair she has built a relationship with the University of Nebraska-Lincoln, University of Kentucky and USDA ARS-Beltsville to provide students with internship opportunities in research and extension and graduate school. She has worked along with Academic Affairs to build relationships with community colleges and high schools in the area of child development/Early Childhood Education. She has also along with Academic Affairs and the College has begun to expand services and curriculum for the Early Learning Center to bridge a stronger relationship with community, university students, faculty and staff by providing the center as a research, teaching and extension outreach center.

Dr. Lucien Yates has an earned Ph.D. from Ohio University in curriculum, instruction and supervision. He has previously served as a superintendent of Harrisburg School District in Pennsylvania, as chair of the School of Education at Kentucky State University, and as dean of the College of Education at Prairie View A&M University. He has also been a faculty member during his academic tenure rising to the rank of full professor with tenured at Prairie View.

As a result of Dr. Yates prior administrative experience, his promotion to the rank of full professor with tenure, and his vision for the future direction of Graduate Studies and Research at Tennessee State University, we recommend him for the position of Dean and full professor with tenure upon appointment.

Tennessee Tech University

Dr. Gerald C. Gannod is recommended for tenure upon appointment as Chairperson, Department of Computer Science, Tennessee Tech University effective August 1, 2016. Dr. Gannod comes to Tennessee Tech University from Miami University in Oxford, Ohio where he filled the role of faculty member in the Department of Computer Science and Software Engineering in the College of Engineering and Computing. His scholarly work includes 13 published journal articles, 2 published book chapters, and participated in 69 conferences and workshops in selected areas of Reverse Engineering, Web Services and Software, Communication across curriculum, and Digital Humanities Mobile Learning. He has also been invited to lecture at 13 conferences in his field. Also, Dr. Gannod has been presented with numerous awards and honors in teaching and fellowships. He has also received the NSF Career Award and has received many grants as PI and Co-PI from NASA and the Air Force Research Laboratory. Dr. Gannod holds a B.S. in Computer Science with a minor in Economics and Communication from Michigan State University; an M.S. in Computer Science as well as a Ph.D. in Computer Science from Michigan State University.

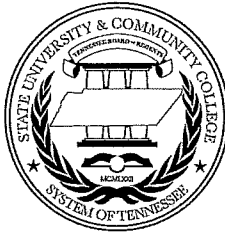
Dr. Wendy A. Mullen is recommended for tenure upon appointment as Chairperson, Department of Music, Tennessee Tech University effective August 1, 2016. Dr. Mullen comes to Tennessee Tech University from Georgia College in Milledgeville, Georgia where she filled the role as Provost Fellow in the Office of Academic Affairs and as a Professor of Music at Georgia College. Dr. Mullen has received numerous honors, awards, and grants in her field. She has served on 36 departmental committees, 24 university committees, and has made presentations in numerous conferences, lectures and workshops. She has also administered several webinars and coordinated faculty development programs in her field of expertise. Dr. Mullen has been involved in a great deal of professional activities such as vocal, solo, opera, and music theater performances. She holds a Bachelor of Music in Voice Performance and a Master of Music in Voice Performance from the University of Tennessee, Knoxville and a Ph.D. in Musical Arts in Voice Performance from Arizona State University.

University of Memphis

Dr. Gretchen Peterson is recommended for tenure upon appointment as Chair of the Department of Sociology in the College of Arts and Sciences at the University of Memphis effective September 1, 2016. She earned her Ph.D. in sociology at the University of Arizona and comes to us from Cal State University Fullerton where she has held the rank of Full Professor with tenure and served as Chair of the Department of Sociology since 2013. She has a record of outstanding teaching (with a very high teaching load) and extensive service and involvement in shared governance at her previous institution along with a consistent record of publication in her field of the specialization in the sociology of sports, including thirteen articles and book chapters in leading journals and collections in that field and 27 papers presented at regional and national conferences. She also serves as peer reviewer for a wide range of major journals in sociology.

Dr. Steven L. West is recommended for tenure upon appointment as Professor and Chair of the Department of Counseling, Educational Psychology and Research (CEPR) at The University of Memphis effective August 15, 2106. This department has 26 Faculty with five being full professor.

Dr. West comes to The University of Memphis from Virginia Commonwealth University (VCU) where he joined the faculty August 2001, received tenure in 2007, and in 2010 became Associate Director of the Center for Rehabilitation Science and Engineering at VCU. He has been principal Investigator on five funded projects and assisted with administration of multiple others. He has 44 peer reviewed journal publications and in addition has published book chapters and research monographs. Dr. West has a BA in Psychology from the University of Tennessee, a M.S. in Rehabilitation Counseling (emphasis in alcohol and drug abuse treatment) from the University of Tennessee, and a Ph.D. in Human Development and Family Studies (specialization in the development of drug abuse and addiction) from Texas Tech University. Dr. West has the expertise to mentor junior faculty, especially in the process of writing proposals for external funding to support research. His experience and research expertise provide the basis for recommending tenure upon appointment.



TENNESSEE BOARD OF REGENTS

MEETING: Personnel and Compensation Committee
SUBJECT: Consideration of Institution Compensation Proposals
DATE: September 15, 2016
PRESENTER: Vice Chancellor Dale Sims
ACTION REQUIRED: Roll Call Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

At the June 2016 meeting, the Board authorized the submission of proposed institutional compensation proposals. State funding provided did not funds specifically designated for salary increases for higher education. However, the outcome funding provided exceeded THEC's recommendation and provided authority to use those funds for salary improvements. The Board approved that the "excess" outcome funding be used to partially fund a minimum 1.0% salary pool at each institution. Institutions were given the flexibility to supplement that funding from local sources to provide additional salary increases or address personnel needs. The following strategies were approved:

- A. Compensation Plan:
 - Institutions may provide salary adjustments consistent with their Board approved compensation plans; and/or
 - Institutions may adjust the salary ranges to address changes in market salaries, as prescribed in their compensation plan; and/or
 - Institutions may address specific equity issues and reclassifications consistent with their compensation plan; and/or
- B. Cost of Living Adjustment (COLA): Institutions may provide a COLA, based on salaries as of June 30, 2016. A minimum payment may be established by the institution. The amount shall be pro-rated for regular part-time employees; and/or
- C. Faculty Promotions: Institutions may use all or a portion of the available salary pool to fund faculty promotions, consistent with the institution's approved compensation plan;
- D. One-Time Payment: Institutions may provide a one-time payment to all regular full-time and part-time employees on payroll as of June 30, 2016. One-time payments for part-time employees shall be pro-rated; and/or

- E. Funding Additional Positions: Institutions may fund the creation of new positions. Positions would be funded from the requested salary pool, based on institutional needs.

Staff has received and evaluated institutional compensation salary increase proposals and is recommending the Board's approval of these compensation plan increases as outlined below. If approved, all system wide salary adjustments would total approximately \$19.8 million, with approximately \$5.3 million going toward the institution compensation plans.

INSTITUTIONAL COMPENSATION PROPOSALS. Board staff has received proposals from all TBR institutions as summarized below:

Requested Action	Universities	Community Colleges	TN Colleges of Applied Technology	System Office *	Total**
Compensation Plan	5	10	1	1	17
Cost of Living Allowance (COLA)	5	8	1	0	14
Faculty Promotions	2	3	0	0	5
One-Time Payment	2	5	0	0	7
Additional Positions	0	2	0	0	2
Total**	14	28	2	1	45

Note: * Includes System Office executive staff, Presidents and Directors

** An institution may choose multiple strategies

Sector	COLA	Comp Plan	Additional Positions	Faculty Promotions	One-Time Payment
Universities	\$ 6,702,160	\$ 2,449,618	\$ -	\$ 260,458	\$ 2,843,733
Colleges	\$ 1,817,663	\$ 2,671,877	\$ 591,844	\$ 132,647	\$ 747,887
TCATs	\$ 1,332,734	\$ 117,466	\$ -	\$ -	\$ -
System Office	\$ -	\$ 116,156	\$ -	\$ -	\$ -
Total	\$ 9,852,557	\$ 5,355,118	\$ 591,844	\$ 393,105	\$ 3,591,621

The breakdown of recurring salary adjustments by employment category is as follows:

Faculty	Administration	Professional	Clerical/Support
\$7,755,914	\$1,064,537	\$2,889,458	\$3,497,765
51%	7%	19%	23%

Attachment A provides a summary of the features of each institution's proposed salary plan. Staff is recommending approval of these proposals as outlined in the attachment.

Attachment A

Institution and System Office Compensation Proposals FY 2016-17

[illegible]



TENNESSEE BOARD OF REGENTS

MEETING: Committee on Personnel and Compensation
SUBJECT: Revisions to TBR Policy 7:01:00:00 - Firearms and Other Weapons
DATE: September 15, 2016
PRESENTER: Mary Moody, General Counsel and Board Secretary
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approve

BACKGROUND INFORMATION:

Proposed Amendment to TBR Policy on Firearms and Other Weapons

Based on widespread issues with enforcing the "do not disclose" provision of TBR Policy 7:01:00:00, Firearms and Other Weapons, we propose to amend that policy.

1. By deleting the following language from Section II.A

, or to intentionally disclose to other employees, students or third parties that they are carrying a hand gun, except for the registration required in subsection 1, below.

And by substituting instead the following

, unless the employee is carrying, displaying, or employing the handgun in justifiable self-defense or in justifiable defense of another during the commission of a crime in which the employee or the other person defended was a victim.

2. By adding the following language as Section II.A.10.

10. Employees who elect to carry a handgun under T.C.A. § 39-17-1309(e)(9) shall not disclose the fact that they are carrying a handgun with the intent to intimidate or threaten other employees, students or third parties.



Tennessee Board of Regents
Committee on Finance and Business Operations
September 15, 2016

AGENDA

- 1. CONSENT AGENDA** (Vice Chancellor Dale Sims)
 - a. Approval of New Policy 1:10:00:00 – Contracts
 - b. Recommended Revisions to Policy 1:03:02:10 – Approvals of Procurements and Contracts
 - c. Approval of New Policy 4:02:10:10 – Procurement Card
 - d. Technology Access Fee Spending Plans
The Committee will receive a report on the review of FY 2016-2017 Technology Access Fee spending plans.

- 2. PRESENTATION OF CAPITAL BUDGET FOR FY 2017–2018** (Vice Chancellor Dale Sims)

The Committee will consider for approval the recommendations for the capital budget for FY 2017-2018.

- 3. CAPITAL MATCH FUNDING REPORT** (Vice Chancellor Dale Sims)

The Committee will receive a summary of the capital match funding report.

- 4. SYSTEM BUDGET REQUESTS TO TENNESSEE HIGHER EDUCATION COMMISSION** (Vice Chancellor Dale Sims)

The Committee will consider for approval System requests to be forwarded to the Tennessee Higher Education for inclusion in the 2017-2018 budget request.



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations
SUBJECT: Approval of New Policy 1:10:00:00 - Contracts
DATE: September 15, 2016
PRESENTER: Vice Chancellor Dale Sims
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The System Office engaged a small working group from the System to update the Approvals Policy, Contracts Guideline and develop a new Contracts Policy. The Contract Policy was developed to align with the Procurement Policy and Procurement Guideline format, having a short policy with the processes/procedures in the contracts guideline. As with the Purchasing Policy and Guideline, the intent was to alleviate Board review when minor guidance was changed. The Approvals Policy was updated to align with these processes.

Attached for your review is new Policy 1:10:00:00 - Contracts which was approved by institution procurement officers, institution business officers, Academic sub-councils and the Presidents Council. Should you desire to review the associated guideline, it can be found at <https://policies.tbr.edu/guidelines/contracts-guideline>.

Contracts

Purpose

The purpose of this policy is to establish the framework for contracts of the Institutions governed by the Tennessee Board of Regents.

Applies To

All Institutions governed by the Tennessee Board of Regents.

Definitions

Institution – means any of the universities, community colleges, colleges of applied technology or central offices within the Tennessee Board of Regents system.

State – means state of Tennessee.

Policy/Guideline

I. Applicable Documents

Whether the document is called an agreement, contract, memorandum of agreement, memorandum of understanding, terms and conditions, purchase order or other similar name, it is subject to the requirements of this policy. The purpose of a written contract is to embody the complete agreement in writing. No relevant terms should be left to an unwritten understanding or verbal agreement. The document should be explicit and clearly state the rights and duties of each party and clearly identify all parties.

II. Approval/Authority

The authority to approve contracts is delineated in TBR Policy 1-03-02-10 (Approval of Procurements and Contracts).

III. Prohibited Contracts

- A. Institutions shall not knowingly contract for the procurement of any merchandise, equipment or material with an individual who is, or within the past six months has been, a State employee. An individual shall be deemed a State employee until such time as all compensation for salary, termination pay, and annual leave has been paid;

- B. Institutions shall not knowingly contract with a company or corporation in which a controlling interest is held by any State employee or the employee's spouse.
- C. Institutions shall not knowingly contract with any person in violation of Federal or State law.

IV. Contracts Guideline

The System Office shall maintain, with input from the Institutions, a written Contracts Guideline, which may be in electronic format, to ensure that all contracts comply with federal and state laws and regulations. All Institutional contracts shall comply with the Contracts Guideline.

V. Exceptions

The Chancellor or designee may approve exceptions to the requirements of this policy in appropriate circumstances. Requests for exceptions must be signed by the President or Director and include sufficient justification documentation.



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations

SUBJECT: Recommended Revisions to Policy 1:03:02:10 -
Approvals of Procurements and Contracts

DATE: September 15, 2016

PRESENTER: Vice Chancellor Dale Sims

ACTION REQUIRED: Voice Vote

STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The System Office engaged a small working group from the System to update the Approvals Policy, Contracts Guideline and develop a new Contracts Policy. The Contract Policy was developed to align with the Procurement Policy and Procurement Guideline format, having a short policy with the processes/procedures in the contracts guideline. As with the Purchasing Policy and Guideline, the intent was to alleviate Board review when minor guidance was changed. The Approvals Policy was updated to align with these processes.

Attached for your review are recommended revisions to Policy 1:03:02:10 – Approvals of Procurements and Contracts with changes approved by institution procurement officers, institution business officers, Academic sub-councils and the Presidents Council.

1-03-02-10

Approvals of Procurements and Contracts

Purpose

The following policy on approvals is adopted by the Tennessee Board of Regents (TBR) to delineate the approval process for procurements and agreements to be entered into by institutions governed by the TBR.

Applies to

All Institutions governed by the Tennessee Board of Regents.

Definitions

Contract – An agreement between parties which obliges each party to take or not take certain actions. Contracts may be called, but are not limited to, agreement, memorandum of understanding, memorandum of agreement, purchase order, and terms and conditions.

Institution – means any of the universities, community colleges, colleges of applied technology and System Office departments within the Tennessee Board of Regents.

System Office – the administrative offices of the Tennessee Board of Regents.

Policy/Guideline

I. Approval By Presidents of Universities and Community Colleges

- A. All agreements and contracts affecting a Community College or University must be approved and executed by the President or the President's designee.
- B. Each Community College / University shall develop written policies and procedures which are in addition to TBR's policies and guidelines and which will further ensure that no contract or agreement is entered into without the approval of the President or the President's designee.

II. Tennessee College of Applied Technology Approvals

All agreements and contracts affecting a Tennessee College of Applied Technology must be approved and executed by the Vice Chancellor for the Tennessee Colleges of Applied Technology, who for purposes of this policy shall have the authority and responsibilities of the presidents of other institutions. The Vice Chancellor for the Tennessee Colleges of Applied Technology may delegate the authority to approve and execute agreements to directors in writing.

III. Approval By Chancellor

A. The following agreements, contracts or procurements, in addition to being approved as set out above, shall be submitted to the System Office for approval by the Chancellor or the Chancellor's designee:

1. Agreements and contracts involving or related to the purchase or disposal of real property, insurance, and capital outlay projects.
2. Agreements involving or related to the leasing (institution as lessee or lessor) of real property for more than five (5) years or more than \$150,000 per year.
3. Any agreement, including purchase orders, for two hundred fifty thousand dollars (\$250,000) or more in annual revenue or expense.
4. Agreements and contracts involving insurance or other benefits.
5. Agreements in which the TBR is a named party.
6. The primary operating agreement between an institution and its foundation and any other agreement between the institution and its foundation which does not conform to the requirements of TBR Guideline G-030;
7. Contracts, including grant agreements, which do not conform to the requirements of TBR Guideline G-030 (Contracts Guideline);
8. Banking, procurement card and other financial services agreements;
9. Any agreement between a TBR institution and any other institution, agency, organization or entity which provides for the coordinated or cooperative offering of any credit or non-credit programs or activities or in which certificate or degree requirements are met or credit is given for coursework or activities offered by another institution.
 - a. Examples of such agreements include provisions for either credit or non-credit academic programs or public service activities to private or state agencies and institutions in the fulfillment of that agency's responsibility for state-wide services or governmental training, and
 - b. Agreements which require consortia or cooperative arrangements with other institutions, agencies, or associations.
10. Any noncompetitive contract with a potential term of more than one (1) year and a cumulative value of two hundred fifty thousand dollars (\$250,000) or more. Institutions shall not enter into multiple one-year

contracts, involving the same vendor for the same service, to circumvent this requirement.

- B. Renewals of the above agreements do not require approval by the Chancellor or the Chancellor's designee if no changes have been made. However, a copy of the executed renewal shall be provided to the System Office.
- C. Purchase orders issued pursuant to purchase orders and/or contracts which have already been approved by the Chancellor or the Chancellor's designee do not require additional approval to the System Office.
- D. The Chancellor may direct that certain or all agreements of any Institution be submitted for prior System Office review and approval.

IV. Other Approvals

Certain agreements may be subject to additional review and/or approval processes as set out in TBR policies, i.e. Fiscal Review, State Building Commission, etc.

V. Exceptions

The Chancellor or designee may approve exceptions to the requirements of this policy in appropriate circumstances. Requests for exceptions must be signed by the President or Director and include sufficient justification documentation.



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations
SUBJECT: Approval of New Policy 4:02:10:10 - Procurement Card
DATE: September 15, 2016
PRESENTER: Vice Chancellor Dale Sims
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The purpose of the new Procurement Card Policy is to provide parameters in the areas of program administration, file management, proper procurement card usage, and to promote compliance with Tennessee Board of Regents policies and guidelines. Should you desire to review the associated guideline, it can be found at <https://policies.tbr.edu/guidelines/procurement-card-guideline>

4= Business & Finance Policies

4:02:10:10

Procurement Card Policy

Purpose

The purpose of this procurement card policy is to provide parameters for proper procurement card usage, and to promote compliance with Tennessee Board of Regents (TBR) Policies and Guidelines.

Applies to

All Institutions governed by the Tennessee Board of Regents.

Definitions

Institution – means any of the universities, community colleges, colleges of applied technology and System Office departments within the Tennessee Board of Regents.

Procurement Card or PCard - means a commercial card that allows institutions to take advantage of the existing credit card infrastructure to make electronic payments for goods or services. A PCard is similar to a consumer credit card, but the card-using institution must pay the card issuer in full each month. In this Policy, the term “Procurement Card” or “PCard” shall also include “Virtual/Ghost Procurement Cards” or “Virtual PCards” as the context requires.

System Office – the administrative offices of the Tennessee Board of Regents.

Policy/Guideline

I. Authority

The authority to approve procurements of goods and services is delineated in TBR Policy 1-03-02-10.

II. General Procurement Card Policies

A. Procurement Generally

1. PCards are to be used only for authorized official institutional business. Employee participation in a PCard program is considered a privilege and may be revoked at any time for abuse, inappropriate/fraudulent use, or for program mismanagement.

2. Procurements of goods or services shall be in compliance with all applicable federal and state requirements and TBR Policies and Guidelines.
3. A complete record shall be maintained on each procurement transaction in order to provide a clear audit trail.

B. Procurement Card Guideline

The Office of Business and Finance, in conjunction with the Council of Buyers shall maintain a procurement card guideline, which may be in electronic format, setting forth all processes and procedures for procurement card purchases to ensure that all transactions are in compliance with federal and state laws, regulations, and all applicable TBR Policies and Guidelines. All Institutional procurement card purchases shall be in compliance with the TBR Procurement Card Guideline B-125. Each Institution shall maintain procurement card procedures, which may be in electronic format, setting forth any procedures of the Institution in addition to or necessary to comply with this Policy.

III. **Exceptions**

The Chancellor or designee may approve exceptions to the requirements of this Policy in appropriate cases.



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations
SUBJECT: Technology Access Fee (TAF) Report
DATE: September 15, 2016
PRESENTER: Vice Chancellor Dale Sims
ACTION REQUIRED: No Action Needed
STAFF'S RECOMMENDATION: Accept Report

BACKGROUND INFORMATION:

By FY 1997-98, the Board had approved a uniform technology access fee (TAF) of \$112.50 per semester across all universities and community colleges and \$100.00 per term for Tennessee Colleges of Applied Technology. This fee was levied for the purpose of providing student access to computing and similar technologies. Board Guideline B-060, Section VII provides that TAF funds be used to benefit students directly, for items such as new and improved high technology laboratories and classrooms, appropriate network and software, computer and other equipment, and technological improvements that enhance instruction. For compliance purposes, Section B.4 of this guideline requires that the Chancellor annually review TAF proposed spending plans from 25% of TBR institutions and provide a report to the Board.

For fiscal year 2016-2017, TAF spending plans from East Tennessee State University, Tennessee Tech, Motlow State Community College, Northeast State Community College and Southwest Tennessee Community College as well as Tennessee Colleges of Applied Technology at Crossville, Crump, Dickson, Knoxville, Newbern, Paris, and Shelbyville were reviewed for compliance with TAF use guidelines.

Although minor mathematical problems were discovered and corrected, all plans reviewed were found to be in compliance with TAF use guidelines.



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations Committee

SUBJECT: Capital Budget Fiscal Year 2017-18

DATE: September 15, 2016

PRESENTER: Vice Chancellor Dale Sims
Mr. Dick Tracy, Executive Director of Facilities

ACTION REQUIRED: Roll Call Vote

STAFF'S RECOMMENDATION: Approve

BACKGROUND INFORMATION:

The original materials distributed for the Committee did not include the detailed capital budget recommendations. Attached are the materials on the capital budget request for fiscal year 2017-18 that will be considered and acted upon by the Committee during its meeting on Thursday, September 15th.

Materials included are:

- The capital budget recommendations from the Office of Facilities Development;
- A transmittal regarding a request from the University of Memphis to substitute projects; and
- A capital matching funds summary for projects recommended within the capital budget.

Please feel free to contact either Mr. Dick Tracy or Vice Chancellor Sims should you have questions on these materials.

Summary of Capital Budget Request 2017 - 2018

of the

Tennessee Board of Regents



September 16, 2016

This is the Summary of the Capital Budget Request for Fiscal Year 2017-2018 for the Finance and Business Operations Committee of the Tennessee Board of Regents.

The Summary of the Capital Budget Request includes recommendations for a combined list of university, community college, and colleges of applied technology projects in three (3) classifications as follow:

A. Capital Outlay Projects

Includes projects for which the primary objective is expansion of plant by adding new construction and renovations involving extensive changes in functional use.

B. Capital Maintenance Projects

Includes projects for which the primary objective is correction of identified deficiencies in existing facilities. Projects in this classification include roof replacements, building system and sub-system improvements, and energy conservation projects.

This classification also encompasses projects for which the primary objectives are modifications to existing facilities to make all programs accessible in accordance with Title II of the Americans with Disabilities Act.

C. Project Disclosures (utilizing School Bonds and other funding sources)

Includes projects for which no state capital appropriations are requested. These projects identify funding from campus funds, grants, gifts, donations, Tennessee State School Bond Authority financing (school bonds), etc.

Classification A: Capital Outlay

\$294,680,000 (last year: \$194,308,000) is recommended for the fiscal year 2017-2018, as first-year funding. TBR intends to recommend a minimum of \$150,000,000 for prioritized Capital Outlay projects each year. No new projects were added to the Capital Outlay request last year, but four (4) new projects will be added this year. Two (2) projects were funded in FY 16/17, leaving a total of eight (8) recommended projects. Four (4) of the eight (8) projects already have planning funds. The five-year average of Capital Outlay funding is \$99,282,000 which includes special appropriations outside our Capital Outlay request.

Capital Outlay Projects: **\$294,680,000** is recommended for full funding of twelve (12) prioritized projects shown on Page 5. Per THEC's recommendation, we are submitting two separate lists for outlay projects, one to include the three (3) University projects, and the other to include the nine (9) Community College and TCAT projects. After the match, the state request is for \$255,099,500. Once ranked, projects retain their relative order until fully funded, with new projects added in rank order to the bottom. The prioritization formula is on Page 4; and program principles are on Page 6. Un-ranked 1st and 2nd priority projects submitted, are disclosed on Page 16 as potential candidates for the un-ranked balance of a five-year estimate.

Capital Outlay Prioritization Formula

July 2012

Type of Space

Up to 35 points

Each type of space is given a point value in relation to its relative importance to serving the mission of the institution.

The type of space in each project will be evaluated on the following point assignments:

points	space description
35	Classrooms 100's
35	Class Laboratories 210, 215, 220, 225, 250, 255
30	Offices 300's
25	Student Facilities 400's
15	Physical Education 520, 523, 525
10	General Use Facilities 600's

The three digit numbers are from the "Postsecondary Education Facilities Inventory and Classification Manual (FICM)" 2006 Edition.

Composite Shortage

Up to 35 points

The composite shortfall will be given a point value in relation to the outcome of the 2011 THEC Space Guidelines and the TBR system space analysis. The shortfall in each project will be evaluated based on the relative weight for the type of space.

Functionality & Quality

Up to 30 points

The functionality and quality will be given a point value based on information from the Physical Facilities Survey, independent assessments, input from the institution, and on-site observations. Priority will be given to facilities that have deficient mechanical/electrical capacity, technology, or that have significant health/life safety issues, or accreditation requirement. The functionality and quality considers space efficiency, the conversion or demolition of space, and renovation of vacated space.

CCTA

Each project shall include a brief narrative on how the project supports the principles of the Complete College Tennessee Act.

Summary

Scoring Categories and Maximum Points

Type of Space in project	35
Composite Shortage	35
Functionality and Quality of existing space	30

Maximum Total Score: **100**

FY 17/18 Capital Outlay Request

		Institution	Project	Activity	FY 17/18 Request	State Request
University Capital Outlay Projects						
2007	1	ETSU	Lamb Hall Renovation	plan and construct	23,000,000	17,250,000
1998	2	UoM	Biochemistry and Biology Facility ¹	construct	36,000,000	26,362,500
2012	3	MTSU	Academic Classroom Building	construct	<u>30,500,000</u>	<u>22,875,000</u>
University Total					89,500,000	66,487,500
Community College and TCAT Capital Outlay Projects						
2012	1	MSCC	Rutherford County Teaching Addition III	construct	27,190,000	24,471,000
2012	2	WSCC	Sevier County Campus Addition	construct	12,500,000	11,250,000
2012	3	VSCC	Warf Building Renovation	plan and construct	4,640,000	4,176,000
2012	4	CoSCC	Finney Library Renovation	plan and construct	6,100,000	5,490,000
2016	5	TCAT Knoxville	Satellite Campus	plan and construct	13,500,000	12,825,000
2016	6	TCAT Memphis	Satellite Campus	plan and construct	11,500,000	10,925,000
2016	7	PSCC	Multi-purpose Building and Renovations	plan and construct	27,000,000	24,300,000
2012	8	Statewide	TCATs Improvements Phase 2 ²	plan and construct	54,000,000	51,300,000
2016	9	CISCC	Campus Building Renovations/Replacement	plan and construct	<u>48,750,000</u>	<u>43,875,000</u>
Community College and TCAT Total					205,180,000	188,612,000
Capital Outlay Total Request:					294,680,000	255,099,500

¹ Refer to transmittal for substitution request

² Additional improvements identified in the TCAT Master Plan with projects to be prioritized.

Capital Outlay Program Principles

Capital Outlay

- Projects will compete and be scored for capital outlay funding consideration. The pending unranked 1st and 2nd priorities listed as Potential Out-Year Projects will be identified in the Capital Budget Request. Project will be scored prior to recommendation.

Flexibility

- An institution would be allowed to request for consideration by the Board to substitute a project for a current recommended project. Consideration would be given to the need (formula score) and the dollar amount of the substitute project versus the replaced project and the overall justification for the request.
- Request for projects to be funded will be considered by the Board on an individual basis. Consideration will be given to new projects on main campuses with an amount of match funding of 50% or greater, a prioritization score of 75 or higher, and justification for the request.

Capital Outlay Match Program

- Each project will require match funds to be considered for funding. Match funds may include private gifts, grants and institutional funds. Each institution will be required to submit a plan outlining the type and timeline for match funds when the project is submitted for consideration. Only the first \$75,000,000 requires a match.

Threshold for Capital Outlay Match Program:

- Universities 25%
- Community Colleges 10%
- Non-Formula Units 10%
- Colleges of Applied Technology 5%

Classification B: Capital Maintenance Annual Renewal Projects

This recommendation is a part of an ongoing effort to improve the Capital Maintenance funding for the Tennessee Board of Regents institutions in order to maintain the safety, structural integrity, functionality, and quality of aging facilities.

Annual Renewal: This year's request, **\$116,450,000** (last year: \$118,940,000), is a reflection of TBR's system-wide annual maintenance target. The FY 17/18 annual request is recommended to address eighty (80) Capital Maintenance annual renewal priorities at thirty-eight (38) Tennessee Board of Regents institutions, including all universities, thirteen (13) community colleges, and nineteen (19) colleges of applied technology. TCAT campuses are grouped together into "Statewide" projects. The list of projects begins on Page 9, after the Annual Renewal Target Funding Formula on Page 8.

Notes are provided to the right of the line items, indicating if the request is for an ongoing project, is a phased project already requested higher on the list, is a first phase of many, and so forth. No subsequent phases are guaranteed for multiple-phase projects, as such out-year requests are subject to determination in their normal annual cycle.

Five-Year Estimate: The Administration requires a five-year estimate of Annual Renewal, subject to change, and does not require individual projects beyond the first year. The estimates for the second through fifth years are based on a general escalation of this year's Target, and are shown on Page 15.

Unmet Needs: **\$94,430,000** in Unmet Maintenance Needs also is identified on Page 12. After prioritizing the requests to serve the Capital Maintenance Annual Renewal Request, these projects were beyond the annual renewal target, and many of them can be expected to appear in future years. If additional appropriations become available in excess of Annual Request, the listing and back-up for these projects in the unmet needs category are available upon request.

Capital Maintenance Annual Target Funding Formula

2016 System Statistics

6 Universities, 13 Community Colleges, and 27 Colleges of Applied Technology

	Adjusted Education & General gross square footage E&G GSF square feet	Average Age of Buildings years	Weighted Age of Buildings years	Building Replacement Cost including infrastructure dollars
Universities	16,094,920	48.6	48.0	4,096,129,730
Colleges	7,745,095	32.9	34.6	1,900,523,640
TCATs	2,112,064	34.8	38.0	458,782,950
Total	25,952,079			6,455,436,320

Formula for Annual Target Funding

Source - FM Data Monthly, August 1997 (modified to include infrastructure)

$$^{2/3} (\text{Building Replacement Cost}) \times (\text{Building Age} / 1275)$$

2017-2018 Target Funding for Capital Maintenance **\$ 119,552,058**

Prioritization Methodology

The formula is run for each institution, setting an institution Target. Each institution's requested projects, in the institution's priority order, are included to approximately the Target. Projects are given priority for addressing the five types of need listed at right. Projects are distributed through the list to achieve proportionate equality among institutions.

- 1) Building Codes & Safety
- 2) Roofs
- 3) Mechanical & Infrastructure
- 4) Building Envelope
- 5) Interiors and Finishes

FY 17/18 Capital Maintenance Annual Renewal Request

Pri	Institution	Project	2017-2018	Notes
1	Statewide	TCAT Building System Updates Phase 1	850,000	First of 2 phases
2	ETSU	Safety and Structural Repairs	2,500,000	
3	UoM	Roof Replacements	3,500,000	
4	WSCC	Several Buildings Re-roofing	650,000	
5	Statewide	TCAT Roof Replacements ph 1	1,050,000	First of 2 phases
6	APSU	Roof Replacements	1,800,000	
7	NeSCC	Library Roof Replacement	390,000	
8	ChSCC	CETAS Building Roof Replacement	1,430,000	
9	STCC	Roof Replacements and Envelope Repairs	1,550,000	Second of 2 phases
10	VSCC	Campus Underground Utility Upgrade	250,000	
11	MTSU	Alarm System Updates	2,820,000	
12	RSCC	Electrical and Fire Suppression Upgrades	530,000	
13	ETSU	CoM Building 178 HVAC and Controls Upgrade	1,600,000	Second of 2 phases
14	PSCC	HVAC Updates	850,000	
15	JSCC	Nelms Classroom Building HVAC Updates	610,000	
16	CoSCC	Several Buildings Infrastructure Updates	750,000	
17	Statewide	TCAT MPE and Infrastructure Updates ph 1	2,660,000	First of 2 phases
18	MSCC	Underground Utility Lines Replacement	1,160,000	
19	CISCC	Parking Lot Improvements	380,000	
20	DSCC	Door and Hardware Updates	320,000	
21	TTU	Waterproof & Exterior Repairs	3,120,000	Second of 3 phases
22	NaSCC	Sidewalk and Lighting Improvements	750,000	
23	Statewide	TCAT Parking and Paving Repairs Ph 2	2,790,000	
24	TSU	Migration Implementation 17.1	2,620,000	
25	VSCC	Annex Complex Envelope Repairs	260,000	
26	WSCC	Mechanical and Electrical Updates	900,000	
27	JSCC	Science Building Roof Replacement	390,000	
28	NeSCC	General Studies Roof Replacement	600,000	
29	UoM	Jones and Browning HVAC Updates	3,500,000	
30	MTSU	Piping and Manhole Replacement	1,900,000	

FY 17/18 Capital Maintenance Annual Renewal Request *continued*

Pri	Institution	Project	2017-2018	Notes
31	PSCC	Chiller Replacement	520,000	
32	DSCC	Elevator Updates	360,000	
33	STCC	Mechanical System Updates	1,550,000	
34	RSCC	Campus-wide Paving	550,000	Second of 2 phases
35	VSCC	Parking, Road and Site Upgrades	730,000	
36	CoSCC	Exterior Repairs	270,000	
37	TSU	Migration Implementation 17.2	2,610,000	Third of 3 phases
38	VSCC	Woods Building Restroom Renovations	370,000	
39	TTU	Roof Replacements	3,120,000	Second of 2 phases
40	MTSU	Roof Replacements	1,790,000	
41	Statewide	TCAT Roof Replacements Ph 2	1,150,000	Second of 2 phases
42	UoM	Mitchell and Clement HVAC Updates	3,500,000	
43	MTSU	Keathley University Cntr Mech. & HVAC Upgrades	1,750,000	
44	ETSU	Valleybrook Building Systems Replacement	3,000,000	
45	UoM	Ellington and Ball HVAC Updates	3,500,000	
46	APSU	Central Chiller Plant Repairs	1,800,000	
47	CISCC	Central Plant Modernization	750,000	
48	ETSU	Com Several Buildings HVAC System Upgrades	1,600,000	
49	MTSU	Elevator Modernizations	700,000	
50	NaSCC	Access Control and Locking Updates	750,000	
51	MTSU	Domestic Water-Sewer System Updates	900,000	Second of 2 phases
52	WSCC	Greenville Campus Mechanical Corrections	950,000	
53	CoSCC	Powerhouse System Repairs	380,000	Second of 2 phases
54	JSCC	Fire Alarm Updates	600,000	
55	Statewide	TCAT MPE and Infrastructure Updates Ph 2	860,000	Second of 2 phases
56	PSCC	Window Replacements	300,000	
57	TSU	Entrance Colonnade Repairs 17.1	2,500,000	First of 2 phases
58	RSCC	Building Envelope Repairs	760,000	
59	DSCC	Pavement Repairs	100,000	

FY 17/18 Capital Maintenance Annual Renewal Request *continued*

Pri	Institution	Project	2017-2018	Notes
60	ChSCC	CETAS Interior Modifications	2,500,000	
61	Statewide	TCAT Building System Updates Phase 2	850,000	Second of 2 phases
62	ETSU	Roof Replacements	2,750,000	
63	MTSU	Miller Education Center Roof Replacement	800,000	
64	VSCC	Pickel Roof Replacement	470,000	
65	MTSU	Stark AG Mechanical Updates	1,560,000	
66	UoM	Boiler and Piping Updates	3,500,000	
67	APSU	Fire Alarm Replacement	1,800,000	
68	ETSU	Com Clinical Education Bldg HVAC Upgrades	2,000,000	
69	ETSU	Shelbridge Updates	500,000	
70	MSCC	Power Plant Boiler Update	1,020,000	
71	UoM	Building Envelope Repairs	3,500,000	
72	CoSCC	Exterior Lighting Updates	200,000	
73	TSU	Entrance Colonnade Repairs 17.2	2,500,000	Second of 2 phases
74	TTU	Several Buildings Upgrades Phase 2a	3,120,000	Second of 3 phases
75	UoM	Building Code and Safety Updates	3,500,000	Second of 2 phases
76	CISCC	Campus Safety Update	750,000	
77	MTSU	Plumbing and Restroom Updates	1,500,000	
78	RSCC	Dunbar Elevator Replacement	480,000	
79	TSU	HVAC Updates	1,750,000	
80	ChSCC	Computer Center Emergency Generator	1,200,000	
Annual Maintenance Request			\$116,450,000	

TBR institutions submitted 55 additional projects at \$94,430,000 of unmet maintenance needs for a total request of \$210,880,000. Listing and back-up for these projects are available upon request.

Additionally, **Capital Maintenance** funding is anticipated for these **System-wide Programs:**

Accessibility

The TBR is committed to making all programs accessible in accordance with Title II of the Americans with Disabilities Act (ADA).

\$19,566,666 has been funded to date through appropriations to the directed project element of the total TBR development program to make all educational programs accessible.

No funding is included in this recommendation. In FY 16/17 TBR received \$800,000 for this program. This funding is expected to continue; however, the FY17/18 amount is not known.

Management Assistance

No funding is included in this recommendation to provide the necessary staff augmentation for management of the capital program.

It is expected that an appropriation will be made for a statewide program.

Classification C: Project Disclosures (utilizing School Bonds and other funding sources)

Twenty (20) other projects are listed on the next page, which have been identified by three (3) universities and five (5) community colleges to utilize funding from School Bonds, donations, and other sources. These projects do not have a priority order. Typically, only a minority of the disclosed projects are actually brought forward to the State Building Commission to become actual projects.

Some projects listed with funding from student fees or housing, may be dependent upon increases that will require approval at a future Board meeting (typically in June). Listing such projects acknowledges the institution's intent to have the project, but does not imply any certainty that the requisite fee increase will be approved by the Board.

FY17/18 Disclosed Projects

Institution	Project	Value	Source of Funds
APSU	Farm Residence	340,000	Plant funds
APSU	Jenkins & Wynn Property Improvements	2,500,000	Plant funds
TSU	Research Administration Facility	430,000	Plant Funds
UoM	Baseball Addition	450,000	Gifts
UoM	Engineering Student Service Improvements	1,000,000	Gifts
UoM	Fieldhouse Gym Improvements	800,000	Plant Funds
UoM	Research Start-up Improvements	1,500,000	Plant Funds & grants
MSCC	Athletic Field Upgrades	480,000	Plant Funds & gifts
NeSCC	Student Services Addition	450,000	Plant Funds
PSCC	Drainage and Landscaping Repairs	250,000	Plant funds
PSCC	Hardin Valley Space Utilization Renovations	320,000	Plant funds
PSCC	Magnolia Print Shop Renovation	150,000	Plant Funds
PSCC	Strawberry Plains Campus Build-out	2,000,000	Plant funds
PSCC	Strawberry Plains Fitness Trail	490,000	Student Fees
PSCC	Strawberry Plains Roadway	320,000	Student Fees
RSCC	Baseball and Softball Complex Improvements	590,000	Plant Funds
RSCC	Maintenance Equipment Building	110,000	Plant Funds
VSCC	Ramer Renovations Phase 1	500,000	Plant Funds
VSCC	Ramer Renovations Phase 2	480,000	Plant Funds
VSCC	ADA Accessibility Enhancements	310,000	Plant Funds
Disclosure Total		\$13,470,000	

FY17/18 Capital Budget Five-Year Plan

	Institution	Project	Activity	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
University Capital Outlay Projects								
2007	1	ETSU	Lamb Hall Renovation.....	Plan & Construct	23,000,000			
1998	2	UoM	Biochemistry and Biology Facility ¹	Construct	36,000,000			
2012	3	MTSU	Academic Classroom Building.....	Construct	<u>30,500,000</u>			
University Total					89,500,000			
Community College and TCAT Capital Outlay Projects								
2012	1	MSCC	Rutherford County Teaching Addition	Construct	27,190,000			
2012	2	WSCC	Sevier County Campus Addition.....	Construct	12,500,000			
2012	3	VSCC	Warf Building Renovation.....	Plan & Construct	4,640,000			
2012	4	CoSCC	Finney Library Renovation.....	Plan & Construct	6,100,000			
2016	5	TCAT Knoxville	Satellite Campus.....	Plan & Construct	13,500,000			
2016	6	TCAT Memphis	Satellite Campus.....	Plan & Construct	11,500,000			
2016	7	PSCC	Multi-Purpose Building and Renovations.....	Plan & Construct	27,000,000			
2012	8	Statewide	TCTSs Improvements Phase 2 ²	Plan & Construct	54,000,000			
2016	9	CISCC	Campus Building Renovations/Replacement.....	Plan & Construct	<u>48,750,000</u>			
Community College & TCAT Total					205,180,000			
Un-prioritized projects				Plan & Construct	0	150,000,000	150,000,000	150,000,000
(see Page 16 for institutional 1 st & 2 nd priorities								
that may appear in future requests)								
Capital Outlay Total:					294,680,000	150,000,000	150,000,000	150,000,000
Capital Maintenance Annual Renewal Total:					116,450,000	43,490,000	45,670,000	47,960,000
Capital Total:					411,130,000	193,490,000	195,670,000	200,350,000

¹ Refer to transmittal for substitution request

² Additional improvements identified in the TCAT Master Plan with projects to be prioritized.

Note: See Page 5 for additional information

FY17/18 Capital Outlay Potential Out-Year Projects

Institution	Project	Activity	2017-2018	
Institutional 1st priorities for consideration				As mentioned on Page 3, these projects were submitted by our institutions as 1 st and 2 nd priorities to be considered by TBR for the Capital Outlay Standard Projects. The amounts are the current-year estimate, and are likely to escalate over time.
ChSCC	Student Center Addition	plan and construct	13,100,000	
CoSCC	New Health sciences Building	plan and construct	15,700,000	
DSCC	Arts and Sciences Building	plan and construct	35,000,000	
JSCC	Library Addition and Upgrade	plan and construct	8,100,000	
NeSCC	Kingsport Academic Building	plan and construct	16,500,000	
RSCC	Knox County Campus Expansion	plan and construct	1,430,000	
TCAT Morristown	Advanced Manufacturing Center	plan and construct	18,440,000	
TCAT Shelbyville	Franklin County Training Facility	plan and construct	<u>4,990,000</u>	
Total of all submitted 1 st priority projects:			113,260,000	
Institutional 2nd priorities for consideration				These have not been prioritized by TBR, and are not requested for funding at this time.
RSCC	East Tennessee Agricultural Expo Center	plan and construct	<u>4,900,000</u>	
Total of all submitted 2 nd priority projects:			4,900,000	
Total Potential Capital Outlay			118,160,000	This list is included for information only; but could be considered for funds available beyond the current request.

Summary of the Capital Request

This capital budget request for fiscal year 2017-2018 is presented to the Finance and Business Operations Committee of the Tennessee Board of Regents for consideration.

	This Request (including match request)
A ♦ Capital Outlay	
Standard Projects	294,680,000
B ♦ Capital Maintenance	
Annual Renewal	116,450,000
Total Request Outlay + Maintenance	411,130,000



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations Committee Meeting

SUBJECT: Project Substitution Request by the University of Memphis

DATE: September 15, 2016

PRESENTER: Vice Chancellor Dale Sims

ACTION REQUIRED: Roll Call Vote

STAFF'S RECOMMENDATION: Approve

BACKGROUND INFORMATION:

The Committee has received the recommended FY 2017-18 capital outlay recommendation from the Office of Facilities Development staff. As part of their recommendation the staff has addressed the request from the University of Memphis to substitute a \$44 million project to construct a music center (Music Center) for the existing \$36 million project to construct a biochemistry and biology building (Biochemistry Building). The Board guidance on project substitution is as follows:

- An institution would be allowed to request for consideration by the Board to substitute a project for a current recommended project. Consideration would be given to the need (formula score) and the dollar amount of the substitute project versus the replaced project and the overall justification for the request.
- Request for projects to be funded will be considered by the Board on an individual basis. Consideration will be given to new projects on main campuses with an amount of match funding of 50% or greater, a prioritization score of 75 or higher, and justification for the request.

The staff evaluation of this substitution is based upon the established scoring matrix and is consistent with our practice of requiring staff to consider issues related to types of space, space condition, whether space shortages exist, among other similar factors. Based on their analysis, staff has recommended against approval of this substitution. While concurring in the staff's analysis and application of the scoring matrix, other factors exist that the Board should consider in making a determination as to whether project

substitution is warranted. It is suggested that the Board consider the following additional circumstances in making this determination:

- **Campus Priority** – The President has asserted that at this time the Music Center is the highest campus capital project priority. Regarding the Biochemistry Building, the President has noted that technology changes make it possible for the campus to meet its needs in these fields with renovations to existing space. As such the Biochemistry Building is no longer the campus' highest priority. Failure to permit the substitution would require the institution to proceed with a capital project that, in the judgment of the institution leadership, no longer suits the needs of the campus and does not meet the campus' most urgent capital need.
- **Matching Funds Availability** – From University representatives we understand that matching funds are no longer available for the Biochemistry Building. If the Biochemistry Building were recommended by TBR, we suspect that there would be a significant delay in initiating the project due to the State requirement that matching funds be available prior to beginning construction. We also understand from University leadership that it has commitments to fully match the requirements for the Music Center. As such, allowing the Music Center substitution would permit the project to move forward on a timely basis.
- **Donor Issues** – We understand substantial commitments have been made by a small number of donors. These donor commitments were made with the expectation that the project would move forward in a timely basis. Failure to permit the substitution could put these match funds in jeopardy.
- **FOCUS Act Implications** – We acknowledge that this is the last year for which the Tennessee Board of Regents will make capital recommendations on behalf of universities. While not certain, it is likely that not permitting this substitution at this time only delays for one year a recommendation to THEC to pursue the Music Center. As noted earlier, this runs the risk of loss of existing match for a building that the campus leadership sees as its current top priority.
- **Risk to Other Projects** – As noted earlier, the requested substitution represents an increase in project size and a commiserate increase in state funding required. If substitution is permitted, this increase in project size could impact the State's ability to address other projects that currently fall below the Biochemistry Building on the priority list. To partially mitigate this risk if a substitution is permitted, consideration should be given limiting to some degree the level of additional state funds required for the substituted project.

After weighing these factors, it is recommended that the substitution be approved under the condition that the state funding requested for the Music Center project be not more

than 10% greater than that recommended for the Biochemistry Building as illustrated below.

Row	Description	Total	State	Match
A	Biochemistry Building	\$ 36,000,000	\$ 26,362,500	\$ 9,637,500
B	Music Center - Requested	\$ 44,000,000	\$ 33,000,000	\$ 11,000,000
C	Music Center - Recommended	\$ 44,000,000	\$ 28,998,800	\$ 15,001,200
D	Music Center Requested Over (Under) Biochemistry Building (Row B - Row A)	\$ 8,000,000	\$ 6,637,500	\$ 1,362,500
E	Music Center Recommended Over (Under) Biochemistry Building (Row C - Row A)	\$ 8,000,000	\$ 2,636,300	\$ 5,363,700

Should this recommendation be adopted ultimately by the State, the University would be positioned to pursue its highest capital outlay priority in a timelier manner and without posing material risk to capital outlay projects from other institutions that rank below it on the priority list.

FY 2017-18 TBR Capital Outlay Projects - Matching Fund Summary

			Status as of August 31, 2016				
Priority	Institution	Project Name	Total Project	State Funds Requested	Match Required	Private	Institutional
College & TCAT Projects							
1	MSCC	Rutherford Co. Teaching Addition III	\$ 27,190,000	\$ 24,471,000	\$ 2,719,000	\$ 1,639,500	\$ 1,079,500
2	WSCC	Sevier Co. Campus Addition	\$ 12,500,000	\$ 11,250,000	\$ 1,250,000	\$ 1,250,000	\$ -
3	VSCC	Warf Building Renovation	\$ 4,640,000	\$ 4,176,000	\$ 464,000	\$ 464,000	\$ -
4	COSCC	Finney Library Renovation	\$ 6,100,000	\$ 5,490,000	\$ 610,000	\$ -	\$ 610,000
5	TCAT - Knoxville	Satellite Campus	\$ 13,500,000	\$ 12,825,000	\$ 675,000	\$ 337,500	\$ 337,500
6	TCAT - Memphis	Satellite Campus	\$ 11,500,000	\$ 10,925,000	\$ 575,000	\$ 287,500	\$ 287,500
7	PSCC	Multi-Purpose Building & Renovations	\$ 27,000,000	\$ 24,300,000	\$ 2,700,000	\$ 2,700,000	\$ -
8	TCATs	TCAT Improvements Phase 2	\$ 54,000,000	\$ 51,300,000	\$ 2,700,000	\$ -	\$ 2,700,000
9	CLSCC	Campus Building Renovations/Replacement	\$ 48,750,000	\$ 43,875,000	\$ 4,875,000	\$ 4,875,000	\$ -
Subtotal			\$ 205,180,000	\$ 188,612,000	\$ 16,568,000	\$ 11,553,500	\$ 5,014,500
					% Of Match	70%	30%
University Projects							
1	ETSU	Lamb Hall	\$ 23,000,000	\$ 17,250,000	\$ 5,750,000	\$ 4,750,000	\$ 1,000,000
2	UoM	Biochemistry	\$ 36,000,000	\$ 26,362,500	\$ 8,787,500	\$ -	\$ -
3	MTSU	Academic Bldg.	\$ 30,500,000	\$ 22,875,000	\$ 7,625,000	\$ 6,025,000	\$ 1,600,000
Subtotal			\$ 89,500,000	\$ 66,487,500	\$ 22,162,500	\$ 10,775,000	\$ 2,600,000
					% Of Match (a)	81%	19%
Total			\$ 294,680,000	\$ 255,099,500	\$ 38,730,500	\$ 22,328,500	\$ 7,614,500
					% Of Match (a)	75%	25%

(a) Excludes UoM Biochemistry Building where no match funding is being reported.



TENNESSEE BOARD OF REGENTS

MEETING: Finance and Business Operations
SUBJECT: TBR System State Funding Requests for FY 2017-2018
DATE: September 15, 2016
PRESENTER: Vice Chancellor Dale Sims
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

On an annual basis, Board staff develops a list of System funding needs that are not recognized through the higher education funding formula. Items identified are intended to have broad benefit across the System and to align with the State's strategic goals. Consideration of these items by the Board is the first step in this process. Any items approved by the Board will be submitted to the Tennessee Higher Education Commission for its consideration. TBR items endorsed by the Commission are then forwarded to the Governor for his consideration in developing his FY 2017-2018 budget recommendations to the General Assembly. The legislature then ultimately determines which items recommended are funded. The items listed below total approximately \$18.75 million (\$5.05 million recurring and \$13.7 million non-recurring).

While each of the following items is worthy of consideration, it is noted that the System's first funding priority is that THEC's formula funding recommendations be sufficient to recognize improvements in outcomes funded through the outcome formula.

1. Security Task Force Recommendations: **To Be Determined**

In December, 2015 the Board heard testimony about the level of security services provided across the System. Services appeared to vary greatly, with concern raised about the adequacy of security at various locations. Early in 2016, Acting Chancellor Gregory created a Task Force to review the status of security provided across the TBR System and report its observations and recommendations. This report will be delivered to the Board during its September, 2016 meeting. It is recommended that the Board authorize the Acting Chancellor, in consultation with the Board Vice Chairman and the Chair of the Finance and Business Operations Committee, to amend the request to THEC to address the funding of needs identified within the Task Force report.

2. Community College and TCAT Marketing Plan: **\$3.0 million recurring**

CCTA created the goal of a unified community college system. Part of achieving that goal was addressing the lack of awareness among target markets of the value of community colleges. To accomplish this, the System pursued a community college branding campaign funded by dedicating

a portion of FY 2013-14 community college maintenance fee increase to that purpose (\$1.2 million or 0.5%). However, funding was not available to pursue a similar need strategy to market the TCATs. Funding of this request would permit the Board to “roll back” a portion of the community college maintenance fee tuition used to support this purpose and to expand this marketing effort to include the TCATs.

3. TCAT Information Technology Assessment Implementation: **\$1.0 million recurring and \$3.7 million non-recurring**

By July 2018 the Tennessee Colleges of Applied Technology (TCATs) will implement a new, centralized student information system to replace their legacy system. This new ERP system will require the campuses to upgrade their existing desktop computers, peripherals, network equipment and security systems to provide reliable and secure access to that system. An assessment of every TCAT is planned to measure their level of connectivity and appropriate equipment to identify those areas where upgrades and replacements must take place. This assessment will identify opportunities to improve network connectivity (wired and wireless), security, desktop hardware, Internet connectivity and services for the TCAT administrative functional operations. At the conclusion of this assessment, funding will be needed to address the needs identified. Non recurring funding will be needed to address hardware deficiencies that are expected to exist and recurring funding will be needed to address the anticipated cost for additional network capacity (bandwidth) and support services.

4. Workforce Development Assistant VC: **\$200,000 recurring**

Recurring funding is requested to create a position that serves as the TBR workforce development “single point of contact”. This position would coordinate the efforts of various state agencies and TBR institutions, including TCATs, colleges and universities, in responding to needs of the State in its economic development activities. This position would also support the work of the Middle Tennessee skills panels and the Labor Education Alignment Program (LEAP).

5. Curriculum Alignment, Community College Assistant VC: **\$200,000 recurring**

As part of the CCTA unification of the community colleges into a system, and in support of the Guided Pathways to Success (GPS) initiative, TBR has undertaken the alignment of A.A.S. career/technical programs of study. The alignment process and the resulting curricula allows greater transferability of credits, the development of architected pathways, block scheduling/cohort development, prior learning credit recognition, and better connectivity of course content to the needs of business/industry. To date, support for this effort has been achieved by temporarily repurposing an existing staff position, with the support of grant funding. Recurring funding is requested to ensure long term support for the curriculum development efforts.

6. Funding to Support On-going Dual Credit Assessments: **\$400,000 recurring**

The requested funds would be used for the continued development, coordination, and maintenance of postsecondary assessments related to dual credit.

7. Support for Guided Pathways to Success (GPS) Programs at Community Colleges: **\$200,000 recurring**

The Complete College Tennessee Act required use of cohort programs at community colleges. This funding request would be used to establish a position and related support cost to coordinate the system-wide development of policy, implementation of structured learning communities (aka: cohorts based block schedules, guided pathways, default degree pathways, degree maps, etc.), development of appropriate accountability protocols and sharing of best practices. TBR and its institutions have been fortunate to receive technical support and some program development funding from Lumina, Complete College America, and the US Department of Labor to pilot structured learning community support programs. The TBR System Office does not currently have the capacity to effectively continue these strategies without further support.

8. Workforce Development Equipment Funding: **\$5.0 million non-recurring**

In FY 2013-14 the Governor and legislature provided \$16.5 million to fund the acquisition of equipment needed by community colleges and TCATs to expand and/or establish in-demand workforce training program. In FY 2015-16, an additional \$5.0 million was appropriated for equipment at TCATs. This item represents a request to fund equipment needed for similar community college AAS and workforce development [i.e. non-credit] programs.

9. Workforce Development Equipment Funding: **\$5.0 million non-recurring**

In addition to requesting funding for community colleges, it is requested that \$5.0 million be made available to create a pool where universities are eligible for funding to achieve the same workforce development goals. Each TBR university is charged with serving the needs of its geographic area, including workforce development needs. Examples of programs which most directly support workforce needs include those in the nursing and allied health areas.

End of Document



TENNESSEE BOARD OF REGENTS
Committee on Audit

August 30, 2016
AGENDA

- I. CONSENT AGENDA (Tammy Birchett)**
 - a. Review of Risk Assessments for Universities and Community Colleges – Enterprise-wide**
 - b. Review of Risk Assessments for Universities and Community Colleges – Indicated Major Processes**
- II. IMPACT OF THE FOCUS ACT ON INTERNAL AUDIT FUNCTIONS (Chancellor David Gregory, Tammy Birchett)**
- III. INFORMATIONAL REPORTING (Tammy Birchett)**
 - a. Review of Comptroller's Office Audit Reports**
 - b. Update of Corrective Actions on Performance Audit Findings**
 - c. Review of Internal Audit Reports**
- IV. REVIEW OF INTERNAL AUDIT YEAR-END STATUS REPORTS FOR FISCAL YEAR 2016 (Tammy Birchett)**
- V. REVIEW OF INTERNAL AUDIT PLANS FOR FISCAL YEAR 2017 (Tammy Birchett)**
- VI. REVIEW OF INTERNAL QUALITY ASSURANCE REVIEWS (Tammy Birchett)**
- VII. NON-PUBLIC EXECUTIVE SESSION (Tammy Birchett)**

**Tennessee Board of Regents
Committee on Audit**

DATE:	August 30, 2016
AGENDA ITEM:	Review of Risk Assessments for Universities and Community Colleges – Enterprise-wide
PRESENTER:	Tammy Gourley
ACTION REQUIRED:	Voice Vote
STAFF’S RECOMMENDATION:	Accept Report

BACKGROUND INFORMATION:

The Committee will review and consider for approval the updated enterprise-wide risk assessments for the universities, community colleges and TBR system office. The TBR risk assessment process started in 2006 and calls for management to update the enterprise risk assessments annually. The Tennessee Board of Regents and its universities and community colleges will assess the risks of all identified major processes over a three-year period, with at least one-third of the major processes assessed annually. This submission represents the third year in the current three-year cycle. A legend is included as the first page to assist with the review of the enterprise-wide risk footprints.

As part of this annual analysis, each institution’s president 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 areas reviewed and supports the conclusions reached during the assessment. Each 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 supporting the assessment.

The following descriptions explain the two levels of risk analysis currently used by TBR institutions. For each perspective, management considers the risks identified for their potential impact on the institution and likelihood of occurrence, using factors of high, moderate or low, resulting in a risk factor that helps to rank the risks by significance.










Enterprise-wide perspective—a high level view of enterprise risk, organized by major activity areas, to give management an overview of risks and a road map for performing more in-depth activity-wide assessments. The enterprise-wide assessment is updated annually.

Activity-wide perspective—a more detailed analysis of risk within a major process (activity). Major processes usually consist of several sub-processes, where risks are assessed. This step is followed by an assessment of controls in place at the sub-process level to mitigate the risks. If indicated, corrective action steps are developed by management to improve controls. After this phase, management monitors the controls periodically to ensure controls are in place. All major processes must be reviewed within a three year cycle.

The May 2016 enterprise-wide risk assessments for the universities, community colleges and the system office are presented in this section.

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

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

Austin Peay State University
Enterprise Wide Risk Assessment
May 2016

			RISKS												
#	ACTIVITIES		1		2		3		4		5		6		7
1	Physical Plant	HM	Aging infrastructure	HM	Equipment failure	HL	Catastrophic disaster	HL	Fire	HL	Loss of key control	HL	Sinkholes collapse	MH	Failure to comply with Safety and Health regulations
6	Financial Management	HL	Failure to accurately and timely bill revenue sources.	HL	Improper or fraudulent significant payment (items \$5,000 or greater)	HL	Long term loss of system, building and/or records	HL	Long term loss of system, building and/or records.	HL	Non-compliance with payroll laws (fair labor standards, IRS deposits, etc.)	MH	Employee Error	MH	Purchasing Fraud
4	Institutional Support	HL	Failure to develop, implement and communicate a strategic plan that links goals and objectives to the institution's mission and assigns	HL	Failure to establish and communicate an organizational vision and mission statement	HL	False advertising or misinformation	MH	Failure to follow federal and state employment laws	MH	Student models in poor standing	MM	Breach of information and misinformation on APSU website	MM	Breach of NCAA rules of marketing
7	Student Services	HL	Inadequate security of student records	HL	Inflated/deflated enrollment numbers	MH	Budget constraints that affect recruiting, operating and staffing	MH	Inadequate space for student activities	MH	NCAA rule violation	MM	Academic misrepresentation	MM	Access by unauthorized individuals
2	Instruction and Academic Support	MH	Failure to include academic units in resource allocation	MH	Failure to submit reports in a timely manner	MH	Inadequate or ill-defined measurement / assessment of student learning outcomes	MH	Inadequate record-keeping	MH	Inadequate training of students in technology	MH	Lack of accurate academic reporting	MH	Lack of effective schedule management
8	Research	MH	Error in pre or post award	MH	Inattention by PI to financial obligations of grant	MM	Failure to control laboratory access	MM	Failure to meet OSHA standards	MM	Fraudulent time and effort reporting	MM	Improper storage or disposal of hazardous laboratory materials	MM	Inaccurate time and effort reporting
5	Ancillary & Auxiliary Enterprises	MM	Customer Service Issues	MM	Mail Distribution Errors	MM	Repair Issues	MM	Stocking Issues	ML	Adoption Issues	ML	Emergency Procedures Not Followed	ML	Equipment Failure
3	Information Technology	MM	Data corruption	MM	Failure to license technologies/software	MM	Losing access to internet	MM	Partial network shutdown	MM	Process does not run correctly	MM	Processes run slowly	MM	Security breach

Austin Peay State University
Enterprise Wide Risk Assessment
May 2016

#	ACTIVITIES		8		9		10		11		12		13		14
1	Physical Plant	MH	Inaccurate mapping of infrastructure	MH	Lack of storage space	MH	Outdated infrastructure	MM	Antiquated equipment	MM	Antiquated vehicles and equipment	MM	Chemical exposure	MM	Custodial Services performing inadequately
6	Financial Management	MM	Appropriate approvals are not documented for grant/contract purchases.	MM	Capital assets/controlled items are acquired by university departments and are improperly recorded.	MM	Data is improperly created, altered or deleted.	MM	Enrollment and registration processes do not provide appropriate tracking and processing of tuition and fees	MM	Erroneous financial transaction	MM	Failure by department to deposit cash in a timely manner	MM	Failure to follow APSU, State and TBR Policy and Procedures
4	Institutional Support	MM	Disseminating inaccurate information	MM	Failure of a vendor or staff to meet a deadline	MM	Failure to cultivate positive relationships with government, community, businesses and industries	MM	Failure to follow established policies and procedures	MM	Failure to maintain a safe/clean facility	MM	Failure to monitor and enforce trademark rights	MM	Failure to prevent loss or damage to University property
7	Student Services	MM	Breach of confidentiality	MM	Campus unaware of services	MM	Equipment failure/playground injuries	MM	Failure to be ADA compliant	MM	Failure to enforce policy and procedure	MM	Failure to establish restricted access to housing	MM	Failure to maintain/upgrade facilities
2	Instruction and Academic Support	MH	Lack of ongoing faculty development for new course content and technologies	MH	Lack of oversight of faculty recruitment	MH	Lack of standardization in tenure, promotion and retention criteria	MH	Lack of standardization of learning outcomes	MH	Lack of technical support	MH	Lack of training and monitoring of adjunct faculty	MH	Poor classroom utilization
8	Research	MM	Insufficient training or lack of access to financial reporting system	ML	Attacks or vandalism of research facilities	ML	Conflict of interest	ML	Emotional or physical injury to staff, students or subjects	ML	Failure to bill all costs	ML	Failure to care for animals	ML	Failure to comply with institutional policy
5	Ancillary & Auxiliary Enterprises	ML	Failure in Customer Service	ML	Failure of vendors to deliver food products .	ML	Failure to comply to established health codes	ML	Failure to investigate and resolve all complaints	ML	Failure to maintain clean and safe facilities	ML	Inadequate staffing to serve all students	ML	Ineffective marketing and public relations
3	Information Technology	ML	Failure to comply with university policies and state and federal regulations	ML	Full network shutdown	ML	Illegal use of campus computing resources	ML	Inability to keep up with growth and trends	ML	Inability to recover from major catastrophic events	ML	Inadequate virus protection	ML	Unable to restore data from backup

Austin Peay State University
Enterprise Wide Risk Assessment
May 2016

#	ACTIVITIES		15		16		17		18		19		20
1	Physical Plant	MM	Data entry error-insurance	MM	Data entry error-inventory	MM	Exposure to chemicals	MM	Failure to comply with EPA regulations, federal, state and local codes	MM	Failure to follow lab safety practices	MM	Failure to follow policies and procedures
6	Financial Management	MM	Improper 1099 reporting	MM	Improper classification or recording in accordance with accounting standards	MM	Inadequate documentation of expenses	MM	Lack of or inefficient transaction reporting systems	MM	Revenue not received due to inadequate collection process.	MM	Temporary electronic financial management system failure.
4	Institutional Support	MM	Failure to protect and maintain brand integrity	MM	Failure to provide adequate training for public safety staff	MM	Failure to provide safe conditions for stakeholders while in attendance at APSU sponsored events	MM	Failure to recognize capabilities, contributions, and accomplishments	MM	Failure to respond to legal process in a timely fashion	MM	Failure to timely respond to new trends in higher education
7	Student Services	MM	Failure to provide accurate and timely information to students	MM	Fraud	MM	Inability to respond to student needs	MM	Inadequate crisis intervention policy	MM	Inadequate or insufficient staffing	MM	Inefficient admission process
2	Instruction and Academic Support	MH	Unauthorized access to online databases (restricted access due to license agreements)	MH	Violation of copyright protections	MM	Discontinuity between student instruction and preparedness for the workforce and global society	MM	Failure to meet established student support standards	MM	Failure to provide relevant information in a timely manner	MM	Failure to submit complete reports
8	Research	ML	Failure to follow state and federal regulatory guidelines	ML	Failure to obtain proper permits	ML	Failure to pursue copyrights, patents or trademarks	ML	Failure to receive IRB or ACUC approval	ML	Failure to submit through grants office	ML	Fraudulent and/or misappropriated equipment purchases
5	Ancillary & Auxiliary Enterprises	ML	Maintain website	ML	Natural Disasters	ML	No power	ML	Not applying U.S. Postal Regulations	ML	Poor Quality of Work	ML	Poor Work Environment
3	Information Technology	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

East Tennessee State University
Enterprise Risk Footprint
May 2016

		RISKS															
#	ACTIVITIES		1		2		3		4		5		6		7		8
1	Health Affairs/COO & Academic Support (Including Grad Studies)	HH	Lack of adequate resources	HM	Failure to maintain appropriate confidentiality	HM	Inappropriate allocation of resources	HM	Inability to recruit and/or retain qualified faculty	HM	Improper or incorrect data entry	HM	Inadequate supervision of students (including out of state medical rotations)	HM	Inadequate preparation of graduates	HM	Infectious exposure
3	Facilities	HH	Lack of emergency preparedness planning	HH	Reduced or Inadequate funding	HH	Inappropriate allocation of resources	HM	Aging infrastructure & unhealthy environment	HM	Inadequate master planning	HM	Terrorism and/or Natural Disasters	HL	Lack of or Inadequate campus facilities maintenance & security	HL	System failures
2	President	HH	Lack of adequate resources	HM	Failure to identify and/or report fraud, waste, and abuse	HM	Inadequate strategic planning and alignment of budgets	HM	Inadequate decision making information	HM	Inappropriate allocation of resources	HL	Conflict of interest	HL	Inadequate departmental communications	MH	Non-compliance with established policies & procedures (ETSU, fed, state, athletic conference and NCAA etc.)
4	Provost/Academic Affairs Instruction & Academic Support (Including Grad Studies)	HH	Lack of adequate resources	HM	Inadequately prepared graduates	HM	Lack of adequate safety training in labs and instructional areas	HL	Failure to deliver scheduled courses	HL	Failure to meet accreditation standards	HL	Inadequate curriculum	HL	Loss of records (security)	HL	Poor instruction
5	Technology Support-OIT & eLearning	HH	Failure to follow Code of Ethics and acceptable user policy	HH	Inadequate disaster recovery and back system	HM	Failure to follow appropriate ETSU, fed, and state regs	HL	Inability to deliver on and off campus instruction	HL	Inappropriate allocation of resources	MH	Lack of equipment accountability & inventory control (including disposal)	MH	Failure to keep technology current systems	MM	Inappropriate balance of security and functionality
7	Financial Management (including COM, F&A, Auxiliaries Management and Foundation Accounting)	HH	Non-compliance with Federal/State laws, regulations, and reporting	HM	Lack of or misappropriation of resources	HL	Unavailability of payment and/or financial system	MH	Misclassification of financial information	MH	Inadequate emergency response	MH	Inadequate state funding	MH	Employee misconduct	MH	Late payments to vendors
6	University Wide Student Services (including COM, COP, & Aux)	HH	Inadequate funding or unanticipated costs	HM	Inadequate communication with students	HL	Lack of compliance with scholarship rules and regulations	MH	Inadequate or incomplete admissions procedures	MH	Errors in data entry	MH	Failure to enforce student rules & regulations	MH	Inappropriate use of funds (student, state, fed)	MM	Failure to maintain adequate confidentiality
9	Research	HH	Unallowable, unallocable, and/or unreasonable costs	HM	Failure to follow Federal/State laws and regulations	HM	Loss of research due to shut-down, suspension, or debarment of institution or investigator	HM	Unsecured access to biohazards/radiation by untrained individuals	HM	False statements/certifications	MH	Inaccurate or inflated budget	MM	Decrease in resource funding	MM	Inadequate or late reporting
8	Advancement and Alumni	HM	Poor relationship & communication with donors	HL	Confidentiality violations	HL	Failure to follow donor directives	HL	Failure to maintain accurate records	HL	Lack of compliance with fed, state and ETSU policies and procedures	HL	Misappropriation of donor funds	HL	Poor investment decisions	MM	Failure to exercise due diligence upon acceptance of gift

East Tennessee State University
Enterprise Risk Footprint
May 2016

#	ACTIVITIES		9		10		11		12		13		14		15		16
1	Health Affairs/COO & Academic Support (Including Grad Studies)	HM	Lack of adequate safety training in labs, instructional, and clinical areas	HL	Failure to meet accreditation standards	HL	Inadequate curriculum	HL	Poor instruction	MM	Failure to adhere to appropriate policies & procedures	MM	Inability of students to graduate on time	MM	Inadequate advisement	MM	Inadequate job performance
3	Facilities	MH	Lack of quality transportation & parking planning	MH	Utility Outages	HL	Lack of adequate insurance coverage	MM	Loss of or incomplete records	MM	Inadequate staff training & pay	ML	Accidents & injuries	ML	Non-communication of problems	ML	Poor construction project planning and management
2	President	MH	Non-compliance with scholarship rules and regulations	MH	Workplace violence	MM	Inadequate or inappropriate benchmarking	ML	Lack of compliance with open records laws	ML	Lack of workplace civility & poor climate	-	n/a	-	n/a	-	n/a
4	Provost/Academic Affairs Instruction & Academic Support (Including Grad Studies)	MH	Improper data entry	MH	Inability of students to graduate on time	MM	Failure to adhere to appropriate policies & procedures	MM	Failure to maintain appropriate confidentiality	MM	Inadequate job performance	MM	Inadequate supervision of faculty, staff, & students	MM	Inappropriate faculty/staff/student behavior	MM	Misleading or erroneous advisement
5	Technology Support-OIT & eLearning	MM	Failure to respond appropriately to client needs	MM	Inadequate training for campus users	MM	Inadequate/inappropriate staffing (training & resources)	MM	Inappropriate use of resources	-	n/a	-	n/a	-	n/a	-	n/a
7	Financial Management (including COM, F&A, Auxiliaries Management and Foundation Accounting)	MM	Breach of overall security systems	MM	Failure to monitor cash flows	MM	Failure to obtain and distribute appropriate resources	MM	Loss of or failure to maintain appropriate records	MM	Lack of workflow communication	MM	Inappropriate use of financial resources	MM	Negligent hiring	MM	Poor customer service
6	University Wide Student Services (including COM, COP, & Aux)	MM	Improper financial management	MM	Inadequate pre-enrollment counseling and academic advisement of students	ML	Failure to address health issues or intervene in life threatening behavior	ML	Inability to meet student demands	ML	Failure to properly manage/supervise high risk student activities (on and off campus)	ML	Unscheduled closures	ML	Unethical or unprofessional behavior	-	n/a
9	Research	MM	Breach of data security	MM	Noncompliance and/or misconduct	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
8	Advancement and Alumni	MM	Lack of effective marketing	MM	Inadequate training for campus users	ML	Poorly planned events	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

**East Tennessee State University
Enterprise Risk Footprint
May 2016**

#	ACTIVITIES		17		18		19
1	Health Affairs/COO & Academic Support (Including Grad Studies)	MM	Inadequate supervision of faculty and staff	MM	Inappropriate faculty/staff/ student behavior	ML	Grade appeals
3	Facilities	LH	Radiation/Bio exposure in research labs	-	n/a	-	n/a
2	President	-	n/a	-	n/a	-	n/a
4	Provost/Academic Affairs Instruction & Academic Support (Including Grad Studies)	ML	Inadequate disclosure & consent related to student foreign travel	ML	Physical, mental or emotional injury in off-campus educational assignments	-	n/a
5	Technology Support-OIT & eLearning	-	n/a	-	n/a	-	n/a
7	Financial Management (including COM, F&A, Auxiliaries Management and Foundation Accounting)	LM	Lack of physical security	-	n/a	-	n/a
6	University Wide Student Services (including COM, COP, & Aux)	-	n/a	-	n/a	-	n/a
9	Research	-	n/a	-	n/a	-	n/a
8	Advancement and Alumni	-	n/a	-	n/a	-	n/a

**Middle Tennessee State University
Enterprise-Wide Risk Footprint
May 2016**

#	ACTIVITIES	RISKS													
		1		2		3		4		5		6		7	
5	Information Technology 33,34,35,36,37,53	HH	External system intrusion	HH	Inadequate staffing	HM	Dependency on vendor provided services.	HM	Employee error	HM	Extended Loss of connectivity	HL	Computer hardware failure	HL	Extended Power outage
6	President's Office 11,26,29,31,32,38	HL	Breach of confidentiality	HL	Catastrophic incident at an athletic event	HL	Inadequate Monitoring of Funding Formula Measurements	HL	Inadequate university business continuity plan	HL	Poor tone at the top	MH	Minor Student-Athlete injury	MM	Contracts executed by unauthorized individuals or for unauthroized activities
1	Financial Management 7,8,9,12,13,14,15,16,17,19,20,21,24,27,28,39,40,41,42,43,44,45,57	HL	Inadequate emergency preparedness and communications	MM	Fraud, waste and abuse	MM	Improper management of resources in support of university mission	MM	Inadequate cash handling and management procedures for recording, management, custody of accounting of cash and cash equivalents	MM	Inadequate communication and coordination between different areas of the university	MM	Management practices fail to foster positive morale	MM	Non-compliance with Payment Card landustry (PCI) standards
3	University Provost 1,2,3,5,6,18,30,47,57	HL	Academic Information Technology: Loss or misuse of information technology services	HL	Failure to meet accreditation standards	MM	Adademic Administration: Lack of appropriate instructional (learning and faculty office) space	MM	Curriculum Development: Failure to adequately prepare students for the marketplace	MM	Public Service: Lack of infrastructure to support faculty and student community service activities	MM	Research and Sponsored Programs: Failure to comply wit federal and state guidelines related to sponsored research	ML	Academic Personnel Management: Flawed implementation of University tenure and promotion policy
2	Student Services & Academic Support 4,10,20,23,24,25,45,48,49,50,51,52,57	MM	Dissemination of incorrect or invalid information	MM	Employee error	MM	Failure to follow internal policy and procedure	MM	Inadequate employee training	ML	Extended power outage or other facilities shut-down	ML	Failure to adequately assess risks of student activities	ML	Failure to collect revenue
4	University Advancement 7,15,16,17,22,26,46,54,55	HL	Comprimised data integrity and/or security	HL	Failure to manage investment portfolio	HL	Misplaced or misappropriated funds	MM	Failure to follow safety procedures	ML	Failure to manage public image	ML	Improper donor transactions	ML	Inadequate Resources
7	Marketing & Communications 7,16,17,44,54,56	HL	Comprimised data integrity and/or security	HL	Misplaced or misappropriated funds	MM	Failure to adequately prepare documents for printing	MM	Failure to follow safety procedures	ML	Breakdown in communications of emergency preparedness	ML	Failure to manage public image	ML	Inadequate Resources

Middle Tennessee State University
Enterprise-Wide Risk Footprint
May 2016

#	ACTIVITIES		8		9		10		11		12		13		14
5	Information Technology 33,34,35,36,37,53	HL	Failure of system back up - loss of data	HL	Inadequate disaster recovery procedures	MH	Inability to compensate needed expertise	MM	Inadequate equipment	MM	Unauthorized access to data	ML	Compromised personal identification	ML	Inadequate internal controls
6	President's Office 11,26,29,31,32,38	MM	Employees may act unethically or illegally	MM	Failure to appropriately handle volatile personalities	MM	Inadequate communication	MM	Inadequate management of high risk areas	MM	Inadequate security and safety at athletic events	MM	Inappropriate student-Athlete public behavior	MM	NCAA violations
1	Financial Management 7,8,9,12,13,14,15,16,17,1 9,20,21,24,27,28,39,40,4 1,42,43,44,45,57	ML	Failure to address and properly respond to incidents involving the physical safety of the campus community	ML	Failure to maintain a safe and sanitary environment and minimize risks from communicable diseases	ML	Improper setup and ongoing review of ERP and other related systems	ML	Inadequate employee training	ML	Inadequate infrastructure to support the university community	ML	Inadequate process for reviewing Pcard charges	ML	Inadequate processes in place to ensure proper accounting, recording and collection of university receivables and revenue recognition
3	University Provost 1,2,3,5,6,18,30,47,57	ML	Academic personnel management: Lack of preparation for non faculty personnel to support instruction	ML	Academic Support: Failure to facilitate students' timely matriculation	ML	Institutional Reporting: Inaccurate and untimely reporting of instructional, financial, diversity, and research data	ML	Instructional Delivery: Lack of faculty preparation to deliver instruction	-	n/a	-	n/a	-	n/a
2	Student Services & Academic Support 4,10,20,23,24,25,45,48,4 9,50,51,52,57	ML	Failure to secure and maintain Personal Identifiable Information (PII)	ML	Fraud, waste or abuse	ML	Inadequate budgeting	ML	Inadequate record- keeping	ML	Inadequate safety and security measures	ML	Insufficient administrative oversight	ML	Lack of compliance with mandated regulations/state or federal guidelines
4	University Advancement 7,15,16,17,22,26,46,54,5 5	ML	Lost or damaged equipment	ML	Reporting errors-- Fundraising	LM	Failure of Server	LM	Failure to balance individual budgets	LM	Failure to manage contracts and receipts	LM	Hacking of Web, Social Media Accounts	LM	Loss of Computer connectivity
7	Marketing & Communications 7,16,17,44,54,56	ML	Lost or damaged equipment	ML	Lost or damaged images	LM	Failure of Server	LM	Failure to balance individual budgets	LM	Failure to manage contracts and receipts	LM	Failure to project revenue losses	LM	Hacking of Web, Social Media Accounts

**Middle Tennessee State University
Enterprise-Wide Risk Footprint
May 2016**

#	ACTIVITIES		15		16		17		18
5	Information Technology 33,34,35,36,37,53	ML	Inadequate/outdated software	-	n/a	-	n/a	-	n/a
6	President's Office 11,26,29,31,32,38	MM	Noncompliance with federal or state statutes or regulations	MM	University policies and procedures are not current and/or accessible to employees	ML	Major Student-Athlete injury	ML	Noncompliance with TBR and university policies and guidelines
1	Financial Management 7,8,9,12,13,14,15,16,17,19,20,21,24,27,28,39,40,41,42,43,44,45,57	ML	Inadequate processes in place to ensure proper accounting, recording and management of university expenses	ML	Non-compliance with federal, state, other regulatory requirements, and TBR and university policies and procedures, loss of federal funding	ML	Procedures and processes do not follow standard accounting practices set forth by the accounting standard boards, grantor requirements, or other agency requirements in order to produce accurate financial reports	-	n/a
3	University Provost 1,2,3,5,6,18,30,47,57	-	n/a	-	n/a	-	n/a	-	n/a
2	Student Services & Academic Support 4,10,20,23,24,25,45,48,49,50,51,52,57	ML	Natural disaster/fire/campus violence/criminal activity	ML	Outbreak of communicable disease	-	n/a	-	n/a
4	University Advancement 7,15,16,17,22,26,46,54,55	-	n/a	-	n/a	-	n/a	-	n/a
7	Marketing & Communications 7,16,17,44,54,56	LM	Loss of Computer connectivity	LM	Loss of publication hard files	-	n/a	-	n/a

Tennessee State University
Enterprise Wide Risk Assessment
May 2016

		RISKS													
#	ACTIVITIES		1		2		3		4		5		6		7
5	Institutional Support	HH	Inadequate endowment/ reserves	HH	Inadequate governmental relations	HH	Poor external relations	HM	Failure to comply with SACS criteria	HM	Poor Leadership	MH	Inability to attract qualified candidates	MH	Inefficient external requirements
2	Instruction & Academic Support	HH	Low producing programs	HM	Poor enrollment management	HM	Poor quality faculty	HM	Poor quality instruction	HL	Inadequately prepared graduates	HL	Poor academic integrity	MH	Inadequate compensation
7	Research	HH	Inadequate compensation	HH	Inadequate governmental relations	HL	Inadequate protection of intellectual property	MH	Inadequate research facilities	MH	Inadequate staffing	MM	Inadequate resources	MM	Lack of data security
6	Student Services	HH	Poor customer service	HM	Insufficient student housing	HL	Disease/ pandemic outbreak	MM	Inadequate resources	ML	Confidentiality of student records	ML	Failure to follow due process	ML	Failure to maintain safe campus environment
4	Physical Plant	HH	Inadequate resources	HL	Failure to communicate/ test emergency procedures	HL	Inadequate disaster recovery/ business continuity	HL	Natural or man-made disaster	MH	Aging Infrastructure	MM	Failure to comply with codes	MM	Inadequate staffing
3	Information Technology	HM	Inadequate data/records security	HL	Inadequate disaster recovery/ business continuity	HL	Inadequate network security	HL	Natural or man-made disaster	MH	Dependency on Vendor Provided Services	MM	Inadequate financial support	MM	Noncompetitive compensation
1	Financial Management	MH	Noncompetitive compensation	MH	Poor customer service	MM	Fiscal non- compliance	MM	Inaccurate financial reporting	MM	Ineffective resource management	MM	Inefficient processes	MM	Poor training
8	Auxiliary Enterprises	MH	Deferred Maintenance	MM	Poor customer service	MM	Poor product quality	MM	Unhealthy or unsafe enviornment	ML	Inadequate contract monitoring	ML	Lack of Disaster Recovery Plan	ML	Waste, fraud, and abuse

Tennessee State University
Enterprise Wide Risk Assessment
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#	ACTIVITIES		8		9		10		11		12		13		14
5	Institutional Support	MH	Inefficient processes	MH	Lack of institutional branding	MH	Org goals/objectives not communicated/monitored	MH	Unfunded mandates	MM	Lack of strategic planning	ML	Non-compliance with laws, rules, and regulations	ML	Unfair hiring practices
2	Instruction & Academic Support	MH	Inadequate workload	MM	Inadequate professional development	ML	Inadequate instructional support	ML	Loss of Program Accreditation	LM	Inappropriate faculty behavior	-	n/a	-	n/a
7	Research	ML	Conflict of Interest	ML	Inadequate program/financial reporting	ML	Inadequate safety	ML	Lack of research integrity	ML	Noncompliance with laws, rules and regulations	-	n/a	-	n/a
6	Student Services	ML	Improper student relationships	ML	Inadequate counseling	ML	Inappropriate treatment of students	ML	Noncompliance with laws, rules and regulations	-	n/a	-	n/a	-	n/a
4	Physical Plant	MM	Noncompetitive compensation	MM	Poor quality of service	ML	Failure to maintain safe/secure environment	ML	Inadequate management	-	n/a	-	n/a	-	n/a
3	Information Technology	ML	Failure to maintain skilled and motivated staff	ML	Inadequate management	ML	Inadequate R/D in emerging technologies	ML	Inadequate training/professional development	ML	Insufficient support staff	ML	Outdated technology	ML	Poor quality of service
1	Financial Management	ML	Inaccurate/untimely payments	ML	Lack of segregation of duties	ML	Waste, fraud, and abuse	LM	Negative market forces	LL	Failure to properly assess and collect fees	-	n/a	-	n/a
8	Auxiliary Enterprises	LM	Decline in Enrollment	LL	Competition	LL	Inadequate market research	LL	Ineffective/Inefficient contract negotiations	-	n/a	-	n/a	-	n/a

**Tennessee Technological University
Enterprise Risk Footprint
May 2016**

		RISKS													
#	ACTIVITIES		1		2		3		4		5		6		7
9	Information Technology	HM	Loss of system critical data	HM	Major security breach	MH	External network attack on computing resources	MM	Failure to attract / retain employees for key roles	MM	Failure to integrate/implement new systems in a timely manner	MM	Poorly planned major technology purchases / incompatible	ML	Major system failure
1	Financial Management	HM	Loss of data due to ineffective implementation of a data backup/recovery plan	ML	Inadequate procedures for catastrophic events	ML	Increasing deferred maintenance/inadequate R & R	ML	Major breach of electronic records system	LM	Lack of segregation of duties	LL	Fraud, waste and abuse of resources	-	n/a
3	Physical Plant	HL	Natural disaster for major portion of campus	MH	Deferred maintenance	MM	Costs of capital projects coming in significantly higher than projections	MM	Inadequate emergency procedures/test emergency response plans	MM	Failure to comply with federal/state/university regulations	LL	Fraud, waste and abuse of resources	-	n/a
8	Instruction & Academic Support	MH	Lack of appropriately updated and equipped academic facilities	MH	Shortage of faculty to meet student needs	MM	Inconsistent quality of academic advising	MM	Lack of adequate personnel to monitor laboratory safety	MM	Safety of students traveling domestically and abroad	LM	Lack of effective collaboration with K-12	LM	Noncompetitive salaries relative to peers
4	Central Administration	HL	Extended closure from an unexpected event	MM	Failure to establish an environment of compliance	MM	Failure to have systems in place to adequately address fraud, waste and abuse	MM	Failure to provide a safe campus	LM	Failure to adopt/follow policies, procedures and regulations	-	n/a	-	n/a
10	Enrollment Management	MM	Failure to attract students (recruitment)/declining enrollment	MM	Failure to protect the confidentiality and security of student information	MM	Failure to retain students/increase persistence to graduation sufficiently	MM	Insufficient management of institutional/state/federal aid	LL	Fraud, waste and abuse of resources	-	n/a	-	n/a
6	Student Services	MM	Failure to adequately supervise student activities	MM	Failure to comply with Title IX/ADA requirements	MM	Failure to maintain a safe campus	LL	Fraud, waste and abuse of resources	LL	Insufficient staffing for counseling services	-	n/a	-	n/a
7	University Advancement	MM	Absence of transformational gifts	ML	Failure to protect, maintain and enhance brand identity/strength	LM	Mismanagement of donor relationships	LM	Precipitous decline of endowment	LL	Compromised data integrity	LL	Fraud, waste or abuse of university or foundation resources	LL	Inconsistent program performance
5	Research & Economic Development	LM	Failure to adopt and follow federal/state research compliance regulations	LM	Failure to monitor export control	LM	Inadequate documentation to support charges to grants	LM	Inadequate research facilities and equipment	LM	Inappropriate disclosure of sensitive or confidential data	LM	Insufficient number of faculty engaged in research	LM	Insufficient support to attract graduate students and postdoctoral fellows
2	Athletics	LM	Major accident during team travel	LL	Disaster at athletic event	LL	Fraud, waste and abuse of resources	LL	Major NCAA rules infraction	LL	Title IX equity violation	-	n/a	-	n/a

Tennessee Technological University
Enterprise Risk Footprint
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#	ACTIVITIES		8		9		10		11		12
9	Information Technology	LL	Fraud, waste and abuse of resources	-	n/a	-	n/a	-	n/a	-	n/a
1	Financial Management	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
3	Physical Plant	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
8	Instruction & Academic Support	LL	Fraud, waste and abuse of resources	-	n/a	-	n/a	-	n/a	-	n/a
4	Central Administration	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
10	Enrollment Management	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
6	Student Services	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
7	University Advancement	LL	Institutional leadership crisis	-	n/a	-	n/a	-	n/a	-	n/a
5	Research & Economic Development	LL	Conflict of interest	LL	Falsification to research data/misreporting of research results	LL	Fraud, waste and abuse of research resources	LL	Inadequate physical security for research facility	LL	Infringement of intellectual property
2	Athletics	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

**University of Memphis
Enterprise Risk Footprint
May 2016**

		RISKS															
#	ACTIVITIES		1		2		3		4		5		6		7		8
4	Institutional Support	HH	Declining revenue stream -Inadequate funding to support basic mission	HM	Lack of positioning within the THEC/TBR system	MH	Significant increase in unfunded mandated costs	HL	Inadequate planning for emergencies, safety and crime prevention	HL	Failure to manage crisis situation - negative image/ public relations	HL	Lack of commitment from senior leadership for strategic plan	HL	Failure to maintain SACSCOC standards - program accreditation	HL	Failure to develop a university-wide business continuity plan
9	Athletics	HM	Title IX non-compliance	HM	Revenue shortfall	HL	Failure to maintain NCAA athletic certification	HL	Failure to retain / develop corporate / community partnerships	HL	Stagnant or decreased donor contributions	HL	Terrorist threat during events	HL	Outbreak of disease / illness	HL	Failure of computer, loss or data / video system
8	Student & Enrollment Services	HM	Lack of enrollment growth	MH	Affordability for primary student market	HL	Failure to follow state and federal guidelines for financial aid	HL	Failure to manage default rate on student loans	HL	Unexpected reduction in student financial aid	HL	Extended loss of computer systems (registration/ financial aid)	HL	Breach of confidential information	MM	Failure to adequately recruit qualified students
5	Instruction and Academic Support	HM	Insufficient number of faculty	HL	Failure to maintain accreditation for programs	HL	Inadequate resources for recruitment and retention of faculty such as competitive salaries, space	HL	Inadequate curriculum / quality instruction	HL	Inadequate programs to retain and help student succeed	HL	Failure to maintain adequate records for program review/ accreditation	MH	Lack of competitive salary structure	MM	Failure to recruit high quality graduate students
1	Auxiliary Enterprises	HL	Catastrophic property loss	HL	Failure to comply with federal, state, local codes and regulations	HL	Failure to maintain property / equipment including safety	HL	Failure to maintain healthy environment	HL	Failure to respond to health concerns	MH	Loss of conference facilities due to university closure	MM	Failure to achieve budget	MM	Inadequate staffing
7	Research	HL	Inappropriate human subject testing/ harm to research participants	MH	Inadequate funding for research initiatives and infrastructure	MH	Inadequate security in laboratories	MH	Unallowable costs charged to grants	MM	Failure to bill sponsors timely	MM	Failure to comply with policies and procedures	MM	Failure to recover overhead costs	MM	Failure to recruit effective research faculty
6	Physical Plant	HL	Natural disaster destroys major portion of campus	HL	Loss or interruption of service / utilities	MH	Failure to perform preventative maintenance	MH	Inadequate funding for maintenance	MM	Building / Infrastructure systems failure that leaves building unusable	MM	Loss of institutional knowledge / intellectual capital	MM	Inadequate supervision	MM	Lack of trained staff / inability to hire qualified staff
3	Information Technology	HL	Breach of system/ theft of institutional data	HL	Failure of key systems	MM	Inadequate funding for current technology and to maintain research computing environment	MM	Lack of funding for the replacement and maintenance of hardware components for core institutional systems	MM	Failure to maintain adequate staffing levels and skill sets to maintain core systems	MM	Inadequate documentation for all operational processes and components	ML	Failure of the core systems to produce data and reports to follow federal and state directives or guidelines	ML	Inadequate disaster planning
2	Financial Management	HL	Untimely disbursement of financial aid refunds	HL	Inability to accept credit cards	MM	Untimely payments	MM	Untimely collection of receivables	MM	Inadequate knowledge base to effectively use accounting information	MM	Lack of useful financial information for management decisions	MM	Significant inaccurate financial reports (statements, schedules, surveys) / noncompliance with regulatory reporting requirements	MM	Significant deficiencies or modified audit opinion during audit review

**University of Memphis
Enterprise Risk Footprint
May 2016**

ACTIVITIES		9		10		11		12		13		14		15
Institutional Support	HL	No code of conducts or ethics - conflict of interest	HL	Improperly interpret a new or existing law that has a large impact	MM	Failure to recruit and retain qualified employees	MM	Ineffective communication	MM	Lack of effective leadership	MM	Failure to meet fund-raising goals	MM	Lack of fraud awareness and appropriate response
Athletics	MM	Inadequate staffing	MM	Lack of membership in major conference	MM	Employee fraud / theft	MM	Lack of team success	MM	Transportation failure	MM	Unacceptable athlete / coach conduct on/off field	MM	Findings from Annual Internal Audit of Rules Compliance
Student & Enrollment Services	MM	Noncompetitive scholarships/stipends to recruit students	MM	Insufficient Staffing	MM	Failure of students to declare a major/progress towards degree completion timely	MM	Perceived quality of the institution (image)	MM	Perceived or actual increase of crime/accidents on campus	ML	Declining retention rates	ML	Inefficient Admissions process
Instruction and Academic Support	MM	Fund use not aligned with institutional goals and objectives	MM	Inadequate classrooms, facilities or research space	MM	Inadequate degree offerings	MM	Ineffective interdisciplinary / interdepartmental working relations	MM	Poor faculty performance	ML	Failure to graduate qualified students	ML	Failure to comply with federal, state and board guidelines
Auxiliary Enterprises	ML	Major system failures, data loss	ML	Unfavorable external contracts	ML	Failure to monitor contracts	ML	Charges to sponsored programs not in accordance with Federal guidelines	ML	Inadequate emergency preparedness	ML	Inadequate employee training	ML	Inadequate management oversight
Research	MM	Lack of documentation of research	MM	Mishandling of intellectual property and technology transfers	MM	Misuse of funds	ML	Failure to comply with state / federal guidelines and regulations	ML	Failure to build research partnerships	ML	Inadequate effort certification process	ML	Inappropriate use of animal subjects
Physical Plant	MM	Budget overruns	MM	Construction delays	MM	Inadequate construction quality that adversely impacts maintenance	MM	Timely prediction of needed repairs	MM	Programmatic needs change during construction	MM	Inadequate facilities / parking for enrollment growth	MM	Inaccurate info on location of campus utilities
Information Technology	ML	Failure to maintain the University's public web presence	ML	Failure to provide internet and voice services	ML	Inadequate training of IT employees	ML	Inadequate training of users	LM	Inadequate project planning	LM	Failure to keep abreast of emerging technology and outdated systems	LL	Failure to retain key employees
Financial Management	ML	Unauthorized contractual agreements or failure to select qualified bidder	ML	Unauthorized access to systems (banner, banking, etc.)	ML	Significant forecasting error / revenue or funding shortfall	ML	Errors in accounting systems (revenue, JE's, debt) that aren't detected in a timely manner	ML	Failure to process payroll timely	ML	Failure to report wages to SSA and comply with withholding and tax deposit laws / regulations.	ML	Loss of or fraudulent use of sensitive data (PII)

Chattanooga State Community College
Enterprise Risk Footprint
May 2016

#	ACTIVITIES	RISKS													
		1		2		3		4		5		6		7	
5	Instruction & Academic Support (32, 33, 34, 35, 36, 37, 38, 39, 40, 41)	HH	Failure to Timely Intercede with At-Risk Students	HH	Failure to find faculty in specific areas due to non-competitive wages	HM	Inability to Hire & Retain Quality Faculty	HM	Failure to Attract Students to Programs	H M	Underprepared Graduates	HM	Students Fail to Complete in Timely Manner as Defined by TBR	HL	Failure to Design Curriculum Appropriate to Meet the Needs of the Marketplace
4	Institutional Support (23, 24, 25, 26, 27, 28, 29, 30, 31)	HH	Insufficient coverage of topics in audit universe	HM	Inadequate communication of critical or emergency information	HM	Insignificant topics are selected for audit	MH	Lack of communication in regard to strategic staffing plan/needs	HL	Non-compliance with laws, rules, and regulations.	HL	Loss of accreditation	HL	IA personnel not competent and not objective
7	Student Services (53, 54, 55, 56, 57, 58, 59, 60, 61)	HM	Lack of Response to Changing Enrollment	HM	Failure to Provide Accurate & Timely Required Reports	HL	Failure to Comply with Dept of Veterans Affairs' Policies and Regulations	HL	Failure to Keep Abreast of and Comply w/ Federal & State Laws, Campus Crime, Safety & Security Mandates	HL	Student is Denied Reasonable Accommodation for His/Her Disability	HL	Inadequate security of student documents and records	HL	Failure to comply with FERPA regulations and TBR policies re: confidentiality and in student life, registration, records, and enrollment (combines 4 risks).
3	Information Technology (18, 19, 20, 21, 22)	HM	Inadequate or Lack of Disaster Recovery Plan, Business Continuity Plan	M M	Failure to Follow Federal, State,TBR and ChSCC Regulations & Policies and Lack of Written ChSCC Procedures	M M	Unauthorized or Inappropriate Access to and/or Loss of Systems, Data, Records and Physical IT Resources	MM	Inadequate Staffing Levels or Staff Skill Sets	ML	Failure of External Suppliers and/or Contractors to Provide Services and/or Equipment	ML	Failure to Respond Appropriately to Customer Issues and Training Needs	LH	Lack of Separate Test, Acceptance, and Production Environment for Critical Systems
6	Physical Plant (42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52)	HM	Hazardous Working Conditions	HL	Major Natural Disaster	HL	Building and Content Values Understated	MM	Failure to Properly Maintain Building Equipment	M M	Failure to Properly Maintain Facilities	M M	Equipment Damage	M M	Interruption of Utilities Services
2	Financial Management (4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17)	HM	Awards to Ineligible Students - Federal and State Funds	HM	Failure to Manage Default Rate	HM	All Financial Commitments not Included and Documented in Budget Process	HM	Return of Title IV Funds	HL	Failure to Reconcile Fiscal and Financial Records	HL	Lack of Untimely Performance of Reconciliations Between Two or More Items	HL	Over or Under Spending Budget
1	Auxiliary Enterprises (1, 2, 3)	MM	Aging Cafeteria Equipment and Facilities	M M	Insufficient Cafeteria Fund Balance	ML	Aging Infrastructure	ML	Food Borne Illness	ML	Injury to Staff or Customers in the Dining Area	ML	Theft of Food or Money	M M	Lack of IT Support for the Bookstore

**Chattanooga State Community College
Enterprise Risk Footprint
May 2016**

ACTIVITIES		8		9		10		11		12		13		14
Instruction & Academic Support (32, 33, 34, 35, 36, 37, 38, 39, 40, 41)	HL	Failure to Have or Integrate Advisory Committee Input	MH	Inadequate Library Training on Research & Writing Research Papers	MH	Unqualified individuals in specific positions	MH	Lack of Timely Review & Revision of Written Policies & Procedures	ML	Failure to Comply with Accreditation & Academic Audit Requirements	ML	Failure to Meet Community Workforce Needs	ML	Lack of Effective & Accurate Communications at All Levels
Institutional Support (23, 24, 25, 26, 27, 28, 29, 30, 31)	HL	Failure to recognize fraud, abuse, and wast and manage risks	HL	Failure to deliver timely data to Integrated Postsecondary Education Data System (IPEDS)	MH	Compensation system is not based on sound practices and is not uniformly applied.	M M	Improperly executing or missing employment eligibility to work documents	MM	Poor customer service	M M	Failure to make budget decisions with data and cost/ benefit analysis	ML	Lack of effective marketing
Student Services (53, 54, 55, 56, 57, 58, 59, 60, 61)	HL	Failure to recognize fraud, abuse, and wast and manage risks	HL	Failure to deliver timely data to Integrated Postsecondary Education Data System (IPEDS)	MH	College does not meet compliance requirements for ADA sections 504, 508, & WCAG	M M	Failure to provide skilled, knowledgeable telephone staff to respond to a broad range of inquiries and information	ML	Failure to communicate and faciliate due process & judicial policies to students & college community	ML	Failure to communicate academic integrity policies and procedures	ML	Failure to deliver quality customer service
Information Technology (18, 19, 20, 21, 22)	LM	Inadequate Technology, Planning, & Oversight	LL	Failure to Manage Budget Resources	LL	Failure to Keep Both Hardware and Software Systems Technologically Up-to-Date								
Physical Plant (42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52)	M M	Failure to Perform Preventive Maintenance	ML	Lack of Adequate Emergency Communication	ML	Lack of Adequate Training & Testing of Systems & Drills	ML	Minor Natural Disaster	ML	Failure to Perform Required Safety Checks	ML	Employee Injuries	ML	Failure to Properly Train Security Personnel
Financial Management (4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17)	HL	Untimely Bank Reconciliations	HL	Inadequate Budget Controls	M M	Federal Grants That do not Adhere to Federal Regulations Specified in Circulars A-21 and A-110	M M	Complex Financial Information System	MM	Inaccurate Financial Reports/Lack of Timeliness in Submitting Financial Reports (Grants)	M M	Non-Adherence with Grants Requirements	ML	Failure to Make Accurate and Prompt Payments to Retirement and Insurance Vendors and Other Outside Entities
Auxiliary Enterprises (1, 2, 3)	ML	Failure to Review Bookstore Commission Reports Timely	LM	Poor Customer Service										

Chattanooga State Community College
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ACTIVITIES		15		16		17		18		19		20
Instruction & Academic Support (32, 33, 34, 35, 36, 37, 38, 39, 40, 41)	M	Failure to Adequately Orient Faculty/Staff	M	Failure to Conduct Appropriate Needs Analysis Prior to Implementation of New Programs	ML	Failure to Provide Out-of-Class Academic Assistance	ML	Lack of Professional Development for Faculty	ML	Failure to Have Up-To-Date Syllabi	LL	Failure to Attain Acceptable Licensure Pass Rates for Program Graduates
Institutional Support (23, 24, 25, 26, 27, 28, 29, 30, 31)	ML	Commission of fraud in IR data reporting or fail to recognize it	ML	Risk of inconsistencies and inaccuracies in solicitation materials	ML	A major NJCAAA violation	ML	Risk of fraud in Accounts Receivable and Payable in Corp. training and education	ML	Improper scholarship selection	LM	Non-cash forms not being completed and submitted to office
Student Services (53, 54, 55, 56, 57, 58, 59, 60, 61)	ML	Inappropriate use of student funds	ML	Failure to provide counseling service to student in crisis and to alert proper authorities	ML	Failure to establish safety policies and procedures	ML	Failure to properly complete & monitor SEVIS records for international students	ML	Failure to develop, and follow, appropriate policies concerning new and changing sexual harrassment & misconduct legislation	LM	Low graduate placement rate
Information Technology (18, 19, 20, 21, 22)												
Physical Plant (42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52)	ML	Fire in Shipping & Receiving	LM	Theft of Equipment & Furnishings	LL	Chemical Spill	LL	Flood	LL	Failure to Order & Stock Needed Supplies & Materials	LL	Failure to Maintain Key Control
Financial Management (4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17)	ML	Employees with Purchasing Authority Have a Perceived or Actual Conflict of Interest	ML	Breach of Student Confidentiality Laws (Revenue)	ML	Failure to report payroll deductions and fringe benefits to agencies (other than IRS)	ML	Funds are not expended according to College Mission	ML	Data relating to cash transactions is improperly created, altered, or deleted	ML	Payments received are misplaced, lost, or mishandled
Auxiliary Enterprises (1, 2, 3)												

**CLEVELAND STATE COMMUNITY COLLEGE
ENTERPRISE RISK FOOTPRINT
RISK FOOTPRINT
MAY 2016**

		RISKS																			
#	MAJOR ACTIVITIES	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
2	VICE PRESIDENT - FINANCE AND ADMINISTRATION	HL	Lack of disaster recovery plan - business continuity	HH	Lack of safety management & emergency preparedness	HM	Tracking mobile devices with regulatory protected data	HL	Bad public relation/ dispositon of inaccurate informaton	HL	Business disruption from external/ internal threats	HL	Equipment/ software failure	HL	Failure to safeguard records	HL	Fire/natural disaster	HL	Fraud, waste, and abuse	HL	Loss of third party services
1	PRESIDENT'S OFFICE	HM	Inadequate oversight of accreditation activites	HL	Embezzlement	HL	Fraud, waste, and abuse	HL	Lack of and/or inadequate strategic plan	HL	Misreporting /false reporting data	HL	Non-compliance and/or no monitoring of grant programs	HL	Threats to health or safety	MH	Risk of single point of knowledge in one person	M M	Failure to follow policies and procedures	M M	Poor or inadequate customer service
4	VICE PRESIDENT - STUDENT SERVICES	HM	Failure to recruit and retain students	HL	Threats to health or safety	M M	Disruptive students/ parents	M M	Failure to align goals with new outcomes funding formula criteria	M M	Financial aid overawards/ overpayments	M M	Insufficient staff	M M	Poor customer service	ML	Failure to adhere to ethical guidelines for profession	ML	Failure to comply with laws, policies, and regulations (FERPA)	ML	Failure to respond to requests for information
3	VICE PRESIDENT - ACADEMIC AFFAIRS	HL	External/ internal malicious damage/ attack	HL	Threats to health or safety	M M	Copyright violations	M M	Disruptive students	M M	Failure to align goals with new outcomes funding formula criteria	M M	Inadequate quantity or quality of faculty	M M	Loss of individual items (books, tapes, calculators, computers, projectors)	M M	Single points of knowledge in one person	ML	Failure to comply with FERPA guidelines	ML	Failure to comply with program accreditation standards

**CLEVELAND STATE COMMUNITY COLLEGE
ENTERPRISE RISK FOOTPRINT
RISK FOOTPRINT
MAY 2016**

		RISKS																			
#	MAJOR ACTIVITIES	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20
2	VICE PRESIDENT - FINANCE AND ADMINISTRATION	HL	Major equipment failure	HL	Misrepresentation of assets	HL	Risk of days/weeks without technology services	HL	Risk of loss of regulatory protected student and financial information	HL	Threats to health or safety	HL	Transmission over unprotected communications	MH	Aging facilities & infrastructure	MH	Inadequate PR disaster plan	MH	Materials and supply inventory management	MH	Poor/weak passwords by users
1	PRESIDENT'S OFFICE	ML	Abuse of power and harassment	ML	Misrepresentation of credentials	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
4	VICE PRESIDENT - STUDENT SERVICES	ML	Fraudulent use of resources	ML	Misreporting/ false/ failure to report data	LL	Injuries/ accidents	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
3	VICE PRESIDENT - ACADEMIC AFFAIRS	ML	Failure to comply with SACS standards	ML	Laboratory safety including control of supplies, especially chemicals and needles	ML	Lack of clinical partners	ML	Lack of patron confidentiality	ML	Mismanagement/ waste of resources	ML	Misuse or lack of service on contracted database services	ML	Student error in clinical situations	LL	Faculty or administrative mistreatment of students or co-workers	LL	Human error	n/a	0

**Columbia State Community College
Enterprise Risk Footprint
May 2016**

#	ACTIVITIES	RISKS							
		1	2	3	4	5	6	7	8
4	Institutional Support (21,22,23,24,25,26,27)	HN Inadequate, ambiguous, outdated policies	HN Outdated processes	HN Poor employee selection	HN Staffing issues - Inadequate number of staff, inadequately trained	HL Conflict of interest	HL Excessive employee turnover	HL Poor strategic planning	HL Unethical, illegal, inappropriate relations with external stakeholders
7	Student Services (47,48,49,50,51,52,53,54,55)	HN Insufficient financial aid funding	HN Lack of/ inappropriate communications with students	HN Poor customer service	HN Staffing issues - Inadequate number of staff, inadequately trained	HL Accuracy of student records	HL Backup of student records	HL Failure to comply with federal and state laws and regulations	HL Poor planning for and management of enrollment processes
5	Instruction & Academic Support (28,29,30,31,32,33,34,35,36)	HN Poorly prepared entering students	HN Inadequate and/or inappropriate student advising	HL Failure to Schedule to meet student needs	HL Fraudulent reporting of data	HL Inaccurate reporting of data	HL Poor management and/or communication of student information	HL Poor strategic choices	ML Competition from other institutions and programs
6	Facilities Services (37,38,39,40,41,42,43,44,45,46)	HN Inadequate emergency preparedness	HL Failure of utilities	HL Inadequate insurance for replacement of buildings and contents	HL Lack of strategic/long-term planning	HL Natural disaster	ML Inadequate funding	ML Failure of external vendors	ML Inadequate campus security
3	Information Technology (17,18,19,20,20)	HN Breach of information security/confidentiality	HL Inadequate backup	HL Insufficient planning for business continuation	HL Natural disasters	HL Sabotage	HL Utility/facility failures	ML Inadequately trained users	ML Abuse of technology resources
2	Business Services (3,4,5,6,7,8,9,10,11,12,13,14,15,16)	HN Inadequate revenue/funding	HL Insufficient backup of computer records	ML Budget/ financial statement errors and omissions	ML Changes in software	ML Staffing issues - Inadequate number of staff, inadequately trained	ML Bank failure	ML Excessive employee turnover	ML Failure to follow controls, policies and procedures, accounting standards
1	Auxiliary Enterprises (1,2)	ML Limited choice of contractors	ML Bankruptcy of contractor/vendor	ML Non-competitive pricing	ML Restricted choice of goods and services	ML Disruption of supply chain	ML Failure to maintain and replace equipment/ building infrastructure	ML Food poisoning	ML Inability of contractor to provide goods and services as contracted

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May 2016

9	10	11	12	13	14	15
ML Inadequate/inappropriate employee evaluation systems	ML Leadership succession/ transition	ML Poor internal communications	ML Errors in employee record keeping / benefits	ML Failure to comply with federal and state employment laws and regulations	ML Fraud/abuse/waste of resources	ML Poor relationship between institution and foundation
ML Poor management of communications to external audiences	ML Excessive employee turnover	ML Failure to comply with institutional policies and procedures	ML Fraudulent reporting of data	ML Inaccurate reporting of data	ML Inadequate security of student records	ML Information technology hardware/software failure during peak registration times
ML Inadequate staff	ML Security of student records	ML Copyright infringement	ML Lack/ inappropriate communications	ML Curriculum does not match community needs	ML Excessive employee turnover	ML Inadequate resources / facilities
ML Inadequate of safety training	ML Lack of/inappropriate communications	ML Staffing issues - Inadequate number of staff, inadequately trained	ML Abuse of property by employees, students, outsiders	ML Excessive employee turnover	ML Inadequate facilities maintenance	ML Intrusion of regulatory /external agencies
ML Employee turnover	ML Failure to upgrade/ maintenance of software	ML Failure of external suppliers/ contractors to provide services/ equipment/ supplies	ML Failure to upgrade/ maintenance of equipment	ML Inadequate/ inappropriate facilities	ML Staffing issues - Inadequate number of staff, inadequately trained	- n/a
ML Inadequate and/or inappropriate facilities	ML Inadequate and/or inappropriate controls	ML Inadequate cash flow	ML Inadequate equipment/ supplies	ML Inadequate security over cash/deposits	ML Lack of access to information/ reporting	ML Loss of records
ML Inadequate or inflexible contract	ML Staffing issues - Inadequate number of staff, inadequately trained	LL Inadequate service -- multiple campuses	- n/a	- n/a	- n/a	- n/a

Dyersburg State Community College
Enterprise Risk Footprint
May 2016

		RISKS																			
#	ACTIVITIES	1		2		3		4		5		6		7		8		9		10	
1	Instruction & Academic Support	HH	Inadequate financial resources	HM	Failure of student retention and graduation progress	HM	Failure to meet faculty accreditation standards	HM	Lack of qualified adjunct faculty pool	HM	Failure to submit reports in a timely manner	HM	Lack of support services	HM	Failure to adequately support under prepared students	HL	Inappropriate management of records	HL	Failure to handle a crisis situation	HL	Inappropriate behaviors of faculty/staff and students
2	Student Affairs	HH	Failure to promote the recruitment, retention, and graduation of students with diverse backgrounds	HH	Failure to increase graduation rates	HH	Failure to retain students	HH	Lack of enrollment	HH	Failure to investigate & resolve complaints in a timely manner	HH	Breach of confidentiality	HM	Failure to provide ADA accommodations on campus and during activities	HM	Inappropriate use of PII (personally identifiable information)	HL	Inadequate counseling services	MH	Athletic injuries, accidents or health-related and travel incidents
3	Financial Management	HH	Lack of adequate operating funds	HH	Non-compliance with DSCC, state & federal regulations	HH	Failure to provide timely service to students	HH	Improper disbursements	HM	Lack of proper budgeting	HL	Over awarding of financial aid	MH	Failure of timely collection of student loans	MH	High Default Rate	HL	Failure to detect fraud, waste or abuse	HL	Inaccurate reporting of financial transactions
4	Institutional Support	HH	Failure to meet Funding Formula outcomes	HM	Non-compliance with accreditors	HM	Lack of Business Continuity / Emergency Prep. Plan	MH	Inadequate staffing or overreliance of adjunct faculty	HL	Ineffective Leadership	HL	Improper utilization of resources	MH	Mismanagement, PII violation, fraud, waste or abuse	HL	Ineffective communication or inadequate advocacy with internal/external stakeholders	HL	Not following donor award specifications	ML	Failure to observe conflict of interest policy
5	Physical Plant	HM	Natural disaster and emergencies	HM	Building infrastructure failure	HL	Inappropriate behavior of staff	HL	Inadequate campus security	HL	Ineffective execution of emergency preparedness plan	MH	Loss, injury or damage to college community and/or property	MM	Lack of backup for key personnel	MM	Failure to follow DSCC, state and fed guidelines, procedures and codes	MM	Failure to maintain mechanical equipment	MM	Failure to follow building codes on new construction and/or renovations
6	Institutional Advancement	HH	Publishing or disseminating incorrect information	HH	Failure to adequately and efficiently communicate in a crisis	HM	Failure to timely and accurately report data	HM	Failure to maintain SACSCOC Accreditation	HM	Failure to follow donor award specifications	MH	Failure to keep information current and failure to adhere to policies and guidelines	MH	Failure to adequately communicate w/ stakeholders in a timely manner	HL	Lack of backup for Info Research Specialist	MH	Insufficient Fundraising	HL	Failure to follow state, federal, and local laws/regulations
7	Information Technology	HH	Lack of backup for key personnel	HL	Inadequate disaster recovery plan	HL	Incorrect security levels approval	HL	Lack of network security	HL	Sabotage by employees	HL	Sabotage by outsiders	HL	Inadequate resources	ML	Breach of confidentiality	ML	Equipment failure	ML	Failure to update licenses
8	Public Service	HH	Loss of grant funding	HH	Failure to adhere to grant budget & reporting requirements	HH	Market decline and the return on investments	HH	Failure to meet expenditures levels	HH	Errors in payments	HM	Inadequate Institutional matching funds	HM	Failure to meet performance measures	HM	Identity Theft	HL	Improperly authorized purchases	MH	Failure to detect fraud, waste, abuse

Dyersburg State Community College
Enterprise Risk Footprint
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#	ACTIVITIES	11	12	13	14	15	16	17	18	19	20	21
1	Instruction & Academic Support	HL Infringing on copyright and trademark laws	HL Failure to adequately publicize and implement Intl Studies program	MH Failure to implement and disseminate safety standards	MH Failure to eliminate fraud, waste, or abuse	HL Failure to meet staff accreditation standards	MH Failure to develop and support quality faculty	HL System Failure	MH Below Average Success Rates	MH Below Average Retention Rates	HL Inadequately trained faculty/staff	HL Lack of quality instruction
2	Student Affairs	MH Inappropriate staff or student behavior	MH Failure to detect fraud, waste or abuse	MH Failure to follow DSCC, state & federal and NJCAA/TCCAA policies & regulations	MH Failure to follow accreditation agencies standards (SACSCOC, ACEN)	MH Inadequate funding/staffing	MH Failure to appropriately respond to student or family needs	MH Lack of accurate and timely reporting (TBR/THC)	MH Lack of or falsified student information	MH Failure to communicate changes in/ additions to academic programs, degree plans and courses	MH Lack of online student services	MH Failure to create/ maintain student engagement
3	Financial Management	HL Inaccurate financial reporting	MM Lack of trained staff	MM Poor record management	ML Incorrect disbursements	MM Lack of student compliance with financial aid requirements	MM Data entry errors	MM Failure to adhere to grant requirements	ML Untrained Staff			
4	Institutional Support	ML Lack of coordination among administrative & academic leaders	LM Failure to correctly implement/observe DSCC policies/procedures by faculty, staff & students									
5	Physical Plant	MM Poor record management	MM Contractor not following contract guidelines	MM Improper storage or disposal of hazardous materials	MM Failure to eliminate fraud, waste or abuse	MM Failure to meet student needs	ML Failure to support faculty/staff needs	MM Improper motor vehicle operations	ML Worker Compensation claims	MM Failure to adhere to bidding guidelines	ML Failure to meet community needs	MM Increasing Repair Costs
6	Institutional Advancement	MH Failure to align mission and goals w/ community needs	MH Failure to cultivate and communicate with current & potential donors	MH Failure to identify revenue producing programs and meet community needs	MH Failure to prevent fraud, waste, and abuse	HL Incur liability during children's programs	ML Failure to adhere to ethical marketing	MM Failure to develop and support donors	MM Failure to identify grant opportunities	ML Improper access and receipting of cash and credit card info	MM Inability to identify qualified, affordable, and accessible staff	ML Improper handling and security of program receipts
7	Information Technology	ML Loss of communication channels	ML Loss of instructional student support (D2L, etc.)	ML Outdated equipment and software	LL Inappropriate use of technology	LL Mismanagement of Technology Access Fees						
8	Public Service	MH Failure to adhere to DSCC, state & federal regulations	MH Lack of timely and accurate reporting	HL Loss of grant funding and/or local United Way funding	HL Enrollment of ineligible participants for services	HL Inadequate records and documentation management	HL Funding a participant for ineligible training program	MH Failure to adhere to grant specifications	MH Exposure to Worker's Comp issues	HL Timely submission of reports	HL Lack of local plan approval	HL Audit Finding

Dyersburg State Community College
Enterprise Risk Footprint
May 2016

#	ACTIVITIES	22	23	24	25	26	27	28	29	30	31	32	33
1	Instruction & Academic Support	HL Failure to verify student identity	HL Lack of resources, both human and material	HL Failure to maintain connectivity among locations	MH Failure to communicate with students and employees	HL Failure to meet accreditation standards	HL Lack of response to industry needs	HL Inability to stay current in specific curricula	MH Failure to challenge gifted and talented students	HL Inadequate staffing and/or faculty resources	HL Failure to recruit and retain quality faculty	MH Failure to maintain appropriate records including catalog	MH Failure to meet student learning outcomes
2	Student Affairs	MH Ineffective registration process (including electronic process)	MH Insufficient Advising Services	MH Insufficient attention to changing market	HL Failure to properly secure & dispose of records	HL Inaccurate reporting of student information (TBR/THC)	HL Failure to alert proper authority during a crisis	MH Failure to accurately maintain/monitor budgets	HL Inappropriate use of student related fees and scholarships	MH Inadequate supervision during athletic events	HL Inadequate assessment and evaluation services	HL Failure to maintain security of tests, test records and PII	MM Inadequate support of student organizations
3	Financial Management												
4	Institutional Support												
5	Physical Plant	MM Lack of adequate funding	LM Increasing Utility Costs										
6	Institutional Advancement	LM Inadequate alumni involvement	LL Loss/breach of data or PII (personally identifiable information)	LM Failure to maintain and store grants and other documents	LM Poor record management	LL Lack of safeguards in access to donor and student confidential documents	LM Exposure of student and donor PII (personally identifiable information)						
7	Information Technology												
8	Public Service	ML Failure to comply with donors wishes	ML Individual filing a discrimination complaint	MM Loss of equipment inventory									

Dyersburg State Community College
Enterprise Risk Footprint
May 2016

#	ACTIVITIES	34	35	36	37	38	39	40	41	42	43	44	45
1	Instruction & Academic Support	HL Inadequate instructional delivery methods	MH Inadequate physical library facilities (all centers)	HL Failure to provide materials and services to students and faculty/staff	HL Poorly trained or Inadequate staffing	MM Conflict of Interest	MM Excessive Workload	MM Lack of resources for training	MM Lack of a qualified full time faculty applicant pool	MM Lack of a qualified minority applicant pool	ML Inadequate staffing	ML Failure to deliver proper advising services	MM Lack of documentation of student learning analysis
2	Student Affairs	M Insufficient dissemination of information	M Failure to timely process apps/forms										
3	Financial Management												
4	Institutional Support												
5	Physical Plant												
6	Institutional Advancement												
7	Information Technology												
8	Public Service												

Dyersburg State Community College
Enterprise Risk Footprint
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#	ACTIVITIES	46	47	48	49	50	51	52	53	54	55	56	57
1	Instruction & Academic Support	MM Failure to report evidence of continual improvement	ML Failure to report accurately	LH Inefficient use of technology	ML Inability to offer adequate classes	ML Inability to meet the needs and interests of students	ML Mishandling of financial resources	MM Inaccurate records and thefts of library holdings and exhibits	ML Inappropriate use of public computers	ML Inappropriate release or loss of confidential information	LM Inability to offer some Tennessee Transfer Pathways	LL Failure to comply with Federal, State and TBR regulations	LL Challenges to controversial materials in the library collections
2	Student Affairs												
3	Financial Management												
4	Institutional Support												
5	Physical Plant												
6	Institutional Advancement												
7	Information Technology												
8	Public Service												

Jackson State Community College
Enterprise Wide Footprint
May 2016

		RISKS													
#	ACTIVITIES		1		2		3		4		5		6		7
5	Instruction(8, 9, 19, 25, 37, 39, 40, 41)	HH	Failure to generate, analyze, & utilize institutional data	HH	Failure to manage retention dynamics	HH	Inadequate maintenance of facilities/resources(Fin., Physical, & HR)	HM	Controversial academic freedom issues	HM	Failure of an individual to maintain expertise in field	HM	Failure to hire qualified/effective faculty/staff	HM	Failure to maximize educational partnerships
2	Institutional Support(1, 6, 12, 13, 16, 17, 18, 20, 21, 26, 27, 28, 29, 33, 38)	HH	Improper management/ utilization of resources	HH	Insufficient resources (financial)	HM	Failure to provide and maintain information technology to support college processes	HM	Ineffective leadership	HM	Natural disaster	HL	Failure to employ appropriate staff (untrained/ unqualified)	HL	Poor donor relations
3	Physical Plant(5, 10, 23, 24, 36, 43)	HH	Deferred maintenance	HH	Failure to prepare for emergency situations	HH	Failure to provide sufficient financial resources	HM	Failure to comply with ADA & applicable governing regulations	HM	Natural disaster	MH	Failure to provide sanitary environment	MH	Failure to provide timely response to work requests
4	Student Services(2, 3, 7, 14, 15, 30, 31, 34, 35, 37, 42, 44, 45)	HH	Failure to gather & utilize data for dev of an effective enrollment & retention plan	HM	Failure to generate strong & diverse applicant pool	HM	Ineffective leadership	MH	Failure to orient student to college campus	MH	Failure to provide enriching student life experiences	MH	Failure to provide prof dev & training for staff	MH	Inadequate technical support for adm processes
1	Auxiliary Enterprises(4, 11)	HM	Property damage	MH	Lack of ability to contract w/ vendors	MM	Inadequate customer base	MM	Ineffective communications	MM	Poor customer service	MM	Risk of contracted employees being injured	ML	Bankruptcy of contractor

Jackson State Community College
Enterprise Wide Footprint
May 2016

#	ACTIVITIES	8		9		10		11		12		13		14
5	Instruction(8, 9, 19, 25, 37, 39, 40, 41)	Inadequate faculty/staff development	HM	Inappropriate Faculty/Staff Behavior	HM	Inconsistent maintenance of appropriate pedagogical environment	HM	Inconsistent use of professional standards and best practices	HM	Ineffective classroom evaluation techniques	HM	Ineffective development of academic schedules	HM	Ineffective leadership
2	Institutional Support(1, 6, 12, 13, 16, 17, 18, 20, 21, 26, 27, 28, 29, 33, 38)	Copyright infringement	MH	Failure to meet grant requirements	MH	Inequitable compensation	MH	Misuse of technology & equipment	MM	Breach of confidentiality	MM	Conflict of interest	MM	Dissemination of false or inaccurate information
3	Physical Plant(5, 10, 23, 24, 36, 43)	Misuse of equipment & supplies	MH	Unattractive grounds and facilities	MM	Failure to employ appropriate staff (untrained/unqualified)	MM	Failure to provide routine maintenance	MM	Failure to provide safe environment	MM	Failure to receive and distribute in a safe & timely manner	MM	Ineffective leadership
4	Student Services(2, 3, 7, 14, 15, 30, 31, 34, 35, 37, 42, 44, 45)	Ineffective advising systems	MM	Failure to adhere to FERPA & HIPPA	MM	Failure to adhere to governing P & Ps	MM	Failure to equitably provide due process for student complaints & discipline	MM	Failure to follow proper test administration & security guidelines	MM	Failure to properly process student documents	MM	Failure to provide accurate & timely information to students
1	Auxiliary Enterprises(4, 11)	Failure to comply w/governmental regulations	ML	Failure to meet supply & demand of customer base	ML	Failure to provide accessible services	ML	Food poisoning	ML	Inappropriate staff behavior	ML	Poor contractor performance	ML	Price inflation

Jackson State Community College
Enterprise Wide Footprint
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#	ACTIVITIES	15		16		17		18		19		20		21
5	Instruction(8, 9, 19, 25, 37, 39, 40, 41)	Maintaining appropriate technologies in specific disciplines	MH	Ineffective advising systems	MM	Failure to communicate/ comply with governing P & Ps	MM	Failure to stay current with instructional technology	MM	Not being responsive to a business/ general community need	-	n/a	-	n/a
2	Institutional Support(1, 6, 12, 13, 16, 17, 18, 20, 21, 26, 27, 28, 29, 33, 38)	Failure to comply w/governing regulations	MM	Failure to comply with donor restrictions	MM	Improper handling of records	MM	Unethical/ inappropriate behavior (affiliated external parties)	MM	Unethical/ inappropriate behavior (employees)	MM	Unethical/ inappropriate behavior (students)	-	n/a
3	Physical Plant(5, 10, 23, 24, 36, 43)	Interruption of utility services	MM	Lack of supervision	MM	Major system failure(HVAC, electrical, plumbing, etc)	MM	Waste, fraud, & abuse	ML	Failure to have adequate insurance for property, plant & equipment	ML	Lack of coordination with local authorities	-	n/a
4	Student Services(2, 3, 7, 14, 15, 30, 31, 34, 35, 37, 42, 44, 45)	Ineffective electronic communications w/students	ML	Failure to assist students in finding adequate job placement and/or college transfer	ML	Failure to follow appropriate health regulations, procedures and guidelines for both mental & physical conditions	ML	Failure to provide appropriate counseling	ML	Failure to safely transport students to college related activities	ML	Falsification of student records	ML	Injury to student during student activities
1	Auxiliary Enterprises(4, 11)	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

Motlow State Community College
Enterprise Risk Footprint
May 2016

		RISKS															
#	ACTIVITIES		1		2		3		4		5		6		7		8
3	Financial Management (7,8,9,15,16,17,18,22,25,27,28,29,31,39,40,42,43,44,46,49,50,53,54,59,63,71)	HM	Failure to meet Complete College Act Goals	HM	Misuse of procurement cards	HM	Non-compliance of federal and state regulations	HM	Significant loss of records	HL	Non-compliance with grant requirements	MM	Breach of security of records	MM	Changes in financial systems (ERP)	MM	Failure to reconcile in a timely manner
2	Academic Affairs & Instruction(1,2,3,4,5,6,19,22,29,31,34,39,40,42,49,63,67,69,73,74)	HM	Failure to retain students	HM	Inadequately prepare graduates or certificate recipients	HM	Non-compliance with standards	HL	Grade inflation/ deflation	HL	Inadequate instructional facilities	MM	Conflict of interest	MM	Inadequate staffing and training	MM	Inequitable or improper teaching loads
1	Student Services (10,11,22,24,29,39,40,42,49,51,52,57,59,60,61,63,64,65,66,68,67,69,73)	HM	Declining Enrollment	HM	Overawards or ineligible awards of financial aid	HL	Loss of records	HL	Non-compliance with standards (EADA, FISAP, SACS, crime reporting-state & fed)	MH	Fraud, theft, waste, abuse	MM	Changes in student systems (ERP)	MM	Improper advising	MM	Inadequate staffing and training
6	Physical Plant (14,20,29,36,38,39,40,41,42,45,47,48,49,62,63)	HM	Inadequate emergency preparedness plan	HL	Inadequate/ aging infrastructure	HL	Interruption of utility service	HL	Lack of safe environment	HL	Loss of facilities	MH	Rising utility cost	MM	Fraud, waste, theft, and abuse	MM	Improper storage of hazardous materials
4	Information Technology & Academic Support(22,29,37,39,40,42,49,59,70,72,73,74)	HL	Inadequate disaster recovery	HL	Inadequate library material	HL	Lack of network/internet support	HL	Loss of records or data	MH	Computer virus	MM	Fraud, waste, theft and abuse	MM	Inadequate staffing and training	MM	Loss of equipment
5	Institutional Support (22,23,26,29,30,31,32,33,35,38,39,40,42,49,53,63,69,71)	MH	Change of leadership	MH	Non-compliance with sexual harassment and discrimination policies	MM	Conflict of interest	MM	Improper training and staffing	MM	No business continuity plan	MM	Non-compliance with contract regulations	MM	Security of records	MM	Theft, fraud, waste, and abuse
7	Auxiliary Enterprises (12,13,21,49,55,56,63)	HL	Loss of services	MH	High cost of textbooks	MM	Disruptions of supply chain	MM	Improper staffing and training of employees	MM	Inadequate facilities	ML	Inadequate maintenance of equipment	LH	Poor customer service	LL	Bankruptcy of the contractor

Motlow State Community College
Enterprise Risk Footprint
May 2016

#	ACTIVITIES		9		10		11		12		13		14		15
3	Financial Management (7,8,9,15,16,17,18,22,25,27,28,29,31,39,40,42,43,44,46,49,50,53,54,59,63,71)	MM	Inadequate staffing and training of employees	MM	Theft, fraud, waste, and abuse	ML	Failure to pay timely	ML	Inadequate technology	LL	Improper payments to vendors or employees	LL	Poor customer service	-	n/a
2	Academic Affairs & Instruction(1,2,3,4,5,6,19,22,29,31,34,39,40,42,49,63,67,69,73,74)	MM	Poor or inadequate advising	ML	Inability to retain qualified faculty	ML	Outdated instructional technology equipment	LL	Falsification of academic records	LL	Unprofessional behavior	-	n/a	-	n/a
1	Student Services (10,11,22,24,29,39,40,42,49,51,52,57,59,60,61,63,64,65,66,68,67,69,73)	MM	Non-compliance with standards (NJCAA)	ML	Improper handling of student records	ML	Student travel accidents with fatalities	LM	Failure to maintain safe environment	LL	Poor customer service	LL	student activities	LL	Student travel accidents with minor injuries
6	Physical Plant (14,20,29,36,38,39,40,41,42,45,47,48,49,62,63)	MM	Inadequate training and staffing	ML	Failure to follow state and federal regulations	LM	Inadequate preventative maintenance	-	n/a	-	n/a	-	n/a	-	n/a
4	Information Technology & Academic Support(22,29,37,39,40,42,49,59,70,72,73,74)	MM	Security breach	ML	Outdated or inadequate technology	LL	Non-compliance with TAF guidelines	LL	Poor customer service	-	n/a	-	n/a	-	n/a
5	Institutional Support (22,23,26,29,30,31,32,33,35,38,39,40,42,49,53,63,69,71)	ML	Failure to express concerns with legislature	ML	Failure to perform background or reference checks	ML	Fund raising improprieties	ML	Improper handling of records	ML	Non-compliance with affirmative action plan	-	n/a	-	n/a
7	Auxiliary Enterprises (12,13,21,49,55,56,63)	LL	Fraud, waste, theft, and abuse	LL	Loss of contractual revenue	LL	Mishandling of food	-	n/a	-	n/a	-	n/a	-	n/a

Nashville State Community College
Enterprise Risk Footprint
May 2016

		RISKS													
#	ACTIVITIES		1		2		3		4		5		6		7
8	Financial Management	HL	Failure of Gateway To Transmit To Bank	HL	Failure To Collateralize Cash	HL	Fraudulent Wire Transfers	MM	Cash Theft Registration Deposit In Transit	MM	Cash Theft Through Alteration Of Checks	MM	Failure To Collect Accounts Receivable	MM	Failure To Invest Cash Reserves
4	Information Technology	HL	Loss Of Data Center	HL	Malfunction Of Administrative System Software	MH	Inappropriate Use Of Computer Resources	MM	Failure To Define The It Architecture/ Technological Direction	MM	Failure To Follow Accreditation, TBR, State, Federal And Campus Policies/Laws	MM	Failure To Install Product Upgrades In A Timely Manner	MM	Failure To Prevent Identity Theft
6	Student Services	HL	Falsifying Records	MH	Inappropriate Use Of Computer Resources	MM	Conflict Of Interests	MM	Employee Turnover	MM	Failure To Appropriately Handle Student Grievances Or Appeals	MM	Failure To Follow Accreditation, TBR, State, Federal And Campus Policies/Laws	MM	Failure To Follow Federal Requirements
3	Instruction (Non-Credit)	MH	Inappropriate Use Of Computer Resources	MM	Conflict Of Interests	MM	Failure To Achieve Course And Program Outcomes	MM	Failure To Follow Accreditation, TBR, State, Federal And Campus Policies/Laws	MM	Failure To Keep Course Offerings Competitive	MM	Failure To Prevent Identity Theft	MM	Falsifying Records
1	Instruction (Credit)	MH	Inaccurate Time Reporting	MH	Inappropriate Use Of Computer Resources	MH	Purchasing Incorrect/Unnecessary Products	MM	Conflict Of Interests	MM	Employee Turnover	MM	Failure To Prevent Identity Theft	MM	Improperly Disposing Of Surplus
2	Academic Support	MH	Inappropriate Use Of Computer Resources	MM	Conflict Of Interests	MM	Failure To Achieve Course And Program Outcomes	MM	Failure To Prevent Identity Theft	MM	Falsifying Records	MM	Improperly Disposing Of Surplus	MM	Lack Of Backup To Key Admin Positions
7	Institutional Support	MH	Inappropriate Use Of Computer Resources	MM	Conflict Of Interests	MM	Expenditure Of Funds In Non-Allowed Areas	MM	Failure To Comply With 501C3 Requirements	MM	Failure To Follow Accreditation, TBR, State, Federal And Campus Policies/Laws	MM	Failure To Follow Federal Requirements	MM	Failure To Increase Endowments
5	Physical Plant	HL	Disasters - Fire, Tornado, And Explosions	HL	Inadequate Property Insurance	MM	Emergency Call Boxes	MM	Lack Of Backup To Key Admin Positions	MM	Lack Of Cross-Training	MM	Not Monitoring Budgets For Overspending	MM	Purchasing Fraud
9	Auxiliary Enterprises	HL	Risk Of Failure Of External Contract Providers	MM	Not Providing Books	MM	Poor Customer Service	-	n/a	-	n/a	-	n/a	-	n/a

Nashville State Community College
Enterprise Risk Footprint
May 2016

#	ACTIVITIES		8		9		10		11		12		13		14		15
8	Financial Management	MM	Failure to Prevent Identity Theft	MM	Failure To Reconcile Daily Deposits	MM	Failure To Reconcile System Interfaces	MM	Failure To Transfer Cash From Investments To Bank Accounts In A Timely Manner	MM	Failure To Transmit And Settle Credit Card Batches	MM	Inaccurate Time Reporting	MM	Posting Entries Incorrectly	MM	Purchasing Fraud
4	Information Technology	MM	Inaccurate Time Reporting	MM	Inadequate Access Control	MM	Inadequate Bandwidth	MM	Inadequate Preventative Maintenance	MM	Interruption Of Utility Service	MM	Lack Of Appropriate System Back Up	MM	Lack Of Backup To Key Admin Positions	MM	Not Monitoring Budgets For Overspending
6	Student Services	MM	Failure to Prevent Identity Theft	MM	Fraudulent Residency Classification	MM	Improper Financial Aid Awards	MM	Improperly Disposing Of Surplus	MM	Inaccurate Information In Catalog And Schedules	MM	Incomplete Student Records	MM	Ineffective Academic Advising	MM	Malfunction Of Administrative System Software
3	Instruction (Non-Credit)	MM	Ineffective Recruitment And Retention	MM	Length Of Time Needed To Process Non TBR Agreements	MM	Poor Communication	MM	Poor Customer Service	MM	Poor Leadership	MM	Poor Oversight	MM	Poor Risk Assessment	MM	Poor Supervision
1	Instruction (Credit)	MM	Inability To Lock Doors From The Inside	MM	Ineffective Academic Advising	MM	Length Of Time Needed To Process Non TBR Agreements	MM	Not Monitoring Budgets For Overspending	MM	Poor Customer Service	MM	Poor Risk Assessment	MM	Poor Supervision	MM	Theft
2	Academic Support	MM	Lack Of Cross-Training	MM	Lack Of Library's Resources On Off Campus Sites	MM	Lack Of Training	MM	Not Monitoring Budgets For Overspending	MM	Poor Leadership	MM	Poor Oversight	MM	Poor Risk Assessment	MM	Poor Supervision
7	Institutional Support	MM	Failure to Prevent Identity Theft	MM	Falsifying Records	MM	Improperly Disposing Of Surplus	MM	Ineffective Monitoring Of Existing Grants	MM	Lack Of Backup To Key Admin Positions	MM	Lack Of Clear Roles And Responsibilities	MM	Not Auditing Strategic Areas	MM	Not Monitoring Budgets For Overspending
5	Physical Plant	MM	Purchasing Incorrect/Unnecessary Products	MM	Purchasing Products That Are More Expensive Than Necessary	MM	Theft	MM	Waste Or Abuse	ML	Age And Condition Of Facilities	ML	Conflict Of Interests	ML	External Lighting	ML	Failure To Follow Accreditation, TBR, State, Federal And Campus Policies/Laws
9	Auxiliary Enterprises	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

Northeast State Community College
Enterprise Wide Risk Footprint
May 2016

		RISKS															
#	ACTIVITIES		1		2		3		4		5		6		7		8
5	Institutional Support (57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73)	HM	Failure to align mission and goals with community needs	HM	Failure to follow state, federal, and local laws and regulations	HM	Mismanagement of funds	HM	Failure to plan for emergencies	HM	Insufficient financial resources	HM	SACSCOC non-compliance	HM	Failure of data systems	HM	Failure to follow purchasing procedures
6	Information Technology (74, 75, 76, 77, 78, 79)	HM	Inadequate disaster recovery	HM	Inadequate infrastructure	HL	Inadequate technology planning/oversight	HL	Loss of data	HL	Loss of funding to support function	HL	Natural disaster	HL	Terrorism, sabotage	MM	Inability to hire appropriate employees
4	Instruction & Academic Support (45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56)	HL	Loss of community support for academic programs	HL	Loss of institutional accreditation	MH	Competition from other educational providers	MH	Loss of academic personnel	MH	Shortage of qualified adjunct faculty	MH	Student academic dishonesty	MM	Barriers to transfers to other institution for students	MM	Changes in leadership
2	Financial Management (18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34)	MH	Financial errors contributing to a qualified audit opinion	MH	Conflict of interest	MH	Excessive employee turnover	MH	Fraud, waste and abuse	MH	Inadequate security during high-volume times	MH	Insufficient data backup	MH	Purchasing irregularities	MM	Change in financial reporting systems
3	Physical Plant (35, 36, 37, 38, 39, 40, 41, 42, 43, 44)	HL	Airport disaster	HL	Natural disaster	HL	Outbreak of infectious disease	MH	Escalation of utility costs	MH	Inadequate capital funding	MH	Inadequate key control	MH	Inadequate security of capital assets	MH	Theft, waste, abuse of assets
1	Student Services (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17)	HL	Infectious disease outbreak	HL	Loss of student data	MM	Failure to comply w/ federal, state regulations	MM	Failure to comply w/grant stipulations	MM	Failure to follow Policies & Procedures	MM	Failure to process financial aid applications timely	MM	Falling enrollment	MM	Fraud, theft, waste, abuse
7	Auxiliary Enterprises (80, 81, 82, 83)	HL	Bankruptcy of a contractor	HL	Fire	MH	Food poisoning	MM	Competition	MM	Disruption of supply chain	MM	Unsafe environment	MM	Unsanitary environment (negative health inspection)	-	n/a

Northeast State Community College
Enterprise Wide Risk Footprint
May 2016

ACTIVITIES		9		10		11		12		13		14		15		16
Institutional Support (57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73)	HM	Failure to detect fraud, waste, and abuse	HM	Failure to properly assess internal controls	HL	Unprofessional/unethical behavior with stakeholders	HL	Not following donor award specification	MM	Failure to meet institutional strategic planning objectives	MM	Lack of back-up for key personnel	MM	Improper employment, advancement, and termination practices	MM	Lack of maintenance of confidentiality of records
Information Technology (74, 75, 76, 77, 78, 79)	MM	Inadequate employee training	MM	Inadequate end-user training	MM	Interruption of services	MM	Lack of appropriate data security	MM	Loss of key personnel	MM	Outdated technology	MM	Poor customer service	-	n/a
Instruction & Academic Support (45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56)	MM	Errors in academic advising	MM	Failing technology access	MM	Failure to comply with fed & state laws and regulations	MM	Failure to retain students	MM	Impact of economic forces outside college's control	MM	Inadequate space available for instruction	MM		-	n/a
Financial Management (18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34)	MM	Failure to follow Policies and Procedures	MM	Financial problems of vendors	MM	Inadequate staffing	MM	Inadequate state funding	MM	Erroneous payroll disbursements	MM	Improper payments to vendors	MM	Loss of financial records	-	n/a
Physical Plant (35, 36, 37, 38, 39, 40, 41, 42, 43, 44)	MM	Equipment failure	MM	Inadequate employee safety training	MM	Loss of key personnel	MM	Loss of leadership	MM	Unsafe facilities	ML	Aging infrastructure	ML	Disrupted access to campus	-	n/a
Student Services (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17)	MM	Improper use of student activity fees	MM	Inaccurate student records	MM	Inadequate Advising	MM	Over awarding financial aid	MM	Poor customer service	ML	Failure to maintain safe environment for students	ML	Improper handling of student disciplinary actions	-	n/a
Auxiliary Enterprises (80, 81, 82, 83)	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

**PELLISSIPPI STATE COMMUNITY COLLEGE
ENTERPRISE RISK FOOTPRINT
MAY 2016**

		RISKS																			
#	MAJOR ACTIVITIES	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
1	INSTRUCTION & ACADEMIC SUPPORT	H M	Failure to meet funding performance requirements of the Complete College Act	H M	Failure to retain students	M H	Impact of system or statewide initiatives at the campus level	M H	Lack of adequate funding	M	Aging faculty	M	Competition	M	Graduation rates	M	Inability to hire and retain qualified faculty	M	Increased reporting requirements (federal, state, institutional, etc.)	M	Insufficient availability of qualified adjunct instructors
6	INFORMATION TECHNOLOGY	H M	Breach of security / confidentiality	HL	Natural disaster	M	Complications of operating and maintaining BANNER systems	M	Copyright infringement	M	Impact of system initiatives at the campus levels	M	Inadequate staffing / employee turnover / unable to hire qualified staff	M	Insufficient data/ reports for decision making	M	Lack of adequate funding	M	Lack of disaster recovery planning	M	Outdated technology
2	STUDENT SERVICES	HL	Incidents of violent behavior	M	Failure to follow disciplinary rules/ due process	M	Failure to follow policies and procedures	M	Failure to provide adequate support services for students with disabilities	M	Failure to retain students	M	Fraud, theft, waste, and abuse	M	Inadequate supervision of student activities	M	Inefficient admissions process	M	Low graduation rates	M	Poor customer service
4	PHYSICAL PLANT	HL	Natural disasters	HL	Terrorism/ sabotage/ violent behavior	M	Aging infrastructure	M	Improper handling of hazardous materials	M	Inadequate emergency planning	M	Inadequate funding	M	Inadequate security of assets	M	Inadequate training of staff	M	Increasing utility costs	M	Vandalism/ fraud/ theft/ waste/ and abuse
3	FINANCIAL MANAGEMENT (includes Auxiliaries)	M M	Difficulty related to contract administration	M	Errors, misstatements or misclassifications of items in the financial statements	M	Inability to access online data	M	Inadequate staffing	M	Inadequate training of employees	M	Noncompliance with federal and state regulations	M	Poor inventory management	ML	Conflict of interest	ML	Employee turnover	ML	Erroneous payroll disbursements
5	INSTITUTIONAL SUPPORT	HL	Terrorism / sabotage / violent behavior	M	Accidental discharge of Firearm	M	Inability to raise funds	M	Inadequate planning and assessment	M	Inadequate staffing / compensation	M	Nonfunded mandates	ML	Failure of funding allocations to align with mission and objectives	ML	Fund raising improprieties	ML	Inadequate emergency responses	ML	Negative perspective from external constituencies
8	BUSINESS AND COMMUNITY SERVICES	HL	Failure to ensure children are safe and secure while on campus	M	Loss of key personnel	M	Failure to correctly bill and invoice clients	M	Failure to properly advise clients	M	provide accurate and up-to-date information via website or social media	M	Fraud, theft, waste and abuse	M	Loss of contracts (SBA, Chamber, Banks relates to TSBD)	M	Poor Customer Service	M	Private Competition	n/a	0
7	FINANCIAL AID	HL	Excessive default rates	M	Failure of Students to comply with program requirements	M	Failure to follow federal state laws & regulations	M	Failure to follow policies & procedures	M	Fraud, theft, waste and abuse	M	Poor customer services	ML	Improper financial aid counseling	ML	Mismanagement of financial aid programs	n/a	0	n/a	0

**PELLISSIPPI STATE COMMUNITY COLLEGE
ENTERPRISE RISK FOOTPRINT
MAY 2016**

		RISKS																			
#	MAJOR ACTIVITIES	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20
1	INSTRUCTION & ACADEMIC SUPPORT	M M	Lack of facilities	M M	Noncompetitive faculty salaries	M M	Over reliance on part-time faculty	M M	Resistance to change	ML	Equipment and technology failures	ML	Failure of the institution to adopt appropriate technology to support the classroom	ML	Grade inflation	ML	Inappropriate faculty behavior	ML	Incomplete / Falsified academic credentials	ML	Insufficient professional development for academic personnel
6	INFORMATION TECHNOLOGY	M M	Poor customer service	ML	Lack of backups / Inability to restore backups	ML	Major vendor changes	ML	Reliability & Security of Hosted Services	ML	Sabotage	ML	System failure	n/a	0	n/a	0	n/a	0	n/a	0
2	STUDENT SERVICES	M M	Significant changes in enrollment	ML	Failure to follow federal and state laws and regulations	ML	Failure to maintain safe environment for students	ML	Failure to properly manage transfer credit	ML	Improper advising	ML	Improper counseling	LM	Significant tuition increase	n/a	0	n/a	0	n/a	0
4	PHYSICAL PLANT	ML	Failure to perform routine maintenance	ML	Noncompliance with federal and state regulations	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
3	FINANCIAL MANAGEMENT (includes Auxiliaries)	ML	Failure to follow policies and procedures	ML	Failure to record and collect receivables	ML	Fraud/ embezzlement	ML	Improper/ erroneous payment to vendors	ML	Inaccurate reporting	ML	Inappropriate expenditure of grant funds	ML	Loss of records	ML	Purchasing irregularities	n/a	0	n/a	0
5	INSTITUTIONAL SUPPORT	ML	Poor media relations	ML	Violation of federal and state laws / policies and procedures	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
8	BUSINESS AND COMMUNITY SERVICES	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0
7	FINANCIAL AID	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0

**ROANE STATE COMMUNITY COLLEGE
ENTERPRISE WIDE RISK FOOTPRINT
MAY 2016**

		RISKS													
#	MAJOR ACTIVITIES	1	1	2	2	3	3	4	4	5	5	6	6	7	7
3	Institutional Support	HM	Inadequate emergency preparedness planning/ response/ preparation/ awareness	MH	Lack of and/or inadequate business continuity planning	MH	Loss of institutional autonomy for decision making	MM	Failure to adequately monitor grant funding or comply with grant requirements	MM	Failure to comply and/or monitor compliance with SACS requirements	MM	Failure to maintain key control/secure buildings	MM	Failure to monitor institutional effectiveness
1	Instruction and Academic Support	HM	Significant decline in FTE/workforce contact hours/ completion benchmarks/changes in enrollment patterns including dual studies	MH	Significant reductions and/ or lack of adequate funding	MM	Clinical accidents/ mistakes/ student accidents/ injuries	MM	Communications network failure/ equipment/ facility systems failures	MM	Competition for Health Science Programs/ clinical sites	MM	Excessive reliance on adjunct faculty	MM	Failure to build appropriate schedule to meet student needs
2	Student Services and Enrollment Management	HM	Significant decline in FTE/workforce contact hours/ completion benchmarks/ changes in enrollment patterns including dual studies	MH	Competition for students	MM	Awards to ineligible students	MM	Communications network/ webpage failure/ interruption	MM	Errors in data/ reports	MM	Failure to comply with applicable laws and policies	MM	Failure to maintain accurate, up-to-date student records/ archived student records
7	Workforce Development	MH	Failure to maintain business/industry/ government alliances/ partnerships	MM	Accident or injury of participant in Continuing Education/ Workforce Development activities	MM	Competition for qualified faculty/ training contracts/ partnerships, funds/grants	MM	Error in reporting	MM	Errors in collection/ assessment of fees	MM	Failure to comply/ complete grant requirements/ benchmarks	MM	Failure to monitor program effectiveness
5	Financial Management	HL	Failure to update building and contents value for insurance	MM	Banner systems failure/network/ hosting disruption	MM	Errors, misstatements, and/or untimely financial reports	MM	Errors/ untimely payments to employees, vendors, or others	MM	Failure to comply with applicable laws, regulations, and/or policies	MM	Failure to comply with health codes/food borne illnesses, etc	MM	Failure to have appropriate textbooks and supplies
6	Information Technology	HL	Fire or Natural Disaster	HL	Inadequate disaster recovery/ business continuity planning	MM	Computer Center environmental controls/ system failure	MM	Failure to attract and/ or retain qualified employees	MM	Failure to integrate technology across the institution on a timely basis	MM	Inadequate training/ professional development	MM	Loss of control over College/ privacy data via emerging technologies and mobile storage devices
4	Facility Operations and Maintenance	HL	Fire and/or natural disaster	MM	Accidents/ injuries - Expo Center	MM	Deferred maintenance for aging facilities and infrastructure	MM	Employee/ student/ other injuries and accidents	MM	Failure to comply with applicable laws, regulations, and/ or policies including hazardous waste	MM	Fraud, waste and/or abuse	MM	Inadequate capital maintenance funding/planning

**ROANE STATE COMMUNITY COLLEGE
ENTERPRISE WIDE RISK FOOTPRINT
MAY 2016**

								RISKS						
#	MAJOR ACTIVITIES	8	8	9	9	10	10	11	11	12	12	13	13	14
3	Institutional Support	MM	Failure to raise external resources to support institutional goals	MM	Inability/failure to recruit and hire qualified faculty/staff that perform at an acceptable level	MM	Inadequate and/ or ineffective advertising	MM	Inadequate/ inefficient/ inappropriate resources/ resource allocation to support mission and goals	MM	Lack of and/or failure to comply with policies and procedures	MM	Lack of competitive salaries/ employee turnover	MM
1	Instruction and Academic Support	MM	Failure to identify and assess program and student learning outcomes	MM	Fraud, waste, and/or abuse	MM	Inability/ failure to recruit and hire competent, qualified faculty/ adjunct faculty	MM	Lack of professional development training	MM	Momentum/D2L instructional support system failure/security breach/data compromise/ denial of service attack	MM	Poor or inadequate academic advisement	ML
2	Student Services and Enrollment Management	MM	Failure to retain/ graduate students	MM	Inadequate security/ inappropriate release of student records/ protected information	MM	Inadequate/ inappropriate counseling/ career services	MM	Lack of resources for/failure to provide adequate services at off-campus centers	MM	Lack of student friendly enrollment process	MM	Poor customer service	MM
7	Workforce Development	MM	Fraud and/or theft by participants/ others	MM	Inaccurate reporting of workforce contact hours	MM	Lack of integration within the College	MM	Lack of internal funding/funding to sustain programs/ equipment	MM	Lack of or inadequate business continuity planning	MM	Lack of qualified faculty	MM
5	Financial Management	MM	Inability to secure and retain bookstore/food service contractor	MM	Inadequate internal controls	MM	Inadequate security/ inappropriate release of student/ employee records/ protected information	MM	Lack of oversight of budget management consistent with mission, objectives, and availability of resources	MM	Lack of timely reconciliation of accounts/ financial records	MM	Poor or inadequate customer service	MM
6	Information Technology	MM	Network outages (campus network, hosted systems, internet)	MM	Power Outages	ML	Access to systems/data not adequately controlled	ML	Breach of network/system security	ML	Failure to adequately educate/train users	ML	Failure to implement software upgrades, fix errors, perform backups on a timely basis	ML
4	Facility Operations and Maintenance	MM	Inadequate maintenance services for off-campus centers	MM	Inadequately trained personnel	MM	Infrastructure/ building system failures	MM	Motor vehicle accidents	MM	Poor contractors/ sub-contractors of facilities/ inability to secure custodial contract	MM	Theft/vandalism	n/a

**ROANE STATE COMMUNITY COLLEGE
ENTERPRISE WIDE RISK FOOTPRINT
MAY 2016**

#	MAJOR ACTIVITIES	14	15	15	16	16	17	17	18	18	19	19	20	20
3	Institutional Support	Lack of institutional "succession" planning for key positions	ML	Failure to adequately promote College's role/ value	ML	Failure to comply with reporting requirements/ deadlines	ML	Failure to maintain/ cultivate appropriate relationship with donors/ Foundation Board	ML	Failure to provide safe, secure campuses	ML	Fraud, waste, and/or abuse	ML	Inadequate and/ or inaccurate institutional reports/research
1	Instruction and Academic Support	Failure to comply with Complete College Act, US Dept of ED requirements	ML	Failure to ensure comparable instructional quality from campus to campus	ML	Failure to maintain appropriate program advisory committees	ML	Failure to maintain current, updated, high quality programs/ curriculum responsive to service area needs	ML	Failure to secure/ maintain accreditation of eligible programs	ML	Lack of adequate space conducive to effective instruction activities	ML	Lack of and/ or inadequate academic support resources (Library, Learning Ctrs, Distance Education, Advisement)
2	Student Services and Enrollment Management	Violent and/ or disruptive student or others	ML	Banner systems failure/network/ hosting disruption	ML	Failure to comply with NJCCAA/ TCCAA requirements	ML	Failure to provide adequate access/ accommodations for disabled students	ML	Fraud, waste, and/or abuse	ML	Inability to place graduates/ lower placement rates	n/a	0
7	Workforce Development	Loss of students	MM	Loss of support for non-credit training	MM	Mismanagement of budgets	ML	Embezzlement/ misappropriation of funds by employees	ML	Mismanagement of contract/grant agreements	ML	Poor quality instruction	ML	Poorly developed curriculum
5	Financial Management	State audit reports not issued timely	MM	Untimely billings/ collections of accounts receivable	ML	Failure to manage cash to ensure liquid resources to meet operational needs	ML	Fraud, waste, and/or abuse	n/a	0	n/a	0	n/a	0
6	Information Technology	Failure to perform important IT support functions timely/regularly	ML	Hardware and/ or software failure/flaws	ML	Inadequate physical security of servers/ network equipment	ML	Inadequate virus protection	ML	Poor customer service	n/a	0	n/a	0
4	Facility Operations and Maintenance	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0

**Southwest Tennessee Community College
Enterprise Risk Footprint
May 2016**

#	ACTIVITIES	RISKS																	
		1		2		3		4		5		6		7		8		9	
1	Information Technology Systems	HM	Ineffective institutional disaster recovery plan	HL	Failure to conduct background & reference checks for employees with access to confidential records and/or in a sensitive position	HL	Ineffective administrative computer system support	HL	Abuse of power (position, rank or title)	HL	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	HL	Inadequately trained/cross-trained employees	HL	Loss of internet access	HL	Ineffective strategic planning and management	HL	Insufficient data security measures & network security measures
2	Financial Management 2	HH	Failure to comply with federal, state, local and governing board laws, regulations and guidelines	HL	Abuse of power (position, rank or title)	HL	Failure to conduct background & reference checks for employees with access to confidential records and/or in a sensitive position	HL	Inadequate internal audit/monitoring review process	HL	Inadequately trained/cross-trained employees	MH	Failure to investigate and resolve all complaints	MH	Inability to attract and retain qualified faculty and/or staff	MH	Inadequate and/or inconsistent application of policies & procedures	MH	Inadequate resources (staffing, supplies, equipment, facilities)
3	Instruction and Academic Support	HH	Failure to comply with federal, state and local laws, regulations and guidelines	HM	Inadequate quality of instruction	HL	Ineffective strategic planning and management	HL	Inadequate internal audit/monitoring review process	HL	Inadequately trained/cross-training employees	HL	Ineffective, inappropriate or offensive external communications	HL	Lack of security with confidential records	HL	Loss of internet access	HL	Non-compliance with generally-accepted accounting guidelines
4	Student Services	HH	Failure to comply with federal, state, local and governing board laws, regulations and guidelines	HM	Ineffective enrollment processes	HM	Ineffective strategic planning and management	HL	Failure to comply with funders expectations	HL	Failure to conduct background & reference checks for employees with access to confidential records and/or in a sensitive position	HL	Inadequate internal audit/monitoring review process	HL	Inadequately trained/cross-trained employees	HL	Lack of security with confidential records	MH	Failure to investigate and resolve all complaints
5	Physical Plant	HM	Ineffective institutional recovery plan	HL	Abuse of power (position, rank or title)	HL	Inaccurate reporting of capital assets and physical facilities inventory for Capital Budget Requests	HL	Inaccurate valuation of plant assets for state insurance coverage	HL	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	HL	Inadequately trained/cross-trained employees	HL	Insufficient resources for physical plant renewals and replacements	HL	Insufficient routine/preventative maintenance of Plant and equipment	MH	Failure to investigate and resolve all complaints
6	Financial Management 1	HH	Failure to comply with federal, state, local and governing board laws, regulations and guidelines	HM	Ineffective institutional disaster recovery plan	HL	Ineffective strategic planning and management	HL	Abuse of power (position, rank or title)	HL	Inadequate internal audit/monitoring review process	HL	Inadequately trained/cross-trained employees	HL	Ineffective, inappropriate or offensive external communications	HL	Lack of security with confidential records	HL	Non-compliance with generally-accepted accounting guidelines
7	Enrollment Management	HM	Ineffective enrollment processes	HL	Barriers to student success - course scheduling, availability of administrative services, counseling services, ease of admissions process, etc.	HL	Inadequate or ineffective telecom management	HL	Inadequately trained/cross-trained employees	HL	Ineffective administrative computer system support	HL	Lack of security with confidential records	HL	Loss of internet access	MH	Failure to investigate and resolve all complaints	MH	Failure to keep software up to date
8	Institutional Support	HM	Ineffective institutional disaster recovery plan	HL	Abuse of power (position, rank or title)	HL	Failure to conduct background & reference checks for employees with access to confidential records and/or in a sensitive position	HL	Inadequate preparedness for a catastrophic event such as a natural disaster or terrorism	HL	Inadequately trained/cross-trained employees	HL	Lack of security with confidential records	HL	Loss of internet access	MH	Failure to investigate and resolve all complaints	MH	Inaccurate financial reporting
9	Administrative Support	HH	Failure to comply with federal, state, local and governing board laws, regulations and guidelines	HM	Ineffective enrollment processes	HM	Ineffective strategic planning and management	HL	Failure to comply with funders expectations	HL	Failure to conduct background & reference checks for employees with access to confidential records and/or in a sensitive position	HL	Inadequately trained/cross-trained employees	HL	Lack of security with confidential records	MH	Failure to investigate and resolve all complaints	MH	Inadequate resources (staffing, supplies, equipment, facilities)

Southwest Tennessee Community College
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May 2016

#	ACTIVITIES		10		11		12		13		14		15		16		17		18
1	Information Technology Systems	MH	Failure to keep software up to date	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MH	Inappropriate faculty, staff or volunteer behavior	MH	Ineffective allocation of personnel or budgets	MH	Theft, fraud and waste of institutional assets	ML	Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML	Ineffective network resources	ML	Ineffective planning and management of TAF	MM	Improper /negligent hiring
2	Financial Management 2	MH	Theft, fraud and waste of institutional assets	LH	Inaccurate advising	MM	Failure to follow institutional policies and procedures	MM	Failure to take advantage of collaborative opportunities	MM	Inadequate external/internal communications	MM	Inadequate registration/refund procedures	MM	Ineffective, improper or inaccurate management of records and record keeping.	MM	Insufficient Professional Development program or staff training resources	MM	Purchases inconsistent with the goals and objectives of the College
3	Instruction and Academic Support	MH	Failure to investigate and resolve all complaints	MH	Inability to attract and retain qualified faculty and/or staff	MH	Inadequate and/or inconsistent application of policies & procedures	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MH	Inappropriate faculty, staff or volunteer behavior	MH	Ineffective allocation of personnel or budgets	MH	Theft, fraud and waste of institutional assets	MM	Ineffective employee behavior	MM	Ineffective employee training/cross training
4	Student Services	MH	Failure to maintain an appropriate cultural/ethical environment	MH	Inadequate and/or inconsistent application of policies & procedures	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MH	Inappropriate faculty, staff or volunteer behavior	MH	Theft, fraud and waste of institutional assets	MM	Failure to follow institutional policies and procedures	MM	Failure to take advantage of collaborative opportunities	MM	Improper documentation for Expenses and Revenue	MM	Ineffective employee training/cross training
5	Physical Plant	MH	Inability to attract and retain qualified faculty and/or staff	MH	Inadequate and/or inconsistent application of policies & procedures	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MH	Ineffective allocation of personnel or budgets	MH	Theft, fraud and waste of institutional assets	MM	Failure to follow institutional policies and procedures	MM	Failure to properly dispose of hazardous materials	MM	Inadequate energy conservation management	MM	Inadequate external/internal communications
6	Financial Management 1	MH	Inability to attract and retain qualified faculty and/or staff	MH	Inadequate and/or inconsistent application of policies & procedures	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MH	Inappropriate faculty, staff or volunteer behavior	MH	Theft, fraud and waste of institutional assets	MM	Failure to follow institutional policies and procedures	MM	Ineffective employee behavior	MM	Ineffective employee training/cross training	MM	Ineffective, improper or inaccurate management of records and record keeping.
7	Enrollment Management	MH	Failure to maintain an appropriate cultural/ethical environment	MH	Inaccurate advising	MH	Inappropriate employee behavior	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MM	Failure to follow institutional policies and procedures	MM	Inadequate external/internal communications	MM	Inadequate fact-based decision making	MM	Ineffective employee behavior	MM	Ineffective employee training/cross training
8	Institutional Support	MH	Inadequate and/or inconsistent application of policies & procedures	MH	Inadequate resources (staffing, supplies, equipment, facilities)	MH	Inappropriate faculty, staff or volunteer behavior	MH	Theft, fraud and waste of institutional assets	MH	Failure to follow institutional policies and procedures	MM	Improper documentation for Expenses and Revenue	MM	Improper /negligent hiring	MM	Ineffective employee behavior	ML	Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition
9	Administrative Support	MH	Ineffective allocation of personnel or budgets	MH	Theft, fraud and waste of institutional assets	MM	Abuse of power (position, rank or title)	MM	Improper /negligent hiring	MM	Inadequate external/internal communications	MM	Inadequate fact-based decision making	MM	Ineffective employee training/cross training	MM	Ineffective, improper or inaccurate management of records and record keeping.	MM	Insufficient Professional Development program or staff training resources

Southwest Tennessee Community College
Enterprise Risk Footprint
May 2016

#	ACTIVITIES	19	20	21	22	23	24	25	26	27
1	Information Technology Systems	MM Failure to take advantage of collaborative opportunities	MM Inadequate fact-based decision making	MM Ineffective desktop and lab support	MM Ineffective employee training/cross training	MM Insufficient Professional Development program or staff training resources	MM Purchases inconsistent with the goals and objectives of the College	- n/a	- n/a	- n/a
2	Financial Management 2	ML Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML Failure to maintain a clean and safe environment	ML Failure to perform financial reconciliations	ML Inadequate separation of job duties	- n/a	- n/a	- n/a	- n/a	- n/a
3	Instruction and Academic Support	ML Ineffective, improper or inaccurate management of records and record keeping.	ML Insufficient Professional Development program or staff training resources	ML Capricious tenure process	ML Failure to perform financial reconciliations	ML Inadequate long-term planning/short-sighted planning	ML Inconsistent application of published student policies and procedures, catalogs, student handbook, etc.	- n/a	- n/a	- n/a
4	Student Services	MM Ineffective, improper or inaccurate management of records and record keeping.	MM Insufficient Professional Development program or staff training resources	MM Insufficient security services for campus resources	ML Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML Failure to comply with Dept. of Human Services Regulations (Child Care)	ML Failure to maintain a clean and safe environment	ML Failure to perform financial reconciliations	ML Improper financial payments or disbursements	ML Inadequate campus security
5	Physical Plant	MM Ineffective desktop and lab support	MM Ineffective employee behavior	MM Ineffective employee training/cross training	ML Failure to maintain a clean and safe environment	ML Inadequate long-term planning/short-sighted planning	ML Insufficient physical plant services and storage	- n/a	- n/a	- n/a
6	Financial Management 1	MM Insufficient Professional Development program or staff training resources	MM Purchases inconsistent with the goals and objectives of the College	ML Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML Failure to perform financial reconciliations	ML Improper financial payments or disbursements	ML Inadequate Cash Management	ML Inadequate separation of job duties	- n/a	- n/a
7	Enrollment Management	MM Ineffective, improper or inaccurate management of records and record keeping.	MM Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML Failure to maintain a clean and safe environment	ML Inadequate separation of job duties	ML Inconsistent application of published student policies and procedures, catalogs, student handbook, etc.	- n/a	- n/a	- n/a
8	Institutional Support	ML Failure to maintain a clean and safe environment	ML Inadequate campus security	ML Inadequate separation of job duties	ML Ineffective network resources	ML Insufficient area and/or asset storage	ML Non-compliance with Student Right-to-Know Act	- n/a	- n/a	- n/a
9	Administrative Support	ML Excessive employee turnover / inadequate planning for transfer of knowledge due to attrition	ML Failure to meet community's continuing education needs	ML Inadequate campus security	ML Inadequate long-term planning/short-sighted planning	ML Inadequate separation of job duties	- n/a	- n/a	- n/a	- n/a

Volunteer State Community College
Enterprise-Wide Risk Footprint
May 2016

		RISKS											
#	ACTIVITIES	1	2	3	4	5	6	7	8				
9	Instruction	HH	HH	HH	HH	HH	HL	MH	MH				
		Aggrandized faculty credentials	Failure to attract students/low enrollment	Failure to meet quality standards	Grade inflation	Lack of adequate funding	Unqualified graduates	Inability to attract expertise	Instructional Methodology Standards				
3	Regulatory Compliance	HH	HH	HH	MH	MH	MH	MH	MH				
		Failure to comply with federal/state/local guidelines	Failure to meet accreditation standards	Improper systematic awarding of student financial aid	Failure to follow policies and procedures	Copyright or trademark infringement	Lack of compliance with FERPA	Lack of Title IX Compliance	Failure to comply with NJCAA policies and procedures				
2	Human Capital Management	HH	HH	HH	MH	MH	MH	MH	MH				
		Failure to implement continuous improvement	Failure to verify credentials and qualifications	Lack of financial resources	Failure to maintain appropriate faculty and staff levels	Conflict of interest	Failure to attract and retain qualified personnel	Failure to develop and implement adequate staffing and salary plan	Inadequate training and professional development				
1	Financial Management	HH	HM	HM	HL	MH	MH	MM	MM				
		Inappropriate use of student fees	Decrease in revenue stream	Failure to maintain adequate records	Financial deficit/cash shortfall	Fraud, theft, and abuse	Misreporting/misleading information	Failure to comply with GASB and other regulatory groups	Failure to follow prescribed business policies and procedures				
4	External Partnerships	HH	MH	MH	MM	MM							
		Failure to maintain beneficial government and community relationships	Failure to maintain adequate collaborative relationships	Failure to maintain adequate TCAT relationship	Inability to meet community needs	Difficulty/challenges with foundation board	n/a	n/a	n/a				
5	Crisis Management	HM	HL	HL	MM	MM							
		Failure to maintain appropriate system-wide emergency preparedness plan	Inadequate Man-made or Natural Disaster Recovery	Maintain a Comprehensive Security System	Dissemination of incorrect/inaccurate/inappropriate information	Insufficient emergency funding	n/a	n/a	n/a				
6	Retention	HH	HH	MH	MH	MH	MH	MM	MM				
		Failure to provide instructional support	Failure to retain students	Inadequate advising	Insufficient Counseling	Lack of matriculation/articulation	Lack of student engagement	Campus Safety and Security	Failure to provide appropriate customer service level				
8	Capacity Management	HL	HL	MH	MM	MM	MM	MM	MM				
		Inadequate insurance/proper valuation of buildings	Lack of maintaining proper Master Plan	Excessive campus access	Escalation of Utility Costs	Incorrect use of 15 passenger van	Lack of preventative maintenance	Obsolete Facilities	Failure to maintain adequate security				
7	Recruitment	HH	MH	MH	MH	MH	MM						
		Inability to recruit and retain students	Failure to process proper enrollment applications and documents	Failure to provide appropriate customer service level	Misinformation/incorrect information dissemination	Security of test instruments	Failure to market the College	n/a	n/a				
11	Strategic Plan	MH	MH	MH									
		Lack of comprehensive and effective communication among all employees	Lack of institutional priorities, goals, and direction	Lack/inadequate planning	n/a	n/a	n/a	n/a	n/a				
10	Diversity	MH	MH	MM									
		Failure to maintain and implement the diversity plan	Not meeting A2S goals	Lack of sensitivity to diversity	n/a	n/a	n/a	n/a	n/a				
	Information Technology	MH	MH	MH	MM	MM	MM	ML	ML				
		Data Leak	Physical Infrastructure damage due to construction	Virus or cyber-attacks	Data Breach	Lack of system (TBR) defined guidelines for ERP systems (Banner)	Lack of generators or alternative power source at remote campuses (Livingston, Highland Crest)	Loss of IT system(s) - email, Banner	Loss of Telecommunications/Network				

Volunteer State Community College
Enterprise-Wide Risk Footprint
May 2016

#	ACTIVITIES		9		10		11		12		13		14		15
9	Instruction	MH	Unqualified students	MM	Challenges/threats to academic freedom	MM	Inappropriate behavior of faculty and staff	MM	Inequitable or improper teaching loads	MM	Lack of faculty diversification	MM	Liability related to consistent quality off-campus instruction	MM	Retention of expertise
3	Regulatory Compliance	MM	Failure to comply with GASB and other regulatory groups	MM	Failure to follow appropriate Hazmat procedures	MM	Lack of adherence to ADA Compliance	MM	Poor internal audit/inappropriate controls	-	n/a	-	n/a	-	n/a
2	Human Capital Management	MH	Inappropriate employee behavior	MM	Change in leadership	MM	Loss of historical system knowledge due to staff turnover	ML	Failure to protect employee rights	-	n/a	-	n/a	-	n/a
1	Financial Management	MM	Incorrect budgeting	MM	Loss of records	MM	Material audit findings	MM	Purchasing irregularities	ML	Customer service problems with auxiliary services	-	n/a	-	n/a
4	External Partnerships	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
5	Crisis Management	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
6	Retention	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
8	Capacity Management	ML	Inadequate Parking	ML	Unsafe working conditions	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
7	Recruitment	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
11	Strategic Plan	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
10	Diversity	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a
	Information Technology	LH	Loss of data center(s)	LL	Failure to perform proper back-up	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a

**Walters State Community College
Enterprise Risk Footprint**

#	ACTIVITIES	RISKS							
		1	2	3	May 2016	5	6	7	8
11	Planning, Research & Assessment (15,36,57,60)	HM Breach of confidential data or data security	HM Fraud, waste, abuse and misuse of funds	HM Lack of knowledge of performance or compliance requirements	HM Lack of written procedures or misinterpretation of policies & procedures	HM Lack of, or, inadequate monitoring	HM Non-compliance with SACS, Federal, State or TBR regulations	HL Lack of business continuity / disaster recovery planning	MH Improper decisions based on inaccurate or incomplete information / data
9	Information & Educational Technologies (32,43,50,59,69)	HM Breach of confidential data or data security	HM Inappropriate response to an emergency situation	HM Lack of or inadequate monitoring	HL Damage to buildings, equipment or facilities	HL Data center - telecommunications failure	HL Extended power outage affecting operations	HL Fraud, waste, abuse and misuse of funds	HL Inaccurate reporting or accounting
4	College Advancement (12,13,19,27,28)	HM Changing market conditions (economy)	HM Competition	HM Unpredictable and / or declining financial resources	HL Fraud, waste, abuse and misuse of funds	HL Improper decisions based on inaccurate or incomplete information / data	HL Inappropriate behavior	HL Inappropriate business activities	HL Inappropriate use / handling of assets and supplies
10	Institutional Support (9,22,25,33,35,40,55,56,67)	HM Breach of confidential data or data security	HM Natural disaster, pandemics, terrorism	MM Data center - telecommunications failure	MM Fraud, waste, abuse and misuse of funds	MM Improper decisions based on inaccurate or incomplete information / data	MM Inaccurate reporting or accounting	MM Inadequate staffing, employee stress, burnout or turnover	MM Inappropriate behavior
8	Financial Management (2, 3, 4, 7, 10, 12, 13, 14, 21, 27, 28, 34, 54, 58, 66)	HL Natural disaster, pandemics, terrorism	MM Breach of confidential data or data security	MM Contracts are not awarded in a prompt, fair and reasonable manner in accordance with merit based criteria	MM Data center - telecommunications failure	MM Fraud, waste, abuse and misuse of funds	MM Improper decisions based on inaccurate or incomplete information / data	MM Inadequate staffing, employee stress, burnout or turnover	MM Lack of written procedures or misinterpretation of policies and procedures
12	Student Affairs (15, 20, 26, 38, 41, 42, 61, 62, 63, 64, 65, 68)	HL Loss of federal financial aid programs	HL Non-compliance with SACS, Federal, State or TBR regulations	MM Changing market conditions (economy)	MM Improper decisions based on inaccurate or incomplete information / data	MM Inaccurate or incomplete documentation	MM Lack of written procedures or misinterpretation of policies and procedures	ML Breach of confidential data or data security	ML Data center - telecommunications failure
1	Academic Affairs (1,31,37)	HL Clinical mistakes in health related fields	HL Food preparation issues - poisoning, allergies, pathogens, spoilage, sanitation	HL Non-compliance with SACS, Federal, State or TBR regulations	MM Inadequately trained employees	MM Inappropriate use / handling of assets and supplies	MM Ineffective academic advising	ML Breach of confidential data or data security	ML Copyright violations - intellectual material
3	Center for Workforce Development (5,11,16,29,45,53,74)	MM Changing Market Conditions	MM Traveling without an approved travel request or appropriate liability insurance	ML Breach of confidential data or data security	ML Competition	ML Contracts are not awarded in a prompt, fair and reasonable manner in accordance with merit based criteria	ML Damage to buildings, equipment or facilities	ML Fraud, waste, abuse and misuse of funds	ML Improper decisions based on inaccurate or incomplete information / data
7	Facilities Management (8,17,18,23,24,44,46,47,48,49,70)	HL Natural disaster, pandemics, terrorism	MM Damage to buildings, equipment or facilities	MM Extended power outage affecting operations	ML Fraud, waste, abuse and misuse of funds	ML Inappropriate response to an emergency situation	ML Inappropriate use / handling of assets and supplies	ML Lack of business continuity - disaster recovery planning	ML Motor pool accidents
2	Auxiliary (6,30,71)	MM Breach of confidential data or data security	ML Food preparation issues - poisoning, allergies, pathogens, spoilage, sanitation	ML Improper decisions based on inaccurate or incomplete information / data	ML Inappropriate behavior	ML Inappropriate business activities	ML Inappropriate use / handling of assets and supplies	ML Non-compliance with SACS, Federal, State or TBR regulations	ML Safety - students, employee and non-employee
5	Communications & Marketing (39)	MM Breach of confidential data, data security	MM Poor marketing, scandal	MM Poor public relations	ML Fraud, waste, abuse and misuse of funds	LL Inadequate staffing, employee stress, burnout or turnover	- n/a	- n/a	- n/a
6	Community Education (51,52,72,73)	ML Breach of confidential data or data security	ML Damage to buildings, equipment or facilities	ML Inappropriate behavior	ML Natural disaster, pandemics, terrorism	LM Competition	LM Inadequate staffing, employee stress, burnout or turnover	LM Inadequately trained employees	LL Clinical mistakes in health related programs

**Walters State Community College
Enterprise Risk Footprint**

#	ACTIVITIES		9		10		11	May 2016		12		13		14		15
11	Planning, Research & Assessment (15,36,57,60)	MM	Inaccurate or incomplete documentation	MM	Inaccurate reporting or accounting	MM	Inadequate staffing, employee stress, burnout or turnover	MM	Inadequately trained employees	MM	Theft, embezzlement, robbery, fraud	LL	Copyright violations - intellectual material	-	n/a	
9	Information & Educational Technologies (32,43,50,59,69)	HL	Lack of academic continuity - disaster recovery planning	HL	Lack of business continuity - disaster recovery planning	HL	Natural disaster, pandemics, terrorism	HL	Non-compliance with SACS, Federal, State or TBR regulations	HL	Safety - student, employee and non-employee	MM	Changing market conditions (economy)	MM	Copyright violations - intellectual material	
4	College Advancement (12,13,19,27,28)	HL	Loss of tax exempt status of Foundation	HL	Natural disaster, pandemics, terrorism	HL	Theft, embezzlement, robbery, fraud	MM	Inaccurate reporting or accounting	MM	Program / economic outcomes are not achieved	ML	Breach of confidential data or data security	ML	Lack of business continuity - disaster recovery planning	
10	Institutional Support (9,22,25,33,35,40,55,56,67)	MM	Lack of business continuity - disaster recovery plan	MM	Lack of written procedures or misinterpretation of policies and procedures	MM	Theft, embezzlement, robbery, fraud	MM	Unpredictable and/or declining financial resources	ML	Contracts are not awarded in a prompt, fair and reasonable manner in accordance with merit based criteria	ML	Copyright Violations - intellectual material	ML	Damage to buildings, equipment or facilities	
8	Financial Management (2, 3, 4, 7, 10, 12, 13, 14, 21, 27, 28, 34, 54, 58, 66)	MM	Theft, embezzlement, robbery, fraud	MM	Unpredictable and / or declining financial resources	ML	Damage to buildings, equipment or facilities	ML	Extended power outage affecting operations	ML	Inaccurate reporting or accounting	ML	Inadequately trained employees	ML	Inappropriate behavior	
12	Student Affairs (15, 20, 26, 38, 41, 42, 61, 62, 63, 64, 65, 68)	ML	Extended power outage affecting operations	ML	Failure to meet international travel requirements	ML	Failure to respond to significant loss in enrollment	ML	Fraud, waste, abuse and misuse of funds	ML	Inadequately trained employees	ML	Inappropriate behavior	ML	Inappropriate response to an emergency situation	
1	Academic Affairs (1,31,37)	ML	Improper decisions based on inaccurate or incomplete information / data	ML	Inappropriate behavior	ML	Lack of academic continuity - Disaster recovery plan	ML	Safety - student, employee and non-employee	ML	Traveling without approved travel request or appropriate liability insurance	ML	Unethical grading practices	ML	Unqualified faculty / staff	
3	Center for Workforce Development (5,11,16,29,45,53,74)	ML	Inaccurate or incomplete documentation	ML	Inaccurate reporting or accounting	ML	Inappropriate behavior	ML	Inappropriate business activities	ML	Inappropriate response to an emergency situation	ML	Inappropriate use / handling of assets and supplies	ML	Lack of business continuity - disaster recovery planning	
7	Facilities Management (8,17,18,23,24,44,46,47,48,49,70)	ML	Non-compliance with SACS, Federal, State or TBR regulations	LM	Inadequate staffing, employee stress, burnout or turnover	LM	Inappropriate behavior	LM	Lack of written procedures or misinterpretation of policies and procedures	LL	Inadequately trained employees	LL	Safety - student, employee and non-employee	LL	Traveling without an approved travel request or appropriate liability insurance	
2	Auxiliary (6,30,71)	ML	Theft, embezzlement, robbery, fraud	LM	Changing market conditions (economy)	LM	Competition	LM	Lack of knowledge of performance or compliance requirements	LM	Lack of written procedures or misinterpretation of policies and procedures	LM	Unpredictable and / or declining financial resources	LL	Inaccurate reporting or accounting	
5	Communications & Marketing (39)	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	-	n/a	
6	Community Education (51,52,72,73)	LL	Food Preparation Issues - poisoning, allergies, pathogens, spoilage, sanitation	LL	Fraud, waste, abuse and misuse of funds	LL	Improper decisions based on inaccurate or incomplete information / data	LL	Inaccurate reporting or accounting	LL	Inappropriate use/handling of assets and supplies	LL	Lack of written procedures or misinterpretation of policies and procedures	LL	Misclassification of accounts in financial statements	

Tennessee Board of Regents System Office
Enterprise Wide Risk Assessment
May 2016

#	ACTIVITIES	RISKS								
		1	2	3	4	5	6	7	8	9
5	TN eCampus	HL Excessive down time	MM Incorrect revenue sharing data from campuses/incorrect reporting	MM Only one developer for databases	MM Change in leadership	MM Lack of proper software licensing/inability to purchase software in a timely manner	MM Lack of trained staff	- n/a		
7	Human Resources	MM Lack of coordination/communication w/ institutions	ML Failure to review campus compensation plans	ML Failure to maintain Central Office compensation plans	ML Failure to conduct appropriate investigations	ML Failure to review campus salary increases	ML Failure to review new campus appointments	MM Employee turnover	MM Failure to analyze legislative bills	ML Failure to follow federal and state regulations
3	General Counsel / Legal	HL Issuing incorrect legal advice to employees/campuses/board members	ML Failure to comply with federal and state laws and regulations (EEOC, Contracts, Employment, Environmental Compliance, Student Laws, FERPA,etc)	ML Failure to inform employees/campuses/board members of legal updates				- n/a	- n/a	- n/a
13	Business and Finance-Finance and Accounting	HL Financial management system change or failure	HL Insufficient backup of computer data	HL Loss of physical records	HL State appropriations not distributed to institutions accurately/timely	MM Breach of security systems/failure to secure data and information	MM Non-compliance with federal or state laws or institutional policies	MM Waste and abuse - failure to spend conservatively	ML Disbursements (checks, ACH's, LGIP transfers) not processed properly/timely	ML Failure to follow applicable accounting guidance (GAAP, GASB)
2	Business and Finance-Payroll	HL Failure to pay employees/submit direct deposit file timely	HL Financial management system change or failure	HL Insufficient backup of computer data	MM Inaccurate/unauthorized payroll deductions	MM Insufficient/untrained staff	MM Loss of physical records	MM Payment of fictitious employee	MM Payments of payroll taxes, insurance, vendors are not timely/accurate	MM Payroll information is not properly fed to financial accounting system
11	System-wide Internal Audit	HL Breach of confidentiality	HL Failure to identify problems, fraud, waste, or abuse (incorrect audit conclusions)	HL Failure to properly investigate allegations	MM Failure to communicate information to campus auditors	MM Failure to comply with audit standards	MM Failure to report accurate information timely to the Audit Committee, Management and the Comptroller's Office	MM Inadequate audit plans or insufficient audit planning	MM Lack of resources available to perform risk based audits or lack of technical expertise	ML Change in leadership
8	Chancellor's Office	HL Violation of privacy issues/breach of security (FERPA)	MM Failure to achieve expectation of Complete college Act	HL Failure to resolve personnel issues in a timely manner	HL Lack of good communication channels with legislators/board members/college presidents	HL Lack of planning for catastrophic events(natural disaster, student issues, pandemics, etc)	MM Failure to update, reevaluate, and follow policies and procedures	MM Lack of qualified staff/excessive turnover		
6	TCAT's	HL Loss of computer records	MM Employee turnover	MM Failure to follow policies, procedures, and guidelines	MM Improper funding allocation	MM Improper grant administration	MM Inaccurate data to / from campuses	MM Ineffective communication to / from campuses	MM Lack of effective training	ML Conflict of interest
1	Academic Affairs	HL Failure to meet strategic plan goals and benchmarks	HL Loss of financial funding	MM Failure to update policies/procedures as needed	MM Inadequate or no data (inability to access)	MM Inappropriate approvals of personnel transactions	ML Inaccurate reporting from institutions / falsification of data from campuses	ML Incorrect implementation of policies/procedures	ML Intellectual property fraud	ML Loss of accreditation (programs not up to standards)
9	Leases/Real Property	HL Failure of follow State Building Commission regulations	HL Loss of inaccurate information in the project tracking system	MM Change in leadership	MM Change in personnel	MM Fraud, waste and abuse	MM Inadequately trained employees	MM Non-compliance with contract	MM Vendor non-compliance with contract	ML Failure to adhere to proper bidding procedures
4	Information Technology	HL Failure to provide for Disaster Recovery	MM Inadequate training of employees	ML Loss of programming systems data	ML Loss of backup data	ML Loss of facility	ML Loss of key personnel	ML Critical patches or updates will not be applied in a timely manner	ML Theft of equipment	ML Breach of security
17	Organizational Effectiveness/Strategic Initiatives	ML Lack of expenditure tracking	ML Failure to achieve objectives of program	LL Failure to follow state and federal guidelines	LL Fraud, waster and abuse	- n/a	- n/a	- n/a	- n/a	- n/a
10	Administration	MM Failure to communicate new / amended legislation to TBR or campuses	ML Change in key leadership / turnover	LM Loss of credibility with government officials	LL Inaccurate reporting of private gifts from institutions	- n/a	- n/a	- n/a	- n/a	- n/a
19	Institutional Planning	HL Failure to follow State Building Commission regulations	MM Change in leadership	MM Change in personnel	MM Failure to follow TBR policies and guidelines	MM Inaccurate data obtained from campuses	MM Inadequately trained employees	MM Non-compliance with Master Plan	ML Inadequate Master Plan	LL Conflict of Interest
20	Capital Budgets	MM Change in leadership	MM Change in personnel	MM Failure to follow TBR policies and guidelines	MM Inaccurate data obtained from campuses	MM Inadequately trained employees	MM Project going over budget	ML Improper scoring for capital outlay projects	ML Priorities not aligned with needs	LL Conflict of interest
16	Purchasing	MM Change in leadership	MM Loss of data and automated processes	MM Lack of support staff/employee turnover	MM Failure to follow TBR policies and guidelines	MM Failure to follow State policies and guidelines				

Tennessee Board of Regents System Office
Enterprise Wide Risk Assessment
May 2016

#	ACTIVITIES	10	11	12	13	14	15	16	17	18
5	TN eCampus						- n/a	- n/a	- n/a	- n/a
7	Human Resources	ML Failure to follow policies and procedures	MM Failure to maintain policies and procedures	ML Failure to perform proper background checks	MM Failure to secure and maintain employee records	MM Failure to provide accurate reporting and information to THEC, Legislature and Board	MM Failure to provide guidance, counsel, and advice	ML Failure to provide classification structure	ML Failure to provide employment application system	ML Failure to provide performance management structure
3	General Counsel / Legal	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
13	Business and Finance- Finance and Accounting	ML Insufficient/untrained staff	ML Failure to follow TBR policies guidelines	ML Falsified invoices or travel claims						- n/a
2	Business and Finance- Payroll	ML Inaccurate/untimely W-2 processing and reporting	MM Unauthorized release of confidential information	LM Data entry errors are not detected and corrected in a timely manner	MM Employees are not paid at the approved rate	LM Inaccurate or unreported leave/employees absent without leave	LM Longevity payments are not processed for the correct amount and in the correct month	ML Ghost employees		- n/a
11	System-wide Internal Audit	ML Failure to develop good relations with management	ML Lack of independence, conflict of interest, lack of objectivity or unethical behavior	ML Unqualified staff	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
8	Chancellor's Office			- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
6	TCAT's	ML Fraudulent activities	ML Misuse of state resources	LM Insufficient number of staff	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
1	Academic Affairs	ML Loss of qualified staff / change in personnel	LL Inappropriate approval of travel documentation	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
9	Leases/Real Property	ML Failure to verify contractor/designers surety with Depta of Commerce and Insurance	ML Failure to verify contractor/design license	ML Improper payments	- n/a					
4	Information Technology	ML Failure to maintain password security	ML Unauthorized system access	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
17	Organizational Effectiveness/Strategic Initiatives	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
10	Administration	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
19	Institutional Planning	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
20	Capital Budgets	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a	- n/a
16	Purchasing									

**Tennessee Board of Regents
Committee on Audit**

DATE:	August 30, 2016
AGENDA ITEM:	Review of Risk Assessments for Universities and Community Colleges – Indicated Major Processes
PRESENTER:	Tammy Birchett
ACTION REQUIRED:	Voice Vote
STAFF’S RECOMMENDATION:	Accept Report

BACKGROUND INFORMATION:

The Committee will review and consider for approval activity-level risk assessments of major processes for the universities, community colleges and TBR system office.

The following descriptions explain the two levels of risk analysis currently used by TBR institutions. For each perspective, management considers identified risks for their potential impact on the institution and likelihood of occurrence, using factors of high, moderate or low, resulting in a risk factor that helps to rank the risks by significance.

Enterprise-wide perspective—an annual high level view of enterprise risk, organized by major activity areas, to give management a road map for performing activity-wide assessments.

Activity-wide perspective—a more detailed analysis of risk within a major process (activity). Major processes usually consist of several sub-processes, where risks are assessed. This step is followed by an assessment of controls in place at the sub-process level to mitigate the risks. If indicated, corrective action steps are developed by management to improve controls. After this phase, management monitors the controls periodically to ensure controls are in place. All major processes must be reviewed within a three year cycle.

Upon completion of the major process assessments, management completes and submits the following documents for review by the campus internal auditor and subsequently to System-wide Internal Audit.

- Letter to the Audit Committee Chair
- Risk Footprint, for each major process
- Control Footprint, for each sub-process within the major process
- Corrective Action Plan, if indicated

The president's letter to the Audit Committee Chair acknowledges responsibility for the operations of the entity and provides an opinion that the risk assessment process was sufficiently comprehensive for the areas reviewed and supports the conclusions reached during the assessment. Each entity's internal auditor performs a limited review of the documentation provided, concluding on the adequacy of the coverage, conclusions reached and level of documentation supporting the assessment.

Summaries of significant risks assessed at the activity-wide perspective and reported by the universities, community colleges and system office are included on the following pages. These summaries provide a system-wide overview of the major processes assessed during 2016. Risk assessment documents submitted by each institution are available to members upon request.

System-wide Risk Assessment Highlights by Major Process

Major Processes Assessed by Institution

Significant Risks Summary Charts:

Financial Management

Auxiliary

Physical Plant

Information Technology

Student Services

Instruction and Academic Support

Institutional Support

Tennessee Board of Regents
2016 System Wide Risk Assessment Highlights
Assessments by Major Process

Major Process	# Assessed	% Assessed
Financial Management (1)	9	14%
Auxiliary (1)	9	14%
Physical Plant (1)	9	14%
Information Technology (1)	6	9%
Student Services (1)	6	9%
Instruction and Academic Support (1)	4	6%
Institutional Support (1)	3	5%
Other	19	29%
Totals (2)	65	100%

Notes:

- (1) The significant risks and mitigating controls for this major process are summarized on the following pages.
- (2) Each institution performed a detailed risk assessment on at least one major process.

**Tennessee Board of Regents
Major Processes Assessed by Institution
May 2016**

Universities

Austin Peay State University

1. Financial Management
2. Student Services
3. Research

Middle Tennessee State University

1. Student Services, Enrollment, & Academic Support Services
2. University Advancement
3. Marketing & Communications

Tennessee Tech University

1. University Advancement
2. Auxiliary Enterprises
3. Information Technology
4. Instruction & Academic Support

East Tennessee State University

1. University Wide Student Services
2. Research
3. Advancement & Alumni

Tennessee State University

1. Financial Management
2. Auxiliary Enterprises

University of Memphis

1. Athletics
2. Auxiliary Enterprises
3. Financial Management
4. Physical Plant

Community Colleges

Chattanooga State Community College

1. Institutional Support
2. Financial Management
3. Auxiliary Enterprises

Motlow State Community College

1. Information Technology
2. Academic Affairs & Instruction

Roane State Community College

1. Financial Management
2. Information Technology
3. Facilities Operations

Cleveland State Community College

1. Instruction & Academic Support

Nashville State Community College

1. Physical Plant
2. Financial Management
3. Auxiliary Enterprises

Southwest Tennessee Community College

1. Institutional Support
2. Physical Plant
3. Information Technology

Columbia State Community College

1. Physical Plant
2. Financial Management
3. Auxiliary Enterprises

Northeast State Community College

1. Instruction & Academic Support
2. Financial Management
3. Physical Plant
4. Student Services
5. Auxiliary Enterprises

Volunteer State Community College

1. Capacity Management
2. Crisis Management
3. Recruitment
4. Regulatory Compliance
5. Retention

Dyersburg State Community College

1. Financial Management
2. Student Affairs
3. Public Service

Pellissippi State Community College

1. Financial Aid
2. Business and Community Services
3. Institutional Support
4. Information Technology

Walters State Community College

1. Facilities Management
2. Auxiliary Enterprises
3. Communications & Marketing
4. Workforce Training

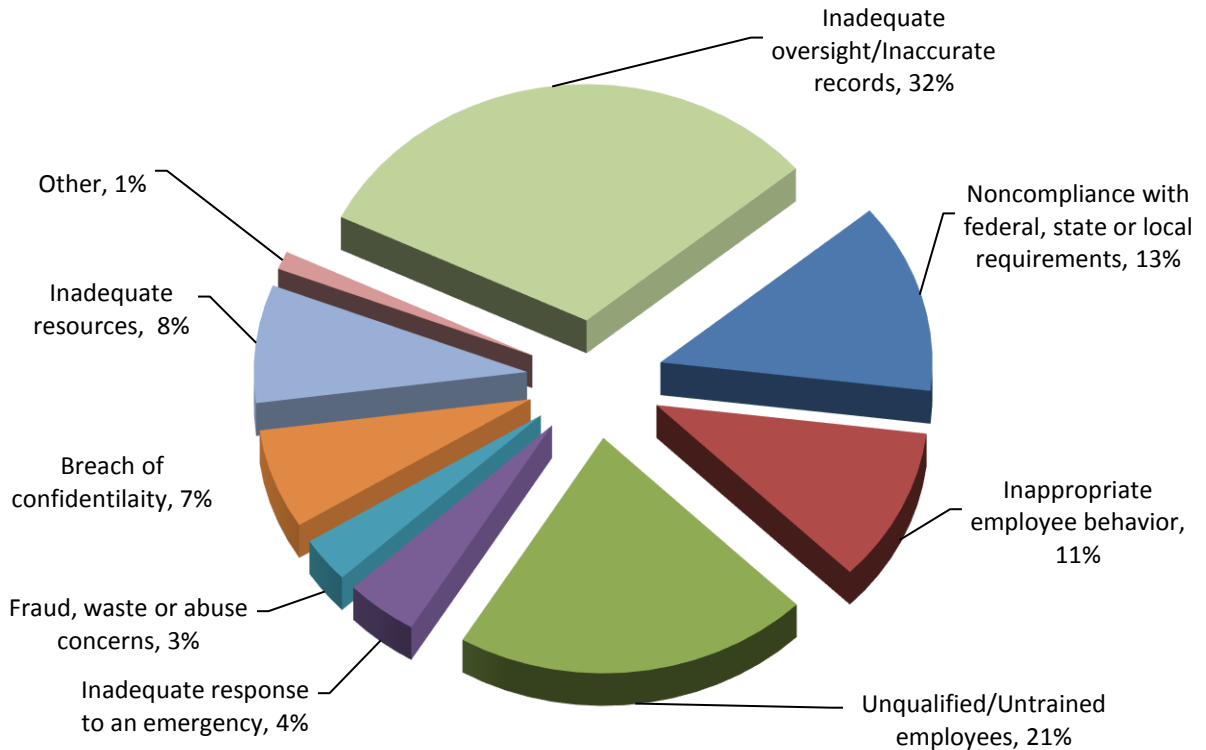
Jackson State Community College

1. Student Services
2. Auxiliary Enterprises

System Office

1. System Wide Purchasing
2. RODP / TN eCampus
3. Academic Affairs
4. TCAT Administration
5. Administration & Facilities

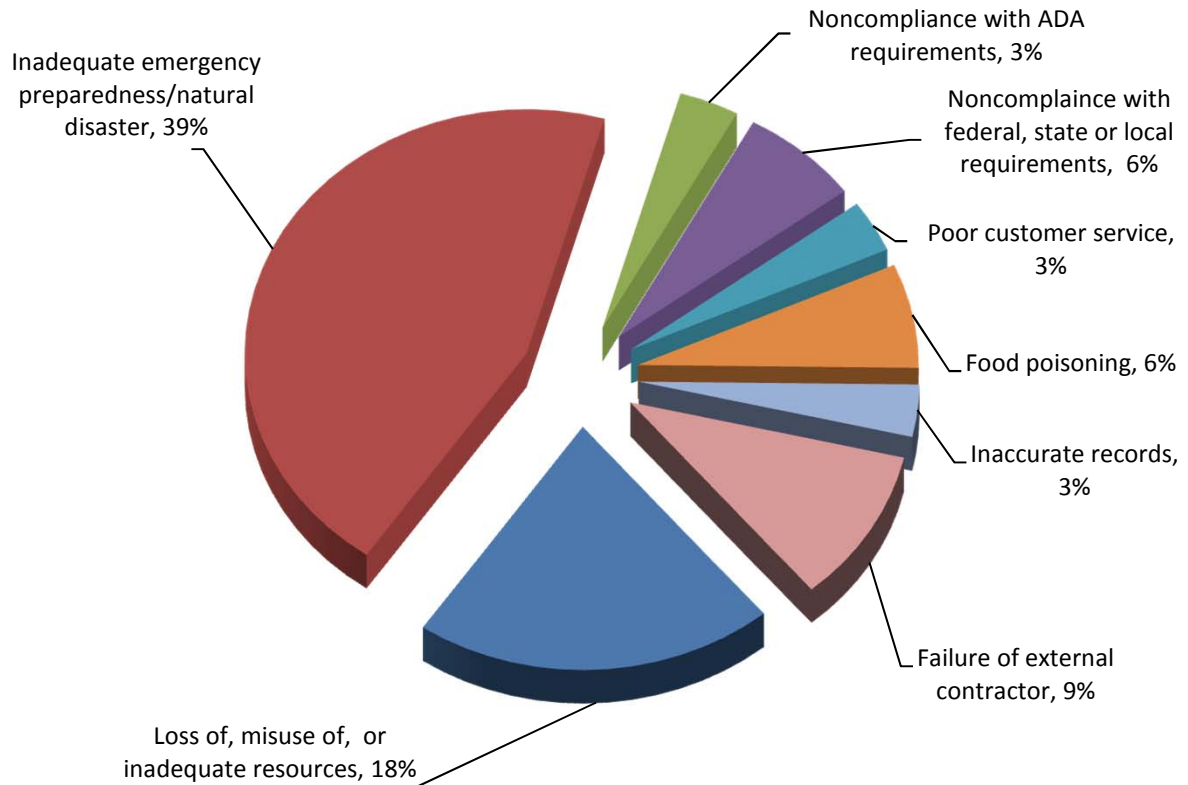
Tennessee Board of Regents Significant Risks for Financial Management May 2016



Summary

- Nine institutions (APSU, TSU, UOM, ChSCC, CoSCC, DSCC, NaSCC, NeSCC, & RSCC) assessed the risks related to the major process of Financial Management. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- No corrective action plans were submitted, indicating management deemed adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Policies and procedures
 - 2 Staff training
 - 3 Testing Emergency Preparedness plan
 - 4 Supervisory review
 - 5 Reconciliations
 - 6 Cash monitoring
 - 7 Proper segregation of duties

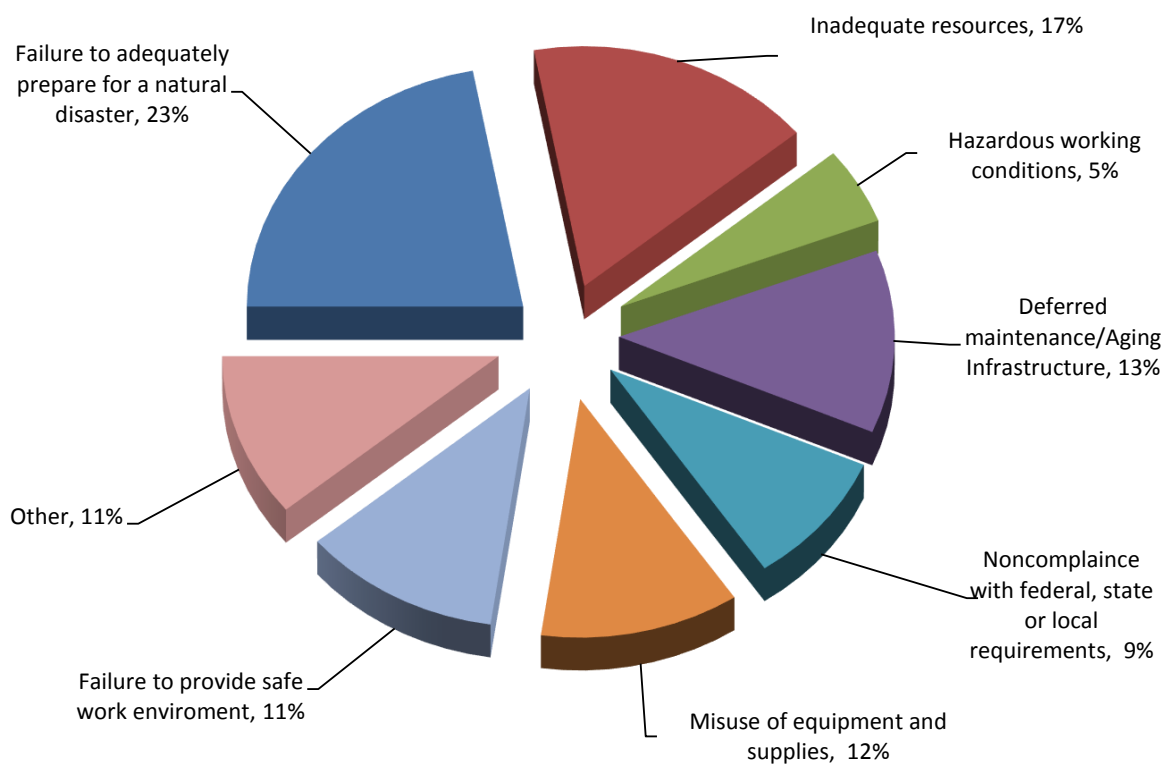
Tennessee Board of Regents Significant Risks for Auxiliary Services May 2016



Summary

- Nine institutions (TSU, TTU, UOM, ChSCC, CoSCC, JSCC, NaSCC, NeSCC and WSCC) assessed the risks related to the major process of Institutional Support. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- No corrective action plans were submitted, indicating management deemed adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Policies and procedures
 - 2 Emergency planning committee
 - 3 Tornado and fire drills
 - 4 Safety and security procedures posted in hallways and classrooms
 - 5 Food preparation training
 - 6 Contractor review
 - 7 Budget review

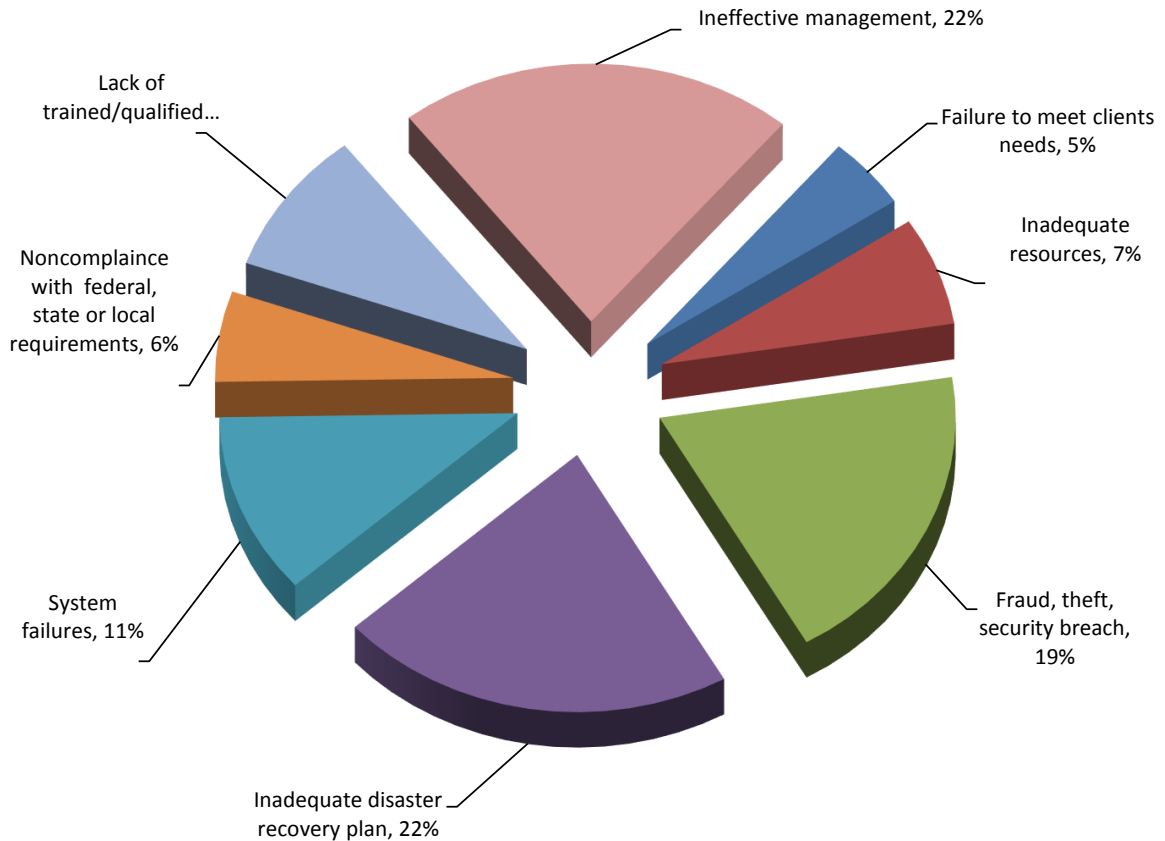
Tennessee Board of Regents Significant Risks for Physical Plant May 2016



Summary

- Nine institutions (UoM, CoSCC, NaCC, NeSCC, RSCC, STCC, VSCC, WSCC & TBR) assessed the risks related to the major process of Physical Plant. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- No corrective action plans were submitted, indicating management deemed adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Policies and procedures
 - 2 Annual building condition assessment
 - 3 Emergency planning committee
 - 4 Tornado and fire drills
 - 5 Safety and security procedures posted in hallways and classrooms
 - 6 Safety training
 - 7 Scheduled maintenance plan

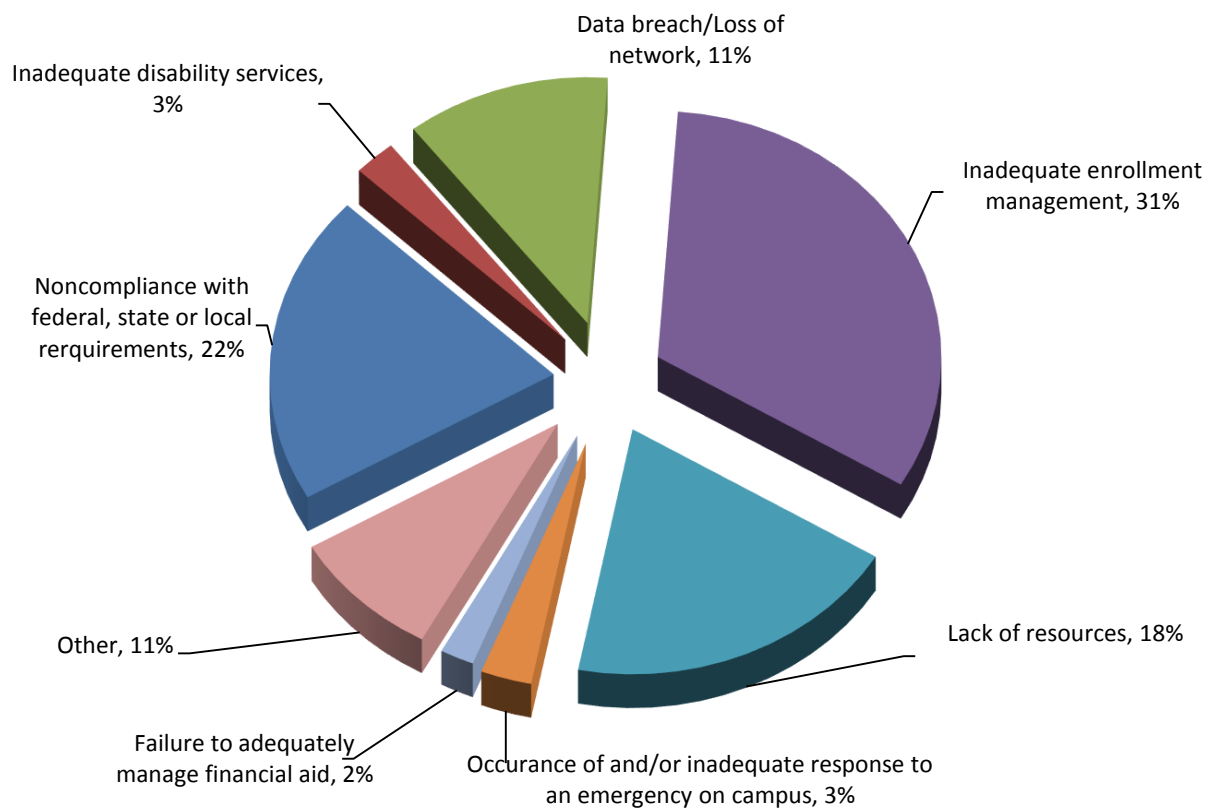
**Tennessee Board of Regents
Significant Risks for Information Technology
May 2016**



Summary

- Six institutions (TTU, MSCC, PSCC, RSCC STCC & TBR) assessed the risks related to the major process of Information Technology. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- Two institutions submitted corrective action plans, indicating management was taking steps to ensure adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Training and cross training of employees
 - 2 Policies and procedures
 - 3 Supervisory review/monitoring/approval
 - 4 Performance evaluations
 - 5 Technology Planning Oversight Committee
 - 6 Periodic test of disaster recovery plan
 - 7 Various security/control access measures

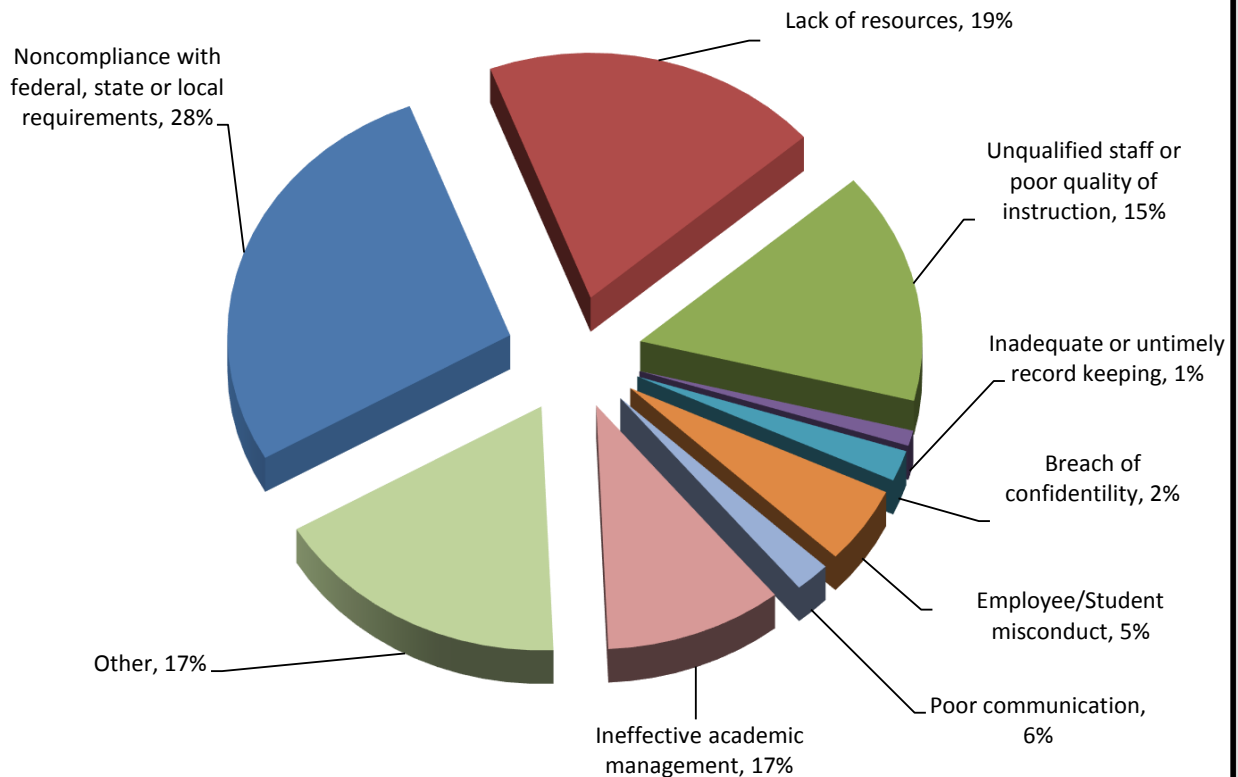
**Tennessee Board of Regents
Significant Risks for Student Services
May 2016**



Summary

- Six institutions (APSU, MTSU, ETSU, DSCC, JSCC & NeSCC) assessed the risks related to the major process of Student Services. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- No corrective action plans were submitted, indicating management deemed adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Policies and procedures
 - 2 Accreditation review
 - 3 Employee training
 - 4 Loan counseling with students
 - 5 Providing reminders to employees of confidentiality of data
 - 6 On-going monitoring of various activities
 - 7 Periodic meetings at Executive level

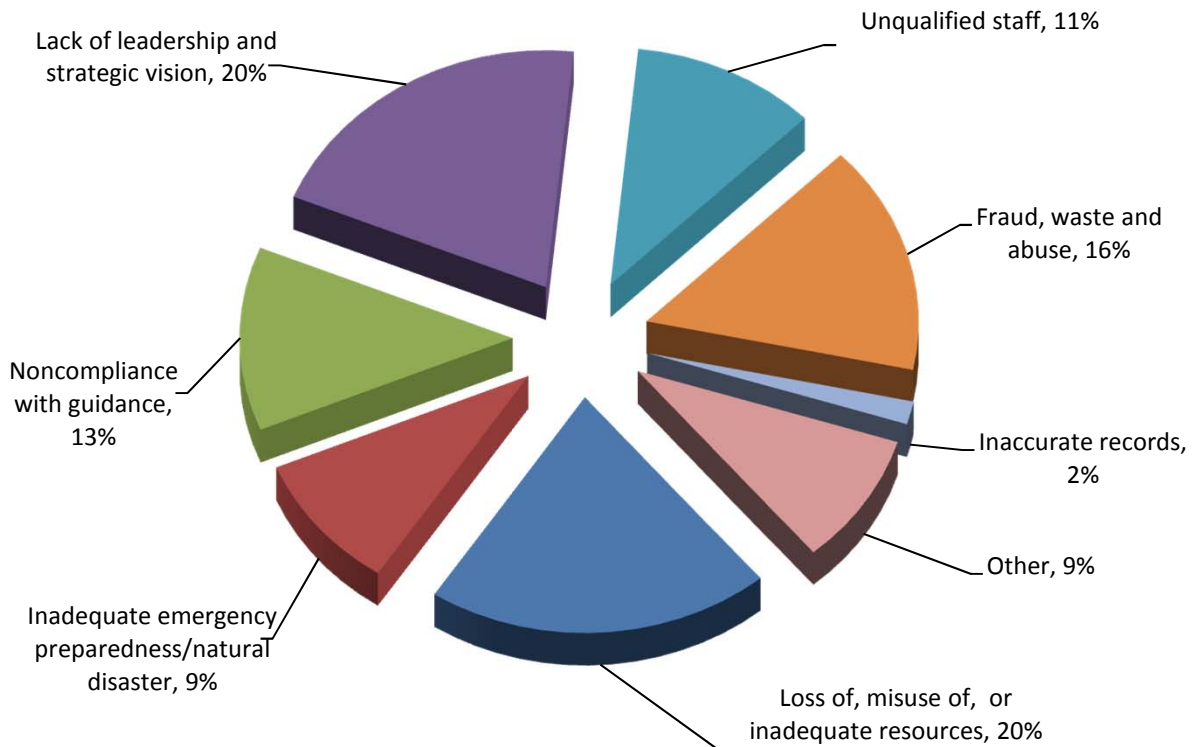
Tennessee Board of Regents Significant Risks for Instruction and Academic Support May 2016



Summary

- Four institutions (TTU, CISCC, MSCC, NeSCC,) assessed the risks related to the major process of Instruction and Academic Support. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- No corrective action plans were submitted, indicating management deemed adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Policies and procedures
 - 2 Faculty handbook
 - 3 Program reviews
 - 4 Performance evaluations
 - 5 Space utilization process
 - 6 Faculty orientation
 - 7 Professional development

Tennessee Board of Regents Significant Risks for Institutional Support May 2016



Summary

- Three institutions (ChSCC, PSCC and STCC) assessed the risks related to the major process of Institutional Support. These institutions noted some common significant risks. Significant risks are generally defined as those risks which management has assessed the highest.
- One institution submitted a corrective action plan, indicating management was taking steps to ensure adequate controls were in place to mitigate the risks noted.
- Examples of controls management stated were in place to mitigate significant risks:
 - 1 Policies and procedures
 - 2 Periodic review of vision and mission statement
 - 3 Approval/monitoring process
 - 4 Performance evaluations
 - 5 Salary plan reviews
 - 6 Training
 - 7 Budget process



TENNESSEE BOARD OF REGENTS

MEETING:	Committee on Audit
SUBJECT:	Impact of the FOCUS Act on Internal Audit Functions
DATE:	August 30, 2016
PRESENTER:	Chancellor David Gregory, Tammy Birchett
ACTION REQUIRED:	Informational Report
STAFF'S RECOMMENDATION:	Not Applicable

BACKGROUND INFORMATION:

The Committee will discuss the impact of the FOCUS Act on internal audit activities for the Tennessee Board of Regents system and its institutions as well as steps to transition audit activities within the system's renewed focus on Tennessee's community colleges and colleges of applied technology.

The FOCUS Act directs the creation of a separate state university board, a governing board, for each of the six universities in the Tennessee Board of Regents system. The Act did not amend statutes originally enacted in 2004 regarding the establishment of an audit committee, and other internal audit matters, for the Tennessee Board of Regents system. The State of Tennessee Audit Committee Act of 2005, requires the establishment of audit committees for state governing boards and will presumably require audit committees for the new state university boards once established. Certain questions remain regarding the 2004 requirements of the TBR system's Audit Committee and internal audit function because the FOCUS Act also identifies the six universities within the TBR system.

The following are system-level actions or involvement directed by statutes:

Higher Education Accountability Act of 2004

- The hiring of campus internal auditors shall be done upon the recommendation of the institutional presidents with the approval of the chancellor.

- Termination of employment of campus internal auditors shall require prior approval by the chancellor and the board audit committee.
- Annual or other periodic audits of chief executives shall be performed by an internal auditor who is not an employee of the institution of the chief executive being audited.
- The board of regents shall establish a policy requiring that reports by their system chancellor and presidents 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.

Higher Education Financial Accountability – 2004

- 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 (TCA 49-7-3001(a)).

**Tennessee Board of Regents
Committee on Audit**

DATE: August 30, 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 conducts performance audits of the Tennessee Board of Regents 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

Tennessee State University Foundation – Endowment for Educational Excellence –
FYE June 30, 2015

Nashville State Community College – FYE June 30, 2015 and June 30, 2014

FINANCIAL AND COMPLIANCE AUDITS – FINDINGS

Tennessee Board of Regents System Office – FYE June 30, 2015 and June 30, 2014

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 Control¹

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 Deficiency¹

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 Weakness¹

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 Reported²

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.

¹ 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.

² 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
August 30, 2016
Review of Comptroller's Office Audit Reports
Financial and Compliance Audits— No Findings Reported

Institution	For the Year Ended	Fairness of Financial Statement Presentation	Report on Internal Control	Report on Compliance	Findings
Tennessee State University Foundation – Endowment for Educational Excellence	June 30, 2015	Unmodified Opinion	No findings	No instances of noncompliance required to be reported	0
Nashville State Community College	June 30, 2015 And June 30, 2014	Unmodified Opinion	No findings	No instances of noncompliance required to be reported	0

Tennessee Board of Regents
Audit Committee
August 30, 2016
Review of Comptroller's Office Audit Reports
Financial and Compliance Audits—Findings Reported

Institution	For the Year Ended	Fairness of Financial Statement Presentation	Report on Internal Control	Report on Compliance	Findings
Tennessee Board of Regents System Office	June 30, 2015 and June 30, 2014	Unmodified Opinion	One finding was identified as a significant deficiency, but not as a material weakness	No instances of noncompliance required to be reported	1
<p>Finding – TBR did not provide adequate internal controls in one specific area</p> <p>The system office did not design and monitor internal controls in one specific area. The auditor's observed a condition in violation of the TBR policies and / or industry accepted best practices. Inconsistent implementation of internal controls increases the risk of fraud or error. The details of this finding is confidential pursuant to Section 10-7-504(i) <i>Tennessee Code Annotated</i>.</p> <p>Management's Comment – Management concurred with the finding and recommendation, indicating they have taken corrective action to ensure internal controls are strengthened in the specific area. These controls are presently in place.</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>					

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	June 29, 2016	Completed
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	January 28, 2016	In Progress
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	June 27, 2016	Completed
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	June 27, 2016	Completed
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	Internal Audit not yet available but follow-up in progress.	Management provided report of action in April 2016.
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	Internal Audit not yet available but follow-up in progress.	Management provided report of action in April 2016.

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 LOU Finding - The college did not provide adequate internal controls in four specific areas.	Chief Information Officer	Thursday, March 31, 2016	Internal Audit not yet available but follow-up in progress.	Management provided report of action in April 2016.
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	Wednesday, April 27, 2016	In Progress
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
TBR System Office FY 2015 and FY 2014	Monday, August 22, 2016	TBR - State Audit FY 2015 and FY 2014 State Audit LOU Finding -TBR did not provide adequate internal controls in one specific area	Chief Information Officer	Wednesday, February 1, 2017		In Progress

**Tennessee Board of Regents
Committee on Audit**

DATE:	August 30, 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:

The following information summarizes the statuses of two findings from the January 2014 Performance Audit report of the TBR system, issued by the Comptroller of the Treasury. At this time, the system considers seven of the original nine findings resolved and is continuing to implement corrective actions for the following two findings. The evaluation of the sufficiency of TBR's actions to correct the findings will ultimately be made by the Comptroller's Office.

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; implementing Tennessee Transfer Pathways (TTPs) in 52 academic programs, providing for transfer and acceptance of community college credits at universities; collaborating with UT to develop a five-year schedule for reviewing and updating TTPs to ensure continued transferability; and revising TBR policy to award credit for partial completion of TTPs.

Recent developments include:

- The universities submitted curricular maps for years 3 and 4 for entering TTP students with a small number of maps outstanding. Websites are expected to be updated with the 3rd and 4th year curricular maps by October 2016.*

- *THEC contracted for electronic transcripts for high schools the TBR system and the UT system. The transcripts will be implemented for the systems and 277 high schools during the 2016-2017 academic year with plans to incorporate the remaining high schools in the 2017-2018 academic year.*
- *The Academic Affairs Sub-council deferred action in July on the proposal for common course indicators for 180 general education and TTP core courses to its October 19-20 meeting, pending further review and discussion by faculty and staff at all 19 institutions.*

Additional improvements are underway and other procedures will be determined to ensure transfer credits are allowable and credited after implementation of a Common Data Repository.

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. Completion of the new agreements is estimated by September 2016.

Tennessee Board of Regents Committee on Audit

DATE: August 30, 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. 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

MTSU	Signature Documentary Program Abroad	Page 80
ChCC	CCTA Outcome Measures	Page 81
NaSCC	Special Review of a Conflict of Interest	Page 82

Internal Audit Reports for Informational Purposes

APSU	Off- Campus International Education Programs	Page 84
ETSU	Timekeeping and Back Wages Procedures	Page 85
ETSU	TN Law Enforcement Accreditation	Page 86
ETSU	NCAA Athletics Compliance	Page 87
TSU	Student Assistance Fund	Page 89
TTU	Minors on Campus	Page 90
TTU	Inventory Observations	Page 91
TTU	NCAA Student Assistance Fund	Page 92
UOM	Athletics Travel Expenses	Page 93
UOM	Fixed Assets Continuous Monitoring	Page 94
CISCC	CCTA Outcome Measures	Page 95
Crump	Focused Review of Operations	Page 96
Dickson	Focused Review of Operations	Page 97
Knoxville	Focused Review of Operations	Page 98
McMinnville	Focused Review of Operations	Page 99
Murfreesboro	Focused Review of Operations	Page 100
Newbern	Focused Review of Operations	Page 101
Pulaski	Focused Review of Operations	Page 102
Whiteville	Focused Review of Operations	Page 103

Internal Audit Follow-Up Reports for Informational Purposes

MTSU	Follow-Up to State Audit Findings FYE 2015	Page 105
TTU	Follow-Up to State Audit Findings FYE 2015	Page 106

Information Technology Audit Reports for Informational Purposes

ETSU	IT General Controls Review	Page 108
ETSU	PCI DSS Compliance Readiness	Page 109
ChSCC	NACHA	Page 110
CISCC	NACHA	Page 111
NaSCC	IT General Controls Review	Page 112

Internal Audit Investigations for Informational Purposes

APSU	Inappropriate Conduct in University Car	Page 115
ETSU	Student Organization Resource Center	Page 116
ETSU	University School Loss	Page 117
MTSU	Employee using University Equipment for Personal Projects	Page 119
MTSU	Stolen Televisions	Page 120
TSU	Forensics Gas Receipts	Page 121
ChSCC	Scrap Copper Removal from Dumpsters	Page 122

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. 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.

TBR Office of System-wide Internal Audit
Status of Internal Information Systems Audits
August 12, 2016

Institution	Report Date	Next Documentation Due	Recommendations Reported	Corrective Actions Completed	Recommendations Outstanding
APSU	4/22/2015	7/1/2016	16	11	5
MTSU (2)	9/8/2015	4/15/2017	15	13	2
TSU	5/11/2015	9/1/2016	19	13	6
TTU	9/10/2015	9/1/2016	14	8	6
ChSCC	4/12/2016	10/3/2016	20	0	20
CISCC	4/6/2015	9/1/2016	17	12	5
CoSCC	7/24/2015	7/1/2016	16	11	5
DSCC	8/14/2015	9/1/2016	15	5	10
JSCC (2)	9/8/2014	4/15/2017	11	9	2
MSCC	4/15/2016	10/14/2016	17	0	17
NaSCC	8/15/2016	2/15/2017	13	0	13
NESCC	Draft Report (3)		TBD	0	TBD
PSCC (2)	9/3/2014	4/15/2017	20	19	1
RSCC (2)	4/17/2015	4/15/2017	15	13	2
STCC	7/6/2015	9/30/2016	17	6	11
VSCC	5/13/2016	11/30/2016	15	0	15
WSCC	3/2/2016	9/30/2016	15	0	15
TBR System Office	5/23/2014	7/1/2016	16	13	3
TBR Research & Assessment	5/11/2015	Completed	3	3	0
TN e-Campus	3/2/2016	10/7/2016	16	0	16
TCATs	Draft Report (3)		TBD	0	TBD
Total (1)			290	136	154
Percentage			100%	47%	53%

NOTES:

- (1) Of the 154 outstanding recommendations, 115 are not yet due and 39 due dates were extended.
- (2) Campuses with Business Continuity recommendations open agreed to an April 15, 2017 date for completion.
- (3) Reviews for NeSCC and a TCAT survey have been completed and the reports are being finalized.
- (4) Reviews of IT General Controls at ETSU and UOM were or will be performed by campus auditors.

**Tennessee Board of Regents
Audit Committee
August 30, 2016**

*Internal Audit Reports
For Review with the Audit Committee*

Middle Tennessee State University
Special Review of “MTSU Signature Documentary Program Abroad”
To Athens, Greece in May 2015
Executive Summary

Background

A complaint was received stating the housing budget for the “MTSU Signature Documentary Program Abroad” to Athens, Greece in May 2015 was inflated and generated excess funds that were not accounted for properly. The complaint stated that unaccounted funds were \$17,654 because the budget for housing was \$20,410 and estimated housing expense was \$2,756. The complaint estimated the housing expense based on housing rates obtained from an Athens housing website. This education abroad course with 13 students was led by an assistant professor in the Department of Electronic Media Communication.

Objectives

To determine if the complaint is substantiated or unsubstantiated, if travel documentation and expenses comply with university policies and procedures and to make recommendations for correcting deficiencies or improving operations.

Total Questioned Costs: \$1,994.21

Total Recoveries: \$1,994.21

Observations

The complaint focused on the students’ housing expenses but the following three observations address policy concerns noted during the review:

1. Travel Documentation Contained Duplicate Receipts and Errors Totaling \$1,994.21
2. Two Students Were Not Enrolled in Course and One Student Did Not Pay Full Travel Amount
3. Professor had Minimal Faculty Contact Hours with Students in Athens

Conclusions

The complaint was unsubstantiated. The amount of rent paid was confirmed. Professor may have overpaid for housing because the available housing budget was provided to the property manager. With a faculty-led program, faculty leaders are involved in every aspect of the program. Professor did not fulfill the responsibilities of admission and enrollment manager, accountant and instructor. The duties of admission and enrollment manager were not fulfilled because two students were not enrolled in the course for the study abroad trip. All duties of accountant were not fulfilled because one student did not pay the required amount and all travel claim documentation was not in compliance with university policies and procedures. The role of instructor was not fulfilled in Athens due to the minimal number of faculty contact hours provided to the students.

Recommendations

- Professor should repay \$1,994.21 and management should consider disciplinary action
- Student enrollment requirement should be met
- Faculty should be adequately trained
- Management should consider designing a group travel claim form
- Office of International Affairs and Office of Business and Finance should work together to ensure travel documentation is adequately translated
- Office of International Affairs and Office of Business and Finance should work together to ensure the same information is communicated

Management’s Comments

Management concurred with the recommendations and is taking corrective action.

Chattanooga State Community College
Complete College Tennessee Act - Outcome Measures
Academic Year 2014 – 2015 and Academic Year 2013 – 2014 Workforce Training Contact Hours
Executive Summary

Key Staff Person: Eva Lewis, Associate Vice President Institutional Effectiveness and Research; LuLu Copeland, Interim Executive Director, Economic & Workforce Development	Auditor: Kimberly Clingan Director Internal Audit
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Introduction: The CCTA of 2010 (the Act) charged the Tennessee Higher Education Commission (THEC) with developing a statewide master plan for the state's public higher education institutions and for directing those institutions to be accountable for increasing the educational attainment levels of Tennesseans. In implementing the plan, the Act requires that THEC use an outcomes-based model for making funding recommendations. The outcome measures identified for use in the funding formula are different for universities and community colleges and are further distinguished by weighting the measures by institutional mission. The outcomes may be grouped into student progression, student completion (degrees and certificates awarded), efficiency measures and other important institutional factors.

Objective: The objectives of the audit were to determine whether Chattanooga State Community College's internal controls provide reasonable assurance that the data reported to the Tennessee Board of Regents (TBR) was accurate and in compliance with the reporting instructions provided by the TBR.

Scope: This audit reviewed data and data file controls in place during the academic year 2014-2015 and fall term 2015 and academic year 2013 – 2014 Workforce Training Contact Hours. Specifically, the audit reviewed End of Term/Report of Graduate file data, and workforce training data submitted during the academic year.

Audit Conclusion: The review of the college's internal controls over outcome measures data indicated that the college has established controls to provide reasonable assurance that the data is accurately reported. Based on audit tests performed on a sample of data elements reported to the TBR for the 2014 – 2015 academic year and academic year 2013 – 2014 workforce training contact hours, the data was accurately reported except for Workforce Training Contact Hours. The audit revealed matters warranting a finding.

Finding/Recommendation: Spreadsheet errors of sorting, inclusion of Mechatronics courses and of withdrawn/no-show students resulted in total Workforce Training Contact Hours being overstated by 39,552 for 2014 -2015 and 17,425 for 2013 – 2014. These errors identified a failure in management review controls. An internal control step should be developed to include review of the training data by the Dean of Engineering and Information Technologies and/or the Volkswagen/Mechatronics Department Manager.

The college's efficiency and other outcomes reported by THEC for the 2014 – 2015 academic year and the 2013 – 2014 academic year workforce training contact hours include the following:

Type of Completion	Outcome
Students accumulating 12credit hours (Progression)	2,159
Students accumulating 24 credit hours (Progression)	1,611
Students accumulating 36 credit hours (Progression)	1,364
Dual Enrollment	1,434
Associates	935
1 – 2 Certificates	162
< 1 Year Certificates	167
Job Placements	630
Transfers Out with 12 Credit Hours	534
Workforce Training Contact Hours 2013 - 2014	116,198
Workforce Training Contact Hours 2014 - 2015	66,340
Awards per 100 FTE	20.7

Management Response: Management concurs and will implement the additional control during the submission for academic year 2015 – 2016 for all Divisions providing workforce training hours. The corrected workforce training contact hour reports will be submitted to TBR by July 15, 2016.

Nashville State Community College
Special Review of a Conflict of Interest

Key Staff: Technical Clerk, Campus Director	Auditor: Investigative Auditor, System-wide Internal Audit
Background: A conflict was reported regarding an onsite supervisor who was alleged to have had a student employee complete homework assignments, during the 2015 – 2016 academic year, for courses in which the supervisor was enrolled.	
Objectives: The primary objectives of this review were to determine if the allegations were substantiated, and evaluate and recommend improvements to internal controls as needed.	
Allegations: It was alleged that the onsite supervisor of a student employee had the student complete assignments for online courses in which the supervisor was enrolled at another TBR system school. During the review, other information was provided alleging that the onsite supervisor a) completed time records to compensate the student employee for time spent working at home on these homework assignments rather than working on campus on the duties of the position and b) may have had other students or employees complete homework assignments in the past.	
Summary: The allegations were partially substantiated. <ul style="list-style-type: none"> The onsite supervisor admitted the student employee and at least one other former employee completed homework assignments that she submitted to another TBR system school as her own work, indicating inappropriate use of students and support staff under TBR Policy 1:02:03:10, <i>Conflict of Interest</i> and academic misconduct, in her coursework at another TBR institution, under TBR Policy 3:02:00:01, <i>General Policy on Student Conduct & Disciplinary Sanctions</i>. There was no documentation showing that the wages the student employee received were payment for time spent working at home on the supervisor's homework assignments rather than working on campus performing the duties of the position. 	
Recommendations: <ol style="list-style-type: none"> College management should ensure that faculty and staff are aware and periodically reminded of TBR Policy 1:02:03:10, <i>Conflict of Interest</i>, responsibility to avoid activities and situations which, either actually or potentially, put personal interests before the professional obligations which they owe to the State and its citizens, and when needed, to disclose potential conflicts for review. While the policy gives management the ability to approve appropriate activities involving students, the issues in this case would never warrant approval. College management should design and implement procedures for student employees to fill out and sign their own time sheets to document and affirm actual time worked. A supervisor with knowledge of the student employees' activities should authorize the time sheets for payroll processing. 	
Management's Comments: <ol style="list-style-type: none"> Concur with the recommendation. NSCC will have a Fall 2016 in-service session for faculty and staff on TBR policies emphasizing TBR Policy 1:02:03:10 Conflict of Interest. Concur with the recommendation. The procedure for completing a temporary employee timesheet (blue timesheets) has been placed on the NSCC website under Payroll. 	

**Tennessee Board of Regents
Audit Committee
August 30, 2016**

*Internal Audit Reports
For Information Purposes*

Austin Peay State University
Off-Campus International Education Programs
August 1, 2014 – July 31, 2015
Executive Summary

Key Staff: Director of International Education	Auditor: Blayne M. Clements CIA, CFE, CRMA								
<p>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.</p> <p>At Austin Peay State University (APSU), off-campus international education programs support the institution's strategic goal of globalization by providing an international perspective which contributes to student success, degree program quality, high impact practices, and the overall culture of the university.</p>									
<p>Objectives: The audit objectives were to conduct a comprehensive review of the Off-campus International Education Programs across the TBR system and assess compliance with TBR and APSU 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>Scope: Off-Campus International Education Programs undertaken by the university from August 1, 2014, through July 31, 2015.</p>									
<p>Observation 1 Management should ensure travel claims are accurate, properly supported and adequately reviewed to ensure expenses are not paid twice.</p> <p>Due to an error in a travel claim, the university paid a portion of an instructor's lodging twice. The first was a direct payment to the lodging provider and the second was to the instructor via a travel claim. The instructor is working with the Business Office to repay the lodging expense for which he was erroneously reimbursed.</p>									
<p>Observation 2 The Procedures and Information Manual for the Office of International Education needs to be updated.</p> <p>Although the Director could verbally explain study abroad operational processes, the Office of International Education's Procedures and Information Manual lacked written procedures of certain key study abroad operations.</p>									
<p>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 APSU's Off-Campus International Education Programs are managed appropriately and used as planned to meet the university's off-campus international education goals, except as noted in the observations above.</p>									
<table border="1"> <thead> <tr> <th>Program Type</th><th>Academic Credit Programs</th></tr> </thead> <tbody> <tr> <td>Institution-Sponsored Programs</td><td>8</td></tr> <tr> <td>Third Party Vendor-Sponsored Programs</td><td>4</td></tr> <tr> <td>International Exchange Programs</td><td>8</td></tr> </tbody> </table>		Program Type	Academic Credit Programs	Institution-Sponsored Programs	8	Third Party Vendor-Sponsored Programs	4	International Exchange Programs	8
Program Type	Academic Credit Programs								
Institution-Sponsored Programs	8								
Third Party Vendor-Sponsored Programs	4								
International Exchange Programs	8								

East Tennessee State University
Timekeeping and Back Wages Procedures
For the Period from January – September 2015
Executive Summary

Key Staff Person: Payroll, Human Resources, and Timekeepers	Auditor: Martha Stirling
Introduction: An audit of East Tennessee State University's timekeeping was conducted by Internal Audit personnel in accordance with the Annual Audit Plan. A total of 15 departments were selected for testwork from the College of Medicine. These included Pathology, Quillen Chair of Geriatrics, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, Surgery, Family Medicine Residency (Kingsport), Family Medicine Residency (Bristol), Family Medicine Residency (Johnson City), Teaching Hospitals, Academic Affairs Standardized Patients, Continuing Medical Education, Rural Health, and the Vivarium. In addition to timekeeping, the audit reviewed all individuals who received back pay during the period January through September 2015 to ensure proper documentation was obtained and approved by the employer by the first day of work.	
Objectives: <ol style="list-style-type: none"> 1. To evaluate the adequacy of the internal controls over timekeeping. 2. To determine compliance with university and TBR policies and procedures. 3. To make recommendations for correcting deficiencies or improving operations. 	
Total Questioned Costs/Losses: None	Total Recoveries: N/A
Findings: <u>Finding 1:</u> Hiring paperwork for new employees needs to be completed in a more timely fashion. I-9s and employment contracts were not always completed prior to the employee's first day of work. Management should take appropriate corrective actions to ensure all hiring paperwork for new employees is completed by to their first day of work. Management will continue to provide training and documentation to assist the University through the process of hiring and the required paperwork. An electronic contract system has been designed for the adjuncts and is being implemented Fall 2016. Broadening this systems scope would facilitate the hiring process and documents in a timely manner. <u>Finding 2:</u> Several timesheets reviewed did not comply with ETSU policies. A total of 3,849 timesheets among the 15 departments selected were reviewed. The audit revealed several timesheets which violate ETSU financial and/or personnel policies and procedures. Even though the number of occurrences was low compared to the number tested, improvements could be made. Issues discovered included the following: (1) Timesheets not signed by employee and/or supervisor, (2) Leave taken on timesheet not matching leave in taken in the Time Reporting System (TRS), and (3) Hours worked on timesheet not matching the TRS. Management should take appropriate steps to ensure that all hours work and leave used are recorded in TRS in the correct amount and category for each employee. Management concurred and will continue to educate employees by offering training courses such as Payroll and Human Resources Basics, Time Reporting System, and Supervisory Training titled The Supervisor's Role in Employee Compensation. Once the discrepancies discovered in the audit are verified by the department, all necessary corrections will be made. Management will examine the possibility of electronic timesheets. The audit objectives were met.	

**East Tennessee State University
Department of Public Safety
Tennessee Law Enforcement Accreditation
May to June 2016
Executive Summary**

Key Staff Person: Police Officer 2	Auditor: Martha Stirling
Introduction: An audit of the East Tennessee State University Department of Public Safety's Tennessee Law Enforcement Accreditation was conducted by Internal Audit personnel at the request of Public Safety. The Tennessee Law Enforcement Accreditation requires a documented audit of high-risk items be conducted once every three years by personnel who are not directly involved with the evidence function.	
Objectives: <ol style="list-style-type: none"> 1. To evaluate the adequacy of the internal controls over inventory of confiscated items. 2. To determine compliance with Tennessee Law Enforcement policies and procedures. 3. To make recommendations for correcting deficiencies or improving operations. 	
Total Questioned Costs/Losses: None	Total Recoveries: N/A
Audit Conclusions: All high-risk items are maintained in a safe behind a locked door within the Department of Public Safety. Based on the sampling method above, Internal Audit counted 41 of 43 high-risk items. Based upon the testwork performed the Department of Public Safety is in compliance with the Tennessee Law Enforcement's regulations relating to high-risks confiscated inventory items. The audit objectives were met.	

**East Tennessee State University
NCAA Athletics Compliance:
Financial Aid Eligibility of Student-Athletes
and Camps and Clinics
August 2013 – June 2014
Executive Summary**

Key Staff Person: Associate Athletic Director of Compliance	Auditor: Martha Stirling
Introduction: An audit of East Tennessee State University's (ETSU) NCAA Compliance was conducted by Internal Audit personnel in accordance with the Annual Audit Plan.	
Objectives: The main objectives of the audit were (1) To determine the adequacy and effectiveness of internal controls over the financial aid eligibility of student-athletes and camps & clinics, (2) To determine whether individual grants-in-aid received by student-athletes complied with specific limitations imposed by the NCAA and conference, (3) To determine whether the institution has controls to monitor and account for revenue and expenditures related to camps and clinics and whether controls are effective in terms of NCAA rules, and (4) To make recommendations for correcting deficiencies or improving operations.	
Total Questioned Costs or Losses: None	Total Recoveries: Not Applicable
Audit Conclusion: <u>Finding 1:</u> Intercollegiate athletics should adhere to the regulations related to Financial Aid Eligibility of student-athletes. During the course of the audit, it was determined that the amounts listed on the Financial Aid Detailed Reports were estimates rather than actual. It was also noted that the non-credit scholarship amounts (i.e. off campus room and board) listed in Banner are also estimates. Using the estimated amounts made it appear that ten students' athletic aid was greater than the full grant-in-aid limit. These students were not overawarded when actual amounts were used. The actual aid amounts were not monitored by the Athletic Department or the Department of Financial Aid. There was one student-athlete in baseball who did not receive the minimum financial aid equivalency value required by the NCAA for baseball. <i>NCAA Division 1 Manual</i> states each counter for baseball must receive a minimum of a 25% equivalency value of countable financial aid unless they meet the following exemption. The exemption states that an institution may provide less than 25% of an equivalency value of countable financial aid to a baseball student-athlete, provided that the student-athlete is in their final year of eligibility, and has not previously received athletically related aid at any collegiate institution. The student-athlete was in his final year of eligibility and had not received athletically related financial aid at ETSU. However, the student-athlete was a transfer student who had received athletically related financial aid in baseball at their previous institution. In addition, there were a few issues discovered when examining award letters. Some letters could not be located, award amounts in the letters did not always match the actual award amount, there were a few letters not signed by the student-athlete and/or completed by the required date.	

Furthermore, out of the ten student athletes receiving summer aid, one received a greater equivalency percentage of aid during the summer than they did during the academic year. Athletics personnel needs to ensure the Financial Aid Detailed Report is updated throughout the year with any changes that occur after the initial report is compiled and comply with all NCAA Bylaws related to financial aid eligibility. Management concurred and will continue to closely monitor the financial aid awarded to student athletes.

Finding 2: Intercollegiate Athletics should adhere to the policies related to sports camps and clinics. ETSU's Department of Intercollegiate Athletics offers a variety of sports camps and clinics throughout the year for elementary through high school students. Based on the above definition, camps and clinic at ETSU are coach-owned institutional camps which must comply with applicable NCAA regulations. Numerous issues were discovered that pertained to the (1) use of agency funds accounts, (2) application of discounts/fee waivers, (3) camp documentation, (4) camp attendance restrictions, (5) revenue and expense procedures and documentation, and (6) classification, timekeeping, and required documentation of camp personnel. Some of the issues found included:

- Camp discounts offered to participants did not always comply with applicable policies.
- Adequate documentation related to revenue, expenditures, and camp participants was not always maintained.
- Camp workers were not always classified properly (employee vs independent contractor)
- Annual leave was not always taken by full-time university employees working the coach owned camps.

Management concurred with the finding and recommendations. Intercollegiate Athletics should adhere to the policies related to sports camps and clinics. The Compliance Office as well as Athletic administrators will continue to monitor camps and clinics for compliance with the NCAA Division 1 Manual. Management will provide guidance and direction to the coaches in order to adhere to all NCAA regulations as well as any applicable university policies and procedures.

The audit objectives were met.

**INTERNAL AUDIT REPORT
TENNESSEE STATE UNIVERSITY
STUDENT ASSISTANCE FUND
FOR THE FISCAL YEAR ENDED JUNE 30, 2016**

EXECUTIVE SUMMARY

Key Staff Person: Tess Hickerson Assistant Compliance Director	Auditor: Mike Batson
Objectives: <ol style="list-style-type: none"> 1. To determine if the NCAA Student Assistance Fund program expenditures for fiscal year 2016 were in compliance with NCAA guidelines. 2. To determine if account balances and expenditures were accurately reported to the Ohio Valley Conference. 	
Total Questioned Costs/Losses: N/A	Total Recoveries: N/A
Findings: <p>No findings were noted for the year ended June 30, 2016.</p>	
Summary: <p>Our review did not note any material weaknesses with regard to the NCAA Student Assistance Fund for the fiscal year ended June 30, 2016.</p>	
Audit Conclusions: <p>The results of our review indicate that the Athletic Department has controls in place to ensure that students who receive the funds are eligible for the funds, that expenditures of the funds were in compliance with NCAA guidelines, and that the expenditures were accurately reported for the fiscal year ended June 30, 2016.</p>	

This report is intended solely for the internal use of Tennessee State University, The Ohio Valley Conference, 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 and handled in accordance with university and TBR policies; however, this report is a matter of public record.

TENNESSEE TECH UNIVERSITY
Minors on Campus Audit
June 15, 2016
Executive Summary

Key Staff Person: No one person was key; the review was campus wide.

Auditors: Tennessee Tech University (TTU) Director and Assistant Director of Internal Audit

Background: This audit was performed to increase the level of awareness campus wide regarding the TTU Minors on Campus Policy and determine if campus units were abiding by that policy. The entire campus was queried about hosting events that were possibly subject to the Minors on Campus Policy. Internal Audit then performed interviews and documentation reviews to the extent possible for those events identified as potentially subject to the Minors on Campus Policy and made recommendations to bring those events into compliance with the policy.

Objectives:

1. To improve awareness of the Minors on Campus Policy and determine the general level of compliance with the policy campus wide.
2. To recommend improvements that encourage compliance with the Minors on Campus Policy.

Total Questioned Losses: None

Total Recoveries: None

Finding - Policy Revision: The campus units that hosted minors on campus were in varying states of compliance with the Minors on Campus Policy. Most units had questions about whether or not or which parts of the policy applied to their event. Revising the Minors on Campus Policy to make it easier for a reader to understand when the Minors on Campus Policy applies and which parts of the policy apply in varying circumstances should improve compliance with the policy campus wide.

Conclusion: The following audit processes increased awareness of and highlighted the importance of complying with the Minors on Campus Policy:

1. Contacting units campus wide and requiring every unit contacted to determine and state whether or not they hosted any events that would have been subject to the Minors on Campus Policy.
2. Providing specific recommendations directly to the campus units who were interviewed or reviewed in detail.
3. Referring units to Human Resources or University Counsel for items requiring interpretations or exceptions.

Management's revision of the Minors on Campus Policy should improve campus-wide compliance with the Minors on Campus Policy going forward.

TENNESSEE TECH UNIVERSITY
Inventory Observations 6-30-16
July 12, 2016
Executive Summary

Key Staff Persons: Vice President for Planning and Finance
Associate Vice President for Facilities and Business Services
Associate Vice President for Communications & Marketing
Director of Athletics
Director of Auxiliary Services
Director of Craft Center
Director of Fitness Center
Interim Director of the School of Agriculture

Auditors: TTU Director of Internal Audit, TTU Assistant Director of Internal Audit

Objectives:

1. To determine that the manner in which each area took inventory was proper.
2. To verify that accountability of the inventory count sheets was maintained throughout the inventory process.
3. To establish the physical existence of the inventory and to determine that all items were counted and included in the inventory value.
4. To determine that inventory values were accurate.
5. To determine that the inventory was fairly stated on a basis consistent with the preceding year and to determine that the inventory value per auditor agreed with the reported value on the general ledger.

Total Questioned Losses: None

Total Recoveries: N/A

Findings and Observations: No findings were made.

Conclusion: All objectives were satisfied in a positive manner. All inventories were taken in a systematic manner, and all inventory count sheets were accounted for. Test counts, test extensions, and footings verified the accuracy of the final inventory. Reasonable explanations were on hand for differences in current and prior year inventory totals. The inventory value per the general ledger agreed with the inventory value per auditor and was stated in a manner consistent with the prior year.

TENNESSEE TECH UNIVERSITY
NCAA Student Assistance Fund
August 15, 2016
Executive Summary

Key Staff Person: Associate Athletic Director for Business and Personnel

Auditor: TTU Director of Internal Audit

Objectives

The objectives of this audit were to verify the accuracy and timeliness of the annual reports of Student Assistance Fund expenditures and determine if those funds were spent according to the NCAA Student Assistance Fund Guidelines. The Student Assistance Fund consists of the Special Assistance Fund (SAF) and Student Athlete Opportunity Fund (SAOF).

Total Questioned Losses: None

Total Recoveries: None

Observations

TTU Athletics spent \$115,247.11 in Student Assistance Funds to benefit 113 student athletes (SAs) during 2015-16. All funds were spent for summer scholarships, medical/dental expenses, insurance, international student fees and taxes, and personal or family expenses for eligible individual athletes.

Finding

The number of SAs receiving a Pell Grant but no Athletic grant-in-aid (GIA) in men's sports was understated by four on the SAOF/SAF Pell Grant Information Report filed with the NCAA for 2015-16. Management has proposed actions that should lead to accurate reporting for 2016-17.

Conclusion

All students who received Student Assistance Fund benefits were eligible to do so, and expenditures from the Student Assistance Fund were only for the type of items allowable in the NCAA Student Assistance Fund Guidelines. Adequate documentation was on hand for all expenditures.

Totals by sport, GIA status, and type of expenditure as reported to the NCAA were accurate. The information on the NCAA SAOF/SAF Pell Grant Information Report was accurate except for the understatement described in the finding. The information on the Report of Student Assistance Fund Activity submitted to the OVC on July 5, 2016, was accurate. Reports to the NCAA and OVC were submitted by their respective deadlines.

University of Memphis
Athletics - Travel Expenses
Executive Summary
June 23, 2016

Title of Key Staff Person: Associate Athletic Director - Finance	Auditor: Senior Internal Auditor
Background: <p>Internal Audit personnel have completed an audit of Athletics Department travel expenses, which included both individual and team travel. The University of Memphis athletics program is a NCAA Division I program and has teams in several sports within the American Athletics Conference. FY2015 Athletic Department travel expenditures totaled approximately \$6.2 million, with about \$4.2 million being related to team travel. The total FY2015 Athletic Department travel expenditures account for about 60% of total University travel expenditures of \$10.2 million for that fiscal year.</p>	
Objectives: <ul style="list-style-type: none">• Perform analytical review and trend analysis of travel expenses for the last 5 fiscal years, including band and spirit squad travel expenses to identify significant variances or trends.• Determine that adequate internal controls are in place over all travel activity (staff, team, coaches, recruiting and guests) and are in compliance with applicable travel and disbursement policies.• Evaluate the adequacy of the Athletics Department travel policies and procedures to ensure that methods and process are efficient and cost effective in meeting the overall goals and objectives of the University and the Athletics Department and that reimbursement claims are carried out accurately and efficiently.	
Results: <ul style="list-style-type: none">• Travel purchase orders were not always completed prior to travel departure date as required by the University travel policy.• Travel claims were not consistently submitted within the University travel policy specified time frame.• Issues identified during this audit indicate that current Athletic Department team travel processes do not always follow the department's intended documented procedures or current Athletic Department policies and procedures.	
Audit Conclusion: <p>The audit objectives were achieved. Based on the results of all audit work performed, internal controls were generally adequate. However, we identified conditions where controls and processes could be improved. Management has indicated agreement and changes are in process to address the recommendations.</p>	

University of Memphis Fixed Assets Audit – FY 2016
Continuous Monitoring
Year End Results - Executive Summary
August 11, 2016

Key Staff: Accounting Management and Equipment Representatives	Auditor: Senior Internal Auditor
<p><u>Introduction</u></p> <p>The University of Memphis maintains assets such as land, buildings, software, art collections, library holdings, and equipment with a net book value of about \$500 million. In accordance with the Tennessee Financial Integrity Act, University management is responsible for establishing and maintaining internal controls to provide reasonable assurance that assets are safeguarded against waste, loss, unauthorized use or misappropriation. (TCA-9-18-101-103).</p> <p>The Fixed Asset audits were part of a continuous monitoring project that was performed throughout the year across the entire University as part of the FY2016 audit plan. A department was selected each month and a sample of the assets was selected for physical verification and also an evaluation of compliance with the policies noted below.</p>	
<p><u>Objective</u></p> <p>The objective of this audit was to ensure compliance with TBR and UOM policies for assets categorized as equipment, specifically that these:</p> <ul style="list-style-type: none"> • Fixed assets are present, • Fixed asset records are accurate, • Assets are capitalized and tagged if they meet policy criteria, • Assets are reported as lost or stolen assets as required, and • Assets are properly verified on the annual inventory confirmation as required. 	
<p><u>Scope</u></p> <p>Assets categorized as equipment were selected for audit testing in FY 2016. Equipment assets have a total value of more than \$41 million before depreciation. A sample of 149 assets within FY2016 records with a value of almost \$3 million before depreciation (7% of total equipment) were selected for monthly testing.</p>	
<p><u>Results</u></p> <p>Audit issues in the following categories were reported throughout the year:</p> <ul style="list-style-type: none"> • Assets that could not be physically verified • Assets with inaccurate fixed asset system records • Possible uncanceled assets • Annual inventory confirmation completion issues <p>Throughout the year, recommendations were made to the responsible custodian departments and the Accounting Office. Corrective actions were taken throughout the year for all the issues noted in the audits.</p>	
<p><u>Conclusion</u></p> <p>The audit objectives were achieved. Based on the results of all audit work performed, internal controls were generally adequate and provided sufficient assurance of compliance with TBR and UOM policies.</p>	

Cleveland State Community College
Complete College Tennessee Act - Outcome Measures
Academic Year 2014 – 2015
Executive Summary

Key Staff Person: V.P. of Student Services

Auditor: Alvin Bishop

Introduction: The CCTA of 2010 (the Act) charged the Tennessee Higher Education Commission (THEC) with developing a statewide master plan for the state's public higher education institutions and for directing those institutions to be accountable for increasing the educational attainment levels of Tennesseans. In implementing the plan, the Act requires that THEC use an outcomes-based model for making funding recommendations. The outcome measures identified for use in the funding formula are different for universities and community colleges and are further distinguished by weighting the measures by institutional mission. The outcomes may be grouped into student progression, student completion (degrees and certificates awarded), efficiency measures and other important institutional factors.

Objective: The objectives of the audit were to determine whether Cleveland States Community College's internal controls provide reasonable assurance that the data reported to the Tennessee Board of Regents (TBR) was accurate and in compliance with the reporting instructions provided by the TBR.

Scope: This audit reviewed data and data file controls in place during the academic year 2014-2015 and fall term 2015. Specifically, the audit reviewed End of Term and Report of Graduate file data, and [workforce training community college] [research expense university] data submitted during the academic year.

Audit Conclusion: The review of the college's internal controls over outcome measures data indicated that the college has established controls to provide reasonable assurance that the data is accurately reported. Based on audit tests performed on a sample of data elements reported to the TBR for the 2014 – 2015 academic year, the data was accurately reported. The audit did not reveal matters warranting audit findings or observations [amend as needed.]

The college's efficiency and other outcomes reported by THEC for the 2014 – 2015 academic year include the following:

Type of Completion	Outcome
Students accumulating 12, 24 and 36 credit hours (Progression)	2144
Dual Enrollment Students	1072
Associate Degrees and Certificates	2774
Workforce Training	3882
Awards per 100 FTE	18.2
Transfers Out with 12 Credit Hours	206
Job Placements	231

Tennessee College of Applied Technology at Crump
Focused Operational Review

College Director: Stephen Milligan	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 17, 2016	Audit Period: Fiscal Year Ending June 30, 2013 & Fiscal Year Ending June 30, 2014
Purpose and Scope:	<p>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> <p><u>Fiscal Year End June 30, 2013</u></p> <ul style="list-style-type: none"> • Cash Receipts • Cash Deposits • Livework Projects • Accounts Receivable • Federal Financial Aid <ul style="list-style-type: none"> – Title IV Eligibility – Title IV Refunds – Student Award Process • Pell reconciliation to FISAP • Lottery reconciliation to TSAC <p><u>Fiscal Year End June 30, 2014</u></p> <ul style="list-style-type: none"> • Accounts Receivable • Director's Expenses • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Institutional and Financial Assistance Information - Federal financial assistance available and related eligibility procedures, cost of attendance, accrediting agencies and other areas. 2. Students Right to Know Act - Completion, retention and placement rates. 3. Jeanne Clery Act - Campus security, emergency notification/response and crime statistics. 4. Misrepresentation - Educational programs, financial costs and employability of graduates.
Prior Audit Results:	<p>The operational audit released January 29, 2013, included two observations. The first observation noted that letters informing students a debt was owed to the school were not sent within 30 days of incurring the debt. The second observation noted that private funds were comingled with the Student Government Association funds. The audit follow up found that the letters notifying students of debt were still not sent as required. The SGA funds were determined and the account was closed on December 10, 2012. The private funds were returned to the church.</p>

Tennessee College of Applied Technology - Dickson
Focused Operational Review
Site Visit: May 17, 2016

Director: Dr. Arrita Summers	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 15, 2016	Audit Period: Fiscal Year Ending June 30, 2015
Purpose and Scope:	<p>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"> • Awarding of Certificates and Diplomas • Carl D. Perkins Grant Program • P-Card controls and implementation • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs. 2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms. 3. Safeguarding Consumer Information - Campus security is operational physically and electronically. 4. Gainful Employment – Reporting requirements and employability of graduates.
Prior Audit Results:	<p>The focused review released June 11, 2015, had one observation noting collection attempts for student accounts receivable were not made timely. The TCAT has implemented procedures to ensure additional staff members are cross-trained to send the delinquent notices in a timely manner in the event the individual assigned to process student accounts receivable is out for an extended period of time.</p>
Current Audit Results:	<p>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 - Knoxville
Focused Operational Review
Site Visit: June 6th to June 7th, 2016

Director: Mr. Dwight Murphy	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 15, 2016	Audit Period: Fiscal Year Ending June 30, 2015
Purpose and Scope:	<p>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"> • Awarding of Certificates and Diplomas • Carl D. Perkins Grant Program • P-Card controls and implementation • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs. 2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms. 3. Safeguarding Consumer Information - Campus security is operational physically and electronically. 4. Gainful Employment – Reporting requirements and employability of graduates.
Prior Audit Results:	The focused review released October 7, 2015, had no findings or observations.
Current Audit Results:	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.

Summary of Tests

1. Awarding of Certificates and Diplomas

Students were awarded the appropriate certificates and/or Diploma based on criteria established and required by the Council of Occupational Education (COE), including the hours earned or skill level attained. If more or less hours were required than those established by the program committee, adequate documentation was included in the students file. If the student pursued more than one program during enrollment, comparable classes were utilized for the most efficient attainment of the certificate or diploma. Students owing monies to the college did not receive the certificate or diploma until the debt was paid.

Tennessee College of Applied Technology - McMinnville
Focused Operational Review
Site Visit: February 15th to February 16th, 2016

Director: Dr. Warren Laux	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 15, 2016	Audit Period: Fiscal Year Ending June 30, 2015
Purpose and Scope:	<p>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"> • Awarding of Certificates and Diplomas • Carl D. Perkins Grant Program • P-Card controls and implementation • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs. 2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms. 3. Safeguarding Consumer Information - Campus security is operational physically and electronically. 4. Gainful Employment – Reporting requirements and employability of graduates.
Prior Audit Results:	The focused review released August 7, 2015, had no observations or findings.
Current Audit Results:	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.

Summary of Tests

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Tennessee College of Applied Technology - Murfreesboro
Focused Operational Review
Site Visit: May 19, 2016 to May 20, 2016

Director: Dr. Lynn Kreider	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 15, 2016	Audit Period: Fiscal Year Ending June 30, 2015
Purpose and Scope:	<p>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"> • Awarding of Certificates and Diplomas • Carl D. Perkins Grant Program • P-Card controls and implementation • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs. 2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms. 3. Safeguarding Consumer Information - Campus security is operational physically and electronically. 4. Gainful Employment – Reporting requirements and employability of graduates.
Prior Audit Results:	The focused review released June 11, 2015, had no findings or observations.
Current Audit Results:	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.

Summary of Tests

1. **Awarding of Certificates and Diplomas**

Students were awarded the appropriate certificates and/or Diploma based on the hours earned or skill level attained. If more or less hours were required than the average, adequate documentation was included in the students file. If the student pursued more than one program during enrollment, comparable classes were utilized for the most efficient attainment of the certificate or diploma. Students owing monies to the college did not receive the certificate or diploma until the debt was paid.

Tennessee College of Applied Technology - Newbern
Focused Operational Review

College Director: Ms. Donna Hastings		Internal Auditor: Helen Vose, CIA, CFE																	
Report Date: August 16, 2016		Audit Period: Fiscal Year Ending June 30, 2014																	
Purpose and Scope: 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:																			
<ul style="list-style-type: none">• Accounts Receivable• Director’s Expenses• Federal Financial Aid Consumer Information Activities:<ol style="list-style-type: none">1. Institutional and Financial Assistance Information - Federal financial assistance available and related eligibility procedures, cost of attendance, accrediting agencies and other areas.2. Students Right to Know Act - Completion, retention and placement rates.3. Jeanne Clery Act - Campus security, emergency notification/response and crime statistics.4. Misrepresentation - Educational programs, financial costs and employability of graduates.																			
Current Audit Results: 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. One opportunity for improvement was noted as described in the observation below.																			
Observation																			
1.	<u>Director’s Expense – State Funds Used for Appreciation Event.</u> TCAT-Newbern hosts an annual fish fry, which they primarily consider an industry appreciation event. Management indicates it allows students to showcase their programs and speak to potential employers from 8 Tennessee counties and the states of Missouri, Arkansas, Mississippi and Kentucky. The cost of the event for Fiscal year 2014 was \$6,564.26, paid from institutional funds. The cost included \$6,300 for catering for 600 planned attendees and \$264.26 for supplies. According to management, TCAT-Newbern has sponsored this event since 1979. The costs of catering the event are paid from institutional funds and are listed below for fiscal years 2013, 2014 and 2015. <table><tr><th>Fiscal Year</th><th>Amount</th><th>Planned Attendance</th><th>Amount Per Person</th></tr><tr><td>2013</td><td>\$4,950</td><td>450</td><td>\$11.00</td></tr><tr><td>2014</td><td>\$6,300</td><td>600</td><td>\$10.50</td></tr><tr><td>2015</td><td>\$7,470</td><td>650</td><td>\$11.49</td></tr></table> TBR Policy 4:07:00:00, Business Meals, addresses expenditures of institutional funds for recognition and appreciation events. The policy states, “Institutional funds may be used to purchase food and non-alcoholic beverages for recognition, appreciation and/or retirement events if the event is in accordance with institutional policies and is reasonable in number and events per fiscal year and amount spent.”			Fiscal Year	Amount	Planned Attendance	Amount Per Person	2013	\$4,950	450	\$11.00	2014	\$6,300	600	\$10.50	2015	\$7,470	650	\$11.49
Fiscal Year	Amount	Planned Attendance	Amount Per Person																
2013	\$4,950	450	\$11.00																
2014	\$6,300	600	\$10.50																
2015	\$7,470	650	\$11.49																
	Corrective Action: The Director has consulted with the Vice Chancellor and Director of Finance for TCAT Administration to determine if other funding sources are available to offset the costs if they are excessive or if the use of institutional funds is appropriate for the event.																		

Tennessee College of Applied Technology - Pulaski
Focused Operational Review

College Director: Mr. Tony Creecy	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 15, 2016	Audit Period: Fiscal Year Ending June 30, 2015
<p>Purpose and Scope: 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"> • Awarding of Certificates and Diplomas • Carl D. Perkins Grant Program • P-Card controls and implementation • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs. 2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms. 3. Safeguarding Consumer Information - Campus security is operational physically and electronically. 4. Gainful Employment – Reporting requirements and employability of graduates. 	
<p>Current Audit Results: 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 - Whiteville
Focused Operational Review

College Director: Ms. Carolyn Beverly	Internal Auditor: Helen Vose, CIA, CFE
Report Date: August 15, 2016	Audit Period: Fiscal Year Ending June 30, 2015
<p>Purpose and Scope:</p> <p>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"> • Awarding of Certificates and Diplomas • Carl D. Perkins Grant Program • P-Card controls and implementation • Federal Financial Aid Consumer Information Activities: <ol style="list-style-type: none"> 1. Drug and Alcohol Abuse and Prevention Information - Local assistance available and related programs. 2. Federal Educational Rights and Privacy Act (FERPA) – Informing students of their rights and the completion of the required forms. 3. Safeguarding Consumer Information - Campus security is operational physically and electronically. 4. Gainful Employment – Reporting requirements and employability of graduates. 	
<p>Current Audit Results:</p> <p>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
August 30, 2016**

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

Middle Tennessee State University
Follow-up Review of the State Audit Report
Issued For Fiscal Year Ended June 30, 2015
Executive Summary Report

Introduction:

The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Middle Tennessee State University for the fiscal year ended June 30, 2015 on January 21, 2016. The report included one audit finding. The current status of the finding is presented in the Follow-up Comments section below.

Objective:

The objective of the review was to determine if management has implemented the corrective action proposed in their response to the state audit finding.

State Audit Finding:

The university did not provide adequate internal controls in three specific areas

The university did not design and monitor internal controls in three areas. Conditions were observed that were 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 this finding are confidential pursuant to Section 10-7-504(i), *Tennessee Code Annotated*. The university was provided detailed information regarding the specific conditions identified, as well as recommendations for improvement.

Recommendation:

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.

Management's Comment:

We concur that existing controls should be strengthened. We will review our policies and implement additional controls in the areas identified.

Follow-Up Comments:

The procedures implemented by management were reviewed to ensure the conditions identified were remedied. Control procedures were revised to improve compliance. Personnel from appropriate departments are assigned responsibility for monitoring the procedures and mitigating deficiencies.

Conclusion:

Based on the follow-up review performed, management has taken corrective action to address the finding and recommendation.

TENNESSEE TECH UNIVERSITY
Follow-Up to State Audit for Fiscal Year 2014-15
June 24, 2016
Executive Summary

Key Staff Persons: Tennessee Tech University (TTU) Interim Chief Information Officer, Vice President for Planning and Finance, Associate Vice President of Enrollment Management and Student Success, Associate Vice President for Human Resources, Chief Information Security Officer, Director of Financial Aid

Auditor: TTU Assistant Director of Internal Audit

Objective: The objective of this follow-up to the Comptroller's State Audit of TTU for fiscal year 2014-15 issued January 14, 2016, was to determine if management had taken actions to alleviate the conditions identified in the findings.

Questioned Costs: \$4,775.00

Total Recoveries: \$4,775.00

Findings:

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

Management's Comments:

1. Corrective actions were identified and implemented to remedy the deficiencies identified by State Audit.
2. An additional review was added to the procedures that Financial Aid follows to return Title IV student financial aid to the Department of Education. The understated aid was returned to the Department of Education.

Conclusion: TTU Management followed through with actions indicated in their responses to alleviate the conditions identified in the findings.

**Tennessee Board of Regents
Audit Committee
August 30, 2016**

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

**East Tennessee State University
Information Technology Services
Policies and Procedures Review
March – December 2015
Executive Summary**

Key Staff Person: CIO and Sr. Vice Provost of Information Technology Services	Auditor: Richard Scheuch, CISSP
Introduction: In March of 2015, it was announced that the Offices of Academic Technology Support/eLearning and Information Technology were merged into a single department called Information Technology Services (ITS). At this time, ITS also began operations under a new Chief Information Officer (CIO). With these changes occurring, a review of ITS' policies and procedures was performed by Internal Audit. There are 20 policies posted on the old Office of Information Technology (OIT) website covering such areas as acceptable use, firewalls, intellectual property rights, and wireless networking. The purpose of this set of policies is to safeguard the university from threats that could jeopardize the computer systems relative to retention and privacy of student and college information.	
Objectives: <ol style="list-style-type: none"> 1. To review OIT/ITS policies to ensure whether they have been examined against current industry standards and best practices. 2. To ensure these policies coincide technically with the procedures. 3. To make recommendations regarding the current policies and addition policies needed. 	
Scope: This audit included all policies, procedures, and related forms for ITS/OIT for the month of March to December 2015.	
Audit Conclusion: <u>Observation 1:</u> TBR policies related to Password Management (G-051) and Access Control (G-052) can be found on TBR's website. At the time of the review, ETSU did not have comparable policies. Since the initial discussion, a password management policy has been written and posted to ITS' webpage. A User Access policy is being written but has not yet been posted. Management should complete the User Access Policy and post the policy to the ITS webpage once approved. <u>Observation 2:</u> Best practices suggest all IT policies be reviewed and revised every three to five years unless specifically stated within the individual policy. A set period for review of ETSU's policies and procedures hasn't been established. It was noted that some policies indicated an annual review is required. However, there was no indication that any of these reviews were performed since the original policies were adopted. Management should develop and adhere to an approved review procedure for all ITS policies. ITS should consider dividing the policies into groups and perform a review of each group every 3 to 5 years. Annual reviews should be performed if required for the particular policy. Management concurred with the observations. The audit objectives have been met.	

East Tennessee State University
PCI DSS 3.0 Compliance Readiness Audit
For the Period October 4 to December 10, 2014
Executive Summary

Title of Key Staff Person: CIO and Senior Vice Provost for ITS	Auditor: Richard Scheuch, CISSP
Background: East Tennessee State University's PCI DSS 3.0 Compliance Readiness Audit issued March 27, 2015 contained four findings. Internal Audit performed a follow-up review of actions taken in response to the findings.	
Objectives: The objective of the follow-up was to determine whether adequate corrective actions have been implemented to comply with the audit recommendations.	
Total Questioned Costs/Losses: None	Total Recoveries: N/A
Original Findings: <ol style="list-style-type: none"> 1. The current SNMP protocol being used is considered insecure. 2. Aramark Food Services' systems do not adhere to PCI requirements in several areas. 3. Penetration testing methodology needs to be developed and implemented. 4. New PCI DSS 3.0 Self-Assessment Questionnaire needs to be completed. 	
Current Status and Recommendations: <ol style="list-style-type: none"> 1. SNMPv3 has not been implemented due to network modifications required, such as segmentation, for the cardholder data environment servers. However, based on the information provide by ITS management, it appears compensating controls are in place. No additional recommendations were issued. 2. Shift4 card readers and software have been installed and are operational in all of the ARAMark food service locations. Vulnerability scans were ran on the ARAMark Food Services and ID Services servers. When comparing the original scans with the current scans, different concerns were detected. It appears stricter PCI testing scripts have resulted in additional vulnerabilities which need to be corrected. Effective July 1, 2016, ETSU's food service vendor will change from ARAMark to Sodexo. It is recommended that ARAMark/Sodexo and ID Services operating systems be upgraded, if possible. Management concurs. System update for the Micros 9700 will be scheduled for the summer of 2017. Current operating system patch deficiencies will be corrected. Although the campus ID servers (ETSUIDTP1 and ETSUIDDB1) fall out of scope for the PCI compliance they have been updated to Windows 2012R2. 3. Sword & Shield Enterprise Security was contracted to perform an external PCI Readiness Review of ETSU's environment. However, penetration testing was not included in that review. It is recommended that penetration testing of ETSU's Front-facing Internet Systems be undertaken to fulfill the PCI requirements. Information Technology Services is in the process of requesting quotes for vulnerability and penetration testing. 4. No action has been taken toward completion of the required self-assessment questionnaire. ITS is currently in process of completing the SAQ-D questionnaire. 	

Chattanooga State Community College
NACHA Security Audit
April 2016

Executive Summary

Key Staff Personnel	Greg Jackson, Assistant Vice President, Information Technology Services; Jackie Stephenson, Director, Systems Development & Operations; Lisa Hancock, Bursar	Internal Auditor	Intan McCartt, Internal Audit Specialist
Introduction	<p>NACHA (National Automated Clearing House Association) is a not-for-profit association that oversees the Automated Clearing House (ACH) Network, an electronic payment network. NACHA provides the legal foundation for the ACH Network through the development and enforcement of the <i>NACHA Operating Rules & Guidelines</i> which establish a set of requirements in order to provide a minimum amount of protection for WEB entries. WEB entries are internet initiated entries that NACHA defines as “a debit entry to a Consumer Account initiated by an Originator pursuant to an authorization that is obtained from the Receiver via the Internet.”</p> <p><i>NACHA Operating Rules & Guidelines</i> obligate Originators to:</p> <ul style="list-style-type: none"> • Obtain the consumer’s written authorization prior to initiating a debit entry • Mitigate risks associated with Internet-based payments by: <ul style="list-style-type: none"> ○ Authenticating the identity of the Receiver ○ Employing a fraudulent transaction detection system ○ Establishing secure Internet sessions ○ Verifying the Receiving Depository Financial Institution’s routing number ○ Reviewing security control procedures 		
Objectives	<p>The objectives of the audit were to determine ChSCC’s compliance with <i>NACHA Operating Rules & Guidelines</i> for WEB entries related to:</p> <ul style="list-style-type: none"> • Authorization requirements • Formatting requirements • Risk management requirements to adequately protect consumer financial information 		
Conclusion	<p>ChSCC is in compliance with the authorization, formatting, and risk management requirements of the <i>NACHA Operating Rules & Guidelines</i>. However, Internal Audit suggests three recommendations to ensure continued compliance with the <i>NACHA Operating Rules & Guidelines</i>.</p>		
Recommendations	<p>Based on the performed audit procedures, Internal Audit recommends:</p> <ul style="list-style-type: none"> • Obtaining and maintaining a current copy of the NACHA Operating Rules & Guidelines • Finalizing, approving, and publishing the IT policies and procedures related to information security and the disaster recovery plan • Conducting information security training for all ChSCC employees on a periodic basis 		
Management Responses	<ul style="list-style-type: none"> • The Bursar’s Office has obtained a copy of the <i>NACHA Operating Rules & Guidelines</i>. • Information Technology Services (ITS) management will finalize, approve, and publish the policies and procedures by August 31, 2016. • ITS management will distribute information security training to all ChSCC employees by November 30, 2016. 		

Cleveland State Community
NACHA WEB Audit
June 2015
Executive Summary

Title of Key Staff Person Director Of Information Technology	Auditor: Alvin Bishop
<p>Background: Cleveland State has online registration and also permits students to pay fees online. Cleveland State was informed by First Tennessee Bank that since we receive ACH web payments, NACHA required that CLSCC conduct an audit of the IT department data security yearly. This audit is to help ensure that individual financial information is secure</p>	
<p>Objectives: To determine that Cleveland State Community College is in compliance with NACHA Operating Rules relative to Web entries.</p>	
<p>Audit Conclusions: Based on the review Cleveland State Community College is in compliance with NACHA Operating Rules relative web entries.</p>	

Nashville State Community College
Computer Services Division
Information Technology General Controls Review
Executive Summary – Page 1 of 2

Contact: Vice President for Information Technology and Administrative Services	Auditor: IT Auditor, System-wide Internal Audit																															
INTRODUCTION																																
A comprehensive Information Technology General Controls Review was performed at Nashville State Community College (NaSCC). The information technology staff members in the Computer Services Division serve the college by providing technical services and computing solutions through its two sections; User Support Services and Information Services and Systems.																																
The information technology group of the Computer Services Division consists of 27 full-time employees. The Director for the Computer Services Division manages the daily information technology functions and processes, and reports to the Vice President for Finance and Administrative Services and the President. In overseeing the information technology functions and processes, the Director meets weekly, or more with the Vice President to discuss information technology activities. The Vice President also meets weekly with the President’s Executive Committee, made up of members of the college’s faculty and senior management, to discuss information technology strategic projects and initiatives, Banner system updates, policy changes, information technology disaster recovery and risk mitigation occur. The Vice President meets directly with the President when executive direction or approval is needed. 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 Nashville State Community College, Computer Services Division, categorized under administration, operations and security. Each of the two organizational sections listed above were in the scope of this review.																																
<table><tr><th colspan="3">Information Technology</th></tr><tr><th>Administration</th><th>Operations</th><th>Security</th></tr><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></table>			Information Technology			Administration	Operations	Security	<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>		
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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 risks to acceptable levels.																																
Recommendations																																
<u>Information Technology Administration</u>																																
1. Complete the implementation of the policies and procedures for the Information Security Program 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. Also, 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.																																
2. Develop and implement comprehensive information technology policies and procedures for vendor management, logging and monitoring, and incident response.																																
3. Implement a process to document the annual review and approval of policies.																																

**Nashville State Community College
Computer Services Division
Information Technology General Controls Review
Executive Summary – Page 2 of 2**

4. Identify the responsibilities for the assigned roles of the Information Security Officer and the Business Continuity Coordinator.

Information Technology Operations

5. Complete the implementation of the product that will identify the attachment of an unauthorized device to the college's network.
6. Encrypt hard drives on college-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.
7. Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.
8. Document data restorations from backed-up media, including business recoveries, to prove the ability to recover data in a timely manner.
9. 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 periodic testing.

Information Technology Security

10. Enhance the existing network topology diagram to depict each ingress/egress point and the layered security in place protecting those points.
11. Block access to websites that are considered illegal or detrimental on computers linked to the NaSCC network.
12. Improve information security access procedures and practices by implementing the new Security Awareness Training Program to train staff on the information security program for the college.
13. Establish a process to gather, store and protect information on computer hard drives when circumstances require management to retrieve and retain such information

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
August 30, 2016**

*Investigation Reports
For Information Purposes*

Austin Peay State University
Investigation of Inappropriate Conduct
Executive Summary
July 5, 2016

Key Staff Person: Director, Center of Excellence for Field Biology	Auditor: Blayne M. Clements CIA, CFE, CRMA
<p>Background: The Comptroller of the Treasury received a hotline call alleging on Friday, June 17, 2016, four men in an APSU vehicle arrived late to a campground in east Tennessee and were drinking beer and disturbing other campers until 2 am. The allegation focuses on the “inappropriate behavior” of the campers, as well as the perception this appeared to be a “personal activity.”</p>	
<p>Objectives: The primary objectives of this review were to determine if the allegations were substantiated, and evaluate and recommend improvements to internal controls as needed.</p>	
Total Questioned Costs/Losses: Not Applicable	Total Recoveries: None
<p>Results: The allegation included the vehicle’s license plate number and APSU vehicle number which was used to determine the vehicle was assigned to the Center for Field Biology. The Director of the Center of Excellence for Field Biology confirmed the vehicle was used during the weekend of June 17, 2016 for a research trip to east Tennessee to collect reptile and amphibian specimens for the APSU Natural History Collection. The APSU Natural History Collection includes more than 100,000 research specimens representing the state’s largest collection of amphibians and reptiles, the second largest collection of plants and a rapidly growing collection of fishes.</p> <p>Although, the allegation stated four men were in the vehicle, the professor leading the trip stated five men were on the trip (an associate professor, three adjunct faculty members and a graduate assistant). The professor confirmed they stayed in the campground noted in the allegation, arrived later in the evening, and had alcohol at the campground. All five men are over the age of 21 years old.</p> <p>The professor stated that campgrounds in this area of Tennessee are full in the summer and the camping sites are very close together. The professor did not believe they stayed up until 2am as alleged, since the group woke early to resume specimen collecting. The professor stated they camped next to a group that was loud and unruly, and feels the allegation is describing the behavior of these campers and not the APSU group.</p> <p>The only trip expenses APSU incurred was for fuel for the vehicle. The professor stated field research trips routinely use campgrounds, splitting up the nominal campsite fee and groceries amongst themselves.</p>	
<p>Conclusion: The allegation was substantiated in part. Based on discussion with management and review of various documents, the Center for Field Biology did utilize the campground on the night in question. However, the trip was not a “personal activity” but was a trip to collect specimens for the APSU Natural History Collection. The professor leading the trip denied his group displayed any “inappropriate behavior” and believes the allegation is describing the behavior of the campers at the site next to the APSU group.</p>	

East Tennessee State University
Student Organization Resource Center (FWA 16-06)

Responsible Department: Student Organization Resource Center	Auditor: Martha Stirling and Becky Lewis
Introduction: <p>In January 2016, the Tennessee Board of Regents (TBR) received allegations through the Fraud, Waste, and Abuse email system regarding an event called ETSUcon at East Tennessee State University (ETSU). ETSUcon is an annual multi-genre convention which welcomes artist, vendors, voice actors, ETSU faculty and alumni, and current/prospective students. The event is for anyone interested in such things as digital media computer science, anime, sci-fi, comics, fantasy, and video games. The allegations included wasteful spending, lack of promotion of the university, ethical and liability issues, and safety concerns.</p>	
Objectives: <p>The primary objectives were to investigate the validity of the allegations received and to determine the extent of any violations of University or TBR policies.</p>	
Results of the Review: <p><u>Allegations:</u> It was alleged that the ETSUcon event is a waste of funds. According to the email, the event does not promote the university and has ethical and liability issues. In addition, the participants attending the event dress up in costumes and carry fake guns on campus which pose safety risks. To the untrained eye, these fake guns could appear real.</p> <p><u>Conclusions:</u> ETSUcon is funded partially by the Student Government Association (SGA) from an allocation from the BucFund. The event also generates funds through the sale of comic books, vendor space rental fees, and ticket sales for non-students. The majority of the funding from the BucFund has been reimbursed from the proceeds collected at the event. Approximately two thousand people attend this event annually with the majority of attendees coming from ETSU's student body. Non-students come from the local community as well as attendees outside the local area. There is media coverage to help promote the event and the university. The event is sponsored by a couple of student groups and the liability is covered by ETSU's insurance. Each year there have been discussions with Public Safety regarding this event and, as a result, guns and gun replicas have been prohibited since April 2013. Anyone attempting to enter with gun replicas are instructed to take them back to their vehicles. This policy became effective after the event was held in 2013. In addition, Axis Security has been contracted to provide additional security patrols for the event which is scheduled for February 27-28, 2016.</p>	
Total Questioned Costs: None	Recoveries: N/A
Conclusion: <p>Prior to 2014, safety concerns regarding fake weapons could have been a concern. Policies regarding both actual and fake weapons were addressed in April 2013. In addition, security measures have increased for the upcoming show. The audit objectives were met.</p>	

Restriction on Use of Report: *This report is intended solely for the internal use of East Tennessee State University and the Tennessee Board of Regents. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the Office of Internal Audit and handled in accordance with institutional policies.*

**East Tennessee State University
University School Loss (FWA 16-09)
Executive Summary**

CASE RESOLUTION REPORT*

August 2, 2016

*A property loss report was not required to be filed with TBR based on the small dollar amount of the loss.

Date of the Incident: June 28, 2016

Reported by: Financial Services and Public Safety

Investigation conducted by: Becky Lewis, Director of Internal Audit and
Officer Waymond Babb and Lieutenant Mike Orr,
Department of Public Safety

Description of the Incident: When arriving at work, the Financial Coordinator for University School discovered a total of \$280 was missing from his office.

Total amount of the loss: \$280

Total amount of recovery: \$0

Was employee dishonesty discovered: No

Employees Involved: Financial Coordinator, Secretary 2, and Assistant Director at University School

Action taken: When the Financial Coordinator arrived for work on Tuesday, June 28, 2016, he discovered that all the cash (\$100) contained in a cashbox was missing. The cashbox was left unlocked and sitting on his desk the night before. The cash had been used as a change fund on Monday during registration by the Secretary 2. All registration fees received on Monday were beside the cashbox and were accounted for. The Financial Coordinator stated that most of these fees were paid with a check. Upon further examination of his office, the Financial Coordinator discovered \$130 in petty cash was missing from an additional cashbox located in a desk drawer. Both the cashbox and desk drawer were never locked according to the Financial Coordinator. In that same drawer, \$50 in cash which was contained in an envelope was missing. In total, \$280 was missing from the Financial Coordinator's Office. The Financial Coordinator contacted Public Safety to report the theft.

Keys to the Financial Coordinator's office were maintained by the Financial Coordinator and the Assistant Director. Upon further investigation, it was discovered that the Assistant Director's key to the Financial Coordinator's office was missing from her office. The master key to the building does not open the Financial Coordinator's office. The Financial Coordinator stated that the door to his office was locked when he left work on Monday, June 27th around 4:30pm.

Even though the procurement cards (procards) were not taken, they were kept in an unlocked desk drawer in the Financial Coordinator's office. The Financial Coordinator was going to contact Procurement to let them know the situation.

Methodology used to determine loss: According to the records maintained by Financial Services, University School was assigned \$100.00 which served as a petty cash fund. According to the Financial Coordinator, this fund had built up during the year from money found at the school and totaled \$130. In addition, the \$100 used during registration and the \$50 contained in the envelope was originally gate receipts from sporting events which were withheld from the deposit and used as a change fund. When money is withheld from a deposit of gate receipts, a note is made in the Financial Coordinator's records. Therefore, it appears a total of \$280 was missing.

Internal control weaknesses found: Internal control weaknesses were discovered during the course of the review. The money was kept in unlocked cashboxes which were either sitting on the Financial Coordinator's desk or inside an unlocked desk drawer. The key to the Financial Coordinator's office maintained in the Assistant Director's office was missing and not maintained in a secure location. It is unclear how long this key had been missing. Even though the procurement cards (procards) were not taken, they were kept in an unlocked desk drawer in the Financial Coordinator's office. Cash receipts from sporting events are not deposited intact.

Action taken to resolve weaknesses: Management has rekeyed the doors to the Financial Coordinator's office as well as other office staff. Two new keys to the Financial Coordinator's office were given to the Financial Coordinator and the Assistant Director. These keys will be maintained in a secure location at all times. The cash is now maintained in a locked closet inside the Financial Coordinator's office. To their knowledge, the Financial Coordinator is the only one with a key to this closet. According to the Financial Coordinator, this closet will be rekeyed also. University School has also ordered a small safe which will now be used to keep all funds and procards. The procard purchases were closely monitored and no unauthorized purchases have been made. Management should consider increasing their petty cash fund through Financial Services in order to deposit all gate receipts at sporting events intact.

Restrictions on Report Use: *This report is intended solely for the internal use of East Tennessee State University and the Tennessee Board of Regents. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the Office of Internal Audit and handled in accordance with institutional policies.*

MEMORANDUM REPORT

TO: Ms. Tammy Birchett
Chief Audit Executive, TBR System-wide Internal Audit

FROM: Brenda H. Burkhardt *Brenda H. Burkhardt*
Director, Audit and Consulting Services

SUBJECT: Comptroller Hotline Call Reference: FWAH 13-148
(MTSU Case # 13-04)

Date: March 31, 2016

Concern:

On November 1, 2012 documentation was received concerning a call made to the Comptroller's Hotline. The caller gave the name of an employee at Middle Tennessee State University (MTSU) and stated that the employee "was using shop equipment and/or tools at MTSU for personal projects, for which he was receiving compensation." The caller stated the employee was doing side work at MTSU and using the university's tools, power, etc. The named employee works in the Carpentry Shop within Facilities Services.

Review Process:

The complaint was investigated by interviewing the supervisor and employees of the Carpentry Shop including the named employee. The interviews addressed the processes of the shop such as assignment to projects, responsibility for tools/equipment, process for safeguarding the tools/equipment and policies concerning the personal use of tools/equipment. Each employee interviewed was asked about the personal use of tools and equipment and no one identified an employee performing side work at MTSU. The named employee admitted when first employed he used a MTSU tool for a personal project. Management quickly informed him that personal use of MTSU tools/equipment was not allowed. The employee stated that he has not used MTSU tools/equipment for personal projects since then.

Conclusion:

The concern is unsubstantiated as to MTSU shop equipment and tools used for personal projects in which the employee received compensation. A one-time occurrence was confirmed but was quickly stopped when management informed the employee that personal use of MTSU tools/equipment was not allowed. The current group of Carpentry Shop employees are knowledgeable of the policy that MTSU tools/equipment are for MTSU business and not personal use.

Since there were no control weaknesses identified, no corrective action is recommended.

Audit and Consulting Services
Middle Tennessee State University
1301 East Main Street
Murfreesboro, TN 37132
Office: 615-898-2914 • Fax: 615-904-8046



MIDDLE TENNESSEE STATE UNIVERSITY
CASE RESOLUTION REPORT
March 7, 2016

Department: Athletics – Football Stadium

Date of the loss: October 16, 2015

Reported by: Associate Athletic Director

Investigation units: University Police and Audit & Consulting Services

Description of the loss:

Eight 42" televisions equipped with wall mounts and direct TV receivers were stolen from a football stadium storage closet.

Total amount of loss: Each TV including equipment cost about \$525. The total estimated loss is \$4,200.

Total amount of recovery: None

Was employee dishonesty discovered?

The individual or individuals responsible for the loss have not been identified.

Action taken:

University Police classified the loss as Theft from Buildings over \$500 and are investigating. The details of the theft for this report were obtained from the Football Operations Assistant.

Methodology used to determine loss:

The cost of the televisions and equipment was provided in the police report by the Associate Athletic Director.

Internal control weakness found:

Access to the storage area where the televisions were kept was not adequately restricted.

Actions taken by Management:

The TV storage location was moved to a more secure location with stricter access.

Recommendations:

Management should establish a current inventory listing to account for the TVs on hand. The TVs should also be marked as MTSU property.

Case Resolution Report Submitted by:

Brenda H. Burkhart 3/7/2016

Brenda H. Burkhart, Director
MTSU Audit and Consulting Services

CASE RESOLUTION REPORT
TENNESSEE STATE UNIVERSITY

June 23, 2016

Department: College of Liberal Arts
Case: 15-1003

Unit: Communications

1. Date of the loss: Fiscal Years 2014 and 2015
2. Reported by: Anonymous
3. Investigation/unit conducted by: Tennessee State University Department of Internal Audit.
4. Description of the issue: The complainant stated that the subject falsified travel receipts by pre-paying for fuel, then keeping any change from the transactions.
5. Total amount of loss: \$0 substantiated Restitution: \$0
6. Was employee dishonesty discovered? Yes No X
7. Name(s) of employee(s) involved: Director of Forensics
8. Action taken: The employee resigned during the investigation.
9. Methodology used to determine loss: Internal Audit reviewed travel claims, travel schedules, car rental receipts, and gas receipts. We also interviewed the complainant, the subject, and other witnesses. We found no evidence to substantiate the claim of fraud.
10. Internal control weaknesses found: . We noted that the Travel Office was accepting receipts for prepaid fuel transactions in support of travel claims when a travel advance had been issued. We recommended that the university disallow prepaid fuel receipts without documentation of the actual amount pumped. This recommendation was implemented immediately.
10. Actions taken to resolve weaknesses: The Travel Office stopped accepting prepaid fuel receipts immediately upon our recommendation.



**CHATTANOOGA STATE COMMUNITY COLLEGE
INTERNAL AUDIT**

CASE RESOLUTION REPORT

June 29, 2016

2016-06: Scrap Removal

Date of Incident:	April 2016	Reported by:	ChSCC Police Department
Investigation conducted by:	Kimberly Clingan, Director Internal Audit		

Description of Incident: The Chattanooga State Community College (ChSCC) auditor was informed by the ChSCC Police Department that an employee was observed removing scrap items from the warehouse in April 2016.

Total Amount of Loss:	\$0	Was employee dishonesty discovered?	No
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Action Taken: The Internal Auditor interviewed the reporting Police Officer, the Maintenance Supervisor, the Assistant Vice-President of the Physical Plant/Plant Operations, and the employee in question. The auditor also examined Tennessee Board of Regents (TBR) Disposal of Surplus Property policy 4:02:20:00 and determined ChSCC did not have any additional policies concerning campus scrap.

Conclusion: Based on information gathered from the interviews, the items being removed as observed by the Police Officer were Fuse Blocks that had copper ends. The Maintenance Supervisor had examined the items, determined that they had no disposal value, and disposed of them in the Center for Engineering, Arts and Sciences (CETAS) trash dumpster in accordance with the TBR Disposal of Surplus Property policy 4:02:20:00. The employee removed the fuses from the trash dumpster as it was his understanding that this was an acceptable practice.

The Maintenance Supervisor confirmed that the long standing divisional practice was that it was allowable to retrieve items that were placed in a trash dumpster as they were considered to have no value. This practice had been communicated to employees verbally during staff and other divisional meetings over the years.

Per the Assistant Vice President of the Physical Plant/Plant Operations, there is no formal written ChSCC policy concerning the removal of scrap items placed in a trash dumpster as the college follows the TBR policies. All communications with employees concerning scrap removal have been administered verbally including the restriction that items are not to be removed from the scrap metal bins and that any removal of items must be done outside of the employees normal work hours. This information has probably not been discussed in a staff meeting in recent months.

Internal Control Weaknesses Found: Some Physical Plant employees lack an understanding of the college's practices concerning the removal of scrap from campus. Management should educate the Physical Plant employees on the college's policies/practices concerning the removal of scrap from campus.

Management Action: Physical Plant/Plant Operations Management will hold a divisional employee meeting to review the Disposal of Surplus Property policy and to ensure employee understanding by September 30, 2016.

This report is intended solely for the internal use of Chattanooga State Community College and the Tennessee Board of Regents. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the Office of Internal Audit and handled in accordance with institutional policies.

**Tennessee Board of Regents
Audit Committee
August 30, 2016**

*Status Summaries
For Previously Issued
Internal Audit Reports*

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 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 insructions 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
APSU	Friday, May 13, 2016	APSU - CCTA 2016 - Research and Services Expenditures amount incorrectly reported This submission for the 2014-15 academic year included six items that did not meet the THEC definition. Four of the six items were state funded and not from an externally generated funding source. The remaining two items were not eligible for indirect cost allocation. The inclusion of these six items caused the amount reported to THEC to be overstated by \$165,792.24. However, the audit did identify five items that met THEC definition but were not reported to THEC. Four were federally funded and one was a privately funded. The total expenses for these five items totaled \$77,004. The net effect of these two errors is that the amount reported to THEC was overstated by \$88,788 (5%). Management should ensure that the figures reported on the next Research and Service Expenditures Summary are correct.	Thomas Stuckey (Grants Accountant), Beth Hoilman (Administrative Assistant 3, Research and Sponsored Programs), Director for Grants and Sponsored Programs (once filled)	Friday, September 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
APSU	Tuesday, August 9, 2016	APSU - Study Abroad - The Procedures and Information Manual for the Office of International Education needs to be updated. Management should take the necessary steps to ensure the Procedures and Information manual is current and provides guidance for all key study abroad operations. Having written procedures ensures all staff understand management's expectations of operations and that institutional knowledge of operations is maintained should there be staff turnover.	Director of the Office of International Education	Friday, June 30, 2017		In Progress
APSU	Tuesday, August 9, 2016	APSU-Study Abroad-Lodging Expense Paid Twice To ensure the university does not pay for the same expense twice, the Director of the Office of International Education should ensure study abroad travel claims properly identify expenses as either paid by the university or due the claimant.	Director of the Office of International Education	Friday, June 30, 2017		In Progress
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	Tuesday, June 14, 2016	Action Completed
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	Friday, June 30, 2017		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, December 31, 2016		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	Monday, August 15, 2016		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	Monday, August 15, 2016	Tuesday August 9, 2016	Action Completed
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	Wednesday, August 31, 2016		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	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	Monday, July 6, 2015	ETSU Third Party Servers 1 of 5 LOU: Two servers used by Campus ID Services had a critical vulnerability in the Security Channel (Schannel) which could allow remote code execution	CIO/Senior Vice Provost for ITS	Friday, October 30, 2015		In Progress
ETSU	Monday, July 6, 2015	ETSU Third Party Servers 2 of 5 LOU The server used by Dental Hygiene has a high vulnerability for the Sybase SQL Adaptive Server Anywhere (ASA) default database password	CIO/Senior Vice Provost for ITS	Friday, October 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	Monday, July 6, 2015	ETSU Third Party Servers 3 of 5 LOU The server used by ARAMark Dining has a critical vulnerability in the Apache Tomcat JBoss EJB Invoker Servlet and JMX Invoker Servlet which could allow marshalled remote code execution	CIO/Senior Vice Provost for ITS	Friday, October 30, 2015		In Progress
ETSU	Monday, July 6, 2015	ETSU Third Party Servers 4 of 5 LOU The server used by ARAMark Dining has a high vulnerability in the JBoss Enterprise Application Platform (EAP) '/jmx-console' which could allow an attacker to bypass certain authentication processes	CIO/Senior Vice Provost for ITS	Friday, October 30, 2015		In Progress
ETSU	Monday, July 6, 2015	ETSU Third Party Servers 5 of 5 LOU The server used by ARAMark Dining has a high vulnerability for being	CIO/Senior Vice Provost for ITS	Friday, October 30, 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
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		No Progress
ETSU	Monday, April 18, 2016	Behavioral Health and Wellness Clinic 1 of 2 Management should resolve the insurance payment issue as quickly as possible so that the Clinic Director no longer receives any payments into her personal bank account.	Clinic Director	Tuesday, April 18, 2017		In Progress
ETSU	Monday, April 18, 2016	Behavioral Health and Wellness Clinic 2 of 2 Management should consider hiring a full or part-time staff member to handle billing and payment collections so the Clinic Director is not responsible for performing all these functions.	Dean, College of Arts and Sciences	Tuesday, April 18, 2017		No Progress
ETSU	Monday, June 20, 2016	ETSU ITS Policies and Procedures 1 of 2 Management should complete the User Access Policy and post the policy to the ITS webpage once approved.	CIO	Friday, June 30, 2017		In Progress

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ETSU	Monday, June 20, 2016	ETSU ITS Policies and Procedures 2 of 2 Management should develop and adhere to an approved review procedure for all ITS policies.	CIO	Friday, June 30, 2017		In Progress
ETSU	Thursday, July 21, 2016	ETSU Timekeeping and Back Wages Procedures 1 of 2 Hiring paperwork for new employees needs to be completed in a more timely fashion	Director, Human Resources	Monday, January 16, 2017		No Progress
ETSU	Thursday, July 21, 2016	ETSU Timekeeping and Back Wages Procedures 2 of 2 Several timesheets reviewed did not comply with ETSU policies	Payroll Manager	Monday, January 16, 2017		No Progress
ETSU	Friday, July 22, 2016	ETSU NCAA Athletics Compliance 1 of 2 Intercollegiate athletics should adhere to the regulations related to Financial Aid Eligibility of student-athletes.	Athletic Director	Friday, December 30, 2016		No Progress
ETSU	Friday, July 22, 2016	ETSU NCAA Athletics Compliance 2 of 2 Intercollegiate athletics should adhere to the policies related to sports camps and clinics	Athletic Director	Friday, June 30, 2017		No Progress
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	Wednesday, March 30, 2016	Action Completed
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	Wednesday, March 30, 2016	Action Completed
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	Friday, July 31, 2015	Wednesday, July 13, 2016	Action Completed
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.	Friday, July 31, 2015	Wednesday, July 13, 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	Chief Information Security Officer	Saturday, July 1, 2017		No Progress
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		No Progress

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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		No Progress
TTU	Wednesday, June 22, 2016	TTU-IAR-Minors on Campus-06222016 To improve compliance with the Minors on Campus Policy and provide a safer campus for minors, the Minors on Campus Policy should be revised to enable readers to more readily understand when and which parts of the policy apply to various events.	TTU Legal Counsel	Thursday, September 1, 2016		No Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Effort reports need to be completed and approved more timely.	Dept Business Officer	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.	Dept Business Officer	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.	Dept Business Officer	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.	VP Research	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Annual subrecipient reviews should be performed for monitoring purposes.	VP Research	Saturday, December 31, 2016		In Progress
UOM	Thursday, December 3, 2015	MD2K Big Data Grant - Copies of subagreements should be provided to Grants Accounting.	Dept Business Officer	Saturday, December 31, 2016		In Progress
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.	Dept Business Officer	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.	VP Research	Saturday, December 31, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Timely deposit of monthly commissions	Director Auxillary Services	Saturday, December 31, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Gross sales need to include all sales per contract for commission purposes.	Director Auxillary Services	Saturday, December 31, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Discounts should be allowed per contract.	Director Auxillary Services	Saturday, December 31, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Textbook scholarships for students should be processed per the contract terms and in accordance with IRS requirements.	Director Auxillary Services	Saturday, December 31, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Improved controls over department purchases.	Controller	Saturday, December 31, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Hours of operation Law School Bookstore per contract terms.	Director Auxillary Services	Wednesday, March 9, 2016		In Progress
UOM	Wednesday, March 9, 2016	UOM-Bookstore Operations - Payment of monthly invoices and internal payments per contract terms	Controller	Saturday, December 31, 2016		In Progress

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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	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	Monday, April 11, 2016	ChSCC Print Shop 1 of 1: The Print Shop should develop, document, and implement internal policies and procedures to manage operations and processes.	Director Print Shop	Sunday, July 31, 2016		In Progress
ChSCC	Thursday, March 31, 2016	ChSCC ECD Director Hiring 1 of 2 Human Resources Department should complete the update of the Search Committee Guidelines Booklet.	Brian Evans, Director of Human Resources	Saturday, April 30, 2016		In Progress

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ChSCC	Thursday, March 31, 2016	ChSCC ECD Director Hiring 2 of 2 All approvals for position advertising exceptions should be in writing and obtained prior to the advertising of the position opening. The approval documentation should include the situation/need of the college that qualifies for an exception to the Requirement Procedures.	Brian Evans, Director of Human Resources	Saturday, April 30, 2016		In Progress
ChSCC	Tuesday, June 28, 2016	ChSCC Bursar's Office 1 of 3: The Bursar's Office should obtain the most current NACHA Operating Rules and Guidelines as it is published.	Bursar	Thursday, June 30, 2016		In Progress
ChSCC	Tuesday, June 28, 2016	ChSCC Information Technology Services (ITS) 2 of 3: ITS should finalize, approve, and publish its updated policies and procedures relating to information security, including the the disaster recovery plan.	Assistant Vice President ITS	Wednesday, August 31, 2016		In Progress
ChSCC	Tuesday, June 28, 2016	ChSCC Information Technology Services (ITS) 3 of 3: ITS should obtain and distribute information security training to all ChSCC employees on a periodic basis.	Assistant Vice President ITS	Wednesday, November 30, 2016		In Progress
ChSCC	Wednesday, June 29, 2016	Management should educate the Physical Plant employees on the college's policies/practices concerning the removal of scrap from campus.	Assistant Vice President Physical Plant/ Plant Operations	Friday, September 30, 2016		No Progress
ChSCC	Wednesday, June 29, 2016	ChSCC Accounts Receivable 1 of 1: Written internal procedures should be developed by the Business Office to outline the processes necessary to perform non-student AR functions, such as billing and balancing.	Accountant 1, Business Office	Saturday, December 31, 2016		No Progress
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	Thursday, June 30, 2016	Action Completed.
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	Thursday, June 30, 2016	Action Completed.
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	Monday, August 8, 2016	Action Completed.
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	Thursday, June 30, 2016	Action Completed.
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	Monday, August 8, 2016	Action Completed.
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	Thursday, June 30, 2016	Action Completed.

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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		No Progress
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		No Progress
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		No Progress

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CoSCC	Friday, May 20, 2016	Workforce Development contact hours reported through the annual Economic and Workforce Development Contact Hours report have a direct impact on the college's state funding. The test work revealed that the total contact hours reflected on the 2014-2015 Economic and Workforce Development Contact Hours report were understated by 1,124 hours equating to a loss of approximately \$6,100 in state formula funding. Workforce development could improve reporting accuracy by strengthening segregation of duties, and ensuring data is independently reviewed and reconciled. Management's Action Plan: Management concurs with the recommendation, and will take actions to strengthen controls, including refresher training on database features and course data entry standards, pairing segregated data entry with independent reviews, and ensuring management conducts database reconciliations at least quarterly.	Executive Director, Workforce Development	Friday, July 1, 2016		No Progress
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		No Progress
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		No Progress

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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		No Progress
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		No Progress
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		No Progress
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

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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		No Progress
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		No Progress
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		No Progress

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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		No Progress
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
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
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
PSCC	Monday, May 16, 2016	The college should implement a procedure so that when the registrar's office notifies APS that the file is ready to be transmitted, they also include the number of records that should be in the file. APS should then verify that the number of records in the end of term file submitted by the college to the TBR agrees with the number provided by the registrar.	Melanie Paradise, Registrar Dean Copple, APS Director	Friday, September 30, 2016		No Progress

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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	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	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
STCC	Wednesday, October 28, 2015	Access and Diversity The Special Academic department should improve internal controls and procedures over Access and Diversity reports. A. The quarterly report should be signed by the Diversity Officer, Business Officer and Financial Aid Director to validate the data reported. 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. 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. 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.	Executive Director, Special Academic Programs	Friday, April 29, 2016		No Progress
STCC	Wednesday, October 28, 2015	Access and Diversity The Special Academic department should improve program controls over Access and Diversity funds. 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. 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. 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. 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. E. Prior written approval from TBR OESI should be obtained for personnel expenses paid each fiscal year.	Executive Director, Special Academic Programs	Friday, April 29, 2016		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
STCC	Wednesday, October 28, 2015	Access and Diversity Diversity Funds and ensure funds are budgeted and used in accordance with the college's Access and diversity goals. 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. 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.	Executive Director, Special Academic Programs	Friday, April 29, 2016		No Progress
STCC	Wednesday, October 28, 2015	Access and Diversity The Finance department should improve internal controls and procedures over the Access and Diversity reports. 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. 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. 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. 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.	Executive Director, Special Academic Programs	Friday, April 29, 2016		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 Program	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-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 Program	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 Finance	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
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 Studies	Wednesday, August 31, 2016		In Progress
VSCC	Wednesday, December 18, 2013	Audit of International Education Fee, Released December 2013 1 of 5: Management should record the emergency reserve allocation in the International Education Fee fund.	International Education Office and Business Office	Thursday, June 30, 2016		In Progress
VSCC	Friday, September 4, 2015	VSCC - Faculty Credentials for Fall Semester 2014 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.	Academic Affairs	Thursday, March 31, 2016		No Progress
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		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
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.	Human Resources	Monday, August 1, 2016		No Progress
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		No Progress
VSCC	Friday, May 13, 2016	VSCC Study Abroad - The College should establish the emergency reserve allocation in the International Education Fee fund in accordance with TBR policy.	International Education Director	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	VSCC Study Abroad - The College should attempt to collect any emergency expenses incurred on the student's behalf from the student, or document approval to waive collection.	International Education Director	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	VSCC Study Abroad - The travel expenses for the Guatemala service learning trip should be supported with itemized invoices.	International Education Director	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	VSCC Study Abroad - The College should charge the scholarship awarded to TnCIS participants for course fees to an unrestricted scholarship expense.	International Education Director	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	VSCC Study Abroad - Course fees paid by institutional scholarships should be credited back to the scholarship account.	International Education Director	Wednesday, November 30, 2016		No Progress
WSCC	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 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	Friday, July 1, 2016		No Progress
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	Friday, July 1, 2016		No Progress
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	Debra Johnson,	Friday, July 1, 2016		In 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
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	Tuesday, June 30, 2015		In Progress
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
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
Ripley	Wednesday, June 1, 2016	The procedures used for collections by the school do not comply with the TBR Guideline.	Sue McBroom, Fiscal and HR Coordinator and Robbie Camara, Account Clerk II	Friday, July 1, 2016		In Progress
Ripley	Wednesday, June 1, 2016	Managements review of the accounts receivable reconciliation is not documented by signing and dating the reconciliation.	Sue McBroom, Fiscal and HR Coordinator and Robbie Camara, Account Clerk II	Friday, July 1, 2016		In 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	Thursday, September 1, 2016	Wednesday, June 15, 2016	Action Completed
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."	CIO - Judy Molnar	Friday, July 1, 2016		In 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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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. "	CIO - Judy Molnar	Friday, July 1, 2016		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
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. "	CIO - Judy Molnar	Friday, April 14, 2017		In 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. "	CIO - Judy Molnar	Friday, April 14, 2017		In 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. "	CIO - Judy Molnar	Monday, August 1, 2016	Thursday, August 11, 2016	Action Completed
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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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	Friday, July 1, 2016	Wednesday, June 15, 2016	Action completed
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	Friday, July 1, 2016		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
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	Friday, April 14, 2017		In 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	Friday, July 1, 2016	Monday, August 15, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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 Petryshak - VP for IT	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	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
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	Friday, April 14, 2017		In 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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016	Monday, August 15, 2016	Action completed
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	Friday, July 1, 2016	Monday, June 27, 2016	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
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	Friday, July 1, 2016	Monday, June 27, 2016	Action completed
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	Friday, July 1, 2016		In 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	Friday, July 1, 2016		In Progress
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016		In 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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed

TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems (Reports sorted by Institution, Date of Report)						
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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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, April 14, 2017		In 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	Friday, April 14, 2017		In 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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	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
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016	Thursday, July 21, 2016	Action completed
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	Friday, July 1, 2016		In Progress
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016		In Progress
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	Friday, July 1, 2016		In Progress

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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 4 of 14: Ensure the current job descriptions are available for use in performance management of ITS personnel.	Terry Saltsman - Interim CIO	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016		In Progress
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, April 14, 2017		In Progress
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016		In Progress

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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 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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
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	Friday, July 1, 2016	Friday, July 22, 2016	Action completed
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 1 of 20 - Enhance the current policies and procedures for the Information Security Program including policies for users regarding data ownership and data classification. These policies should be a part of the comprehensive information security program being developed by the college that defines both business and computing information security processes and implementation of a security awareness and training program.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 2 of 20 - Develop and implement comprehensive information technology procedures for: a. Change Management that detail the implementation and management of hardware, the network configuration, anti-virus definitions and software patch updates, in addition to implementation of Banner software updates. b. Vendor Management that describe how Information Technology Services will monitor and manage the delivery of goods and services from key vendors. c. Network Administration that document the processes performed to maintain the network in the event key personnel are not available. d. Logging and Monitoring of computer utilization activities that identify what will be logged, how it will be reviewed, and how the results will be handled. e. Incident Response that establish how unauthorized access attempts and information breaches are investigated and documented. f. Remote Devices that include an agreement that defines management's expectations of non-student users who connect their personal laptop or cell phone device to the network.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 3 of 20 - 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.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress

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ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 4 of 20 - 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 background checks on potential employees.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 5 of 20 - Improve the current documentation of Information Technology Services goals and initiatives to link to the college's overall strategic objectives. This will likely include an enhancement to the college's Information Technology Projects Procedure 08:25:00 to include documentation requirements for information technology projects	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 6 of 20 - Develop an information technology strategy regarding moving data to a "cloud storage" environment, including the type of cloud environment and security requirements.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 7 of 20 - Complete the implementation of a product that will limit a user's ability to attach an unauthorized device to the college's network.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 8 of 20 - Encrypt hard drives on college-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 9 of 20 - Perform reviews of reports identifying non-approved software on workstations and implement a process to remove such software from college-owned computers when not justified.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 10 of 20 - Review reports on the deployment of patches and anti-virus definitions to ensure any improper deployments are identified and corrective action taken in a timely manner.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 11 of 20 - Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 12 of 20 - Document data restorations from backed up media, including business recoveries, to prove the ability to recover data in a timely manner.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress

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ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 13 of 20 - Enhance the Business Continuity Plan to ensure planning for and documentation of: a. A business impact analysis that identifies the potential impact of disasters or other events on the college's ability to continue normal business operations, business recovery requirements and objectives, and responsibilities of a Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster. b. Revisions to the existing Disaster Recovery Plan to ensure information technology recovery requirements comply with business requirements stated in the plan. c. A test plan and periodic testing conducted to ensure the plan's effectiveness for recovery.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 14 of 20 - Enhance the current network topology diagram to depict each ingress/egress point and the layered security in place protecting those points.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 15 of 20 - Maintain current firewall configurations to ensure the removal of firewall rules that are no longer applicable.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 16 of 20 - Block access to websites considered illegal or detrimental 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.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 17 of 20 - Improve information security access procedures and practices by: a. Distributing 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. b. Implementing a process where data owners periodically review each user's computer access privileges to re-justify assigned privileges. c. Limiting the use of setting a future account expiration date on the active accounts of departing employees or other users to only those with an established and documented business need. d. Updating password requirements in the Default Domain Policy of Active Directory to ensure the use of stronger password controls as defined in the TBR password policy and industry best practices. e. Periodically reviewing accounts with administrator or non-expiring password privileges and revoking those privileges on accounts that do not require them for specific business purposes.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 18 of 20 - Improve controls over entry to the server room to limit access to only those with a business need.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress

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ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 19 of 20 - Review current hardware and software products in use that provide information security alerts and make changes to the alerts that will better serve the business needs of the college.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
ChSCC	Tuesday, April 12, 2016	ChSCC - IT GCR - Recommendation 20 of 20 - Establish a process to gather, store and protect information on computer hard drives when circumstances require management retrieve and retain such information.	AVP/CIO, Greg Jackson	Monday, October 3, 2016		No progress
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	Friday, July 1, 2016		In 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	Monday, August 1, 2016		In 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	Friday, July 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, April 14, 2017		In 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	Friday, April 14, 2017		In 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	Monday, August 1, 2016		In Progress

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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 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	Monday, October 3, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, July 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, July 1, 2016	Thursday, June 16, 2016	Action Completed
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	Thursday, September 1, 2016		In 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	Monday, August 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, April 17, 2017		In 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	Friday, April 17, 2017		In Progress

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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	Friday, July 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, September 30, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, July 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, July 1, 2016		In 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	Friday, July 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, July 1, 2016		In 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	Monday, August 1, 2016	Thursday, June 16, 2016	Action Completed
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	Friday, September 30, 2016	Thursday, June 16, 2016	Action Completed
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	Thursday, September 1, 2016		In Progress

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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	Thursday, September 1, 2016		In Progress
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	Thursday, September 1, 2016		In Progress
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	Thursday, September 1, 2016		In Progress
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	Thursday, September 1, 2016		In Progress
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	Thursday, September 1, 2016		In Progress
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 14, 2017		In Progress

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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	Thursday, September 1, 2016		In Progress
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	Thursday, September 1, 2016		In Progress
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	Thursday, September 1, 2016	Thursday, June 16, 2016	Action Completed
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	Thursday, September 1, 2016		In Progress
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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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.	CIO - Dana Nails	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed

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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	Friday, April 14, 2017		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	Friday, April 14, 2017		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.	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 1 of 17 - Develop and implement comprehensive information technology procedures for: a. Change Management that detail how hardware, network configuration, anti-virus definitions and software patch updates will be completed, in addition to implementation of Banner software updates. b. Project Documentation that establish a standard regarding how information technology projects, other than the implementation of Banner program code, will be documented. c. Vendor Management that describe how the Information Technology Department will monitor and manage the delivery of goods and services from key vendors. d. Network Administration that document the processes performed to maintain the network in the event key personnel are not available. e. Remote Devices that include an agreement defining management's expectations of non-student users who connect their personal laptop or cell phone device to the network. f. Logging and Monitoring of computer utilization activities that identify what will be logged, how it will be reviewed, and how the results will be handled. g. Incident Response that establish how unauthorized access attempts and information breaches are investigated and documented.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress

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Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 2 of 17 - Implement a process to document the annual review and approval of policies.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	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.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 4 of 17 - Ensure all information technology positions are supported by a current job description.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 5 of 17 - Identify the responsibilities for the recently assigned roles of the Information Security Officer and the Business Continuity Coordinator.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 6 of 17 - Develop an information technology strategy regarding moving data to a "cloud storage" environment, including the type of cloud environment and data security requirements.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 7 of 17 - Implement a procedure that will limit a user's ability to attach an unauthorized device to the college's network.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 8 of 17 - Encrypt hard drives on college-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 9 of 17 - Review existing reports that show software on each workstation to identify and remove non-approved software products from college-owned computers.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 10 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.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 11 of 17 - Document data restorations from backed-up media, including business recoveries, to prove the ability to recover data in a timely manner.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress

TBR SWIA - Status Report on Internal Audit Recommendations - TBR Information Systems (Reports sorted by Institution, Date of Report)						
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MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 12 of 17 - Enhance the Business Continuity Plan (BCP) to ensure documentation of: a. A business impact analysis that identifies the potential impact of disasters or other events on the college's normal business operations, business recovery requirements and objectives, and the responsibilities of a Plan Coordinator who will maintain the plan and prepare personnel in advance of a disaster. b. Enhancements to the Disaster Recovery Plan to ensure information technology recovery requirements better match the business requirements stated in the plan. c. A test plan and periodic testing conducted to ensure the plan's effectiveness for recovery.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 13 of 17 - Block access to websites that are considered illegal or detrimental 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.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 14 of 17 - Improve information security access procedures and practices by: a. Distributing procedural instructions to staff regarding establishing, modifying and deleting access privileges for all users, including full-time, temporary, transferred or promoted employees or contractors. b. Implementing a process where data owners periodically review each user's computer access privileges to re-justify assigned privileges. c. Periodically reviewing accounts with the non-expiring password privilege and revoking it from accounts that do not require it for specific business purposes. d. Completing the implementation of the new Security Awareness Training Program to train staff on the information security program for the college.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 15 of 17 - Reduce the number of staff with unrestricted access to the server room to limit access to only those with a business need.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 16 of 17 - Review current hardware and software products in use that provide information security alerts and make changes to the alerts that will better serve the business needs of the college.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress

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Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
MSCC	Friday, April 15, 2016	IT General controls Review - Recommendation 17 of 17 - Establish a process to gather, store and protect information on computer hard drives when circumstances require management to retrieve and retain such information.	Cindy Logan, CIO	Friday, October 14, 2016		No Progress
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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
PSCC	Wednesday, September 3, 2014	IT General Controls Review: Recommendation 2 of 20: Develop comprehensive IT procedures for change management and network administration.	CIO - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
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 - Audrey Williams	Friday, April 14, 2017		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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed

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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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
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 - Audrey Williams	Friday, July 1, 2016	Friday, July 22, 2016	Action Completed
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 1, 2016	Monday, June 27, 2016	Action Completed
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 1, 2016	Monday, June 27, 2016	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, July 1, 2016	Monday, June 27, 2016	Action Completed
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, April 17, 2017		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, April 17, 2017		In Progress

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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 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, July 1, 2016	Monday, June 27, 2016	Action Completed
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, July 1, 2016	Monday, June 27, 2016	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	Friday, December 30, 2016		In Progress
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	Friday, December 30, 2016		In 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	Friday, September 30, 2016		In Progress

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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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, December 30, 2016		In 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	Friday, September 30, 2016		In 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	Friday, September 30, 2016		In Progress
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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, December 30, 2016		In 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	Friday, December 30, 2016		In 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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed

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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 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	Friday, September 30, 2016		In 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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, July 1, 2016	Monday, June 27, 2016	Action Completed
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	Friday, September 30, 2016		In 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	Friday, December 30, 2016		In Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 1 of 15 - Enhance the policies and procedures for the Information Security Program, in coordination with the comprehensive information security program being developed by the TBR System Office that defines business and computing information security processes and implementation of a security awareness training program.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 2 of 15 - Update the current Cloud Use Policy to include mobile device agreements for users who bring their own devices and have access to the college's business information.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 3 of 15 - Develop comprehensive information technology procedures regarding vendor management, network administration, logging and monitoring computer utilization, and incident response.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 4 of 15 - Implement a process to document the annual review and approval of policies.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 5 of 15 - Identify the responsibilities for the recently assigned roles of the Information Security Officer and the Business Continuity Coordinator.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 6 of 15 - Develop an information technology strategy regarding moving data to a "cloud storage" environment, including the type of cloud environment and data security requirements.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress

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Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Date Internal Audit Follow-Up Completed	Status
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 7 of 15 - Implement a process where help desk technicians remove unauthorized software from college owned computers upon discovery.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 8 of 15 - Review reports on the deployment of patches and anti-virus definitions to ensure incidents of improper deployment are identified and corrective action taken in a timely manner.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 9 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.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 10 of 15 - 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 periodic testing.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 11 of 15 - Block access to websites that are considered illegal or detrimental on computers linked to the VSCC network.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 12 of 15 - Implement a process to scan outbound emails for possible unauthorized dissemination of personally identifiable information.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 13 of 15 - Conduct periodic assessments, in relation to new PCI rules, of network penetration and vulnerability testing to identify any risks to network and access security configurations.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 14 of 15 - Improve information security access procedures and practices by limiting or deactivating Active Directory accounts that are not assigned to a particular user, have no record of utilization or have not been used for a period of time; limiting the use of setting a future account expiration date on the Active Directory accounts of departing employees or other users to only those with an established and documented business need; separating the Banner access privileges of student workers from their Banner access as students, so they do not lose access to student data when such students no longer work for the college; and reviewing and revoking the non-expiring password privilege from accounts that do not require it for specific business purposes.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress
VSCC	Friday, May 13, 2016	IT General Controls Review - Recommendation 15 of 15 - Establish a process to gather, store and protect information on computer hard drives when circumstances require management to retrieve and retain such information.	Kevin Blankenship, CIO	Wednesday, November 30, 2016		No Progress

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WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 1 of 15 - 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.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 2 of 15 - Develop comprehensive information technology procedures for change management, project documentation, vendor management, network administration, logging and monitoring computer utilization, and incident response.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 3 of 15 - 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.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 4 of 15 - Implement system settings and processes to limit copying and storing WSCC business and sensitive data on personal USB devices.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 5 of 15 - Remove the administrator capabilities from users on their assigned machines to reduce risks of unauthorized system configuration changes and software implementations.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 6 of 15 - Expand the use of a current product to detect the use of unauthorized products on the network and potential unauthorized disclosures of personally identifiable information.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 7 of 15 - Implement a process where help desk technicians remove unauthorized software from college owned computers upon discovery.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 8 of 15 - Review each deployment of patches and anti-virus definitions to ensure incidents of improper deployment are identified and corrected in a timely manner.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 9 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, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 10 of 15 - 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.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress

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WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 11 of 15 - Block access to websites that are considered illegal or detrimental on computers linked to the WSCC network.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 12 of 15 - Conduct periodic network penetration and vulnerability testing to identify any risks to network configuration and security.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 13 of 15 - Distribute procedural instructions to staff regarding establishing, modifying and deleting access privileges for users, including full-time, temporary, transferred or promoted employees or contractors.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 14 of 15 - 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.	CIO, Joe Sargent	Friday, September 30, 2016		No Progress
WSCC	Wednesday, March 2, 2016	IT General Controls Review - Recommendation 15 of 15 - Review and revoke administrator or non-expiring password privileges from accounts that do not require it.	CIO, Joe Sargent	Friday, September 30, 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."	Interim CIO Steve Viera	Friday, July 1, 2016		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."	Interim CIO Steve Viera	Friday, July 1, 2016		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."	Interim CIO Steve Viera	Thursday, September 1, 2016		In Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 1 of 16 - 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.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 2 of 16 - Develop comprehensive information technology procedures for change management, vendor management, logging and monitoring, and incident response.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 3 of 16 - Assign the role of an Information Security Officer and identify the responsibilities for the role.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress

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TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 4 of 16 - 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.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 5 of 16 - Develop a standard to document information technology projects included in the TN eCampus Strategic Plan.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 6 of 16 - Encrypt hard drives on TBR-owned mobile devices to reduce risks of unauthorized access to information if the device is lost or stolen.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 7 of 16 - 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.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 8 of 16 - Establish a process where Help Desk tickets over 90 days old, or another established measure, are evaluated for their continuing need to remain open.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 9 of 16 - 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.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 10 of 16 - Ensure documentation exists for file restorations to prove recoverability of data from backed up media.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 11 of 16 - 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.	Jim Dye, Director of Technology	Friday, October 7, 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
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 12 of 16 - Block access to websites that are considered illegal or detrimental on computers linked to the TN eCampus network.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 13 of 16 - Distribute procedural instructions to staff regarding establishing, modifying and deleting access privileges for users, including full-time, temporary, transferred or promoted employees and contractors.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 14 of 16 - Ensure data owners annually report required adjustments to the access privileges of users so that privileges are rejustified or corrections made in a timely manner.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 15 of 16 - Utilize software features to suspend/lock, and subsequently disable access accounts that are not used in a defined timeframe.	Jim Dye, Director of Technology	Friday, October 7, 2016		No Progress
TBR System Office	Wednesday, March 2, 2016	TN eCampus IT GCR - Recommendation 16 of 16 - Review current information security alerts and adjust the alerts to better serve TN eCampus needs.	Jim Dye, Director of Technology	Friday, October 7, 2016		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 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		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 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		In 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		In 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		In 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		In Progress

**Tennessee Board of Regents
Committee on Audit**

DATE: August 30, 2016

AGENDA ITEM: **Review of Internal Audit Year-End
Status Reports for FY 2016**

PRESENTER: Tammy Birchett

ACTION REQUIRED: Informational Item

STAFF'S RECOMMENDATION: Accept Report

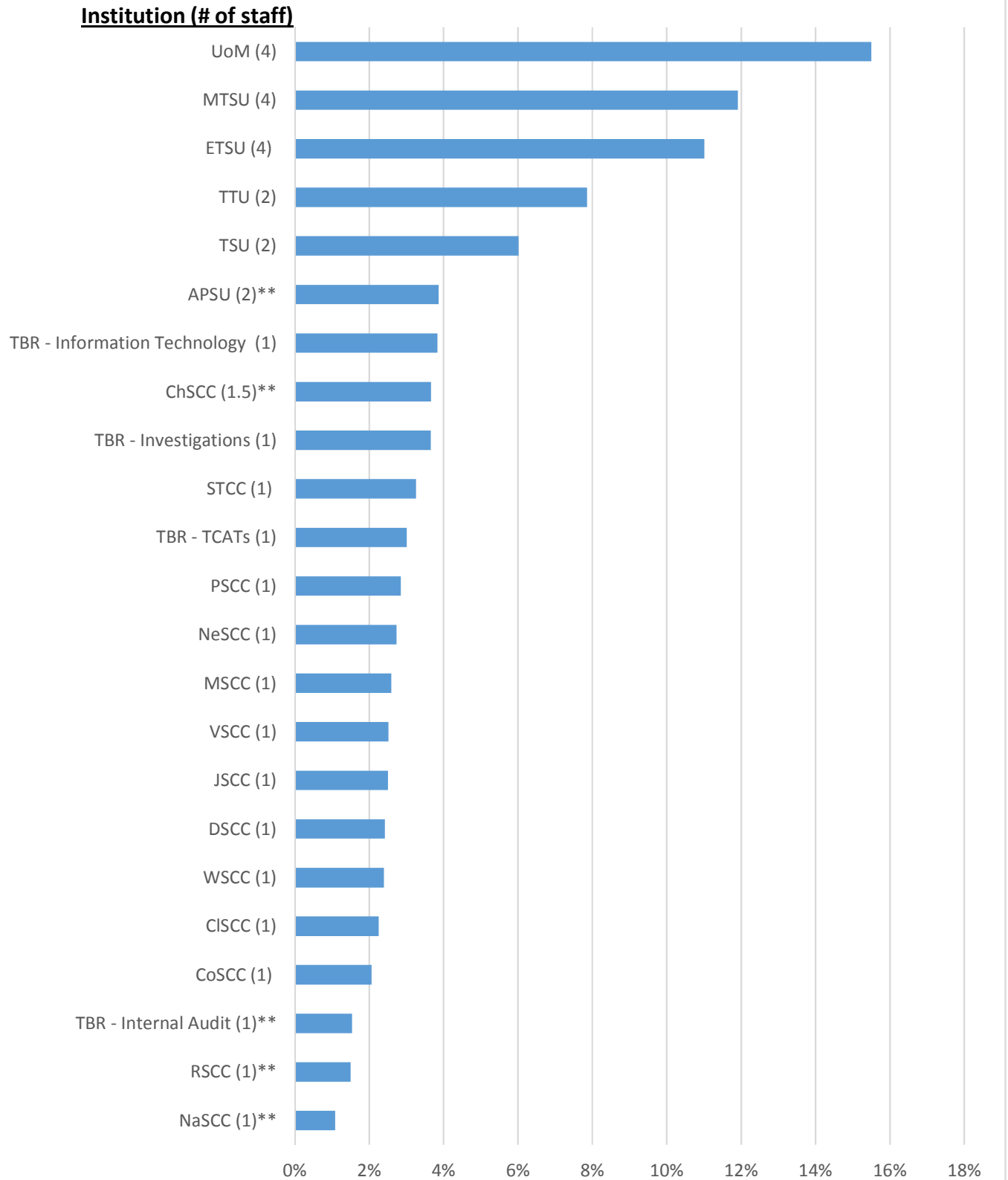
BACKGROUND INFORMATION:

The committee will review the year-end status of the internal audit plans for the system institutions for Fiscal Year 2016. This item includes the following summary information on system audit activities for the year.

- Audit Effort by Institution
- Planned to Actual Audit Hours
- Audit Plan Completion Rates
- Audit Activity Three-year Trend Analysis
- Internal Audits Completed
- Investigation Activity

The summary schedules are followed by a Year-end Status Report for each institution and for each audit activity with the system office.

**Tennessee Board of Regents
Percentage of Audit Effort by Institution *
Fiscal Year 2016**



**Tennessee Board of Regents
Percentage of the Audit Plan Completed
Fiscal Year 2016**

Institution	Planned Audits	Completed Audits	Percentage Completed	In Progress at Year End	Percentage Completed or In Progress at Year End
APSU (1)	21	16	76%	6	105%
ETSU	39	30	77%	9	100%
MTSU	34	17	50%	14	91%
TSU (3)	13	11	85%	4	115%
TTU	24	37	154%	1	158%
UOM (3)	24	26	108%	13	163%
ChSCC (1)	24	22	92%	5	113%
CISCC	18	14	78%	0	78%
CoSCC	34	24	71%	0	71%
DSCC	18	18	100%	4	122%
JSCC	13	12	92%	2	108%
MSCC	28	12	43%	8	71%
NaSCC (1)	18	9	50%	1	56%
NeSCC	14	12	86%	2	100%
PSCC	21	22	105%	1	110%
RSCC (1)	15	11	73%	4	100%
STCC	16	14	88%	9	144%
VSCC	16	13	81%	2	94%
WSCC	21	17	81%	1	86%
TBR - Internal Audit (1)	9	4	44%	5	100%
TBR - Information Systems	19	13	68%	3	84%
TBR - TCATs	33	26	79%	12	115%
TBR - Investigations	14	10	71%	14	171%
Total	486	390	80%	120	105%

Notes:

This chart compares the number of planned audits to the number of audits completed during the year.

(1) This office had a position that was vacant for a portion of the year.

Tennessee Board of Regents
Comparison of Planned Hours to Actual Hours
Fiscal Year 2016

Institution	Planned Audit Hours	Actual Audit Hours	% of Planned Hours Achieved
APSU (1)	1,712	1,591	93%
ETSU	4,770	4,531	95%
MTSU	4,825	4,904	102%
TSU	2,408	2,476	103%
TTU	3,488	3,236	93%
UoM	6,494	6,379	98%
ChSCC (1)	1,805	1,508	84%
CISCC	800	928	116%
CoSCC	1,011	849	84%
DSCC	977	996	102%
JSCC	1,228	1,031	84%
MSCC	1,246	1,069	86%
NaSCC (1)	1,288	444	34%
NeSCC	1,109	1,127	102%
PSCC	1,238	1,172	95%
RSCC (1)	840	617	73%
STCC	1,215	1,341	110%
VSCC	1,215	1,037	85%
WSCC	1,238	984	79%
TBR - Internal Audit (1)	782	633	81%
TBR - Information Systems (2)	1,421	1,576	111%
TBR - TCATs (2)	1,379	1,238	90%
TBR - Investigations (2)	1,609	1,504	93%
Totals	44,097	41,167	93%

Notes:

Variances between actual audit hours and planned hours occur because of many factors. The most common factors are unplanned absences, staff changes or vacancies.

(1) This office had a position that was vacant for a portion of the year.

(2) Because the SWIA CAE and Assistant Director allocate time across various audit functions as needed, the hours may reflect time for more than the single auditor responsible for the type of audit.

Tennessee Board of Regents
Three-year Trend Analysis of Hours for Completed Audits
By Type of Audit and Functional Area

By Type of Audit	FY2016	FY2015	FY 2014	Average
Required	13%	23%	25%	20%
Risk-Based	20%	24%	16%	20%
Investigation	16%	12%	13%	14%
Consultation	12%	14%	13%	13%
Project	8%	9%	9%	9%
Follow-up Audit	5%	7%	8%	7%
Management's Risk Assessment	3%	4%	6%	4%
Special Request	24%	7%	11%	14%
Total	100%	100%	100%	100%

Summary - The focus on Risk-Based audits is determined by the campus auditor's risk analysis of the audit universe on each campus. Typically, as resources dedicated to Investigations or Required Audits decline, more resources are available for Risk-Based audits. The increase in previous years in Required audits is mainly due to the system-wide audits of Complete College Tennessee Act data, beginning in FY2014. In FY2016, an increase in Special Requests is primarily related to the Access and Diversity audits requested by the Vice Chancellor for Effectiveness and Strategic Initiatives and Study Abroad audits requested as a result of noted issues in some programs.

By Functional Area	FY2016	FY2015	FY 2014	Average
Financial Management	34%	36%	29%	33%
Institutional Support	22%	20%	25%	22%
Student Services	11%	17%	13%	14%
Instruction and Academic Support	12%	9%	9%	10%
Information Technology	11%	9%	10%	10%
Physical Plant	1%	2%	0%	1%
Research	3%	2%	2%	2%
Auxiliary	1%	1%	1%	1%
Athletics	5%	3%	10%	6%
Advancement	1%	1%	1%	1%
Total	100%	100%	100%	100%

Summary - Financial Management and Institutional Support have remained the two most often audited areas over time. By the nature of the processes within Financial Management and Institutional Support, both areas cross over into many other functional areas. The increase in audit resources dedicated to Student Services is directly related to the audits of the Complete College Act data. The spike in FY 2014 in Athletics is a result of Gifts-In-Kind audits requested by the Audit Committee.

Tennessee Board of Regents
Summary of Investigation Activity
Fiscal Year 2016

Allegations

Allegations of fraud, waste, or abuse are generally reported to TBR System-wide Internal Audit through the unit's Report Fraud web site, email, or phone number, the Tennessee Comptroller's Fraud Hotline, a campus auditor, or management. In the initial evaluation of allegations, those that do not indicate fraud, waste, or abuse may be referred to other TBR or campus offices for review, e.g., legal, human resources, academic affairs, or may not be viable if insufficient information was provided to determine if an investigation is warranted.

Investigations

Viable allegations are investigated by SWIA or a campus internal auditor. Cases may be administratively closed when allegations are found to be unsubstantiated during investigations.

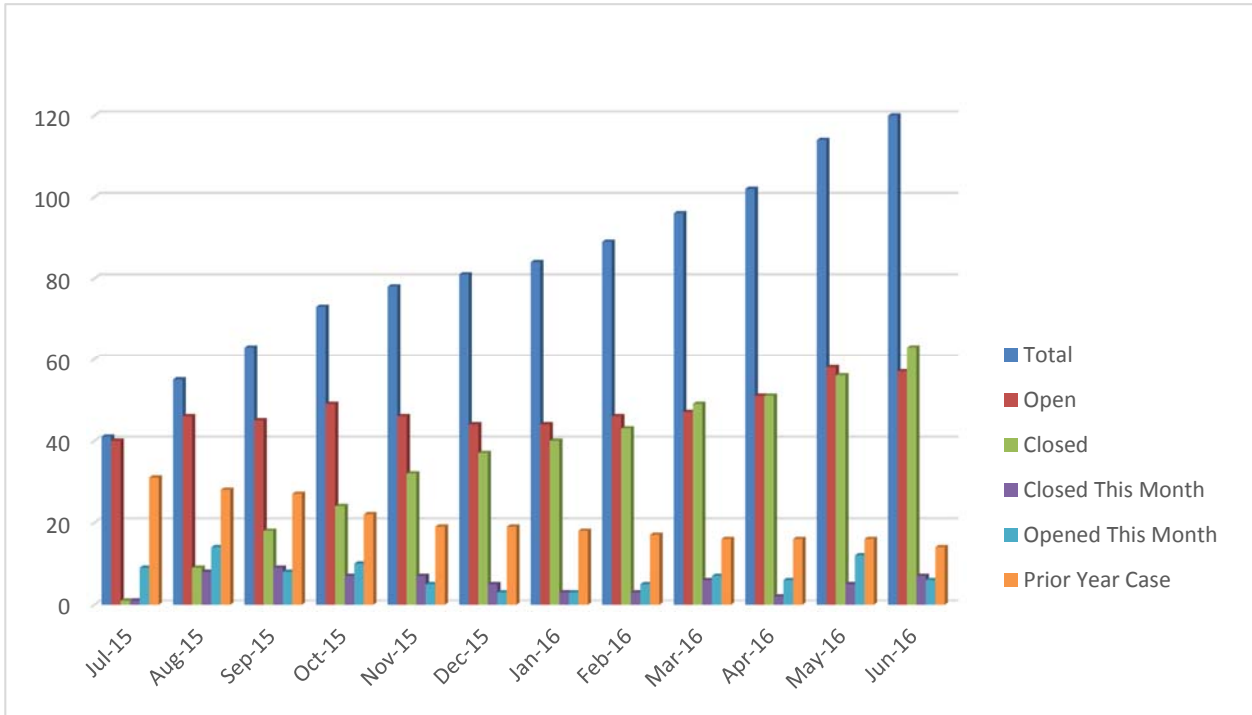
Complaints Received	Universities	Community Colleges	Technology Colleges	System Office	Total
Tennessee Comptroller	9	6	5	1	21
System-wide Internal Audit	27	19	10	1	57
Campus Internal Audit	31	17	0	0	48
Total Complaints	67	42	15	2	126
Referred, Duplicative, or Not Viable	20	7	10	1	38
Cases Opened	47	35	5	1	88

Investigations	Universities	Community Colleges	Technology Colleges	System Office	Total
Open Cases at July 1, 2015	17	12	3	0	32
Cases Opened from new complaints	47	35	5	1	88
Total Cases	64	47	8	1	120
Referred upon further review	7	0	0	0	7
Cases Completed, Reports Issued	16	12	1	0	29
Cases Administratively Closed	14	11	1	1	27
Open Cases at June 30, 2016	27	24	6	0	57

Tennessee Board of Regents

Summary of Investigation Activity by Month

Fiscal Year 2016



	Total Cases	Open Cases	Closed Cases	Closed This Month	Opened This Month	Open Cases from Prior Year
Jul-15	41	40	1	1	9	31
Aug-15	55	46	9	8	14	28
Sep-15	63	45	18	9	8	27
Oct-15	73	49	24	7	10	22
Nov-15	78	46	32	7	5	19
Dec-15	81	44	37	5	3	19
Jan-16	84	44	40	3	3	18
Feb-16	89	46	43	3	5	17
Mar-16	96	47	49	6	7	16
Apr-16	102	51	51	2	6	16
May-16	114	58	56	5	12	16
Jun-16	120	57	63	7	6	14

Tennessee Board of Regents
Summary of Investigation Activity
Fiscal Year 2016

Institution	Reports Issued
APSU	Missing Cash in University Advancement Office
APSU	Excessive Bookstore Purchases
ETSU	Intercollegiate Athletic Tickets Office
ETSU	Department of Geosciences
ETSU	Financial Aid Office
ETSU	Behavioral Health and Wellness Clinic
ETSU	Hiring Practices in the Department of Computing
ETSU	Student Organization Resource Center
MTSU	Review of Disabled Student Services
MTSU	Personal Use of Shop Equipment
TSU	Falsification of Fuel Receipts
TTU	Information Technology Services Relocation
TTU	Use of State Funds for Memorial Garden
TTU	Theft of Gas
TTU	Cattle Missing from Oakley Farm
UOM	Outside Business by CERI Business Officer
ChSCC	Falsification of Immunization Records
ChSCC	Student Activity Fee
ChSCC	Falsification of Financial Aid Application
ChSCC	Hiring of the Director of Proposal and Project Development
ChSCC	Scrap Removal
CISCC	Missing Money and Computers
DSCC	Compensatory Time Abuse
JSCC	Fraudulent ACH and Check Transactions
NaSCC	Learn to Ride Receivable
NaSCC**	Cash Receipt Approvals
PSCC	Acceptance of Gifts in Purchasing
WSCC**	Review of Candidate's Curriculum Vitae
TCAT Crump**	Review of Administrative Allegations

* During the current year, campuses administratively closed unsubstantiated cases, for which reports were not issued.

** Investigations completed by SWIA

Year-End Status Reports
By Institution
Fiscal Year Ended June 30, 2016

Legend for Year-End Status Reports	
Audit Types	Functional Areas
R - Required	AD - Advancement
A - Risk-Based (Assessed)	AT - Athletics
S - Special Request	AX - Auxiliary
I - Investigation	FM - Financial Management
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
O - Other	RS - Research
	SS - Student Services

Austin Peay State University
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Current Status
						Variance	Percentage			
Required by Conference	R	AT	OVC Special Assistance Fund 2015	60.0	57.0	3.0	5.0%		Jul 2015	Completed
Required by Statute	R	FM	MTSU President Expenses Audit FY2015	0.0	0.0	0.0	NA	Fn 1	Aug 2015	Removed
Required by State Audit	R	FM	State Audit Follow up	0.0	0.0	0.0	NA	Fn 2	Feb 2016	Removed
Required by Conference	R	AT	OVC Special Assistance Fund 2016	108.8	4.0	104.8	96.3%		June 2016	In Progress
	A	PP	Emergency Preparedness	0.0	0.0	0.0	0.0%	Fn 1	Apr 2016	Removed
	C	AT	Ticket Sales Review	112.5	161.5	-49.0	-43.6%	Fn 5	Jan 2016	Completed
	C	IS	General Consultation	90.0	117.3	-27.3	-30.3%	Fn 1	Jul 2015	In Progress
	F	IS	Follow up	10.5	4.5	6.0	57.1%		May 2016	In Progress
	I	AD	APSU 16-01	22.5	21.0	1.5	6.7%	Fn 4	Nov 2015	Completed
	I	FM	APSU 16-03	15.0	10.0	5.0	33.3%	Fn 4	May 2016	Completed
	I	IA	APSU 16-02	112.5	117.5	-5.0	-4.4%	Fn 4	Dec 2015	Completed
	I	IA	APSU 16-04	18.8	21.0	-2.3	-12.0%	Fn 4	June 2016	Completed
	I	IS	Unscheduled Investigations	0.0	0.0	0.0	0.0%		Jul 2015	Completed
	M	FM	Risk Assessment - Financial Management	15.0	10.0	5.0	33.3%	Fn 1	Apr 2016	Completed
	M	RS	Risk Assessment - Research	15.0	10.0	5.0	33.3%	Fn 1	Apr 2016	Completed
	M	SS	Risk Assessment - Student Services	15.0	14.5	0.5	3.3%	Fn 1	Apr 2016	Completed
	O	FM	Procurement Card Review	0.0	0.0	0.0	0.0%	Fn 1	Jul 2015	Removed
	O	FM	Travel Claim Review	172.5	176.5	-4.0	-2.3%		Jul 2015	Completed
	P	IS	Quality Assessment Review	37.5	33.5	4.0	10.7%		April 2016	Completed
	R	SS	CCTA Funding Formula	139.5	132.0	7.5	5.4%	Fn 1	April 2016	Completed
	S	AT	Comp Ticket Review	45.0	39.0	6.0	13.3%	Fn 5	Nov 2015	Completed
	S	AX	Camps and Individual Instruction	50.3	6.5	43.8	87.1%	Fn 5	June 2016	In Progress
	S	FM	Access and Diversity 2016	375.0	377.5	-2.5	-0.7%	Fn 3	Jul 2015	Completed
	S	IA	Study Abroad	139.5	120.5	19.0	13.6%		April 2016	In Progress
	S	IA	College of Business	120.0	117.0	3.0	2.5%	Fn 5	May 2016	Completed
	S	IS	FOCUS Transition Taskforce	37.5	40.5	-3.0	-0.08		Jun-16	In progress

Total Audit Hours: 1712.3 1591.3 121.0

Estimated Hours Available For Audits 1,900

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
O - Other

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 Director's position was vacant between 11/1/15 and 3/31/16. Therefore, some audits were removed from the plan or had budgets 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
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Budget to Actual				Audit Start Date	Current Status
				Planned Hours	Actual	Variance	Percentage		
Required by CPB	R	FM	WETS FM	200.0	193.5	6.5	3%	Nov 2015	Completed
Required by DSA	R	FM	Cash Counts and Inventory	39.8	43.5	-3.8	-9%	Jun 2016	Completed
Required by Statute	R	FM	TTU President's Expenses	200.0	166.0	34.0	17%	Aug 2015	Completed
Required by IIA	R	IS	IIA Quality Assurance Self Assessment	100.0	31.5	68.5	68%	Apr 2016	Completed
Required by Vendor	R	IT	NACHA Web Transactions Data Security	125.3	87.0	38.3	31%	Apr 2016	In Progress
Required by DSA	R	SS	CCTA Funding Formula	150.0	69.0	81.0	54%	Mar 2016	Completed
5	A	AT	NCAA Compliance	307.5	290.5	17.0	6%	Apr 2015	In Progress
5	A	FM	Contracts and Agreements	62.3	52.5	9.8	16%	Apr 2015	Completed
5	A	IT	Web Application Security	393.8	335.5	58.3	15%	FN 4 Jun 2015	In Progress
5	A	IT	ITS Policies and Procedures Review	207.8	279.0	-71.3	-34%	FN 4 Mar 2015	Completed
5	A	SS	Financial Aid Administration	150.0	159.0	-9.0	-6%	Apr 2015	Completed
4.9	A	AT	Athletic Ticket Office	0.0	0.0	0.0	NA	FN 8 June 2016	Removed
4.5	A	IS	Additional Earnings	0.0	0.0	0.0	NA	FN 8 NA	Removed
4.4	A	FM	Agency Accounts	0.0	0.0	0.0	NA	FN 8 NA	Removed
4.4	A	FM	Bursar's Office	135.0	134.5	0.5	0%	FN 9 Jun 2016	In Progress
4.4	A	FM	Misc Course Fees	360.0	345.6	14.4	4%	FN 12 Mar 2016	In Progress
4.2	A	SS	Federal Work Study	0.0	0.0	0.0	NA	FN 8 NA	Removed
3.9	A	IT	Software License Compliance	0.0	0.0	0.0	NA	FN 8 NA	Removed
3.8	A	IT	Data Warehouse Control and Security	0.0	0.0	0.0	NA	FN 8 NA	Removed
2.2	S	IS	TN Law Enforcement Accreditation	75.0	16.5	58.5	78%	FN 10 May 2016	Completed
	C	IS	General Consulting	75.0	92.5	-17.5	-23%	Jul 2015	Completed
	C	IT	IT Consulting	150.0	155.5	-5.5	-4%	Jul 2015	Completed
	F	AD	University Advancement	50.0	39.0	11.0	22%	Feb 2016	Completed
	F	AT	INV1405	50.3	37.5	12.8	25%	Oct 2015	Completed
	F	FM	State Audit Follow-up	0.0	0.0	0.0	NA	FN 5 NA	Removed
	F	IA	INV1505	50.0	7.0	43.0	86%	Apr 2016	Completed
	F	IT	PCI Compliance Readiness	99.8	132.5	-32.8	-33%	Jul 2015	Completed
	F	IT	Banner Security	99.8	92.0	7.8	8%	Jul 2015	Completed
	F	PP	INV1504	25.0	20.0	5.0	20%	Feb 2016	Completed
	F	SS	Student Health Billing Practices	90.0	36.0	54.0	60%	Jan 2016	In Progress
	I	AT	INV1601	15.0	15.5	-0.5	-3%	Sept 2015	Completed
	I	FM	Unscheduled Investigations	0.0	0.0	0.0	NA	FN 1 NA	Removed
	I	IA	INV1506	3.0	8.5	-5.5	-183%	July 2015	Completed
	I	IA	INV1607	24.8	12.0	12.8	52%	May 2016	Completed
	I	IA	INV1608	50.0	39.0	11.0	22%	May 2016	In Progress
	I	IA	INV1609	0.0	0.0	0.0	100%	FN 11 July 2016	Scheduled
	I	IS	INV1603	249.8	256.5	-6.8	-3%	Sept 2015	Completed
	I	IS	INV1604	24.8	23.5	1.3	5%	Nov 2015	Completed
	I	SS	INV1602	24.8	23.0	1.8	7%	Sept 2015	Completed
	I	SS	INV1605	43.8	33.5	10.3	24%	Dec 2015	In Progress
	I	SS	INV1606	9.8	12.0	-2.3	-23%	Jan 2016	Completed
	M	FM	Management Risk Assessments	39.8	7.5	32.3	81%	May 2016	Completed
	P	IS	Electronic Workpapers	75.0	80.5	-5.5	-7%	Jul 2015	Completed
	S	FM	Access and Diversity Funds	225.0	246.0	-21.0	-9%	FN 2 Jul 2015	Completed
	S	IA	Medical Library	171.8	187.5	-15.8	-9%	Apr 2015	Completed
	S	IA	Study Abroad	399.8	556.0	-156.3	-39%	FN 6 Nov 2015	Completed
	S	IS	Timekeeping	180.0	193.0	-13.0	-7%	FN 3 Oct 2015	In Progress
	S	IT	Third Party Servers FY 2015	37.5	21.5	16.0	43%	Apr 2015	Completed
	S	IT	Third Party Servers FY 2016	0.0	0.0	0.0	NA	FN8 NA	Removed
Total Planned Audit Hours:				4770.4	4531.1	239.3			

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

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 was increased due to an increase in areas tested. Also, moved the start date from June 2016 to October 2015 which shifted the budgeted hours for the

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 Compliance 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 differently than originally estimated.

FN 10 - Added at the request of Public Safety. Accreditation requires an audit of inventory (confiscated/found items)

FN 11 - Investigation received prior to year-end but not started at of 6/30/16.

FN 12 - Increased budget hours. Underestimated the hours needed to complete the audit due to the number of accounts associated with the review.

**Middle Tennessee State University
Internal Audit Plan
Fiscal Year June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Current Status
						Variance	Percentage			
Required by Conference	R	AT	Football Attendance 2015	225.0	233.0	-8.0	-4%		Aug 2015	Completed
Required by Statute	R	FM	ETSU President Expenses FY2015	255.0	270.5	-15.5	-6%		Aug 2015	Completed
Required by State Audit	R	SS	CCTA FY2016	150.0	161.0	-11.0	-7%		Feb 2016	Completed
4.3	A	RS	Research Services Procedural Review	225.0	0.0	225.0	100%		Mar 2016	Scheduled
4.2	A	SS	Financial Aid Procedural Review	150.0	0.0	150.0	100%	Fn 3	Nov 2015	Scheduled
4.1	A	IS	Emergency Preparedness FY2016	150.0	0.0	150.0	100%	Fn 3	Dec 2015	Scheduled
3.9	A	FM	Food Services Commissions FY2015	225.0	0.0	225.0	100%		Jan 2016	Scheduled
3.8	A	AT	Athletic Concessions Revenue FY2015-2016	37.5	0.0	37.5	100%	Fn 3	Apr 2016	Scheduled
3.8	A	IS	Blue Print Solutions FY2015	5.0	0.0	5.0	100%	Fn 3	Mar 2016	Scheduled
3.7	A	PP	Space Utilization Review of Risk Controls	24.8	0.0	24.8	100%	Fn 3	May 2016	Scheduled
	C	IS	Consulting-General and Research	187.5	233.0	-45.5	-24%	Fn 2	Jul 2015	Completed
	C	IS	Consulting-Purchase of Police Vehicles	75.0	31.0	44.0	59%		Feb 2016	In Progress
	C	IA	Consulting-Debate Team Cash Receipting	145.0	142.5	2.5	2%	Fn 3	Nov 2015	Completed
	C	IS	MTSU-Project-FOCUS	150.0	48.5	101.5	68%		Mar 2016	In Progress
	F	AT	Athletic Gifts in Kind FY2013	45.0	133.5	-88.5	-197%		Sep 2015	Completed
	F	FM	State Audit FYE 6.30.2014	135.0	139.5	-4.5	-3%		Jul 2015	Completed
	F	FM	State Audit FYE 6.30.2015	112.5	144.0	-31.5	-28%		May 2016	Completed
	F	IS	FU-Follow-up Reviews as Needed	75.0	0.0	75.0	100%		Jul 2015	Scheduled
	I	IA	INV1504	60.0	21.5	38.5	64%		Jul 2015	In Progress
	I	IA	INV1506	225.0	604.5	-379.5	-169%	Fn 1	Jul 2015	In Progress
	I	IS	INV1502	45.0	0.0	45.0	100%		Jul 2015	In Progress
	I	IS	INV1501	60.0	0.0	60.0	100%		Jul 2015	In Progress
	I	IS	Unplanned Investigations	0.0	0.0	0.0	NA	Fn 1	Jul 2015	Removed
	I	PP	INV1304	60.0	65.5	-5.5	-9%		Jul 2015	Completed
	I	SS	INV1402	120.0	83.5	36.5	30%		Jul 2015	In Progress
	I	SS	INV1601	150.0	26.0	124.0	83%		July 2015	In Progress
	I	SS	INV1602	225.0	494.0	-269.0	-120%		Sept 2015	In Progress
	I	IS	INV1603	75.0	106.5	-31.5	-42%		Oct 2015	Completed
	I	IA	INV1604	0.0	208.5	-208.5	NA		May 2016	In Progress
	M	IS	MRA-Spring 2016	45.0	54.0	-9.0	-20%		May 2016	Completed
	P	IS	Internal Peer Review FY2016	37.5	0.0	37.5	100%		Feb 2016	Scheduled
	P	IS	Project-Electronic Work Papers	150.0	137.5	12.5	8%		Jul 2015	Completed
	S	FM	Cash Counts FY2015	37.5	31.0	6.5	17%		Jul 2015	Completed
	S	FM	Cash Counts FY2016	60.0	13.0	47.0	78%		June 2016	In Progress
	S	FM	Inventories FY2015	150.0	151.0	-1.0	-1%		Jul 2015	Completed
	S	FM	Inventories FY2016	60.0	56.5	3.5	6%		May 2016	In Progress
	S	FM	Consulting-Assisting President Expenses FY2016	60.0	64.0	-4.0	-7%		Jul 2015	Completed
	S	FM	Access Diversity Funds 2013-2015	367.5	365.5	2.0	1%		Aug 2015	Completed
	S	IA	Study Abroad	225.0	479.5	-254.5	-113%		Sep 2015	Completed
	S	IA	Pcard Dept Review, Global Studies	45.0	0.0	45.0	100%		Jul 2015	Scheduled
	S	RS	Confucius Institute	120.0	328.0	-208.0	-173%		Sep 2015	In Progress
	A	FM	Property Management Contract Review 2013-2015	75.0	77.0	-2.0	-3%		Jul 2015	In Progress

Total Planned Audit Hours: 4824.8 4903.5 -78.8

Estimated Hours Available For Audits - 4815 (4 staff)

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

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

Fn 3 - The budget was adjusted to allocate audit time to unplanned investigations/projects and audit projects requiring more audit time.

Tennessee State University
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Budget to Actual										
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage		Audit Start Date	Status
Required by Conference	R	AT	NCAA Student Assistance Fund 2016	150.0	149.0	1.0	1%		Aug 2015	Completed
Required by State Audit	R	SS	CCTA 2016	165.0	176.5	-11.5	-7%		Apr 2016	Completed
5	A	FM	Cash Counts 2016	37.5	5.0	32.5	87%		Jun 2016	Completed
4.1	A	IS	Evidence Room 2016	0.0	0.0	0.0	NA	Fn 1	Mar 2016	Removed
3.8	A	SS	Special Project	667.5	767.5	-100.0	-15%	Fn 1	Sep 2015	In Progress
	C	FM	General Consultation 2016	225.0	236.0	-11.0	-5%		Jul 2015	Completed
	F	FM	State Audit Follow Up	187.5	141.0	46.5	25%		Jan 2016	Completed
	I	FM	TSU INV 15-06	210.0	127.5	82.5	NA		Jul 2015	In Progress
	I	IS	Unplanned Investigations 2016	315.0	192.0	123.0	39%	Fn 1	Jul 2015	Completed
	I	IS	TSU INV 16-01	37.5	10.5	27.0	72%		May-16	In Progress
	I	RS	TSU INV 16-03	75.0	85.0	-10.0	NA		May-16	In Progress
	M	IS	Management's Risk Assessment	37.5	22.0	15.5	41%		Jan 2016	Completed
	P	IS	Quality Assurance Review 2016	22.5	15.5	7.0	NA		Feb 2016	Completed
	P	IS	MKI	37.5	123.0	-85.5	-228%	Fn 1	Jul 2015	Completed
	S	FM	Access and Diversity 2016	150.0	220.5	-70.5	-47%		Oct 2015	Completed
	S	IA	Study Abroad 2016	90.0	205.0	-115.0	-128%		Jan 2016	Completed
Total Audit Hours:				2407.5	2476.0	-68.5				
Estimated Hours Available For Audits = 1905 (2 staff)										
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							
O - Other			RS - Research							
			SS - Student Services							
Fn 1- Various audit budgets 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
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audits	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
Required by Conference	R	AT	Student Assistance Funds 2014-15	57.8	57.0	0.8	1%		Aug 2015	Completed
Required by State Audit	R	FM	Inventory Observations 6-30-16	105.8	125.0	-19.3	-18%	Fn 1	Apr 2016	Completed
Required by State Audit	R	FM	Inventory Observations 6-30-15	33.8	33.5	0.3	1%	Fn 1	Jul 2015	Completed
Required by State Audit	R	SS	CCTA Funding Formula 2015-16	225.0	106.0	119.0	53%		Mar 2016	Completed
5	A	IS	Minors on Campus 2014-15	577.5	584.9	-7.4	-1%	Fn 6	Jul 2015	Completed
5	A	IT	PCI-DSS 2015	18.0	32.0	-14.0	-78%		Jul 2015	Completed
3.7	A	AD	Advancement 2015-16	0.0	0.0	0.0	NA	Fn 2	Feb 2016	Removed
3.6	A	FM	Receipts 2015-16	0.0	0.0	0.0	NA	Fn 2	Mar 2016	Removed
3.4	A	FM	Travel 2015-16	0.0	0.0	0.0	NA	Fn 2	Apr 2016	Removed
	C	IS	General Consultation 2016	120.0	114.0	6.0	5%		Jul 2015	Completed
	F	FM	Follow up to State Audit 2014-15	60.0	59.9	0.1	0%		June 2016	Completed
	F	IS	Internal Audits Follow-ups 2015-16	65.3	49.5	15.8	24%		Jul 2015	Completed
	I	FM	INV1610	60.0	68.0	-8.0	-13%		Oct 2015	Completed
	I	FM	INV1613	6.0	5.0	1.0	17%		Feb 2016	Completed
	I	IA	INV1601	15.8	16.5	-0.8	-5%		Jul 2015	Completed
	I	IA	INV1602	12.8	12.5	0.3	2%		Sep 2015	Completed
	I	IA	INV1608	23.3	27.5	-4.3	-18%		Sep 2015	Completed
	I	IA	INV1609	41.3	41.5	-0.3	-1%		Sep 2015	Completed
	I	IA	INV1611	6.0	6.0	0.0	0%		Oct 2015	Completed
	I	IA	INV1612	24.0	23.8	0.2	1%		Dec 2015	Completed
	I	IS	INV15-10	17.3	17.0	0.3	1%		Sep 2015	Completed
	I	IS	Unscheduled Investigations 2015-16	48.8	0.0	48.8	NA	Fn 4	Jul 2015	Completed
	I	IS	INV1603	3.0	3.2	-0.2	-7%		Jul 2015	Completed
	I	IS	INV1605	18.0	18.0	0.0	0%		Jul 2015	Completed
	I	IS	INV1606	123.8	123.1	0.7	1%	Fn 5	Sep 2015	Completed
	I	IT	INV1614	3.8	3.5	0.3	7%		April 2016	Completed
	I	PP	INV1604	4.5	4.8	-0.3	-7%		Jul 2015	Completed
	I	PP	INV1607	33.0	33.2	-0.2	-1%		Aug 2015	Completed
	I	SS	INV1615	6.0	4.0	2.0	33%		May 2016	Completed
	M	AD	Advancement Risk Assessment 2015-16	9.8	9.5	0.3	3%		Jul 2015	Completed
	M	AX	Auxiliaries Risk Assessment 2015-16	11.3	11.0	0.3	2%		Jul 2015	Completed
	M	IA	Instruction and Academic Support Risk Assess 2015-16	29.3	30.0	-0.8	-3%		Jul 2015	Completed
	M	IS	Enterprise-wide Risk Assessment 2015-16	35.3	33.5	1.8	5%		Jul 2015	Completed
	M	IT	Information Technology Risk Assessment 2015-16	24.8	15.0	9.8	39%		Jul 2015	Completed
	P	FM	Procard Review 2015-16	705.0	722.6	-17.6	-2%		Aug 2015	Completed
	P	IS	SELF-IA Self assessment 2015-16	99.8	27.5	72.3	72%		Apr 2016	Completed
	P	IS	Clery Act Compliance	75.0	68.0	7.0	NA		May 2016	In Progress
	P	RS	Sponsored Program Reviews 2015-16	150.0	134.9	15.1	10%		Jul 2015	Completed
	S	FM	Access and Diversity Funds 2015-16	249.8	226.5	23.3	9%	Fn 3	Aug 2015	Completed
	S	FM	Dining Charges Review 2015-16	200.3	199.8	0.4	0%		Jul 2015	Completed
	S	IA	Study Abroad 2015-16	187.5	187.9	-0.4	0%		Feb 2016	Completed

Total Audit Hours: 3487.5 3235.6 251.9

Estimate Hours Available For Audits = 3,225 (3 staff)

- 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 were removed because the 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 (53.8 days) significantly exceeded the original budget (26.7 days), and 2 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
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
Required by Statute	R	FM	Risk Assessment-FY2016	39.8	19.0	20.8	52%		Apr 2016	In Progress
Required by State Audit	R	FM	Cash Counts For State Auditors	135.0	191.8	-56.8	-42%		Jul 2015	In Progress
Required by State Audit	R	FM	Inventory Observation-FY15 Inventory	15.0	19.0	-4.0	-27%		Jul 2015	Completed
Required by Vendor	R	IT	NACHA Bank Audit-FY2016	279.8	295.5	-15.8	-6%	FN5	Mar 2016	Completed
Required by State Audit	R	SS	CCTA Audit-FY2016	150.0	156.0	-6.0	-4%		Apr 2016	Completed
Required by State Audit	R	FM	Inventory Observation for State Audit FY2016	28.5	60.3	-31.8	-111%		Mar 2016	In Progress
5	A	AT	Athletics Comp Tickets-FY2016-Carryforward hours	15.0	32.0	-17.0	-113%	FN1	Jul 2015	Completed
5	A	FM	Data Analytics	349.5	380.9	-31.4	-9%		Jul 2015	In Progress
5	A	FM	Asset Verifications-FY2016	517.5	540.8	-23.3	-4%	FN12	Jul 2015	In Progress
4	A	RS	Grant Compliance BigData NIH Grant-FY2016	469.5	466.0	3.5	1%		Jul 2015	Completed
3.2	A	IT	Controls Sponsored Accounts-FY2016	0.0	27.0	-27.0	NA	FN13	Jan 2016	Removed
3.1	A	AT	Athletics Travel Expenses-FY2016	262.5	255.8	6.8	3%		Feb 2016	Completed
2.4	A	AX	Bookstore Controls-FY2016	300.0	329.5	-29.5	-10%	FN14	Oct 2015	Completed
	C	AT	Courtesy Cars-FY2016	219.8	215.0	4.8	2%		Jan-16	Completed
	C	FM	Compliance - Inventory	27.8	25.5	2.3	8%		Jul 2015	Completed
	C	FM	Communication - Sciences School (Speech & Hearing Clinic)	150.0	191.7	-41.7	-28%	FN4	Oct 2015	Completed
	C	FM	Attorney Client Project	52.5	52.3	0.3	0%	FN11	Jul 2015	Completed
	C	FM	UOM-AttorneyClientProject-002-FY16	172.5	176.0	-3.5	-2%		Jan 2016	Completed
	C	FM	UT QAR Team FY2016	57.0	55.0	2.0	4%		Jul 2015	Completed
	C	IS	Board Transition Taskforce	99.8	108.0	-8.3	-8%	FN6	Jan 2016	In Progress
	C	IS	General Consulting Management	240.0	241.0	-1.0	0%		Jul 2015	In Progress
	C	IT	IT Consulting-FY2016	285.0	385.1	-100.1	-35%		Jul 2015	In Progress
	C	IT	IT Security Controls	450.0	450.4	-0.4	0%	FN10	Jul 2015	Completed
	F	AT	Athletics Comp Tickets-Follow-up	37.5	4.0	33.5	89%	FN8	May 2016	Scheduled
	F	FM	Follow-up FY14 State Audit	0.0	0.0	0.0	NA	FN9	Oct 2015	Removed
	F	FM	Study Abroad-CF from FY15	52.5	24.0	28.5	54%	FN1	Sept 2015	Completed
	I	FM	INV16001	18.0	18.0	0.0	0%		Jul 2015	Completed
	I	FM	INV16002	40.5	41.0	-0.5	-1%		Jul 2015	Completed
	I	FM	INV16003	11.3	10.5	0.8	7%		Jul 2015	Completed
	I	FM	INV16004	6.8	7.0	-0.3	-4%		Jul 2015	Completed
	I	FM	INV16005	57.0	56.6	0.4	1%		Aug 2015	Completed
	I	FM	INV16006	135.0	141.0	-6.0	-4%		Oct 2015	Completed
	I	FM	INV16008	150.0	107.0	43.0	29%		May 2016	In Progress
	I	FM	INV16009	11.3	24.5	-13.3	-118%		Jun 2016	In Progress
	I	IS	Unscheduled Investigations-FY2016	24.8	0.0	24.8	100%	FN2	Jul 2015	Scheduled
	I	IS	INV16007	165.0	137.0	28.0	17%		Mar 2016	In Progress
	P	IS	QAR Review-FY2016	82.5	69.0	13.5	16%		Apr 2016	Completed
	P	IS	UOM-School of Hospitality Foundation Funds	8.3	93.5	-85.3	-1033%		Mar 2016	Completed
	R	FM	Pcards	420.0	438.9	-18.9	-4%	FN7	Jul 2015	In Progress
	S	FM	Diversity Audit	450.0	456.5	-6.5	-1%	FN3	Jul 2015	Completed
	S	IS	UOM-Key Controls UOM Policy 1567	132.8	69.5	63.3	48%		Mar 2016	In Progress
		FM	UOM-IAR-CF-AthleticsCompTickets-FY2016	15.0	6.0	9.0	60%		Jan 2016	Completed
		SS	UOM-IAR-CCTA-Research-Service-Phase 3-FY2015	360.0	2.0	358.0	99%		Jul 2015	Completed

Total Audit Hours: 6,494 6,379 115

Estimated Hours Available For Audits - 5,985 (4 staff)

- 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 FY16 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 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.
- FN15 Adjusted to add more hours and coverage for cash and less coverage for inventory per management request.
- FN16 General consulting hours reduced to allocate hours to investigations and special request projects from Management.

Chattanooga State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Ranking	Type	Area	Audit	Planned Hours	Actual	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
Required by State Audit	R	SS	CCTA	187.50	136.0	51.5	27%		Mar 2016	Completed
5	A	IA	Adult Education	22.5	11.8	10.8	48%		Jun 2016	Completed
4	A	IS	Human Resources	0.0	0.0	0.0	NA	FN 2	Apr 2016	Removed
3.6	A	FM	Payroll	0.0	0.0	0.0	NA	FN 2	May 2016	Removed
3.6	A	FM	Accounts Receivable	84.8	31.0	53.8	63%		Apr 2016	In Progress
3.4	A	AT	Sports Clinic	157.5	151.0	6.5	4%	FN1	Aug 2015	Completed
3.4	A	AX	Print Shop	112.5	109.3	3.3	3%		Nov 2015	Completed
3.3	A	FM	Contracts	0.0	0.0	0.0	NA	FN 2	Mar 2016	Removed
2.2	S	SS	Enrollment Activity	37.5	23.5	14.0	37%		Mar 2016	In Progress
	C	IS	General Consultation	97.5	85.3	12.3	13%		Jul 2015	Completed
	F	FM	State Audit Follow-up	7.5	3.8	3.8	50%		Jan 2016	Completed
	F	IS	Follow up Reviews	75.0	47.0	28.0	37%		Jul 2015	Completed
	I	FM	INV1605	56.3	6.5	49.8	88%	FN4	Apr 2016	In Progress
	I	FM	INV1606	22.5	19.5	3.0	13%	FN4	Apr 2016	Completed
	I	IS	INV1502	42.0	44.0	-2.0	-5%	FN3	Apr 2015	Completed
	I	IS	INV1601	22.5	20.0	2.5	11%	FN4	Oct 2015	Completed
	I	IS	INV1602	60.0	56.5	3.5	6%	FN4	Nov 2015	Completed
	I	IS	INV1603	45.0	41.8	3.3	7%	FN4	Nov 2015	Completed
	I	IS	INV1604	37.5	36.8	0.8	2%	FN4	Nov 2015	Completed
	I	IS	Assist TBR Investigations	30.0	21.5	8.5	28%	FN4	Jul 2015	Completed
	M	IS	Enterprise Risk Assessment	37.5	33.0	4.5	12%		May 2016	Completed
	P	IS	Quality Self Assessment	30.0	28.0	2.0	7%		May 2016	Completed
	P	IS	Special Projects-Audit Software	97.5	83.3	14.3	15%		Jul 2015	Completed
	S	FM	Cash Counts	52.5	52.8	-0.3	0%	FN5	Oct 2015	Completed
	S	FM	Access & Diversity Funds	120.0	119.8	0.3	0%	FN6	Aug 2015	Completed
	S	FM	Year End Procedures FYE 2016	15.0	14.5	0.5	3%		Jun 2016	In Progress
	S	FM	Year End Procedures FYE 2015	7.5	7.5	0.0	0%		Jul 2015	Completed
	S	IA	Volkswagon Academy	102.8	85.5	17.3	17%		May 2015	In Progress
	S	IA	Study Abroad	138.8	137.8	1.0	1%	FN7	Aug 2015	Completed
	S	IT	NACHA	105.0	101.3	3.8	4%		Mar 2016	Completed

Total Audit Days: 1804.5 1508.3 296.3

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

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
Year-End Status Report as of June 30, 2016

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
Required by Statute	R	FM	PSCC-Presidential Expense Audit FYE 2015	112.5	127.0	-14.5	-13%		Sep 2015	Completed
Required by State Audit	R	IS	Year End 2015	15.0	14.0	1.0	7%		Jul 2015	Completed
Required by State Audit	R	IS	Year End 2016	7.5	11.0	-3.5	-47%		Jun 2016	Completed
Required by State Audit	R	SS	CCTA Funding Formula	60.0	90.5	-30.5	-51%	FN5	Mar 2016	Completed
3.9	A	FM	Purchasing 2015	0.0	0.0	0.0	NA	FN 3	June 2016	Removed
3.8	A	IT	User Access	0.0	0.0	0.0	NA	FN 3	NA	Removed
	F	IS	Title IV	30.0	17.0	13.0	43%		Nov 2015	Completed
	F	IS	State Audit Follow-up	135.0	111.0	24.0	18%	FN4	Nov 2015	Completed
	I	IS	Unscheduled Investigations	0.0	0.0	0.0	NA		Jul 2015	Completed
	I	IS	INV 1501	137.3	189.0	-51.8	-38%		Aug 2015	Completed
	S	FM	NACHA 2016	0.0	0.0	0.0	NA		NA	Removed
	S	FM	Access and Diversity Funds	90.0	91.5	-1.5	-2%	FN 1	Aug 2015	Completed
	S	IA	Study Abroad	67.5	124.5	-57.0	-84%		Oct 2015	Completed
	M	IA	IA Letter MRA 2016	15.0	7.5	7.5	50%		Apr 2016	Completed
	M	IS	TCAT Athens-IA Letter MRA 2016	7.5	11.0	-3.5	-47%		Jan 2016	Complete
	C	IS	General Consultation-2016	37.5	43.0	-5.5	-15%		Jul 2015	Completed
	P	IS	QAR-2016	30.0	33.5	-3.5	-12%		Feb 2016	Completed
	P	IS	Automated Workpapers	54.8	57.0	-2.3	-4%		Aug 2015	Completed
Total Planned Audit Days:				799.5	927.5	-128.0				
Estimated Hours available for Audits = 1,130 (1 staff)										
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							
O - Other			RS - Research							
			SS - Student Services							
FN 1 Audits required more time than orginally 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.										
FN 4 Removed or changed due to illness										
FN 5 Did not take as long as anticipated										

**Columbia State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Budget to Actual				Variance	Percentage	Audit Start Date	Status
				Planned Hours	Actual Hours						
Required by State Audit	R	SS	CCTA Funding Formula	150.0	125.5	24.5	16%			Nov 2015	Completed
Required by TBR	F	IT	Follow-up State Audit Finding	15.0	13.8	1.2	8%			Jan 2016	Completed
4	A	SS	Return To Title IV	0.0	0.0	0.0	NA		FN 2	NA	Removed
4	A	SS	Federal Work-Study	3.8	3.3	0.5	100%		FN 2	NA	Removed
3.4	A	IA	Controls Review	0.0	0.0	0.0	NA		FN 3	Mar 2016	Removed
3	A	FM	Random Cash Counts	15.0	18.8	-3.8	-25%		FN 3	Nov '15, Apr '16	Completed
3	A	IT	Controls Review	0.0	0.0	0.0	NA			Jan 2016	Removed
3	A	FM	Audit Outcomes Status review	7.5	15.3	-7.8	-103%			Mar-16	Completed
2.9	A	IS	Controls Review	0.0	0.0	0.0	NA			Mar 2016	Removed
2.9	A	AD	Controls Review	0.0	0.0	0.0	NA			Jan 2016	Removed
2.5	A	AT	Athletic Travel	0.0	0.0	0.0	NA			NA	Removed
	C	AD	General Consulting Services	60.0	56.2	3.9	6%		FN 4	Jul 2015	Completed
	C	AT	General Consulting Services	0.0	0.0	0.0	NA		FN 2	NA	Removed
	C	AX	General Consulting Services	0.0	0.0	0.0	NA		FN 2	NA	Removed
	C	FM	General Consulting Services	30.0	16.3	13.7	46%		FN 3	Jul 2015	Completed
	C	IA	Accessibility	9.0	7.8	1.3	14%		FN 3	Jul 2015	Completed
	C	IA	General Consulting Services	7.5	1.3	6.3	83%			Jul 2015	Completed
	C	IS	General Consulting Services	30.0	28.5	1.5	5%			Jul 2015	Completed
	C	IS	Consumer Information, Safety and Security	0.0	39.2	-39.2	NA		FN 1	Aug 2015	Completed
	C	IT	General Consulting Services	7.5	0.5	7.0	93%			Jul 2015	Completed
	C	PP	General Consulting Services	7.5	7.6	0.0	-1%			Jul 2015	Completed
	C	SS	Consumer Information Disclosures	60.0	15.8	44.2	NA		FN 1, FN 2	NA	Removed
	C	SS	Process Review	0.0	0.0	0.0	NA		FN 2	NA	Removed
	C	SS	Consumer Information , Student Right to Know	0.0	3.0	-3.0	NA		FN 1, FN 2	NA	Removed
	C	SS	General Consulting Services	37.5	36.3	1.3	3%		FN 2	Jul 2015	Completed
	I	FM	INV 16-01	18.8	24.3	-5.6	NA			Jun 2016	Completed
	I	FM	Unscheduled Investigation	0.0	0.0	0.0	NA		FN 3	NA	Removed
	M	AX	Review Management's Risk Assessment - Auxiliary	7.5	4.5	3.0	40%			Feb 2016	Completed
	M	FM	Review Management's Risk Assessment - Financial Management	15.0	7.5	7.5	50%			Nov 2015	Completed
	M	IA	Review Management's Risk Assessment - Instruction and Academic Support	0.0	0.0	0.0	NA			NA	Removed
	M	IA	Review Management's Risk Assessment - Instruction and Academic Support	7.5	1.0	6.5	NA			NA	Removed
	M	IS	Review Management's Risk Assessment _TCAT Pulaski	7.5	5.8	1.8	23%			Mar 2016	Completed
	M	IS	Review Management's Risk Assessment _TCAT Hohenwald	7.5	6.3	1.3	17%			Mar 2016	Completed
	P	IS	IIA Quality Assurance Self-assessment	75.0	38.3	36.8	49%			Feb 2016	Completed
	P	IS	Website Development	75.0	19.5	55.5	74%			Aug 2015	Completed
	P	IS	Electronic Work Papers	42.0	36.5	5.5	13%			May 2015	Completed
	S	FM	Access and Diversity	150.0	149.0	1.0	1%			Jul 2015	Completed
	S	IA	Study Abroad	165.0	159.9	5.2	3%			Sep 2015	Completed

Total Planned Audit Days: 1011.0 841.2 169.8

Estimated 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
O - Other

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
Year-End Status Report as of June 30, 2016

						Budget to Actual					
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage		Audit Start Date	Status	
Required by State Audit	R	FM	Year End Cash Counts & Bank Confirmations FY2016	22.5	19.0	3.5	16%		Jun 2016	Completed	
Required by State Audit	R	SS	CCTA Funding Formula	140.3	124.0	16.3	12%		Mar 2016	Completed	
	C	IS	General Consultation	0.0	48.5	-48.5	NA	FN 2	Jul 2015	Completed	
	C	IS	LRC Reclassification	30.0	36.5	-6.5	-22%		Jul 2015	Completed	
	C	IS	PII Review	65.3	27.0	38.3	59%		Jan 2015	Completed	
	F	FM	Follow-up to State Audit	34.5	34.5	0.0	0%		Dec 2015	Completed	
	F	IS	Investigation 15-02 Follow-up	9.8	3.5	6.3	64%		Nov 2015	Completed	
	I	IS	Unscheduled Investigations	0.0	0.0	0.0	NA	Fn 1	Jul 2015	Completed	
	I	IS	Investigation 16-03	7.5	12.0	-4.5	-60%		Nov 2015	Completed	
	I	IS	Investigation 16-02	9.0	8.5	0.5	6%		Aug 2015	Completed	
	I	IS	Investigation 15-02	9.8	9.5	0.3	3%		Sept 2015	Completed	
	I	IS	Investigation 16-01	15.0	18.5	-3.5	-23%		Nov 2015	In Progress	
	I	IS	Investigation 15-01	37.5	37.5	0.0	0%		Jul 2015	Completed	
	M	FM	Risk Assessment Financial Management	60.0	62.0	-2.0	-3%		Apr 2016	Completed	
	M	IS	Risk Assessment Public Service	50.3	48.0	2.3	4%		Apr 2016	Completed	
	M	SS	Risk Assessment Student Affairs	50.3	48.0	2.3	4%		Apr 2016	Completed	
	P	IS	IIA Quality Assurance Self-Assessment	50.3	49.5	0.8	1%		Apr 2016	Completed	
	S	FM	Faculty Sick Leave	70.5	4.0	66.5	94%		May 2016	In Progress	
	S	FM	Study Abroad	140.3	126.5	13.8	10%		Dec 2015	Completed	
	S	FM	Access and Diversity Funds	150.0	150.0	0.0	0%		Oct 2015	Completed	
	S	PP	Building Security/Key Control	140.3	115.5	24.8	18%		Oct 2015	In Progress	
	S	SS	Student Needs & Cash Concessions	0.0	0.0	0.0	NA		Apr 2016	Removed	
	S	SS	Federal Work Study Program and FA Fraud	46.5	13.0	33.5	72%		Jun 2016	In Progress	

Total Audit Hours: 976.5 852.5 124.0

Estimated Available Hours For Audits = 1175 (1 staff)

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
Year-End Status Report as of June 30, 2016

Budget to Actual											
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage		Audit Start Date	Status	
Required by State Audit	R	SS	CCTA Funding Formula End of Term	150.0	164.5	-14.5	-10%		Mar 2016	Completed	
Required by Statute	R	FM	VSCC President's Expense Audit	172.5	172.5	0.0	0%		Oct 2015	Completed	
Required by State Audit	R	FM	Year-end Procedures	15.0	29.0	-14.0	-93%		Jun 2016	Completed	
	F	FM	State Audit Follow up-09012015	90.0	68.0	22.0	24%		Sep 2015	Completed	
	F	IS	Emergency Preparedness Follow up	37.5	0.0	37.5	100%		June 2016	Scheduled	
	F	IT	Internal Audit Follow-up	37.5	0.0	37.5	100%		Apr 2016	In progress	
	I	SS	INV1501	80.6	34.0	46.6	58%	Fn 1	June 2015	Completed	
	C	IS	General Consultation	75.0	43.3	31.8	42%	Fn 2	Jul 2015	Completed	
	M	AX	Risk Assessment-Auxiliary	22.5	29.0	-6.5	-29%		May 2016	Completed	
	M	IS	TCAT Risk Assessment	52.5	58.0	-5.5	-10%		Jan 2016	Completed	
	M	SS	Risk Assessment - Student Services	30.0	17.5	12.5	42%		May 2016	Completed	
	P	IS	IIA Quality Assurance Self-Assessment	37.5	49.0	-11.5	-31%		Apr 2016	Completed	
	S	FM	Access and Diversity Funds	90.0	105.0	-15.0	-17%		Aug 2015	Completed	
	S	FM	Payroll	150.0	49.0	101.0	NA		Mar 2016	In progress	
	S	IA	Study Abroad	187.5	211.8	-24.3	-13%		Nov 2015	Completed	
Total Audit Days:				1228.1	1030.5	197.6					
Estimate Available Audit Hours = 1095 (1 staff)											
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							
O - Other				RS - Research							
				SS - Student Services							
Fn 1 - This audit was inadvertently not included in previous audit plans.											
Fn 2 - This budget was reduced to allocate resources to other audits.											

Motlow State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual		Variance	Percentage	Audit Start Date	Status
Required by State Audit	R	FM	State Audit Assistance Year End	15.0	14.2	0.8	5%			May 2016	Completed
Required by State Audit	R	SS	CCTA Funding Formula (Fall 2015 Data)	123.8	0.0	123.8	100%	FN2		Mar 2016	Scheduled
4.6	A	FM	Payroll Audit	9.0	5.5	3.5	NA	FN2		Jul 2015	Removed
4.3	A	IS	Human Resources	3.0	6.5	-3.5	NA	FN1		Jul 2015	Removed
4.2	A	SS	Admissions and Registration	0.0	0.0	0.0	NA	FN2		Nov 2015	Removed
	C	AD	Advancement-FY 2016	0.0	0.0	0.0	NA	FN2		Oct 2015	Removed
	C	AT	Athletics-FY 2016	0.0	0.0	0.0	NA	FN2		Sep 2015	Removed
	C	AX	Auxiliary-FY 2016	0.0	0.0	0.0	NA	FN2		Sept 2015	Removed
	C	FM	Financial Management-FY 2016	8.3	27.0	-18.8	-227%	FN2		Jul 2015	Completed
	C	IA	MRA Instruction and Academic Support	17.3	7.0	10.3	59%	FN2		Nov 2015	Completed
	C	IA	Instruction and Academic Support-FY 2016	0.0	0.0	0.0	NA	FN2		Jul 2015	Removed
	C	IS	Institutional Support-FY 2016	25.5	1.0	24.5	96%	FN2		Oct 2015	Completed
	C	IT	Information Technology-FY 2016	0.0	0.0	0.0	NA	FN2		Oct 2015	Removed
	C	PP	Physical Plant-FY 2016	0.0	0.0	0.0	NA	FN2		Oct 2015	Removed
	C	SS	Student Services-FY 2016	0.0	0.5	-0.5	NA	FN2		Oct 2015	Removed
	F	FM	State Audit	110.3	112.1	-1.8	-2%	FN1		Nov 2015	Completed
	F	IA	Workforce Development	2.3	2.5	-0.3	-11%	FN2		Oct 2015	Completed
	F	IS	Financial Aid	0.0	0.0	0.0	NA	FN2		Nov 2015	Removed
	F	IS	Internal Audit Follow-ups	0.8	0.0	0.8	100%	FN2		Jul 2015	Completed
	F	IT	Information Technology	22.5	20.2	2.4	10%	FN2		Nov 2015	Completed
	I	AT	INV1602	30.8	19.7	11.1	36%	FN2		Sep 2015	In Progress
	I	AT	INV1604	132.0	210.2	-78.2	-59%	FN2		Jan 2016	In Progress
	I	IA	INV1603	14.3	27.5	-13.3	-93%	FN2		Oct 2015	In Progress
	I	IS	Unscheduled Investigations	0.0	0.0	0.0	NA	FN2		Sep 2015	Removed
	I	IT	INV1601	203.3	239.5	-36.2	-18%	FN2		Aug 2015	In Progress
	M	IS	MRA TCAT McMinnville	21.0	21.1	-0.1	0%	FN2		Dec 2015	Completed
	M	IS	MRA TCAT Murfreesboro	9.0	9.2	-0.2	-2%	FN2		Dec 2015	Completed
	M	IS	MRA TCAT Shelbyville	15.0	15.0	0.0	0%	FN2		Dec 2015	Completed
	M	IT	MRA Information Technology	17.3	17.8	-0.6	-3%	FN2		Nov 2015	Completed
	P	IS	QAR Quality Assessment Review	10.5	10.4	0.1	1%			Feb 2016	In Progress
	S	FM	Access and Diversity Funds	164.3	117.0	47.3	29%	FN1		Jul 2015	In Progress
	S	IA	Study Abroad	86.3	7.2	79.1	92%			Jul 2015	In Progress
	S	SS	Tennessee Promise	204.8	178.2	26.6	13%	FN2		Nov 2015	In Progress
Total Audit Days:				1245.8	1069.2	176.6					

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

FN 1: Due to the Access and Diversity audit and internal audit follow up to the findings from the State of Tennessee Audit for fiscal years 13 and 14 needing more resources than originally anticipated, time resources for other audits/engagements were reduced or audits were removed.

FN 2: Due to a number of unplanned investigations/reviews, time resources had to be allocated from unscheduled investigations and other planned audits/engagements as allegations were received.

Southwest Tennessee Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Budget to Actual										
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage		Audit Start Date	Status
Required by State Audit	R	SS	CCTA	105.0	93.50	11.50	11%		Jan 2016	Completed
	C	IS	General Consultation	97.5	169.00	-71.50	-73%		Jul 2015	Completed
	F	FM	State Audit Follow Up	75.0	120.00	-45.00	-60%		Sep 2015	Completed
	F	FM	Federal Audit Follow up	52.5	0.00	52.50	100%		Jul 2016	Scheduled
	F	IS	Internal Audit Follow Up	52.5	84.00	-31.50	-60%		Jul 2015	Completed
	I	IS	Unscheduled Investigations	165.0	0.00	165.00	100%		Jul 2015	Completed
	I	IS	INV 16-01	0.0	23.83	-23.83	NA		Sep 2015	Completed
	I	IS	INV 16-02	0.0	23.83	-23.83	NA		Oct 2015	In Progress
	I	IS	INV 16-03	0.0	23.83	-23.83	NA		Nov 2015	In Progress
	I	IS	INV 16-04	0.0	23.83	-23.83	NA		Feb 2016	In Progress
	I	IS	INV 16-05	0.0	23.83	-23.83	NA		Mar 2016	In Progress
	I	IS	INV 16-06	0.0	23.83	-23.83	NA		Mar 2016	In Progress
	I	IS	INV 16-07	0.0	23.83	-23.83	NA		May 2016	In Progress
	I	IS	INV 16-08	0.0	23.83	-23.83	NA		May 2016	In Progress
	I	IS	INV 16-09	0.0	23.83	-23.83	NA		Jun 2016	In Progress
	M	IS	Risk Management-Institutional Support	30.0	0.00	30.00	100%	Fn 2	Oct 2015	Completed
	M	IS	Risk Management TCAT	15.0	0.00	15.00	100%		Jun 2016	Completed
	M	IT	Risk Management-Technology/Services	52.5	0.00	52.50	100%		May 2016	Completed
	M	PP	Risk Management-Physical Plant	30.0	103.00	-73.00	-243%	Fn 2	Jul 2015	Completed
	P	IS	Audit Software	75.0	52.50	22.50	30%		Jul 2015	Completed
	P	IS	IIA Quality Assurance Self-Assessment	112.5	22.50	90.00	80%		Feb 2016	In Progress
	S	FM	Cash Count	30.0	10.00	20.00	67%		Jul 2015	Completed
	S	FM	Access and Diversity Funds	150.0	246.00	-96.00	-64%	Fn 1	Jul 2015	Completed
	S	FM	Federal Perkins Loan	22.5	13.50	9.00	40%	Fn 3	Jul 2015	Removed
	S	IA	Study Abroad	150.0	212.00	-62.00	-41%		Jul 2015	Completed
Total Audit Hours:				1215.0	1340.47	-125.47				
Estimated Available Audit Hours = 1170 (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 O - Other				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. Fn 3 - Removed at request of President.										

Northeast State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

						Budget to Actual			
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage	Audit Start Date	Status
Required by State Audit	R	FM	State Audit Assistance-Yr End	45.00	45.0	0.0	0%	May 2016	Completed
Required by Statute	R	FM	WSCC - President's Expenses Audit	150.00	151.0	-1.0	-1%	Jul 2015	Completed
Required by State Audit	R	SS	CCTA Funding Formula	150.00	159.0	-9.0	-6%	Mar 2016	Completed
4.1	A	IS	Human Resources	51.00	37.5	13.5	26%	Jun 2016	In Progress
	C	IS	General Consultation	52.50	57.0	-4.5	-9%	Jul 2015	Completed
	F	IS	Other Internal Audit Follow-Up	37.50	37.5	0.0	0%	Jul 2015	Completed
	M	FM	TCAT RISK Assessment	22.50	22.5	0.0	0%	Jan 2016	Completed
	M	FM	Risk Assessments-NeSCC	52.50	63.0	-10.5	-20%	Oct 2015	Completed
	P	IS	Electronic Workpapers Software	52.50	56.5	-4.0	-8%	Jul 2015	Completed
	P	IS	IIA Quality Assurance Self Study	37.50	39.5	-2.0	-5%	Feb 2016	Completed
	S	FM	Travel Process Review	202.50	185.0	17.5	9%	Jul 2015	In Progress
	S	FM	Access and Diversity Funds	150.00	154.0	-4.0	-3%	Jul 2015	Completed
	S	IA	Study Abroad	52.50	61.0	-8.5	-16%	Sep 2015	Completed
	S	IS	Special Requests and Projects	52.50	58.0	-5.5	-10%	Jul 2015	Completed
Total Audit Hours:				1108.50	1126.5	-18.0			
Estimated Available Audit Hours = 1,095 (1 staff)									
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						
O - Other			RS - Research						
			SS - Student Services						

**Pellissippi State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual		Audit Start Date	Status	
						Variance	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula	97.50	89.0	8.5	9%	FN6	Dec 2015	Completed
Required by TBR	F	FM	Internal Audit Follow Ups	15.00	1.5	13.5	90%		Jul 2015	Completed
5	A	AD	Foundation	120.00	123.8	-3.8	-3%	FN5	Jul 2015	Completed
3.5	A	FM	Accounts Receivable	0.00	0.0	0.0	NA	FN2	Mar 2016	Removed
	C	IA	Review of Compliance Assist	52.50	56.0	-3.5	-7%		Nov 2015	Completed
	C	IS	Consulting/Special Request	90.00	87.5	2.5	3%		Jul 2015	Completed
	C	IT	PSCC - IT Security Consulting, Etc.	22.50	29.3	-6.8	-30%		Jul 2015	Completed
	I	FM	PSCC 16-001	22.50	17.8	4.7	21%		Nov 2015	Completed
	M	IS	TCAT Knoxville Risk Assessment	7.50	9.0	-1.5	-20%		Jan 2016	Completed
	M	IS	PSCC - Risk Assessment Institutional Support	15.00	16.5	-1.5	-10%		Jan 2016	Completed
	M	IS	PSCC - Enterprise Wide Risk Assessment	7.50	6.0	1.5	20%		May 2016	Completed
	M	IS	PSCC - Risk Assessment BCS	7.50	4.5	3.0	40%		Dec 2015	Completed
	M	IT	PSCC - Risk Assessment Information Technology	15.00	11.5	3.5	23%		Apr 2016	Completed
	M	SS	PSCC - Risk Assessment Financial Aid	7.50	3.5	4.0	53%		Oct 2015	Completed
	P	FM	Review of RFP's & other purchasing issues	22.50	13.0	9.5	42%		Jul 2015	Completed
	P	FM	MKInsight Software	67.50	68.5	-1.0	-1%		Jul 2015	Completed
	P	IS	Quality Assurance Review	45.00	39.5	5.5	12%		Jan 2016	Completed
	P	IS	Review of French Exchange Program	37.50	36.5	1.0	3%		Apr 2016	Completed
	P	IS	North Carolina QAR Project	60.00	59.0	1.0	2%	FN4	Apr 2016	Completed
	P	IS	Review of Higher Education Compliance Matrix	37.50	16.0	21.5	57%	FN4	Jul 2015	In Progress
	S	FM	NACHA	75.00	83.3	-8.3	-11%		Oct 2015	Completed
	S	IA	Faculty Credentials	105.00	100.3	4.8	5%		Nov 2015	Completed
	S	IA	International Education Review (TNCIS)	127.50	126.0	1.5	1%	FN3	Nov 2015	Completed
	S	IS	Access and Diversity	180.00	174.0	6.0	3%	FN1	Jul 2015	Completed
Total Audit Days:				1237.5	1171.9	65.7				
Estimated Available Audit Hours = 1,207.5 (1 staff)										
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							
O - Other			RS - Research							
			SS - Student Services							
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.										
FN6 - The scope of the audit was narrowed once the audit program was developed and distributed by the Board.										

Roane State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual		Audit Start Date	Status
						Variance	Percentage		
Required by State Audit	R	FM	Year End Cash Counts - 2016	7.5	36.8	-29.3	-390%	Jun 2016	Completed
Required by IIA	R	IS	Quality Assurance Review 2016	60.0	11.8	48.3	80%	April 2016	Completed
Required by State Audit	R	SS	RSCC CCTA 2016	75.0	44.3	30.8	41%	Mar 2016	In Progress
	C	IS	General Consultation	112.5	121.3	-8.8	-8%	Nov 2015	Completed
	I	FM	INV 1601	7.5	117.8	-110.3	-1470%	Feb 2016	Completed
	I	FM	Unscheduled Investigations	52.5	0.0	52.5	100%	Nov 2015	Completed
	I	IS	INV 1602	60.0	69.5	-9.5	-16%	Feb 2016	In Progress
	M	IS	TCAT Oneida Risk Assessment	7.5	5.5	2.0	27%	Jan 2016	Completed
	M	IS	TCAT Harriman Risk Assessment	7.5	4.5	3.0	40%	Jan 2016	Completed
	M	IS	TCAT Crossville Risk Assessment	7.5	9.0	-1.5	-20%	Jan 2016	Completed
	M	IS	TCAT Jacksboro Risk Assessment	7.5	7.0	0.5	7%	Jan 2016	Completed
	M	IS	RSCC Risk Assessment	75.0	20.8	54.3	72%	Dec 2015	Completed
	P	IS	MKI Implementation	60.0	81.0	-21.0	-35%	Nov 2015	In Progress
	S	FM	Access and Diversity	150.0	4.3	145.8	97%	Nov 2015	In Progress
	S	IA	Study Abroad	150.0	83.5	66.5	44%	Dec 2015	Completed
Total Audit Hours:				840.0	616.8	223.3			

Estimated Available Audit Hours = 959 (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

O - Other

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.

Southwest Tennessee Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
Required by State Audit	R	SS	CCTA	105.0	93.50	11.50	11%		Jan 2016	Completed
	C	IS	General Consultation	97.5	169.00	-71.50	-73%		Jul 2015	Completed
	F	FM	State Audit Follow Up	75.0	120.00	-45.00	-60%		Sep 2015	Completed
	F	FM	Federal Audit Follow up	52.5	0.00	52.50	100%		Jul 2016	Scheduled
	F	IS	Internal Audit Follow Up	52.5	84.00	-31.50	-60%		Jul 2015	Completed
	I	IS	Unscheduled Investigations	165.0	214.50	-49.50	-30%		Jul 2015	Completed
	M	IS	Risk Management-Institutional Support	30.0	0.00	30.00	100%	Fn 2	Oct 2015	Completed
	M	IS	Risk Management TCAT	15.0	0.00	15.00	100%		Jun 2016	Completed
	M	IT	Risk Management-Technology/Services	52.5	0.00	52.50	100%		May 2016	Completed
	M	PP	Risk Management-Physical Plant	30.0	103.00	-73.00	-243%	Fn 2	Jul 2015	Completed
	P	IS	Audit Software	75.0	52.50	22.50	30%		Jul 2015	Completed
	P	IS	IIA Quality Assurance Self-Assessment	112.5	22.50	90.00	80%		Feb 2016	In Progress
	S	FM	Cash Count	30.0	10.00	20.00	67%		Jul 2015	Completed
	S	FM	Access and Diversity Funds	150.0	246.00	-96.00	-64%	Fn 1	Jul 2015	Completed
	S	FM	Federal Perkins Loan	22.5	13.50	9.00	40%	Fn 3	Jul 2015	Removed
	S	IA	Study Abroad	150.0	212.00	-62.00	-41%		Jul 2015	Completed

Total Planned Audit Days: 1215.0 1340.50 -125.50

Estimated Available Audit Hours = 1170 (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

O - Other

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.

Fn 3 - Removed at request of President.

**Volunteer State Community College
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
Required by State Audit	R	SS	CCTA Funding Formula	30.0	1.0	29.0	97%		Mar 2016	In Progress
	C	IS	General Consultation	112.5	128.0	-15.5	-14%		Jul 2015	Completed
	F	FM	State Audit Follow-Up	67.5	67.5	0.0	0%		Nov 2015	Completed
	F	IS	Follow-Up Activities	37.5	11.5	26.0	69%		Jul 2015	Completed
	I	IA	VSCC 16-01	112.5	58.5	54.0	NA		Mar 2015	In Progress
	I	IS	Unscheduled Investigations	15.0	0.0	15.0	100%		Jul 2015	Completed
	M	IS	Management Risk Assessment	75.0	40.5	34.5	46%		May 2016	Completed
	M	IS	TCAT Hartsville Management Risk Assessment	7.5	8.5	-1.0	-13%		Feb 2016	Completed
	M	IS	TCAT Livingston Management Risk Assessment	7.5	9.5	-2.0	-27%		Feb 2016	Completed
	P	IS	QAIP Self Assessment	75.0	37.0	38.0	51%		Feb 2016	Completed
	P	IS	MKI Implementation	52.5	44.5	8.0	15%		Jul 2015	Completed
	S	AT	Athletic Work Study Program	15.0	7.5	7.5	50%		Jan 2016	In Progress
	S	FM	Access and Diversity Funds	300.0	322.5	-22.5	-8%	FN 1	Jul 2015	Completed
	S	FM	State Audit Year-End Procedures	15.0	16.0	-1.0	-7%		Jun 2016	Completed
	S	IA	Study Abroad	277.5	272.5	5.0	2%		Nov 2015	Completed
	S	IA	On-going audits (started before MKI implementation)	15.0	11.5	3.5	23%		Jul 2015	Completed
	S	SS	Student Campus Activities	0.0	0.0	0.0	NA		Mar 2016	Scheduled
Total Audit Hours:				1215.0	1036.5	178.5				
Estimated Available Audit Hours = 1132.5 (1 staff)										
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						
O - Other				RS - Research						
				SS - Student Services						
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
Year-End Status Report as of June 30, 2016

						Budget to Actual					
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage		Audit Start Date	Status	
Required by State Audit	R	SS	CCTA Funding Formula - Institutional Data	150.0	144.0	6.0	4.0%		Mar 2016	Completed	
Required by State Audit	R	FM	Year End Procedures	37.5	43.0	-5.5	-14.7%		July 2015	Completed	
Required by Statute	R	FM	NeSCC President's Expenses	112.5	98.0	14.5	12.9%		Sep 2015	Completed	
Required by Standards	R	IS	Quality Assessment Review	37.5	45.0	-7.5	-20.0%		May 2016	Completed	
5.0	A	FM	PCI-DSS	0.0	0.0	0.0	NA	Fn 2	April 2016	Removed	
5.0	A	FM	Contracts Audit	0.0	0.0	0.0	NA	Fn 2	Jan 2016	Removed	
5.0	A	FM	Accounts Receivable	0.0	0.0	0.0	NA	Fn 2	Jan 2016	Removed	
5.0	A	IT	Cloud Computing Audit	0.0	0.0	0.0	NA	Fn 2	Nov 2015	Removed	
5.0	A	IT	IT Governance	30.0	7.5	22.5	75.0%		Mar 2016	In Progress	
	C	IS	Institutional Support Consulting	112.5	4.0	108.5	96.4%		Jul 2015	Completed	
	I	IS	Unscheduled Investigations	37.5	0.0	37.5	100.0%		Jul 2015	Completed	
	M	AX	WSCC Auxiliary Risk Assessment	15.0	15.0	0.0	0.0%		May 2016	Completed	
	M	IA	Community Education Risk Assessment	15.0	15.0	0.0	0.0%		May 2016	Completed	
	M	IS	TCAT Morristown Risk Assessment	7.5	4.0	3.5	46.7%		Feb 2016	Completed	
	M	IS	WSCC Communications and Marketing Risk Assessment	15.0	15.0	0.0	0.0%		May 2016	Completed	
	M	IS	WSCC Risk Assessment	7.5	7.5	0.0	0.0%		May 2016	Completed	
	M	PP	Facilities Management Risk Assessment	15.0	15.0	0.0	0.0%		May 2016	Completed	
	P	IS	MKinsight Audit Software	150.0	142.5	7.5	5.0%		Jul 2015	Completed	
	S	FM	NACHA Compliance Review	150.0	132.0	18.0	12.0%		Dec 2015	Completed	
	S	FM	WSCC President's Expenses Audit	15.0	0.0	15.0	100.0%		Oct 2015	Completed	
	S	SS	Access and Diversity Funds Grant Audit	150.0	149.5	0.5	0.3%	Fn 1	Aug 2015	Completed	
	S	SS	Study Abroad Program Audit	180.0	146.5	33.5	18.6%	Fn 1	Nov 2015	Completed	
Total Audit Hours:				1237.5	983.5	254.0					
Estimated Available Audit Hours = 1,244 (1 staff)											
Audit Types:			Functional Areas:								
R - Required			AD - Advancement								
A - Risk-Based (Assessed)			AT - Athletics								
S - Special Request			AX - Auxiliary								
I - Investigation			FM - Financial Management								
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								
O - Other			RS - Research								
			SS - Student Services								
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
Year-End Status Report as of June 30, 2016

Budget to Actual										
Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Variance	Percentage	Audit Start Date		Status
Required by State Audit	R	SS	CCTA Funding Formula - Prep	11.0	11.0	0.0	100%	FN 2	Oct 2015	Completed
Required by TBR	F	FM	RSCC - Grant Follow up	11.3	1.0	10.3	9%	FN 1	Apr 2016	In Progress
Required by IIA	R	IS	Periodic Internal Peer Reviews (QAR)	30.0	6.5	23.5	22%	FN 2	Jan 2016	In Progress
Required by TBR	F	FM	Follow up Travel Claims	6.0	6.0	0.0	100%		Dec 2015	Completed
Required by TBR	F	IS	TFLI Follow-up	40.5	40.5	0.0	100%	FN 3	Nov 2015	In Progress
3.5	A	PP	Capital Projects	187.5	153.0	34.5	82%	FN 5	Jun 2015	In Progress
	C	FM	General Consultation	38.5	38.5	0.0	100%		Jul 2015	Completed
	M	IS	Management's Risk Assessment	0.0	0.0	0.0	0%	FN 6	May 2016	Removed
	P	IS	Electronic Working Papers	292.0	292.0	0.0	100%	FN 4	Jul 2015	Completed
	S	FM	TNCIS	165.0	84.5	80.5	51%		Nov 2015	In Progress

Total Planned Audit Days: 781.7 633.0 148.7

Estimated 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

O - Other

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.

Fn 6 - Review removed due to vacancy in this position as of April 1, 2016.

**Tennessee Board of Regents - Information Systems
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget to Actual			Audit Start Date	Status
						Variance	Percentage			
5	A	IT	ETSU IT GCR - 032016	112.5	0.0	112.5	0%	FN 3	Jun 2016	Removed
5	A	IT	UOM IT GCR - 052016	112.5	0.0	112.5	0%	FN 3	Jun 2016	Removed
5	A	IT	ChSCC IT GCR - 092015	112.5	145.5	-33.0	-29%		Sep 2015	Completed
5	A	IT	MSCC IT GCR - 10/2015	112.5	162.5	-50.0	-44%		Nov 2015	Completed
5	A	IT	NaSCC IT GCR - 012016	112.5	133.0	-20.5	-18%		Mar 2016	In Progress
5	A	IT	NeSCC IT GCR - 042016	112.5	99.0	13.5	12%		May 2016	In Progress
5	A	IT	VSCC ITGCR - 112015	112.5	180.5	-68.0	-60%		Jan 2016	Completed
5	A	IT	OIR Data Center Contract - 022016	0.0	0.0	0.0	0%	FN 2	Jun 2016	Removed
5	A	IT	RODP IT General Controls Review	90.0	260.5	-170.5	-189%	FN 1	Jul 2015	Completed
5	A	IT	WSCC ITGCR - 072015	112.5	203.5	-91.0	-81%		Jul 2015	Completed
5	A	IT	TCAT IT Questionnaire	75.0	86.5	-11.5	-15%		Sep 2015	In Progress
5	A	IT	MTSU IT GCR	15.0	0.0	15.0	100%			Completed
5	A	IT	TTU IT GCR	22.5	32.0	-9.5	-42%			Completed
5	A	IT	DSCC IT GCR	22.5	16.5	6.0	27%			Completed
5	A	IT	TBR - Information Security	22.5	0.0	22.5	100%			Completed
	C	IT	General IT Consultation	90.0	59.0	31.0	34%		Jul 2015	Completed
	C	IT	Banner ODS Data Warehouse Project	56.3	57.0	-0.8	-1%		Jun 2016	Completed
	F	IT	Follow-up on all SWIA IT Audits	90.0	140.0	-50.0	-56%		Jul 2015	Completed
	R	IS	QA Self Assessment	37.5	0.0	37.5	100%		Jun 2016	Completed
Total Audit Hours:				1421.3	1575.5	-154.3				

Estimated Available Audit Hours = 1515 (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
O - Other

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 audit scope increased causing more resources to be used than originally anticipated.

FN 2 - Audit postponed to be revised due to IT making assessment of need to remain at OIR Data Center.

FN 3 - Audit work performed by in-house IT Auditor. Time re-allocated to other projects.

**Tennessee Board of Regents - TCATs
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Actual Hours	Budget vs. Actual		Audit Start Date	Status
						Variance	Percentage		
	A	FM	Crump-IAR-Focused Review 14/15	5.3	7.0	-1.8	-33%	Mar 2014	In-Progress
	A	FM	Covington-IAR-Focused Review - 14/15	30.0	34.0	-4.0	-13%	Jun 2015	Completed
	A	FM	Ripley-IAR-Focused Review-14/15	37.5	33.0	4.5	12%	Jun 2015	Completed
	A	FM	Nashville-IAR-Focused Review-15	12.8	30.5	-17.8	-139%	May 2015	Completed
	A	FM	Athens-IAR-Focused Review-15	36.0	12.0	24.0	67%	May 2015	Completed
	A	FM	Harriman-IAR-Focused Review-15	15.0	36.0	-21.0	-140%	Apr 2016	Completed
	A	FM	Hohenwald-IAR-Focused Review-15	75.0	45.0	30.0	40%	Oct 2015	Completed
	A	FM	Jacksboro-IAR-Focused Review-15	1.9	1.0	0.9	47%	Apr 2015	Completed
	A	FM	Knoxville-IAR-Focused Review - 15	0.0	33.0	-33.0	NA	May 2015	Completed
	A	FM	McMinnville-IAR-Focused Review-15	4.5	10.5	-6.0	-133%	Feb 2015	Completed
	A	FM	Memphis-IAR-Focused Review-15	24.8	34.5	-9.8	-39%	Mar 2015	Completed
	A	FM	Morristown-IAR-Focused Review - 15	54.8	32.5	22.3	41%	Jun 2015	In-Progress
	A	FM	Newbern-IAR-Focused Review-15	0.0	20.0	-20.0	NA	Feb 2015	In-Progress
	A	FM	Oneida-IAR-Focused Review - 15	12.8	29.0	-16.3	-127%	May 2015	Completed
	A	FM	Pulaski-IAR-Focused Review-15	4.5	16.5	-12.0	-267%	Mar 2015	Completed
	A	FM	Athens-IAR-Focused Review-16	0.0	0.0	0.0	NA	May 2016	Scheduled
	A	FM	Chattanooga-IAR-Focused Review-16	30.0	46.0	-16.0	-53%	Mar 2015	Completed
	A	FM	Covington-IAR-Focused Review-16	56.3	0.0	56.3	100%	Jun 2016	Scheduled
	A	FM	Crossville-IAR-Focused Review-16	30.0	35.0	-5.0	-17%	Oct 2015	Completed
	A	FM	Crump-IAR-Focused Review-16	30.0	37.5	-7.5	-25%	Nov 2015	In-Progress
	A	FM	Elizabethton-IAR-Focused Review-14/ 15 & 15/16	37.5	34.0	3.5	9%	Dec 2015	Scheduled
	A	FM	Dickson-IAR-Focused Review-16	32.3	54.5	-22.3	-69%	Mar 2016	Completed
	A	FM	Hartsville-IAR-Focused Review-16	26.3	41.5	-15.3	-58%	Feb 2016	Completed
	A	FM	Harriman-IAR-Focused Review-16	31.5	33.0	-1.5	-5%	Mar 2016	Completed
	A	FM	Hohenwald-IAR-Focused Review-16	37.5	0.0	37.5	100%	Aug 2015	Scheduled
	A	FM	Jacksboro-IAR-Focused Review-16	47.3	35.5	11.8	25%	Sep 2015	Completed
	A	FM	Knoxville-IAR-Focused Review-16	60.0	46.0	14.0	23%	May 2016	Completed
	A	FM	Livingston-IAR-Focused Review-16	37.5	39.0	-1.5	-4%	Jan 2016	Completed
	A	FM	McKenzie-IAR-Focused Review-14/ 15 & 15/16	28.5	18.0	10.5	37%	Aug 2015	In-Progress
	A	FM	McMinnville-IAR-Focused Review-16	37.5	40.0	-2.5	-7%	Feb 2016	Completed
	A	FM	Memphis-IAR-Focused Review-16	50.3	0.0	50.3	100%	Apr 2016	Scheduled
	A	FM	Murfreesboro-IAR-Focused Review-16	36.0	43.5	-7.5	-21%	Mar 2016	Completed
	A	FM	Nashville-IAR-Focused Review-16	36.0	33.5	2.5	7%	May 2016	Completed
	A	FM	Newbern-IAR-Focused Review-16	37.5	5.0	32.5	87%	Feb 2016	In-Progress
	A	FM	Oneida-IAR-Focused Review-16	22.5	39.0	-16.5	-73%	Mar 2016	Completed
	A	FM	Paris-IAR-Focused Review-14/15 & 15/16	28.5	19.5	9.0	32%	Sep 2015	In-Progress
	A	FM	Pulaski-IAR-Focused Review-16	33.8	8.0	25.8	76%	Jun 2016	In-Progress
	A	FM	Ripley-IAR-Focused Review-16	67.5	0.0	67.5	100%	Apr 2016	In-Progress
	A	FM	Shelbyville-IAR-Focused-16	22.5	0.0	22.5	100%	Nov 2015	Scheduled
	A	FM	Whiteville-IAR-Focused Review-16	37.5	39.5	-2.0	-5%	Jan 2016	In-Progress
	A	FM	Jackson-IAR-Focused Review-16	37.5	2.5	35.0	93%	May 2016	In-Progress
	A	FM	Morristown-IAR-Focused Review-16	5.0	0.5	4.5	90%	Jun 2016	In-Progress
	C	FM	General Consulting	90.0	133.5	-43.5	-48%	Oct 2015	Completed
	P	FM	Audit Program Development	37.5	79.0	-41.5	-111%	Aug 2015	Completed
Total Audit Hours:				1378.6	1238.0	140.6			
Estimated Hours Available For Audit = 1,365 (1 staff)									

**Tennessee Board of Regent - Investigations
Internal Audit Plan
Fiscal Year Ended June 30, 2016
Year-End Status Report as of June 30, 2016**

Ranking	Type	Area	Audit	Planned Hours	Budget to Actual				Audit Start Date	Status
					Actual Hours	Variance	Percentage			
	C	IS	Consultation with Campus Auditors	337.5	353.5	-16.0	-5%		Jul 2015	Completed
	I	IS	Investigation Management	225.0	315.5	-90.5	-40%		Jul 2015	Completed
	I	FM	TBR 10-08	22.5	1.0	21.5	96%		Jul 2015	Completed
	I	FM	TBR 12-04	22.5	0.0	22.5	100%		Jul 2015	In Progress
	I	FM	TBR 13-02	22.5	0.0	22.5	100%		Jul 2015	In Progress
	I	IS	TBR 14-03	7.5	8.5	-1.0	-13%		Jul 2015	Completed
	I	IA	TBR 14-04	37.5	0.0	37.5	100%		Mar 2016	Scheduled
	I	FM	TBR 14-15	7.5	0.0	7.5	100%	FN 2	May 2016	Removed
	I	IS	TBR 14-20	15.0	0.0	15.0	NA		Jul 2015	Completed
	I	FM	TBR 15-01	75.0	76.0	-1.0	-1%		Jul 2015	In Progress
	I	FM	TBR 15-03	22.5	0.0	22.5	100%		Jul 2015	In Progress
	I	FM	TBR 15-04	232.5	226.5	6.0	3%		Jul 2015	In Progress
	I	FM	TBR 15-05	7.5	0.0	7.5	100%	FN 2	Jul 2015	Removed
	I	IS	TBR 15-07	7.5	0.0	7.5	100%		Jul 2015	Removed
	I	IS	TBR 15-10	7.5	8.5	-1.0	-13%	FN 3	Nov 2015	Removed
	I	IS	TBR 16-01	22.5	7.5	15.0	67%		Nov 2015	In Progress
	I	IS	TBR 16-02	7.5	2.5	5.0	67%		Oct 2015	In Progress
	I	PP	TBR 16-03	3.8	0.0	3.8	100%		May 2016	Removed
	I	PP	TBR 16-04	7.5	4.0	3.5	47%		Aug 2015	Completed
	I	AT	TBR 16-05	15.0	1.0	14.0	93%		Dec 2015	In Progress
	I	FM	TBR 16-06	15.0	31.0	-16.0	-107%		Oct 2015	Completed
	I	SS	TBR 16-07	7.5	7.0	0.5	7%	FN 3	Oct 2015	Removed
	I	IA	TBR 16-08	112.5	105.0	7.5	7%		Oct 2015	In Progress
	I	SS	TBR 16-10	30.0	35.0	-5.0	-17%		Apr 2016	In Progress
	I	AT	TBR 16-12	112.5	80.0	32.5	29%		Apr 2016	In Progress
	I	FM	TBR 16-13	30.0	16.5	13.5	45%		Apr 2016	In Progress
	I	IA	TBR 16-14	30.0	24.0	6.0	20%		Apr 2016	In Progress
	I	IS	TBR 16-15	0.0	0.0	0.0	NA		Apr 2016	Scheduled
	I	IS	TBR 16-16	20.3	58.5	-38.3	-189%		Apr 2016	Completed
	I	FM	TBR 16-17	30.0	12.5	17.5	58%		Apr 2016	In Progress
	I	IS	TBR 16-18	114.8	130.0	-15.3	-13%		Jul 2015	Completed
	I	IS	TBR 16-19	0.0	0.0	0.0	NA		Jul 2016	Scheduled
	I	IA	TBR 16-20	0.0	0.0	0.0	NA		Jul 2016	Scheduled
	I	FM	TBR 16-21	0.0	0.0	0.0	NA		Jul 2016	Scheduled
	I	FM	Unscheduled Investigations	0.0	0.0	0.0	NA	FN 1	Jul 2015	Completed

Total Audit Hours: 1608.8 1504.0 104.8

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

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 campus IA.

**Tennessee Board of Regents
Committee on Audit**

DATE: August 30, 2016

AGENDA ITEM: **Review of Internal Audit Plans for
Fiscal Year 2017**

PRESENTER: Tammy Birchett

ACTION REQUIRED: Voice Vote

STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The committee will review and consider for approval internal audits planned for the system institutions for Fiscal Year 2017 as required by the Audit Committee Charter, TBR Policy 4:01:05:00, *Internal Audit*, and the Institute of Internal Auditors *International Professional Practices Framework*.

Audit plans prepared by the auditors may include audits or projects of the following types:

- Required (by law, policy or other authority)
- Management's Risk Assessment (review of process and conclusions)
- Follow-up Review (of State Audit or Internal Audit findings)
- Special Request (audit requested by Board or management)
- Project (such as periodic review of purchasing card activity)
- Consultation (research, analysis, review and/or recommendations)
- Investigation
- Risk-Based

Risk-based audits are determined through a risk analysis process. Risk analysis is a planning tool to help determine which areas within the institution should be audited. Each auditable area's key risk factors are quantified and weighted to come up with the risk ranking. Areas with the highest totals are

considered the riskiest and are given priority within the hours available for audits. This methodology complies with industry standards.

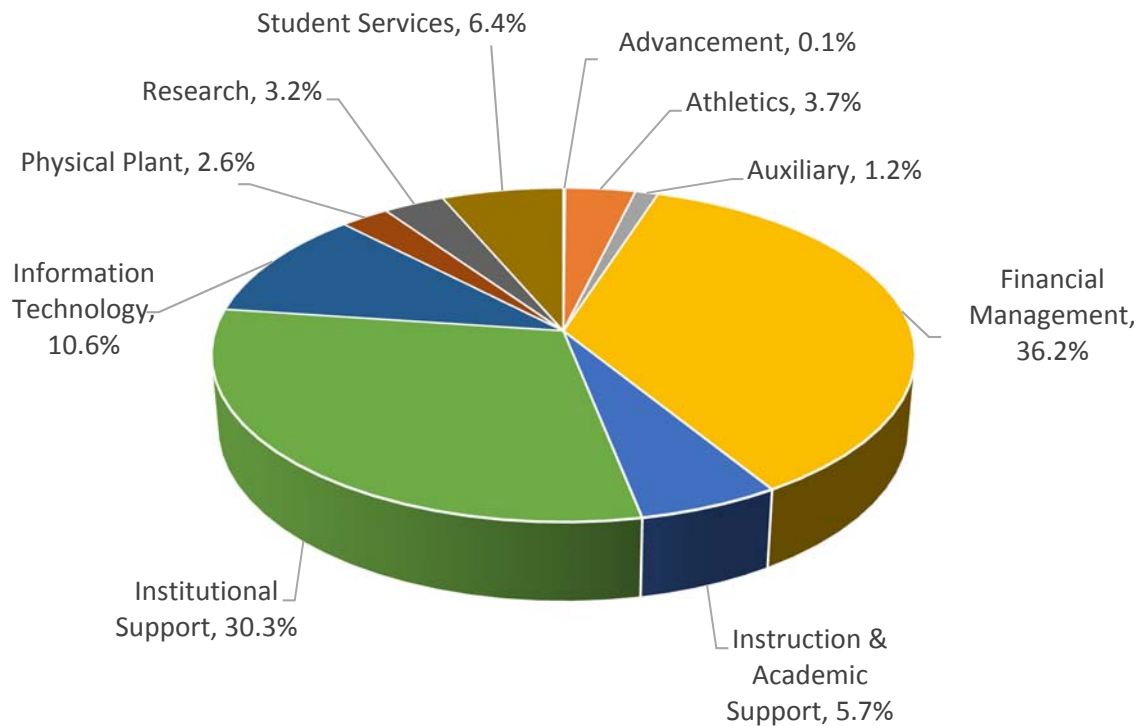
The following risk factors were considered during the risk analysis:

- Audit History – Time since last audit, results of last audit, and external audit or monitoring coverage and results.
- Internal Controls – Quality of internal control system, level of decentralization for operations, management's tone and interest in controls, extent of reliance on technology and complexity of operations.
- Change – Key personnel or unusual turnover, organizational changes, accounting and other critical operating systems changes, rapid growth and change in mission or in programs.
- Size – Revenues/Expenses/Net Assets and volume of transactions.
- Sensitivity – Extent of government or external influence, political exposure, adverse publicity, potential liability, and inherent risk of loss of resources.
- Management's Assessment of Risk – Whether the audit area has been included in management's risk assessment process, results of that assessment, results of management's control assessment, and time since last assessment of the audit area.

This section contains the following system summaries. The summaries are followed by a detailed audit plan for each institution.

Planned Audits by Type of Review
Planned Audits by Major Functional Area

**Tennessee Board of Regents
Planned Audit Hours by Functional Area
Fiscal Year Ending June 30, 2017**



Highlights:

Financial Management includes audits of various financial operating activities within an institution, such as follow-ups to State Audit findings; cash handling or collection; inventories; payroll; procurement card activity and other purchasing; chief executive expenses; and departmental, agency accounts, and other expense areas.

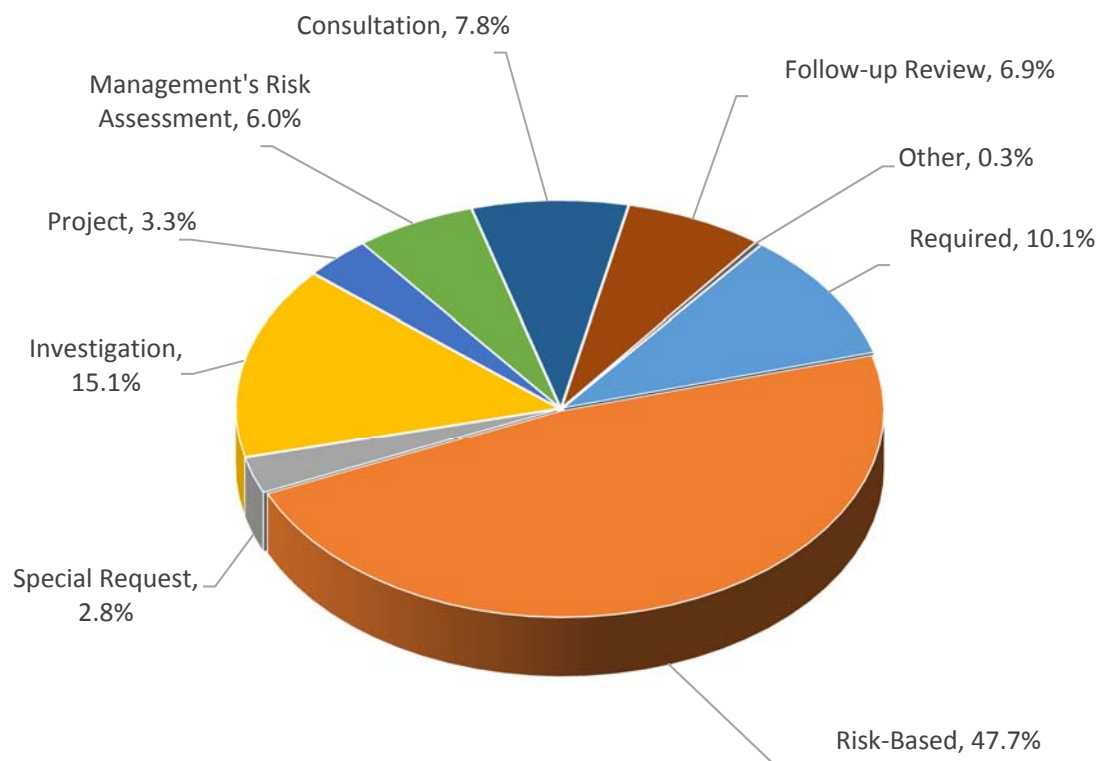
Institutional Support includes audits of various activities in support of other institutional operations, such as human resources; leave reporting; certain compliance audits (Clery, Title IX); and emergency preparedness. It also includes projects of the audit offices, such as the periodic quality assurance reviews; participating in FOCUS taskforces; and the continued implementation of audit software.

Student Services includes audits of various activities supporting students such as financial aid; enrollment and retention services; CCTA data; and student organizations.

Instructional and Academic Support includes audits of various educational programs or activities, such as study abroad and workforce development.

	Planned Audits		Planned Audit Days	
Universities	133	30.8%	2,736.3	52.9%
Community Colleges	211	48.8%	1,740.4	33.6%
SWIA	49	11.3%	523	10.1%
TCATs	39	9.0%	177.2	3.4%
	432	100.0%	5176.9	100.0%

Planned Audit Hours by Audit Type Fiscal Year Ending June 30, 2017



Highlights:

Risk-Based audits are those determined by each Internal Audit Director through a risk analysis of auditable areas, which considers several risk factors. There is an increase in planned risk-based audits of 18% over the prior year plans, which reflects the additional availability of audit time because of a decrease in required and special request audits for the year.

Required audits are those determined by statutes, the system office or others. These audits frequently have a system-wide focus. There is a 6% decrease in planned required audits for the year because CCTA was rotated out for the year because of the prior years' overall positive results. Required audits do include the statutorily mandated audits of chief executives' expenses and year-end cash counts and inventories in support of financial statement audits.

Investigations are planned as a higher percentage than the prior year because of the current volume of activity and reviews still in progress and carried forward from the prior year.

Special Requests are audits requested by the Audit Committee, management or others to address specific concerns or activities. This category is planned as 14% lower than the prior year because most study abroad and access and diversity audits were completed.

Projects such as the periodic quality assurance self-assessments and the continuing implementation of audit software were delayed at several institutions due to time constraints and have been carried forward to the current plan.

Other categories are consistent with previous years.

Audit Plans
By Institution
Fiscal Year Ending June 30, 2017

Legend for Audit Plans	
Audit Types	Functional Areas
R - Required	AD - Advancement
A - Risk-Based (Assessed)	AT - Athletics
S - Special Request	AX - Auxiliary
I - Investigation	FM - Financial Management
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
O - Other	RS - Research
	SS - Student Services

**Austin Peay State University
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
Required by Statute	MTSU President Expenses Audit FY2016	R	FM	Sep 2016	150.0
Required by State Audit	State Audit Follow up	R	FM	May 2017	75.0
Required by Conference	OVC Special Assistance Fund 2016	R	AT	Jun 2016	112.5
4	Emergency Preparedness	A	PP	Jan 2017	187.5
3.5	Cash Receipting	A	FM	April 2017	150.0
3.3	Payroll - Fictitious Employees	A	FM	Mar 2017	120.0
3.2	Wire Transfers	A	FM	Mar 2017	112.5
	General Consultation	C	IS	Jul 2016	150.0
	Follow up	F	IS	Jul 2016	150.0
	APSU 16-04	I	IA	Jun 2016	18.8
	Unscheduled Investigations	I	IS	Jul 2016	150.0
	Risk Assessment Revisited	M	IS	Jan 2017	112.5
	FOCUS Transistion Taskforce	P	IS	Jun 2016	187.5
	Camps and Individual Instruction	S	AX	Jun 2016	97.5
	Department of Music - Expense Transfers	S	FM	Oct 2016	97.5
	Study Abroad	S	IA	Apr 2016	56.3
	PELPS and Honors - MTR	S	IA	Aug 2016	112.5

Total:

2040.0

Estimated Available Hours for Audits = 2040

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
O - Other

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

**East Tennessee State University
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	NCAA Compliance FY 2016	A	AT	Apr 2015	28.5
5.0	Athletic Ticket Office	A	AT	Jul 2016	249.8
5.0	WETS FM	A	FM	Sep 2016	200.3
5.0	Cash Counts and Inventory	A	FM	Jun 2017	39.8
5.0	Bursars Office	A	FM	Apr 2016	137.3
5.0	Misc Course Fees	A	FM	Mar 2016	90.0
5.0	College of Nursing Clinics	A	IA	Nov 2016	400.0
5.0	Johnson City Community Health Center	A	IA	Mar 2017	160.0
5.0	Timekeeping FY 2016	A	IS	Oct 2015	20.0
5.0	Timekeeping FY 2017	A	IS	Jul 2016	150.0
5.0	NACHA Web Transactions Data Security FY 2016	A	IT	May 2016	125.3
5.0	NACHA Web Transactions Data Security FY 2017	A	IT	May 2017	166.5
5.0	Web Application Security	A	IT	Jun 2015	63.0
5.0	Third Party Servers FY 2017	A	IT	Sep 2016	150.0
5.0	General Consulting	C	IS	Jul 2016	75.0
5.0	IT Consulting	C	IT	Jul 2016	99.8
5.0	FU-State Audit Follow-up	F	FM	Mar 2017	20.3
5.0	FU-Access and Diversity Funds	F	FM	Jun 2017	16.5
5.0	INV1505-FU-Art and Design	F	IA	Apr 2016	12.5
5.0	FU-Study Abroad	F	IA	Jan 2017	75.0
5.0	FU-Behavioral Health & Wellness Clinic	F	IS	Oct 2016	50.3
5.0	FU-PCI Compliance Readiness	F	IT	Sep 2016	50.3
5.0	FU-ITS Policies and Procedures Review	F	IT	Aug 2016	50.3
5.0	INV1504-FU-Facilities VA Campus Custodial Staff	F	PP	Jul 2016	24.8
5.0	FU-Student Health Billing Practices	F	SS	Apr 2016	60.0
5.0	FU-Financial Aid Administration	F	SS	Aug 2016	50.3
5.0	Unscheduled Investigations	I	FM	Jul 2016	150.0
5.0	INV1608-Geosciences Field Trip	I	FM	May 2016	50.0
5.0	INV1609-University School Theft	I	FM	Jul 2016	25.0
5.0	INV1605 - Center for Academic Achievement Leave	I	SS	Dec 2015	6.0
5.0	Management Risk Assessments	M	FM	May 2017	39.8
5.0	Electronic Workpapers	P	IS	Jul 2016	75.0
5.0	ARGOS Report Writing	P	IS	Jul 2016	75.0
4.6	IT General Controls	A	IT	Jan 2017	300.0
4.5	Additional Earnings	A	IS	Jan 2017	275.3
4.4	Housing	A	AX	Nov 2016	225.0
4.4	Agency Accounts	A	FM	Aug 2016	225.0
4.4	Hiring	A	IS	Feb 2017	275.3
4.4	Title IV/Clery Act	A	SS	Nov 2016	275.3
4.2	NCAA Compliance FY 2017	A	AT	Jun 2017	75.0
Total:					4636.5
Estimated Available Hours For Audits = 4636.5					

Middle Tennessee State University
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Consulting - Assisting President Expenses FY2016	C	FM	Jul 2016	90.0
5.0	MRA-Spring 2016	M	IS	Jul 2016	45.0
5.0	Internal Peer Review FY2016	P	IS	Jul 2016	40.0
5.0	FU-State Audit FY2016	R	FM	Jul 2016	120.0
5.0	Inventories FY2016	S	FM	Jul 2016	150.0
5.0	Inventories FY2017	S	FM	Apr 2017	60.0
5.0	Confucius Institute	S	RS	Jul 2016	75.0
4.3	Research Services Procedural Review	A	RS	Jul 2016	225.0
4.2	Financial Aid Procedural Review	A	SS	Jan 2017	225.0
4.1	Emergency Preparedness FY2016	A	IS	Jul 2016	225.0
4.0	Consulting-General and Research	C	IS	Jul 2016	225.0
4.0	INV1504	I	IA	Jul 2016	60.0
4.0	INV1506	I	IA	Jul 2016	45.0
4.0	INV1604	I	IA	Jul 2016	450.0
4.0	INV1501	I	IS	Jul 2016	60.0
4.0	INV1502	I	IS	Jul 2016	60.0
4.0	Unplanned Investigations	I	IS	Jul 2016	300.0
4.0	INV1402	I	SS	Jul 2016	60.0
4.0	INV1601	I	SS	Jul 2016	45.0
4.0	INV1602	I	SS	Jul 2016	300.0
4.0	Project-FOCUS	P	IS	Jul 2016	375.0
4.0	Football Attendance 2016	R	AT	Nov 2016	255.0
4.0	Cash Counts FY2016	S	FM	Jul 2016	75.0
4.0	Cash Counts FY2017	S	FM	Apr 2017	60.0
3.9	Food Services Commissions FY2015	A	FM	Jul 2016	225.0
3.8	Blue Print Solutions FY2015	A	IS	Jul 2016	225.0
Total:					4075.0
Estimated Available Hours For Audits = 4785					

**Tennessee State University
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	OVC SAF-FY2016	A	AT	Jul 2016	150.0
5.0	FY 2017 Cash Counts	A	FM	Jun 2017	22.5
5.0	General Consultation 2016	C	FM	Jul 2016	262.5
5.0	INV 15-06	I	FM	Oct 2016	262.5
5.0	INV 16-03	I	RS	Jul 2016	90.0
5.0	INV 16-01	I	SS	Sep 2016	187.5
5.0	Management's Risk Assessment	M	IS	Jul 2016	75.0
5.0	2017 Quality Assurance Review	R	IS	Jul 2016	90.0
4.7	Special Projects 2016	P	SS	Feb 2017	187.5
4.6	Evidence Room 2016	A	IS	Jan 2017	165.0
4.0	State Audit Follow Up for FY2015	F	FM	Oct 2016	187.5
4.0	2017 Unplanned Investigations	I	IS	Aug 2016	275.0
4.0	MKI Software	P	IS	Jul 2016	75.0
4.0	2016 President's Expense	R	FM	Aug 2016	150.0
Total:					2180.0
Estimate Available Hours For Audits = 2325					
Audit Types:			Functional Areas:		
R - Required			AD - Advancement		
A - Risk-Based (Assessed)			AT - Athletics		
S - Special Request			AX - Auxiliary		
I - Investigation			FM - Financial Management		
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		
O - Other			RS - Research		
			SS - Student Services		

**Tennessee Tech University
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
3.9	Maintenance Tuition & Related Fees 2015-16	A	FM	Jan 2017	240.0
4.0	Title IX Compliance	A	IS	Aug 2016	300.0
5.0	Student Assistance Funds 2015-16	A	AT	Jul 2016	60.0
5.0	Procard Review 2016-17	A	FM	Jul 2016	660.0
5.0	Inventory Observations 6-30-16	A	FM	Jul 2016	37.5
5.0	Inventory Observations 6-30-17	A	FM	Apr 2017	120.0
5.0	TTU - Membership Review 2016-17	A	FM	Oct 2016	105.0
5.0	Clery Act Compliance	A	IS	Jul 2016	300.0
5.0	TTU - Key Inventory Review 2016-17	A	PP	Feb 2017	195.0
5.0	Sponsored Program Reviews 2016-17	A	RS	Jul 2016	195.0
5.0	General Consultation 2017	C	IS	Jul 2016	60.0
5.0	FOCUS Transition Consultation	C	IS	Jul 2016	120.0
5.0	Follow up to State Audit 2015-16	F	FM	Dec 2016	60.0
5.0	Follow Ups to Internal Audits 2016-17	F	IS	Jul 2016	60.0
5.0	Unscheduled Investigations 2016-17	I	IS	Jul 2016	300.0
5.0	RA-Athletics 2016-17	M	AT	Sep 2016	30.0
5.0	RA-Financial Management 2016-17	M	FM	Sep 2016	30.0
5.0	RA-Enterprise-wide 2016-17	M	IS	Sep 2016	30.0
5.0	RA-Physical Plant 2016-17	M	PP	Sep 2016	30.0
5.0	APSU Audit of President's Expenses 2015-16	R	FM	Jul 2016	210.0
Total:					3142.5
Estimated Available Hours For Audits = 3202					

**University of Memphis
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	IAR-Pcards-FY16-CF	A	FM	Jul 2015	112.5
5.0	IAR-Inventory Observation for State AuditorsFY2016-CF	A	FM	Mar 2016	27.5
5.0	IAR-CashCountsForStateAuditors-FY16 CF	A	FM	Jul 2015	39.4
5.0	Department Audits-FY2017	A	FM	Jul 2016	1350.0
5.0	IAR-NACHA/PCI-FY2017	A	IT	Feb 2017	187.5
5.0	IAR-Data Security (Research and Other Sensitive Data)-Cyber Security	A	IT	Sep 2016	487.5
5.0	IAR-IT Security Sponsored Accounts - Cyber Security	A	IT	Jul 2016	300.0
5.0	Key Controls UOM Policy 1567	A	PP	Jan 2016	95.0
5.0	Department Audits Research Areas - FY2017	A	RS	Jul 2016	675.0
5.0	General Consulting Management-FY2017	C	IS	Jul 2016	262.5
5.0	Followup Prior Audits-FY 2017 Hours	F	FM	Jul 2016	300.0
5.0	INV-FY16-009-Lambuth	I	FM	Jun 2016	11.3
5.0	INV-Unscheduled Investigations-FY2017	I	IS	Jul 2016	262.5
5.0	Risk Assessment FY 2017	M	FM	Feb 2017	75.0
Total:					4185.6
Estimated Available Hours For Audits = 4327.5					
<div style="display: flex; justify-content: space-between;"> <div> <p>Audit Types:</p> <p>R - Required</p> <p>A - Risk-Based (Assessed)</p> <p>S - Special Request</p> <p>I - Investigation</p> <p>P - Project (Ongoing or Recurring)</p> <p>M - Management's Risk Assessment</p> <p>C - Consultation</p> <p>F - Follow-up Review</p> <p>O - Other</p> </div> <div> <p>Functional Areas:</p> <p>AD - Advancement</p> <p>AT - Athletics</p> <p>AX - Auxiliary</p> <p>FM - Financial Management</p> <p>IA - Instruction & Academic Support</p> <p>IS - Institutional Support</p> <p>IT - Information Technology</p> <p>PP - Physical Plant</p> <p>RS - Research</p> <p>SS - Student Services</p> </div> </div>					

Chattanooga State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	YE Procedures FYE 2016	A	FM	Jun 2016	15.0
5.0	YE Procedures FYE 2017	A	FM	Jun 2017	11.3
5.0	Volkswagon Academy	A	IA	May 2015	15.0
5.0	General Consultation	C	IS	Jul 2016	90.0
5.0	State Audit Follow-up	F	FM	Jan 2017	15.0
5.0	Follow up Reviews	F	IS	Jul 2016	75.0
5.0	FU-CCTA-Worforce Training Hours	F	SS	Nov 2016	60.0
5.0	Developing Investigations - Assist TBR	I	IS	Jul 2016	22.5
5.0	INV1607-Nursing	I	IS	Apr 2016	37.5
5.0	INV1605-Tool Theft	I	IS	Jul 2016	37.5
5.0	Unscheduled Investigations	I	IS	Jul 2016	112.5
5.0	Enterprise Risk Assessment 2016	M	IS	May 2017	37.5
5.0	Special Projects-Audit Software	P	IS	Jul 2016	45.0
5.0	RSCC-President's Expense 2016	R	FM	Aug 2016	90.0
4.0	Human Resources	A	IS	Jan 2017	195.0
3.6	Accounts Receivable	A	FM	May 2016	60.0
3.3	Contract Compliance	A	FM	Oct 2016	97.5
3.1	Payroll	A	FM	Nov 2016	97.5
3.0	Sensitive Equipment Inventory	A	FM	Apr 2017	82.5
2.2	Enrollment Activity Fall 2015	A	SS	Mar 2016	12.8

Total: **1209.0**

Estimated Available Hours For Audits = 1197

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
O - Other

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

**Cleveland State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	NACHA 2016	A	FM	Jul 2016	97.5
5.0	NACHA 2017	A	FM	May 2017	97.5
5.0	IA Letter FMMRA 2017	A	FM	May 2017	15.0
5.0	General Consultation-2017	A	IS	Jul 2016	52.5
5.0	Year End Work (State Audit Cash Counts)	A	IS	Jun 2017	15.0
5.0	FU- Missing Computer and Money	F	FM	Jul 2016	45.0
5.0	FU- Study Abroad	F	IS	Aug 2016	15.0
5.0	Unscheduled Investigations 2017	I	IS	Jul 2016	37.5
5.0	IA Letter ISMRA 2017	M	IS	May 2017	15.0
5.0	Athens-IA Letter MRA 2017	M	IS	Feb 2017	15.0
5.0	Special Projesct- Automated Workpapers 2017	P	IS	Jul 2016	30.0
3.3	Grants	A	FM	Apr 2017	112.5
3.3	Maintenance/Tuition and Related Fees	A	FM	Oct 2017	112.5
3.3	Emergency Preparedness	A	PP	Sep 2016	97.5
3.3	BuildingSecurity/Key Control	A	PP	Nov 2016	112.5
3.3	Enrollment Services	A	SS	Mar 2017	97.5
Total Planned Audit Days:					967.5
<p>Estimated Available Hours For Audits = 967.5</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>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 O - Other</p> </div> <div style="width: 45%;"> <p>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</p> </div> </div>					

**Columbia State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Review Management's Risk Assessment	M	AT	Apr 2017	7.5
5.0	Review Management's Risk Assessment	M	IA	Apr 2017	7.5
5.0	Review Management's Risk Assessment_TCAT Hohenwald	M	IS	Mar 2017	7.5
5.0	Review Management's Risk Assessment_TCAT Pulaski	M	IS	Feb 2017	7.5
5.0	Review Management's Risk Assessment	M	SS	Apr-17	7.5
4.2	Consumer Information Disclosures	A	FA	Dec 2016	37.5
4.2	Purge Process Review	C	SS	Aug 2016	75.0
4.0	Federal Program Review - Controls Review	A	FM	Nov 2016	150.0
3.7	Federal Grants - Internal Control Review	A	FM	Jul 2016	37.5
3.7	DoD MOU Compliance	A	SS	Oct 2016	22.5
3.6	Management Advisory Services	C	IA	Jul 2016	22.5
3.1	Develop Continuous Audit_Argos Training and Data Block Development_Data Analytics	O	IS	Jan 2017	75.0
3.0	Investigation	I	IA	Jun 2016	15.0
3.0	Random Cash Counts	R	FM	Feb 2017	15.0
3.0	NaSCC_President's Expense	S	FM	Aug 2016	75.0
2.9	Annual Departmental Budget Briefings	O	IS	Jul 2016	22.5
	Consumer Information_Student Right to Know	A	IA	Jan 2017	37.5
	Unplanned Audits			Jul 2016	315.0
Total:					937.5

Estimated Available Hours For Audits = 937.5 (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
O - Other

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

Dyersburg State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Faculty Sick Leave	A	FM	Jul 2016	77.5
5.0	CON - General Consultation	C	IS	Jul 2016	50.0
5.0	CON - PII Review	C	IS	Jul 2016	120.0
5.0	State Audit Follow-up 2016	F	FM	Nov 2016	40.0
5.0	Unscheduled Investigations	I	IS	Jul 2016	65.0
5.0	Risk Assessment - Institutional Support 2017	M	IS	Mar 2017	65.0
5.0	Risk Assessment - Information Technology 2017	M	IT	Mar 2017	65.0
5.0	President's Expense Audit STCC 2016	R	FM	Sep 2016	180.0
4.3	Advising Services	A	SS	Mar 2017	120.0
4.1	Building Security/Key Control	A	PP	Jul 2016	30.0
4.1	Federal Work Study Program and Financial Aid	A	SS	Jun 2016	105.2
3.7	Cash Counts	A	FM	Jun 2017	30.0
3.7	Disaster Recovery	A	IT	Dec 2016	110.0
3.0	Records Management and Retention	A	FM	Jan 2017	140.0
Total:					1197.8

Estimated Available Hours For Audits = 1167.75

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
O - Other

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

**Jackson State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Payroll	A	FM	Jul 2016	112.5
5.0	Year-end Procedures	A	FM	Jun 2017	37.5
5.0	General Consultation	C	IS	Jul 2016	60.0
5.0	Emergency Preparedness Follow up	F	IS	Oct 2016	60.0
5.0	Follow-up	F	IT	Oct 2016	90.0
5.0	Unscheduled Investigations	I	IS	Jul 2016	75.0
5.0	TCAT Risk Assessment	M	IS	Feb 2017	97.5
4.0	Financial Aid	A	IS	Dec 2016	150.0
4.0	State Audit Follow up-09012015	F	FM	Sep 2016	52.5
4.0	Risk Assessment	M	IA	May 2017	52.5
4.0	Risk Assessment	M	IS	May 2017	52.5
3.8	Leave Time and Work Week	A	IS	Feb 2017	165.0
Total:					1005.0
Estimated Available Hours For Audits = 1005					
Audit Types:		Functional Areas:			
R - Required		AD - Advancement			
A - Risk-Based (Assessed)		AT - Athletics			
S - Special Request		AX - Auxiliary			
I - Investigation		FM - Financial Management			
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			
O - Other		RS - Research			
		SS - Student Services			

Motlow State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Payroll Audit	A	FM	Sep 2016	99.8
5.0	State Audit Assistance Year End	A	FM	May 2017	9.7
5.0	Human Resources	A	IS	Nov 2016	125.3
5.0	QAR Quality Assessment Review	A	IS	Jul 2016	15.0
5.0	CO Advancement-FY 2016	C	AD	Jul 2016	6.7
5.0	CO Athletics-FY 2016	C	AT	Jul 2016	6.7
5.0	CO Auxiliary-FY 2016	C	AX	Jul 2016	6.7
5.0	CO Financial Management-FY 2016	C	FM	Jul 2016	6.7
5.0	CO Institutional Support-FY 2016	C	IS	Jul 2016	6.7
5.0	CO Information Technology-FY 2016	C	IT	Jul 2016	6.7
5.0	CO Physical Plant-FY 2016	C	PP	Jul 2016	6.7
5.0	CO Student Services-FY 2016	C	SS	Jul 2016	6.7
5.0	FU State Audit	F	FM	Oct 2016	39.8
5.0	FU Other Internal Audit	F	IS	Jul 2016	20.3
5.0	FU Information Technology	F	IT	Dec 2016	24.8
5.0	INV 1603	I	IS	Aug 2016	5.2
5.0	INV 1601	I	IS	Jul 2016	49.5
5.0	MRA Financial Management	M	FM	Apr 2017	30.0
5.0	MRA Institutional Support	M	IS	Apr 2017	30.0
5.0	MRA TCAT McMinnville	M	IS	Jan 2017	24.7
5.0	MRA TCAT Murfreesboro	M	IS	Jan 2017	24.7
5.0	MRA TCAT Shelbyville	M	IS	Jan 2017	24.7
5.0	President's Expense Audit CSCC FY 2016	R	FM	Aug 2016	99.8
5.0	IAR-Access and Diversity Funds	R	FM	Jul 2016	24.7
5.0	Study Abroad	R	IA	Sep 2016	75.0
5.0	CCTA Funding Formula (Fall 2015 Data)	R	SS	Jul 2016	99.8
4.7	Athletics Audit	A	AT	Mar 2017	125.3
4.2	FU Financial Aid	F	IS	Nov 2016	99.8
	Data Analytics	A	FM	Aug 2016	60.0
	FU Petty Cash and Change Funds	F	FM	Dec 2016	9.7
	INV 1602	I	AT	Aug 2016	5.2
	INV 1604	I	AT	Jul 2016	20.3
	INV 1601	I	IT	Jul 2016	20.3
	Tennessee Promise Information Breach	I	SS	Jul 2016	20.3
Total:					1237.5
Estimated Available Hours For Audits = 1237.5					

**Northeast State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Travel Process Review	A	FM	Jul 2015	28.9
5.0	State Audit Assistance-Yr End	A	FM	May 2017	45.0
5.0	General Consultation	C	IS	Jul 2016	52.5
5.0	State Audit Follow-Up FY15FY14	F	FM	Dec 2016	150.0
5.0	Oher Internal Audit Follow-Up	F	IS	Jul 2016	75.0
5.0	TCAT RISK Assessment	M	FM	Jan 2017	22.5
5.0	Risk Assessments	M	FM	Mar 2017	52.5
5.0	Electronic Workpapers Software	P	IS	Jul 2016	52.5
5.0	Special Requests and Projects	S	IS	Jul 2016	52.5
4.1	Human Resources	A	IS	Jun 2016	151.9
3.7	Purchasing	A	FM	Oct 2016	180.0
3.7	Building Security/Key Control	A	PP	Sep 2016	150.0
3.6	Equipment	A	IS	Jan 2017	105.0
Total:					1118.3

Estimated Available Hours For Audits = 1110

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
O - Other

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

**Pellissippi State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Rank	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Cash Counts	A	FM	Dec 2016	45.0
5.0	NACHA	A	FM	Sep 2016	75.0
5.0	Review of RFP's, cafe prices, & other purchasing issues	A	FM	Jul 2016	60.0
5.0	Faculty Credentials	A	IA	Oct 2016	105.0
5.0	Review of Compliance Assist	A	IA	Nov 2016	52.5
5.0	Review of French Exchange Program	A	IS	Apr 2017	37.5
5.0	Review of Higher Ed Compliance Matrix	A	IS	Jul 2016	37.5
5.0	IT Security Consulting, Etc.	A	IT	Jul 2016	30.0
5.0	Consulting/Special Request	C	IS	Jul 2016	90.0
5.0	Audit Follow Ups	F	FM	Jul 2016	37.5
5.0	TCAT Knoxville Risk Assessment	M	IS	Jan 2017	7.5
5.0	Enterprise Wide Risk Assessment	M	IS	Apr 2017	15.0
5.0	MKInsight Software	P	IS	Jul 2016	67.5
5.0	TBR Chancellor's Expense Audit FYE 6/30/16	R	FM	Jul 2016	112.5
3.7	Technology Access Fee	A	FM	Jan 2017	135.0
3.6	Equipment	A	FM	Mar 2017	150.0
3.5	Accounts Receivable	A	FM	May 2017	135.0
Total:					1192.5

Estimated Available Hours For Audits = 1200

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
O - Other

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

Roane State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
4.0	Foundation Review	A	AX	Nov 2016	150.0
5.0	Access & Diversity FY2016	R	FM	Jul 2016	112.5
5.0	Year End Cash Counts FY2016	A	FM	May 2017	22.5
4.0	Unscheduled Investigations	I	FM	Jul 2016	112.5
4.0	INV 16-02	I	AT	Jul 2016	60.0
4.0	ACA Reporting	A	FM	Jul 2016	150.0
5.0	TCAT Oneida FY2017 RA	M	IS	Jan 2017	15.0
5.0	TCAT Harriman FY2017 RA	M	IS	Jul 2016	15.0
5.0	TCAT Crossville FY2017 RA	M	IS	Jan 2017	15.0
5.0	TCAT Jacksboro FY2017 RA	M	IS	Jan 2017	15.0
5.0	Quality Assurance FY2017	R	IS	Apr 2017	60.0
5.0	FY2017 Risk Assessment	M	IS	Dec 2016	75.0
5.0	General Consultation FY2017	C	IS	Jul 2016	112.5
5.0	MKI Implementation FY2017	P	IS	Jul 2016	37.5
Total:					952.5

Estimated Available Hours For Audits = 952.5

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
O - Other

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

Southwest Tennessee Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	FU-State Audit Follow Up	F	FM	Sep 2016	75.0
5.0	FU-Federal Audit Follow up	F	FM	Jul 2016	37.5
5.0	FU-Internal Audit Follow Up from prior year	F	IS	Jul 2016	37.5
5.0	Risk Management TCAT	M	IS	Sep 2016	22.5
5.0	President Audit-DSCC	R	FM	Jul 2016	180.0
5.0	IIA Quality Assurance Self-Assessment	R	IS	Jul 2016	90.0
2.7	Cash Count	A	FM	Jul 2016	30.0
2.6	General Consultation	C	IS	Jul 2016	97.5
2.6	Unscheduled Investigations	I	IS	Jul 2016	97.5
	FU-Off Campus International Education	F	FM	Jul 2016	22.5
	SSCC-FU-Follow Up Tuition Statements	F	FM	Jul 2016	15.0
	FU-Follow Up Credit Card	F	FM	Jul 2016	15.0
	FU-Federal Work Study	F	FM	Jul 2016	52.5
	FU-Industrial Readiness	F	FM	Jul 2016	15.0
	INV 16-02	I	FM	Jul 2016	45.0
	INV 16-04	I	FM	Jul 2016	37.5
	INV 16-05	I	FM	Jul 2016	15.0
	INV 16-06	I	FM	Jul 2016	15.0
	INV 16-08	I	FM	Jul 2016	22.5
	INV 17-01	I	FM	Jul 2016	7.5
	INV 17-02	I	FM	Jul 2016	15.0
	INV 16-03	I	IS	Jul 2016	45.0
	INV 16-07	I	PP	Jul 2016	15.0
	INV 16-09	I	PP	Jul 2016	15.0
	Risk Management 2016-2017	M	IS	Jul 2016	157.5
	ACM-Audit Software	P	IS	Jul 2016	75.0
Total:					1252.5
Estimated Available Hours For Audits = 1252.5					

**Volunteer State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Athletic Work Study Program	A	AT	Nov 2016	187.5
5.0	State Audit Year-End Procedures	A	FM	Jun 2017	22.5
5.0	Student Campus Activities	A	SS	Feb 2017	187.5
5.0	General Consultation	C	IS	Jul 2016	112.5
5.0	Follow-Up Activities	F	IS	Jul 2016	75.0
5.0	Investigation 16-01 EMT Paramedic Equipment	I	IA	Jul 2016	150.0
5.0	Unscheduled Investigations	I	IS	Jul 2016	37.5
5.0	Management Risk Assessment	M	IS	Mar 2017	75.0
5.0	TCAT Hartsville Management Risk Assessment	M	IS	Feb 2017	7.5
5.0	TCAT Livingston Management Risk Assessment	M	IS	Feb 2017	7.5
5.0	MKI Implementation	P	IS	Jul 2016	15.0
5.0	CCTA Funding Formula	R	SS	Aug 2016	187.5
Total:					1065.0

Estimated Available Hours For Audits = 1065

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
O - Other

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

**Walters State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Rank	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	Accounts Receivable Audit	A	FM	Oct 2016	150.0
5.0	Contracts Audit	A	FM	Dec 2016	150.0
5.0	Fiscal Year-End Procedures for State Audit	A	FM	Jul 2016	37.5
5.0	NACHA Compliance Review	A	FM	Oct 2016	150.0
5.0	PCI-DSS	A	FM	Jan 2017	150.0
5.0	Cloud Computing Audit	A	IT	Apr 2017	225.0
5.0	IT Governance	A	IT	Aug 2016	30.0
5.0	Institutional Support Consulting	C	IS	Jul 2016	165.0
5.0	Unscheduled Investigations	I	IS	Jul 2016	37.5
5.0	Foundation Risk Assessment	M	AD	May 2017	15.0
5.0	TCATM Enterprise-wide Risk Assessment	M	IS	Feb 2017	7.5
5.0	Enterprise-wide Risk Assessment	M	IS	May 2017	7.5
5.0	Information Technology Risk Assessment	M	IT	May 2017	15.0
	State Audit Follow-Up	F	FM	May 2017	75.0
	Planning, Research & Assessment Risk Assessment	M	IS	May 2017	15.0
Total Planned Audit Days:					1230.0
Estimated Available Hours For Audits = 1230					
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 O - Other			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		

**Tennessee Board of Regents -Systemwide Internal Audit
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	SWIA Capital Projects	A	PP	Sep 2016	45.0
5.0	General Consultation	C	FM	Jul 2016	90.0
5.0	Follow-up to State Audit Findings	F	FM	Nov 2016	45.0
5.0	RSCC - Grant Follow Up	F	FM	Mar 2017	37.5
5.0	TFLI Follow-Up to SWIA Recommendations	F	FM	Dec 2016	30.0
5.0	Managment's Risk Assessment	M	IS	Apr 2017	30.0
5.0	Audit Management Software	P	IS	Jul 2016	90.0
5.0	TNCIS	R	IA	Oct 2016	90.0
5.0	Internal Quality Assurance Review	R	IS	Jul 2016	30.0
5.0	NaSCC CTA - AY 2014-2015	R	SS	Sep 2016	75.0
4.8	Capital Projects Financial Activity	A	FM	Mar 2017	187.5
4.3	Academic Affairs Grants	A	IA	Oct 2016	112.5
3.8	System Office Contracting Procedures	A	FM	Jan 2017	150.0
Total:					1012.5

Estimate Available Hours For Audits = 1012.5

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
O - Other

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

**Tennessee Board of Regents - Information Systems
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Rank	Audit	Type	Area	Audit Start Date	Hours Planned
5.0	SWIA Follow-up on all SW IT Audits	F	IT	Jul 2016	90.0
5.0	Banner XE Upgrade	P	IT	Jul 2016	56.3
5.0	NaSCC IT GCR - 012016	R	IT	Jul 2016	7.5
5.0	NeSCC IT GCR - 042016	R	IT	Jul 2016	18.8
5.0	TCAT IT Questionnaire	R	IT	Jul 2016	15.0
4.2	IT Consulting & Requested Projects	C	IT	Jul 2016	150.0
	ClSCC Information Security Audit	R	IT	Aug 2016	150.0
	CoSCC Information Security Audit	R	IT	Apr 2017	150.0
	DSCC Information Security Audit	R	IT	May 2017	150.0
	JSCC Information Security Audit	R	IT	Sep 2016	150.0
	PSCC Information Security Audit	R	IT	Oct 2016	150.0
	RSCC Information Security Audit	R	IT	Mar 2017	150.0
	STCC Information Security Audit	R	IT	Jan 2017	150.0
	TBR SMO IT Information Security	R	IT	Feb 2017	150.0
Total:					1537.5

Estimated Available Hours For Audits = 1537.5

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
O - Other

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

Tennessee Board of Regents - TCATs
Internal Audit Plan
Fiscal Year Ending June 30, 2017

Ranking	Audit	Type	Area	Audit Start Date	Hours Planned
4.7	Morristown-IAR-Focused Review FY 2015	A	FM	Aug 2016	7.5
4.7	Morristown-IAR-Focused Review FY 2017	A	FM	Aug 2016	30.0
4.0	Ripley-IAR-Focused Review FY 2016	A	FM	Oct 2016	37.5
4.0	Ripley-IAR-Focused Review FY 2017	A	FM	Oct 2016	15.0
3.5	Livingston-IAR-Focused Review FY 2017	A	FM	Jan 2017	15.0
3.4	Nashville-IAR-Focused Review FY 2017	A	FM	Nov 2016	7.5
3.2	Knoxville-IAR-Focused Review FY 2017	A	FM	Apr 2017	7.5
3.2	Jacksboro-IAR-Focused Review FY 2017	A	FM	Dec 2016	7.5
3.2	Harriman-IAR-Focused Review FY 2017	A	FM	Mar 2017	7.5
3.2	Memphis-IAR-Focused Review FY 2017	A	FM	Nov 2016	15.0
3.1	Pulaski-IAR-Focused Review FY 2016	A	FM	Jul 2016	30.0
3.1	Pulaski-IAR-Focused Review FY 2017	A	FM	Jul 2016	15.0
3.0	Paris-IAR-Focused Review FY 2016	A	FM	Aug 2016	7.5
3.0	Paris-IAR-Focused Review FY 2017	A	FM	Dec 2016	7.5
2.9	Athens-IAR-Focused Review FY 2016	A	FM	Aug 2016	7.5
2.9	Covington-IAR-Focused Review FY 2016	A	FM	Aug 2016	15.0
2.9	Covington-IAR-Focused Review FY 2017	A	FM	Mar 2017	15.0
2.8	Crump-IAR-Focused Review FY 2017	A	FM	Mar 2017	7.5
2.8	Jackson-IAR-Focused Review FY 2016	A	FM	Aug 2016	7.5
2.8	Jackson-IAR-Focused Review FY 2017	A	FM	Sep 2016	15.0
2.2	Crossville-IAR-Focused Review FY 2017	A	FM	Feb 2017	7.5
2.2	Dickson-IAR-Focused Review FY 2017	A	FM	May 2017	7.5
2.2	Elizabethton-IAR-Focused Review FY 2016	A	FM	Sep 2016	30.0
2.2	Elizabethton-IAR-Focused Review FY 2017	A	FM	Dec 2016	45.0
2.0	McMinnville-IAR-Focused Review FY 2017	A	FM	Feb 2017	7.5
1.9	McKenzie-IAR-Focused Review FY 2017	A	FM	Aug 2016	7.5
1.9	Hartsville-IAR-Focused Review FY 2017	A	FM	Feb 2017	7.5
1.9	Murfreesboro-IAR-Focused Review FY 2017	A	FM	May 2017	7.5
1.9	Shelbyville-IAR-Focused FY 2016	A	FM	Aug 2016	7.5
1.9	Shelbyville-IAR-Focused Review FY 2017	A	FM	Aug 2016	15.0
1.8	Newbern-IAR-Focused Review FY 2017	A	FM	Jul 2016	30.0
1.6	Hohenwald-IAR-Focused Review FY 2016	A	FM	Sep 2016	15.0
1.6	Hohenwald-IAR-Focused Review FY 2017	A	FM	Sep 2016	30.0
1.6	Oneida-IAR-Focused Review FY 2017	A	FM	Nov 2016	15.0
1.4	Athens-IAR-Focused Review FY 2017	A	FM	May 2017	7.5
1.4	Whiteville-IAR-Focused Review FY 2017	A	FM	Jun 2017	7.5
1.0	Chattanooga-IAR-Focused Review FY 2017	A	FM	Apr 2017	7.5
	Consultation	C	FM	Jul 2016	97.5
	Risk Assessment	M	IS	Mar 2016	698.8
Total:					1328.8
Estimated Available Hours For Audits = 1329					

**Tennessee Board of Regent - Investigations
Internal Audit Plan
Fiscal Year Ending June 30, 2017**

Audit	Type	Area	Audits	Hours Planned
Consultation with Campus Auditors	C	IS	Jul 2015	240.0
Investigation Management	I	IS	Jul 2015	240.0
TBR 12-04	I	FM	Jul 2015	22.5
TBR 13-02	I	FM	Jul 2015	22.5
TBR 14-04	I	IA	Mar 2015	7.5
TBR 15-01	I	FM	Jul 2015	7.5
TBR 15-03	I	FM	Jul 2015	22.5
TBR 15-04	I	FM	Jul 2015	37.5
TBR 16-01	I	IS	Nov 2015	22.5
TBR 16-02	I	IS	Oct 2015	22.5
TBR 16-05	I	AT	Dec 2015	15.0
TBR 16-08	I	IA	Oct 2015	15.0
TBR 16-10	I	SS	Apr 2016	22.5
TBR 16-12	I	AT	Apr 2016	37.5
TBR 16-13	I	FM	Apr 2016	30.0
TBR 16-14	I	IA	Apr 2016	30.0
TBR 16-15	I	IS	Apr 2016	37.5
TBR 16-17	I	FM	Apr 2016	15.0
TBR 16-19	I	IS	Jul 2016	75.0
TBR 16-20	I	IA	Jul 2016	37.5
TBR 16-21	I	FM	Jul 2016	37.5
Unscheduled Investigations	I	FM	Jul 2015	375.0
Total:				1372.5
Estimated Available Audit Hours = 1372.5 (1 staff)				

**Tennessee Board of Regents
Committee on Audit**

DATE:	August 30, 2016
AGENDA ITEM:	Review of Quality Assurance Internal Reviews
PRESENTER:	Tammy Birchett
ACTION REQUIRED:	Voice Vote
STAFF'S RECOMMENDATION:	Approval

BACKGROUND INFORMATION:

The Committee will review the results of the recent internal quality assurance reviews (QAR) performed as a self-assessment by each of the internal audit offices in the system. The self-assessments were performed as part of the system-wide audit function's quality assurance and improvement program (QAIP). Independent, external assessments are required every five years; the Tennessee Board of Regents system's last external assessment was completed in August 2013; the next external assessment is due in 2018. A summary of the key results from the internal assessments is included, followed by the report from each office.

Quality Assurance and Improvement Program (QAIP)

A Quality Assurance and Improvement Program (QAIP) is designed to enable an evaluation of the internal audit activity's conformance to the Institute of Internal Auditors (IIA) *International Standards of the Professional Practice of Internal Auditing* (the *Standards*), the IIA *Definition of Internal Auditing* and the IIA *Code of Ethics* (mandatory guidance). The objectives of a QAIP are to evaluate the internal audit function for:

- Conformance with the IIA *Standards, Definition of Internal Auditing* and *Code of Ethics*;
- Adequacy of the audit charter, goals, objectives, policies and procedures;
- Contribution to the organization's governance, risk management, and control processes; and
- Effectiveness of continuous improvement activities and adoption of best practices.

Internal Assessments

Internal quality assurance reviews or self-assessments are performed periodically by internal audit staff and may include:

- Ongoing monitoring of the internal audit activity's day to day activities, such as engagement supervision and review of working papers and reports;
- Quality or compliance checklists;
- Performance evaluations and client surveys; and
- Periodic internal self-assessment of conformance with the IIA *Standards, Definition of Internal Auditing* and *Code of Ethics*.

External Assessments

External quality assurance reviews are performed by a qualified, independent reviewer or team and must include either:

- An external review of the audit function to determine conformance with the IIA *Standards, Definition of Internal Auditing* and *Code of Ethics*, or
- An external validation of a self-assessment, which would include sufficient reviews by the external reviewer to validate the self-assessment or propose an alternative report.

Tennessee Board of Regents
System-wide Internal Audit
Summary of Internal Quality Assurance Reviews
June – August 2016

The internal audit offices within the Tennessee Board of Regents system conducted an Internal Quality Assurance Review (QAR), a self-assessment, of the internal audit activity in June, July and August 2016. As part of System-wide Internal Audit's Quality Assurance and Improvement Program, the principal objective of the self-assessments was to determine the internal audit activity's overall conformity to The Institute of Internal Auditors' (The IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Tennessee Board of Regents internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing*, and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices. The report for each institution is included following this summary report, except for Nashville State Community College where the internal audit position is currently vacant.

Observations

The concept of general conformance to the IIA *Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This summary contains a number of observations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as the most significant in relation to the IIA *Standards* or have the highest potential to improve the program.

1. Increase information technology skills and resources, including the use of data analysis tools.

Standard 1220, A2 – Due Professional Care – Partially Conforms

In exercising due professional care, internal auditors must consider the use of technology-based audit and other data analysis techniques.

This Standard requires that auditors exercise due professional care during an audit engagement, which includes the auditors' consideration of technology based audits and other data analysis. Eleven of the 19 QAR reports included an observation that continuing or increasing knowledge and application of data analysis tools would improve the effectiveness of the internal audit activity.

Corrective Actions: Seek additional training for tools available in-house, such as Excel or Argos Reports, or obtain other data analysis tools and training for the tools. Develop and apply audit procedures using the data analysis tools.

2. Improve the process for and documentation of engagement planning procedures.

Standard 1220 – Due Professional Care – Generally Conforms

Internal auditors must apply the care and skill expected of a reasonably prudent and competent internal auditor. Due professional care does not imply infallibility.

Standard 2200 – Engagement Planning – Generally Conforms

Internal auditors must develop and document a plan for each engagement, including the engagement’s objectives, scope, timing, and resource allocations.

These standards require internal auditors to consider various factors particular to the entity or unit to be audited and to plan and document the planning for the engagement. Five of the nineteen QAR reports included an observation that improvement was needed in the documentation of planning efforts for each engagement; one of the reports also included the need to develop methodologies to use in planning audits.

Corrective Action: Develop and implement checklists, questionnaires, standard memorandums or audit programs to assist with planning and document the relevant planning considerations and results of those considerations for each engagement.

3. Improve the timeliness of reports.

Standard 2420 – Quality of Communications – Generally Conforms

Communications must be accurate, objective, clear, concise, constructive, complete, and timely.

This standard indicates timely communications are opportune and expedient, depending on the significance of the issue, allowing management to take appropriate corrective action. Four of nineteen QAR reports included an observation that improvement in the timeliness of communications was needed to improve the effectiveness of audit results. In some instances, results are verbally communicated but reports are delayed because of competing priorities.

Corrective Action: Improve the timeliness of audit and investigation reports. Develop performance metrics to assess and ensure timeliness of reporting through the year.

4. Implement effective quality assurance practices and provide annual reports on the overall quality assurance and improvement program to management and the audit committee.

Standard 1300 – Quality Assurance and Improvement Program – Generally Conforms
The chief audit executive must develop and maintain a quality assurance and improvement program that covers all aspects of the internal audit activity.

This standard indicates that ongoing monitoring of the internal audit activity is an integral part of operations and includes supervision, review and measurement of the activity. Four of the nineteen QAR reports included an observation regarding quality assurance activities, as follows:

- Communicate internal assessment results for ongoing and periodic assessment efforts to senior management and the chief auditor at the TBR system office annually. The results should then be communicated to the audit committee. [IIA Practice Advisory 1320-1, May 2015, indicates results of internal assessments should be communicated to management and the audit committee annually].
- Seek and obtain feedback from audit customers and other stakeholders through surveys.
- For a one-person office, audit work is not reviewed by a second person. Checklists and software engagement review options are used to compensate for a reviewer and should be used consistently.

Corrective Action: In collaboration with the campuses, System-wide Internal Audit will develop a process to summarize and report ongoing quality assurance activities and will continue to report on periodic quality assurance assessments. Surveys or other processes should be used to gather feedback about the audit activity to assist with continuous improvement. Checklists and other tools should be used consistently to document that audit work meets acceptable standards.

5. Ensure proficiency requirements are met for audit positions.

Standard 1210 – Proficiency – Generally Conforms
Internal auditors must possess the knowledge, skills, and other competencies needed to perform their individual responsibilities. The internal audit activity collectively must possess or obtain the knowledge, skills, and other competencies needed to perform its responsibilities.

The Interim Director of Internal Audit at Roane State Community College has not yet completed the examination to obtain one of the professional certifications required for the permanent position. The director met the other requirements for the position and was hired in the interim position with the condition of obtaining a professional certification as a CPA or CIA to move into the position on a permanent basis.

Corrective Action: The Interim Director of Internal Audit is pursuing the Certified Internal Auditor certification and should complete the requirements as soon as possible.

AUSTIN PEAY STATE UNIVERSITY

OFFICE OF INTERNAL AUDIT

Report on Quality Self-Assessment Review
June 24, 2016



Internal Audit

June 24, 2016
Dr. Alisa White
President
Austin Peay State University
601 College Street
Clarksville, Tennessee 37044

Dear President White:

In accordance with the International Standards for the Professional Practice of Internal Auditing (Standards), issued by the Institute of Internal Auditors (IIA), we implemented a Quality Assurance and Improvement Program for the Office of Internal Audit. As required by the Standards, this program must include periodic external reviews and internal self-assessments, as well as ongoing internal monitoring covering all aspects of the internal audit activity.

The *Standards* require an external quality assurance review performed every five years. Our previous external review occurred in the summer of 2013 and the next will be performed in fiscal year 2018. Our Quality Assurance and Improvement Program requires an internal review be performed between external reviews. Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office.

Periodic self-assessments are designed to assess the audit activity's conformance with the internal audit charter, the IIAs Definition of Internal Auditing, *Standards* and the Code of Ethics and to assess the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders. The assessment will also include a follow up on the corrective actions to address the issue noted in the previous external review.

This letter is to inform you our periodic internal self-assessment was performed in May and June of 2016. The results of our assessment will indicate we overall generally conform to the internal audit charter, IIA's Definition of Internal Auditing, *Standards*, and Code of Ethics and if any opportunities for improvement were noted. A summary of the self-assessment checklist is attached.

Please contact me at (931) 221-7466, should you have any questions regarding this review.

Sincerely,

A handwritten signature in black ink, appearing to read 'Blayne M. Clements', written in a cursive style.

Blayne M. Clements CIA, CFE, CRMA

CC: Mrs. Tammy Birchett, System-wide Chief Audit Executive

Austin Peay State University
Report on Quality Self-Assessment Review
June 24, 2016

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PROCEDURES PERFORMED	2
OPINION AS TO CONFORMITY TO THE STANDARDS	2
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ATTACHMENT A - CONFORMITY WITH THE STANDARDS	4

Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Austin Peay State University. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Austin Peay State University, Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

Austin Peay State University
Report on Quality Self-Assessment Review
June 24, 2016

EXECUTIVE SUMMARY

The Austin Peay State University, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during May and June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Austin Peay State University's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. Recommendations noted should not undermine the overall conclusion. Among the opportunities noted in this assessment, the following opportunities stood out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. Continue to use and enhance checklists to document the planning of the audit engagement.
2. Continue the implementation and improvement of data analysis and computer-aided audit techniques.
3. Continue to obtain professional education related to emerging and relevant IT risks.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Austin Peay State University's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

OBSERVATIONS

Standard 1220 – Due Professional Care – Partially Conforms

This standard requires internal audit to consider the probability of significant errors, fraud or non-compliance. Although significant errors, fraud or non-compliance are considered and documented in the creation of the annual audit plan, this consideration is not always documented at the individual audit level.

This standard also requires internal audit to have sufficient knowledge of key information technology (IT) risks and controls and available technology-based audit techniques to perform their assigned work. Currently internal audit is reliant on TBR System-wide Internal Audit to deploy an IT auditor to conduct IT-related engagements.

Corrective Action: The planning checklist, which is completed with each audit, has been revised to document the consideration of significant errors, fraud and non-compliance.

Austin Peay State University
Report on Quality Self-Assessment Review
June 24, 2016

Improvements in the internal audit activity's effectiveness and efficiency can be gained through continued implementation and improvement of data analysis and computer-aided audit techniques, and through professional education to ensure the auditor remains aware of emerging and relevant IT risks.

Austin Peay State University
Report on Quality Self-Assessment Review
June 24, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities.

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

- 1110 Organizational Independence
- 1120 Individual Objectivity
- 1130 Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

- 1210 Proficiency
- 1220 Due Professional Care
- 1230 Continuing Professional Development

1300 - Quality Assurance and Improvement Program

- 1310 Quality Program Assessments
- 1311 Internal Assessments
- 1312 External Assessments
- 1320 Reporting on the Quality Program
- 1321 Use of "Conformity with the Standards"
- 1322 Disclosure of Nonconformance

Performance Standards

2000 - Managing the Internal Audit Activity

- 2010 Planning
- 2020 Communication and Approval
- 2030 Resource Management
- 2040 Policies and Procedures
- 2050 Coordination
- 2060 Reporting to the Board and Senior Management
- 2070 External Service Providers

2100 - Nature of Work

- 2110 Governance
- 2120 Risk Management
- 2130 Control

2200 - Engagement Planning

- 2201 Planning Considerations
- 2210 Engagement Objectives
- 2220 Engagement Scope
- 2230 Engagement Resource Allocation
- 2240 Engagement Work Program

2300 - Performing the Engagement

- 2310 Identifying Information
- 2320 Analysis and Evaluation
- 2330 Documenting Information
- 2340 Engagement Supervision

2400 - Communicating Results

- 2410 Criteria for Communication
- 2420 Quality of Communications
- 2421 Errors and Omissions
- 2431 Engagement Disclosure of Non-compliance
- 2440 Disseminating Results
- 2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
X			

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EAST TENNESSEE STATE
UNIVERSITY

Office of Internal Audit
Report on Quality Self-Assessment Review
June 24, 2016



June 24, 2016

Dr. Brian Noland, President
East Tennessee State University
Johnson City, Tennessee 37614

Dear Dr. Noland:

This report covers a quality self-assessment review of the internal audit activity for the Fiscal Year 2016. Both internal and external quality assessments are required periodically in accordance with the Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing*.

The current status of the recommendations made in the previous self-assessment review is located on page two through three of this report. In addition, the current observation is located on page three.

Sincerely,

Rebecca Lewis, CPA
Director, Internal Audit

East Tennessee State University
Report on Quality Self-Assessment Review
June 24, 2016

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East Tennessee State University
Report on Quality Self-Assessment Review
June 24, 2016

EXECUTIVE SUMMARY

East Tennessee State University's (ETSU) Office of Internal Audit conducted a quality self-assessment of the internal audit activity during Fiscal Year 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that ETSU's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OBSERVATION

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains one recommendation that should not undermine the overall conclusion. The following stands out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

Standard 1220 – Due Professional Care – Generally Conforms

This Standard requires that the auditors exercise due professional care during an audit engagement. Part of due professional care includes the auditors' consideration of technology based audits and other data analysis. An increased knowledge and application of data analysis tools would improve the effectiveness of the internal audit activity.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing the external assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that East Tennessee State University's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident. The previous self-study was completed March 1, 2013 and contained several recommendations which have now been implemented. These recommendations were made to improve internal audit documentation related to the *Standards*. The current statuses of these recommendations are as follows:

- Annual independence statements are now completed annually by internal audit staff.
- Notification of Audit memorandums were revised to address management's responsibilities.
- A General Auditing and Completion Procedures audit program was developed and utilized for each audit.
- A planning memo was developed to ensure proper documentation exists regarding such things as auditor's objectivity and independence, information pertaining to the auditee, review of management's risk assessment, overall assessment of potential fraud, waste, and abuse risks, and special needs of the audit.

East Tennessee State University
Report on Quality Self-Assessment Review
June 24, 2016

- Materiality Worksheets were developed and utilized when necessary.
- Fraud, Waste, and Abuse Questionnaires were developed and completed by management for audit engagements.
- A Fraud Risk Assessment Checklist was developed to document the auditor's initial assessment of fraud, waste, and abuse risks.
- Audit Checklist/Route Sheets are now utilized for each audit.
- Audit Evaluations are completed by the Internal Audit Director at the end of each engagement.
- A Client Satisfaction Survey is now sent to each auditee at the conclusion of the audit.

OBSERVATION

Standard 1220 – Due Professional Care – Generally Conforms

This Standard requires that the auditors exercise due professional care during an audit engagement. Part of due professional care includes the auditors' consideration of technology based audits and other data analysis. An increased knowledge and application of data analysis tools would improve the effectiveness of the internal audit activity.

East Tennessee State University
Report on Quality Self-Assessment Review
June 24, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 - Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the Standards"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2440 Disseminating Results

2430 Use of "Conformity with the Standards"

2431 Engagement Disclosure of Noncompliance

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
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**Audit and Consulting Services
Report on Quality Self-Assessment Review
August 12, 2016**

**Audit and Consulting Services
Middle Tennessee State University
Murfreesboro, TN 37132**

A Tennessee Board of Regents Institution

Audit and Consulting Services
Middle Tennessee State University
1301 East Main Street
Murfreesboro, TN 37132
Office: 615-898-2914 • Fax: 615-904-8046



August 12, 2016

Dr. Sidney A. McPhee, President
Middle Tennessee State University
1301 East Main Street
Murfreesboro, TN 37132

and

Tammy Birchett, Chief Audit Executive
Tennessee Board of Regents
1415 Murfreesboro Road
Nashville, Tennessee 37217

Dear President McPhee and Ms. Birchett:

In accordance with the *International Standards for the Professional Practice of Internal Auditing (Standards)* issued by The Institute of Internal Auditors (IIA), as well as The IIA *Definition of Internal Auditing* and *Code of Ethics*, we initiated a Quality Assurance and Improvement Program for the Office of Audit and Consulting Services. As required by the *Standards*, this program must include periodic internal and external reviews and ongoing internal monitoring covering all aspects of the internal audit activity.

This report is to inform you of the results of a recent internal review, a self-assessment of our internal audit activities performed as part of the quality assurance program. The review was performed during August 2016 to determine if the internal audit activity is in conformance with The IIA requirements. The results of our review indicate we are generally in conformance with the *Standards*, *Definition of Internal Auditing* and *Code of Ethics*.

Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office. Because the *Standards* require an external quality assurance review every five years, the next external quality assurance review should be performed in 2018.

Please contact me at (615) 898-2914 should you have any questions regarding this review.

Sincerely,

A handwritten signature in black ink that reads "Brenda H. Burkhart".

Brenda H. Burkhart, Director
Audit and Consulting Services

Middle Tennessee State University
Audit and Consulting Services
Report on Quality Self-Assessment Review
August 12, 2016

Executive Summary Report

INTRODUCTION

The Middle Tennessee State University (MTSU) Office of Audit and Consulting Services conducted a quality self-assessment of the internal audit activity in August 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Audit and Consulting Services at MTSU is required by The *IIA Standards* to have a quality assurance and improvement program which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Audit and Consulting Services prepared a self-study of conformance to The IIA requirements. The Office of Audit and Consulting Services also reviewed the audit planning processes and staff management processes.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that MTSU's internal audit activity generally conforms to The *IIA's Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of The *IIA Standards* are evident; therefore, the report has no observations or corrective actions. For the detailed list of conformance to individual standards, please see Attachment A – "Conformity with the *Standards*".

Middle Tennessee State University
Audit and Consulting Services
Report on Quality Self-Assessment Review
August 12, 2016

ATTACHMENT A - CONFORMITY WITH THE *STANDARDS*

GC = Generally Conforms and means that Internal Audit (IA) has a charter, policies and procedures that are judged to meet the spirit and intent of The *IIA Standards* with some potential opportunities for improvement.

PC = Partially Conforms and means there are deficiencies in practice that are judged to deviate from the spirit and intent of The *IIA Standards*, but these deficiencies did not preclude IA from performing its responsibilities

DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = Not applicable Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 – Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the *Standards*"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2430 Use of "Conformity with the *Standards*"

2431 Engagement Disclosure of Noncompliance

2440 Disseminating Results

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
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Tennessee State University

*Department of Internal Audit
Report on Quality Self-Assessment Review
June 22, 2016*



Department of Internal Audit
3500 John A. Merritt Blvd.
Nashville, TN 37209-1561

June 23, 2016

Dr. Glenda Glover, President
Tennessee State University
3500 John A. Merritt Boulevard
Nashville, Tennessee 37209-1561

Dear President Glover:

Enclosed is the self-assessment quality review for the Department of Internal Audit, in accordance with the *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors (IIA), as well as the IIA *Definition of Internal Auditing* and the *Code of Ethics*.

Sincerely,

Mike Batson, CPA

Tennessee State University
Report on Quality Self-Assessment Review
June 23, 2016

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Tennessee State University. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the Tennessee State University Department of Internal Audit and handled in accordance with university policies; however, this report is a matter of public record.*

EXECUTIVE SUMMARY

The Tennessee State University Department of Internal Audit, conducted a quality self-assessment of the internal audit activity during fiscal year 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the university's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Department of Internal Audit prepared a self-study of conformance to the IIA requirements.

The quality self-assessment review found that the Tennessee State University internal audit activity generally conforms, in all material respects, to a majority of the individual standards or elements of the *Code of Ethics*.

Definitions: According to The IIA *Quality Assessment Manual*, "Generally Conforms" means the evaluator has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the individual Standard or element of the Code of Ethics in all material respects. Further, general conformance means that there is general conformity to a majority of the individual *Standards* or elements of the Code of Ethics and at least partial conformity to the others. "Partially Conforms" means the evaluator has concluded that the activity is making good-faith efforts to comply with the requirements of the individual Standard or element of the Code of Ethics, but falls short of achieving some major objectives. "Does Not Conform" means deficiencies in practice are judged to be so significant as to seriously impair or preclude the internal audit activity from performing adequately in all or in significant areas of its responsibilities.

Tennessee State University
Report on Quality Self-Assessment Review
June 23, 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Department of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Department of Internal Audit prepared a self-study of conformance to the IIA requirements.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the university's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

Tennessee State University
Report on Quality Self-Assessment Review
June 23, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

GC	PC	DNC	NA
X			

1100 - Independence and Objectivity

- 1110 Organizational Independence
- 1111 Direct Interaction with the Board
- 1120 Individual Objectivity
- 1130 Impairments to Independence or Objectivity

X			
X			
X			
X			

1200 - Proficiency and Due Professional Care

- 1210 Proficiency
- 1220 Due Professional Care
- 1230 Continuing Professional Development

X			
X			
X			

1300 - Quality Assurance Improvement Program

- 1310 Quality Program Assessments
- 1311 Internal Assessments
- 1312 External Assessments
- 1320 Reporting on the Quality Program
- 1321 Use of "Conformity with the Standards"
- 1322 Disclosure of Noncompliance

X			
X			
X			
X			
X			
			X

Performance Standards

2000 - Managing the Internal Audit Activity

- 2010 Planning
- 2020 Communication and Approval
- 2030 Resource Management
- 2040 Policies and Procedures
- 2050 Coordination
- 2060 Reporting to the Board and Senior Management
- 2070 External Service Provider & Organizational Responsibility

X			
X			
X			
X			
X			
X			
			X

2100 - Nature of Work

- 2110 Governance
- 2120 Risk Management
- 2130 Control

X			
X			
X			

2200 - Engagement Planning

- 2201 Planning Considerations
- 2210 Engagement Objectives
- 2220 Engagement Scope
- 2230 Engagement Resource Allocation
- 2240 Engagement Work Program

X			
X			
X			
X			
X			

2300 - Performing the Engagement

- 2310 Identifying Information
- 2320 Analysis and Evaluation
- 2330 Documenting Information
- 2340 Engagement Supervision

X			
X			
X			
X			

2400 - Communicating Results

- 2410 Criteria for Communication
- 2420 Quality of Communications
- 2421 Errors and Omissions
- 2430 Use of "Conformity with the Standards"
- 2431 Engagement Disclosure of Noncompliance
- 2440 Disseminating Results
- 2450 Overall Opinions

X			
X			
			X
X			
			X
X			
X			

2500 - Monitoring Progress

X			
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2600 - Management's Acceptance of Risks

X			
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TENNESSEE TECH UNIVERSITY

Office of Internal Audit
Report on Quality Self-Assessment Review
June 13, 2016



Office of Internal Audit
Box 5154 • Cookeville, TN 38505-0001 • (931) 372-3045

June 13, 2016

Dr. Phillip B. Oldham
President
Tennessee Tech University
Box 5007
Cookeville, TN 38505

Dear Dr. Oldham:

In accordance with the *International Standards for the Professional Practice of Internal Auditing (Standards)*, issued by the Institute of Internal Auditors (IIA), as well as the IIA *Definition of Internal Auditing* and *Code of Ethics*, we implemented a Quality Assurance and Improvement Program for the Office of Internal Audit. As required by the *Standards*, this program must include periodic external reviews and internal self-assessments, as well as ongoing internal monitoring covering all aspects of the internal audit activity.

The *Standards* require an external quality assurance review be performed every five years. Our previous external review occurred in the summer of 2013, and the next will be performed in fiscal year 2018. Our Quality Assurance and Improvement Program requires an internal review be performed between external reviews. Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office.

Periodic self-assessments are designed to assess the audit activity's conformance with the internal audit charter, the IIA's *Definition of Internal Auditing, Standards* and *Code of Ethics* and to assess the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders.

This letter is to inform you our periodic internal self-assessment was performed in May and June of 2016. The results of our assessment indicate we overall generally conform to the internal audit charter, IIA's *Definition of Internal Auditing, Standards*, and *Code of Ethics*. Any opportunities for improvement were noted. A summary of the self-assessment checklist is attached.

Please contact me at (931) 372-3045, should you have any questions regarding this review.

Sincerely,

Deanna Metts

Tennessee Tech University
Report on Quality Self-Assessment Review
June 13, 2016

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Tennessee Tech University. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Tennessee Tech University Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

Tennessee Tech University
Report on Quality Self-Assessment Review
June 13, 2016

EXECUTIVE SUMMARY

The Tennessee Tech University Office of Internal Audit conducted a quality self-assessment of the internal audit activity during May and June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing*, and the *Code of Ethics*.

The overall opinion is that Tennessee Tech University's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing*, and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OBSERVATIONS

The concept of general conformance to the IIA *Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a recommendation that should not be considered to undermine the overall conclusion. The following opportunity is noted as having potential to improve the program in relation to the IIA *Standards*.

Standard 1220.A2 – Due Professional Care – Generally Conforms

"In exercising due professional care, internal auditors must consider the use of technology-based audit and other data analysis techniques."

While Tennessee Tech University Internal Audit uses technology-based audit tools for data extraction and various other aspects of auditing and reviews, increased use of data analysis would provide Internal Audit with broader knowledge and coverage of university operations and better indications of areas vulnerable to fraud.

Tennessee Tech University
Report on Quality Self-Assessment Review
June 13, 2016

REPORT

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by the IIA *Standards* to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within the IIA *Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that Tennessee Tech University's internal audit activity generally conforms to the IIA's *Standards*, *Definition of Internal Auditing*, and *Code of Ethics*. Efforts to conform to the spirit and intent of the IIA *Standards* are evident.

OBSERVATIONS

The concept of general conformance to the IIA *Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and quality assurance reviews provide a natural process for identifying these opportunities. The following opportunity is noted as having potential to improve the program in relation to the IIA *Standards*.

Standard 1220.A2 – Due Professional Care – Generally Conforms

“In exercising due professional care, internal auditors must consider the use of technology-based audit and other data analysis techniques.”

While Tennessee Tech University Office of Internal Audit uses technology-based audit tools for data extraction and various other aspects of auditing and reviews, increased use of data analysis would provide Internal Audit with broader knowledge and coverage of university operations and better indications of areas vulnerable to fraud.

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Tennessee Tech University
Report on Quality Self-Assessment Review
June 13, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

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PC = Partially Conforms and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA *Standards*, but these deficiencies did not preclude Internal Audit from performing its responsibilities

DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude Internal Audit from performing adequately in all or in significant areas of its responsibilities.

NA = Not applicable and means *Standard* does not apply to Tennessee Tech University Internal Audit or compliance with these *Standards* is handled by the Tennessee Board of Regents System-wide Internal Audit Office.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 - Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

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1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the *Standards*"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2430 Use of "Conformity with the *Standards*"

2431 Engagement Disclosure of Noncompliance

2440 Disseminating Results

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
X			

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UNIVERSITY OF MEMPHIS


Office of Internal Audit and Consulting Report on Quality Self-Assessment Review

June 21, 2016

MEMO

TO: Dr. M. David Rudd, President

Tammy Gourley Birchett, Chief Audit Executive
System-wide Internal Audit, Tennessee Board of Regents

FROM: Byron Morgan, Chief Audit Executive 

DATE: June 21, 2016

RE: Quality Self-Assessment Review

In accordance with the *International Standards for the Professional Practice of Internal Auditing (Standards)*, issued by the Institute of Internal Auditors (IIA), as well as the IIA *Definition of Internal Auditing* and *Code of Ethics*, we have a Quality Assurance and Improvement Program for the University of Memphis (UOM) Office of Internal Audit and Consulting. As required by the *Standards*, this program must include periodic internal and external reviews and ongoing internal monitoring covering all aspects of the internal audit activity.

This report is to inform you of the results of a recent internal review for UOM, a self-assessment of our internal audit activities performed as part of the quality assurance program. This was a review required by the Tennessee Board of Regents (TBR) System-Wide Internal Audit Office to be completed in FY2016. The review was performed during FY 2016 to determine if the UOM internal audit activity is in conformance with the IIA requirements. The results of our review indicate we are generally in conformance with the *Standards*, *Definition of Internal Auditing* and *Code of Ethics*.

Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of the UOM Office of Internal Audit and Consulting. The *Standards* require an external quality assurance review every five years. The last review was in 2013. This was a TBR system-wide review and included an external review team on-site at UOM. The next external quality assurance review for UOM will be performed in 2018 and will be coordinated by the UOM Office of Internal Audit and Consulting and the UOM Board Audit Committee. Internal Audit Offices within Tennessee State Government entities are required to follow the *Standards* pursuant to TCA 4-3-304.

Please contact me directly for any questions regarding this review or the requirements for UOM to comply with the *Standards* after the FOCUS Act becomes effective on July 1, 2016.

CC: Steve Lackey, Controller
Melanie Murry, University Counsel
Jeannie Smith, Assistant Vice-President Finance
David Zettergren, Vice-President Business and Finance

UNIVERSITY OF MEMPHIS

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and the University of Memphis. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the University of Memphis, Office of Internal Audit and Consulting and handled in accordance with institutional policies; however, this report is a matter of public record.*

UNIVERSITY OF MEMPHIS

EXECUTIVE SUMMARY

The University of Memphis, Office of Internal Audit and Consulting, conducted a quality self-assessment of the internal audit activity during FY 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the University of Memphis's internal audit activity generally conforms, to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report. As part of the quality assessment, the Office of Internal Audit and Consulting prepared a self-study of conformance to the IIA requirements.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit and Consulting is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit and Consulting prepared a self-study of conformance to the IIA requirements.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the University of Memphis's internal audit activity generally conforms, to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

<p>GC = Generally Conforms and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.</p> <p>PC = Partially Conforms and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities</p> <p>DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.</p> <p>NA = Not applicable Standard does not apply.</p>																																																																																													
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Chattanooga State

Office of Internal Audit
Report on Quality Self-Assessment Review
June 2016



Internal Audit Department

4501 Amnicola Highway • Chattanooga, TN 37406
423.697.4400 • www.chattanoogaastate.edu



June 24, 2016

Dear Dr. Tydings:

In accordance with the *International Standards for the Professional Practice of Internal Auditing (Standards)*, issued by the Institute of Internal Auditors (IIA), as well as the IIA Definition of Internal Auditing and Code Ethics, we implemented a Quality Assurance and Improvement Program for the Office of Internal Audit. As required by the Standards, this program must include periodic external reviews and internal self-assessments, as well as ongoing internal monitoring covering all aspects of the internal audit activity.

The *Standards* require an external quality assurance review performed every five years. Our previous external review occurred in the summer of 2013 and the next will be performed in fiscal year 2018. Our Quality Assurance and Improvement Program requires an internal review be performed between external reviews. Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office.

Periodic self-assessments are designed to assess the audit activity's conformance with the internal audit charter, the IIAs Definition of Internal Auditing, *Standards* and the Code of Ethics and to assess the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders. The assessment will also include a follow up on the corrective actions to address the issue noted in the previous external review.

This letter is to inform you our periodic internal self-assessment was performed in May and June of 2016. The results of our assessment will indicate we overall generally conform to the internal audit charter, IIA's Definition of Internal Auditing, *Standards*, and Code of Ethics and if any opportunities for improvement were noted. A summary of the self-assessment checklist is attached.

Please contact me should you have any questions regarding this review.

Sincerely,

A handwritten signature in blue ink that reads "Kimberly Clingan".

Kimberly Clingan
Director, Internal Audit

Chattanooga State Community College
Report on Quality Self-Assessment Review
June 2016

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Chattanooga State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Chattanooga State Community College, Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

Chattanooga State Community College
Report on Quality Self-Assessment Review
June 2016

EXECUTIVE SUMMARY

The Chattanooga State Community College Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during May and June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Chattanooga State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and prior self-assessment recommendations.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

Opportunity for Improvement:

1. *Standard 1200 – Proficiency and Due Professional Care* – Continue to implement and improve data analysis and computer-aided audit techniques

Achievements:

1. *Standard 1200 – Proficiency and Due Professional Care* – An Information Technology Governance and a Disaster Recovery Plan Audit was completed in August 2013 and July 2014, respectively.
2. *Standard 1200 – Proficiency and Due Professional Care* – Each year an information technology audit topic continuing education event is attended.

Chattanooga State Community College
Report on Quality Self-Assessment Review
June 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that “Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be.”

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes, and prior self-assessment recommendations.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Chattanooga State Community College’s internal audit activity generally conforms to The IIA’s *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices.

Efforts to conform to the spirit and intent of the *IIA Standards* are evident by the completion of the February 2013 self-assessment recommendations. The previously reported observations concerned the lack of the capability to perform certain information technology audits and completion of an assessment of information technology governance. The Office of Internal Audit completed an Information Technology Governance Audit in August 2013, a Disaster Recovery Plan Audit in July 2014, and obtained information technology audit continuing education each year. Additionally, an Information Systems Auditor was employed by the Tennessee Board of Regents Office of System-wide Internal Audit in July 2013, which provides the college with additional information technology audit resources.

For a detailed list of conformance to individual standards, please see Attachment A to the report.

OBSERVATIONS

Standard 1200 – Proficiency and Due Professional Care – Generally Conforms

This Standard requires that the internal audit activity perform engagements with proficiency and due professional care by possessing the knowledge, skills, and other competencies to perform its responsibilities by applying the care and skill expected by a reasonably prudent and competent auditor. The Office of Internal Audit consists of knowledgeable staff which collectively possess the required skills and competencies to complete their responsibilities. However, with the developing reliance on technology throughout the campus an increase in the use of data analysis and computer-aided audit techniques would improve the effectiveness of the internal audit activity.

The office of Internal Audit will continue to implement and improve data analysis and computer-aided audit techniques by obtaining continuing education on these techniques and cost effective data analysis software.

Chattanooga State Community College
Report on Quality Self-Assessment Review
June 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = Generally Conforms and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

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DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = Not applicable Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 – Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the Standards"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2440 Disseminating Results

2430 Use of "Conformity with the Standards"

2431 Engagement Disclosure of Noncompliance

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
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CLEVELAND STATE COMMUNITY COLLEGE

*Office of Internal Audit
Report on Quality Self-Assessment Review
June 2016*

A Constituent College of the Tennessee Board of Regents
Cleveland State
COMMUNITY COLLEGE

June 24, 2016

William Seymour, President
Cleveland State Community College
Cleveland, TN 37320

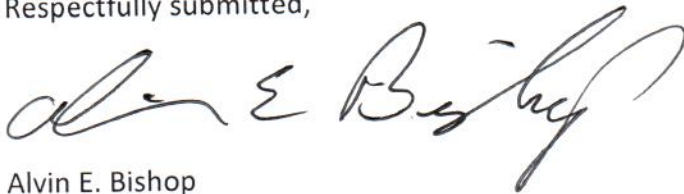
Dear President Seymour:

This report covers a Quality Assurance Review of the Department of Internal Audit as of June 2016 as required by the IIA standards of the Institute of Internal Auditors. The audit included such tests of the appropriate records and other auditing procedures as considered necessary in the circumstances.

There was one recommendation resulting from this review.

The Standards require the review be validated by an external quality assurance review every five years.

Respectfully submitted,



Alvin E. Bishop
Director of Internal Audit

Cleveland State Community College
Report on Quality Self-Assessment Review
June 2016

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Cleveland State Community College
Report on Quality Self-Assessment Review
June 2016

EXECUTIVE SUMMARY

The Cleveland State Community College, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Cleveland State Community College's internal audit activity generally conforms, to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement management processes.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. Standard 1200 – Proficiency and Due Professional Care – Generally Conforms
This Standard requires that the Internal Audit in exercising due professional care internal auditors must consider the use of technology-based audit and other data analysis techniques. Internal Audit will consider ways to use data analysis techniques thru the use of Excel and other data analysis software.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement management processes.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Cleveland State Community College's internal audit activity generally conforms, to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident. *Since the last in Quality Self-Assessment the Internal Audit Department has obtained IT audit Training as possible each year.*

OBSERVATIONS

Standard 1200 – Proficiency and Due Professional Care – Generally Conforms

This Standard requires that the Internal Audit in exercising due professional care by must considering the use of technology-based audit and other data analysis techniques. *Internal Audit will consider ways to use data analysis techniques thru the use of Excel and other data analysis software.*

Cleveland State Community College
Report on Quality Self-Assessment Review
June 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

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NA = Not applicable
Standard does not apply.

<i>Attribute Standards</i>		GC	PC	DNC	NA
<u>1000 - Purpose, Authority and Responsibility</u>		X			
<u>1100 - Independence and Objectivity</u>					
1110	Organizational Independence	X			
1111	Direct Interaction with the Board	X			
1120	Individual Objectivity	X			
<u>1130 - Impairments to Independence or Objectivity</u>		X			
<u>1200 - Proficiency and Due Professional Care</u>					
1210	Proficiency	X			
1220	Due Professional Care	X			
1230	Continuing Professional Development	X			
<u>1300 - Quality Assurance Improvement Program</u>					
1310	Quality Program Assessments	X			
1311	Internal Assessments	X			
1312	External Assessments	X			
1320	Reporting on the Quality Program	X			
1321	Use of "Conformity with the Standards"	X			
1322	Disclosure of Noncompliance	X			
<i>Performance Standards</i>					
<u>2000 - Managing the Internal Audit Activity</u>					
2010	Planning	X			
2020	Communication and Approval	X			
2030	Resource Management	X			
2040	Policies and Procedures	X			
2050	Coordination	X			
2060	Reporting to the Board and Senior Management	X			
2070	External Service Provider & Organizational Responsibility				X
<u>2100 - Nature of Work</u>					
2110	Governance	X			
2120	Risk Management	X			
2130	Control	X			
<u>2200 - Engagement Planning</u>					
2201	Planning Considerations	X			
2210	Engagement Objectives	X			
2220	Engagement Scope	X			
2230	Engagement Resource Allocation	X			
2240	Engagement Work Program	X			
<u>2300 - Performing the Engagement</u>					
2310	Identifying Information	X			
2320	Analysis and Evaluation	X			
2330	Documenting Information	X			
2340	Engagement Supervision	X			
<u>2400 - Communicating Results</u>					
2410	Criteria for Communication	X			
2420	Quality of Communications	X			
2421	Errors and Omissions	X			
2440	Disseminating Results	X			
2430	Use of "Conformity with the Standards"	X			
2431	Engagement Disclosure of Noncompliance	X			
<u>2500 - Monitoring Progress</u>		X			
<u>2600 - Management's Acceptance of Risks</u>		X			

COLUMBIA STATE COMMUNITY COLLEGE

*Office of Internal Audit
Report on Quality Self-Assessment Review
June 2016*



COLUMBIA
STATE COMMUNITY
COLLEGE

Internal Audit Department
1665 Hampshire Pike • Columbia, TN 38401
931.540.2722 • www.ColumbiaState.edu

June 8, 2016

Dr. Smith,

Internal Audit has completed an internal quality assessment (QAIR) of the Internal Audit department as required periodically by the Institute of Internal Auditors' *International Standard for the Professional Practice of Internal Auditing* (the IIA Standards). The objectives of the QAIR were:

1. To assess conformance to the IIA *Standards*
2. To assess the effectiveness and efficiency of the Internal Audit activity in providing services to the institution; and
3. To identify opportunities for improvement the Internal Audit program at Columbia State.

The overall opinion is that the Internal Audit office generally conforms to the IIA *Standards*. Opportunities for improvement that will enhance conformance to the Standards and improve the efficiency and effectiveness of Columbia State's internal audit program are noted and described further in the report.

Sincerely,

A handwritten signature in dark ink that reads "Erica V. Smith". The signature is written in a cursive, flowing style.

Erica V. Smith, CPA
Internal Audit Director

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Columbia State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Columbia State Community College, Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

EXECUTIVE SUMMARY

Columbia State's, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (The IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that Columbia State's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing*, and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see [Attachment A - Conformity With The Standards](#).

As part of the quality assessment, the Office of Internal Audit conducted an internal audit awareness survey with campus stakeholders, and prepared a self-study of conformance to the IIA requirements.

OBSERVATIONS

The concept of general conformance to the IIA *Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the IIA Standards and/or have the highest potential to improve the program.

1. Continue the implementation and improvement of data analysis and computer-aided audit techniques.
2. Consistently use checklists during the audit engagement.
3. Obtain a better understanding of the institution's governance process, and the institution's ethics objectives, programs, and activities.
4. Improve the timeliness of engagement communication.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The IIA *Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments, and ongoing internal monitoring for conformance with the *Standards*.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The IIA *Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit conducted an internal audit awareness survey with campus stakeholders, and prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, and engagement process.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that Columbia State's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing*, and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices.

OBSERVATIONS

Standard 1100 – Independence and Objectivity – Generally Conforms

This Standard requires that the internal audit activity be independent and the internal auditor be objective in performing their work. The Internal Auditor reports directly to the President of Columbia State and holds a dual reporting responsibility to the Tennessee Board of Regents (TBR) Audit Committee through the TBR System-wide Chief Audit Executive. These reporting relationships are outlined in the Internal Audit Charter, in the TBR System-wide Internal Audit Manual, and on the Columbia State

Internal Audit website. In order to gain exposure to the TBR Audit Committee, the internal auditor periodically attends TBR Board and TBR Audit Committee meetings.

Standard 1200 – Proficiency and Due Professional Care – Generally Conforms

An element of this Standard states “Internal Auditors must have sufficient knowledge of key information technology (IT) risks and controls and available technology-based audit techniques to perform their assigned work.” Columbia State’s internal audit activity consists of one auditor, and is reliant on TBR System-wide Internal Audit to deploy an IT auditor to conduct IT-related engagements. The institution’s auditor incorporates IT related continuing professional education, and communicates with the TBR IT auditor when IT related risks are identified during engagement planning. Improvements in the internal audit activity’s effectiveness and efficiency can be gained through continued implementation and improvement of data analysis and computer-aided audit techniques, and through continued professional education to ensure the auditor remains aware of emerging and relevant IT risks.

Standard 1300 – Quality Assurance Improvement Program and Standard 2300 – Performing the Engagement – Supervision – Generally Conforms

Both internal and external assessments are required under Standard 1300, and internal assessments must include ongoing monitoring as well as periodic reviews performed through self-assessment. Ongoing monitoring is achieved through “the day-to-day supervision, review and measurement of the internal audit activity.” As a one-person department, conformance with this standard is difficult considering audit work is not reviewed by a second person. Checklists and software engagement review options are used to compensate for the lack of a second reviewer, however the checklists were not used consistently and successful reviews are dependent upon the auditor’s knowledge of work paper and review techniques. The internal audit activity could be strengthened through training on proper work paper and review techniques, and through the consistent use of checklists.

Standard 2000 – Managing the Internal Audit Activity – Generally Conforms

This Standard encompasses planning, communication of audit plans, and resource management. The internal audit office involves management in the annual audit planning process and provides the President with bi-monthly updates on the progress of the annual plan. An increased understanding of governance during the planning

phase, and a more thorough assessment of the institution's ethics' objectives, programs, and activities would improve the effectiveness of the internal audit activity.

Standard 2400 – Communicating Results – Generally Conforms

The audit reports have a consistency established through TBR System-wide Internal Audit templates. Engagement feedback reflects that management's opinion of the accuracy and objectiveness of audit reports is high. However, feedback reflected that improvements in timeliness of communication would be beneficial to stakeholders.

Standard 2500 – Monitoring Progress – Generally Conforms

This Standard requires internal audit to "establish and maintain a system to monitor the disposition of results communicated to management". The internal auditor communicates engagement results as either findings, recommendations, or observations. Findings and recommendations require management to develop an action plan and implementation timeline. The auditor monitors management conformance with finding and recommendation action plans by monitoring engagement outcomes and through follow-up engagements. The status of engagement outcomes are communicated to Columbia State's Executive Leadership bi-annually, and the outcomes from follow-up engagements are reported to management and the TBR Audit Committee.

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA *Standards* with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA *Standards*, but these deficiencies did not preclude IA from performing its responsibilities.

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

Attribute Standards		GC	PC	DNC	NA
<u>1000 - Purpose, Authority and Responsibility</u>		X			
<u>1100 - Independence and Objectivity</u>					
1110	Organizational Independence	X			
1111	Direct Interaction with the Board	X			
1120	Individual Objectivity	X			
<u>1130 - Impairments to Independence or Objectivity</u>		X			
<u>1200 - Proficiency and Due Professional Care</u>					
1210	Proficiency	X			
1220	Due Professional Care	X			
1230	Continuing Professional Development	X			
<u>1300 - Quality Assurance Improvement Program</u>					
1310	Quality Program Assessments	X			
1311	Internal Assessments	X			
1312	External Assessments				X
1320	Reporting on the Quality Program	X			
1321	Use of "Conforms with the <i>Standards</i> "	X			
1322	Disclosure of Noncompliance				X
Performance Standards					
<u>2000 - Managing the Internal Audit Activity</u>					
2010	Planning	X			
2020	Communication and Approval	X			
2030	Resource Management	X			
2040	Policies and Procedures	X			
2050	Coordination	X			
2060	Reporting to the Board and Senior Management	X			
2070	External Service Provider and Organizational Responsibility				X
<u>2100 - Nature of Work</u>					
2110	Governance		X		
2120	Risk Management	X			
2130	Control	X			
<u>2200 - Engagement Planning</u>					
2201	Planning Considerations	X			
2210	Engagement Objectives	X			
2220	Engagement Scope	X			
2230	Engagement Resource Allocation	X			
2240	Engagement Work Program	X			
<u>2300 - Performing the Engagement</u>					
2310	Identifying Information	X			
2320	Analysis and Evaluation	X			
2330	Documenting Information	X			
2340	Engagement Supervision		X		
<u>2400 - Communicating Results</u>					
2410	Criteria for Communication	X			
2420	Quality of Communications	X			
2421	Errors and Omissions	X			
2430	Use of "Conforms with the <i>Standards</i> "	X			
2431	Engagement Disclosure of Noncompliance				X
2440	Disseminating Results	X			
2450	Overall Opinions	X			
<u>2500 - Monitoring Progress</u>		X			
<u>2600 - Management's Acceptance of Risks</u>					X



*Dyersburg State
Community College*
www.dsc.edu

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1510 Lake Road, Dyersburg, TN 38024
Telephone (731) 286-3237
Fax (731) 288-7782

DYERSBURG STATE COMMUNITY COLLEGE

*Office of Internal Audit
Report on Quality Self-Assessment Review
June 24, 2016*



Dyersburg State
Community College
www.dsc.edu

Department of Internal Audit
1510 Lake Road, Dyersburg, TN 38024
Telephone (731) 286-3237
Fax (731) 288-7782

June 24, 2016

Dr. Karen A. Bowyer, President
Dyersburg State Community College
1510 Lake Road
Dyersburg, TN 38024

Dear Dr. Bowyer:

In accordance with the International Standards for the Professional Practice of Internal Auditing (Standards), issued by the Institute of Internal Auditors (IIA), as well as the IIA Definition of Internal Auditing and Code Ethics, we implemented a Quality Assurance and Improvement Program for the Office of Internal Audit. As required by the Standards, this program must include periodic external reviews and internal self-assessments, as well as ongoing internal monitoring covering all aspects of the internal audit activity.

The *Standards* require an external quality assurance review performed every five years. Our previous external review occurred in the summer of 2013 and the next will be performed in fiscal year 2018. Our Quality Assurance and Improvement Program requires an internal review be performed between external reviews. Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office.

Periodic self-assessments are designed to assess the audit activity's conformance with the internal audit charter, the IIAs Definition of Internal Auditing, *Standards* and the Code of Ethics and to assess the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders. The assessment will also include a follow up on the corrective actions to address the issues noted in the previous external review.

This letter is to inform you our periodic internal self-assessment was performed in May and June of 2016. The results of the assessment will indicate we overall generally conform to the internal audit charter, IIA's Definition of Internal Auditing, *Standards*, and Code of Ethics and if any opportunities for improvement were noted. A summary of the self-assessment checklist is attached.

Please contact me at extension 3237 if you have any questions or comments regarding this audit.

Sincerely,

Sandra Pruet, CPA, CIA
Director of Internal Audit

cc: Ms. Tammy Gourley

Dyersburg State Community College
Report on Quality Self-Assessment Review
June 24, 2016

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Columbia State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Columbia State Community College, Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

Dyersburg State Community College
Report on Quality Self-Assessment Review
June 24, 2016

EXECUTIVE SUMMARY

The Dyersburg State Community College, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during May and June of 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Dyersburg State Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. IIA Standard 1220.A2 – Due Professional Care - In exercising due professional care, internal auditors must consider the use of technology-based audit and other data analysis techniques.
2. IIA Standard 2210 – Engagement Objectives - Objectives must be established for each engagement.

Dyersburg State Community College
Report on Quality Self-Assessment Review
June 24, 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Dyersburg State Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident. Dyersburg State Community College's Director of Internal Audit was hired in 2014 and was not part of the last external assessment performed in 2013.

OBSERVATIONS

- 1. Standard 1220.A2 – Due Professional Care - In exercising due professional care, internal auditors must consider the use of technology-based audit and other data analysis techniques.**

Recommendation: Internal auditors should strive to make use of any available computer aided audit tools to provide for a more effective basis for audit conclusions. Data analysis can be used to test a wider range of a given population and can be more effective than the limited sample size testing normally used in audit engagements. More use of these tools is strongly advised in all audit engagements.

Dyersburg State Community College
Report on Quality Self-Assessment Review
June 24, 2016

2. IIA Standard 2210 – Engagement Objectives - Objectives must be established for each engagement.

Internal auditors must conduct a preliminary assessment of the risks relevant to the activity under review. Engagement objectives must reflect the results of this assessment.

Recommendation: Internal audit should perform a preliminary assessment of risks and develop objectives for every engagement, ensuring the preliminary risk assessment results are reflected in the objectives and are documented in the working papers. This assessment should include an evaluation of the adequacy of management's criteria for determining if objectives and goals are being accomplished.

Dyersburg State Community College
Report on Quality Self-Assessment Review
June 24, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

GC	PC	DNC	NA
X			

1100 - Independence and Objectivity

1110 Organizational Independence

X			
X			

1111 Direct Interaction with the Board

X			
X			

1120 Individual Objectivity

1130 - Impairments to Independence or Objectivity

X			
X			

1200 - Proficiency and Due Professional Care

1210 Proficiency

X			
X			

1220 Due Professional Care

X			
X			

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

X			
X			

1311 Internal Assessments

X			
X			

1312 External Assessments

X			
X			

1320 Reporting on the Quality Program

1321 Use of "Conformity with the *Standards*"

			X

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

X			
X			

2020 Communication and Approval

X			
X			

2030 Resource Management

			X
X			

2040 Policies and Procedures

			X

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

X			
X			

2120 Risk Management

X			
X			

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

X			
	X		

2210 Engagement Objectives

X			
X			

2220 Engagement Scope

X			
X			

2230 Engagement Resource Allocation

X			
X			

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

X			
X			

2320 Analysis and Evaluation

X			
			X

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

X			
X			

2420 Quality of Communications

X			
X			

2421 Errors and Omissions

X			
X			

2440 Disseminating Results

X			
X			

2430 Use of "Conformity with the *Standards*"

X			
X			

2431 Engagement Disclosure of Noncompliance

X			
X			

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks



Jackson State **Community College**

Office of Internal Audit
Report on Quality Self-Assessment Review
June 24, 2016



2046 N. Parkway
Jackson, TN 38301
www.jsc.edu

June 24, 2016

Dr. Bruce Blanding, President
Jackson State Community College
2046 North Parkway
Jackson, TN 38301

and

Ms. Tammy Birchett, Director of System-wide Internal Audit
Tennessee Board of Regents
1415 Murfreesboro Road
Nashville, Tennessee 37217

Dear President Blanding and Ms. Birchett:

In accordance with the *International Standards for the Professional Practice of Internal Auditing (Standards)*, issued by the Institute of Internal Auditors (IIA), as well as the IIA *Definition of Internal Auditing* and *Code of Ethics*, we initiated a Quality Assurance and Improvement Program for the Office of Internal Audit. As required by the *Standards*, this program must include periodic internal and external reviews and ongoing internal monitoring covering all aspects of the internal audit activity.

This report is to inform you of the results of a recent internal review, a self-assessment of our internal audit activities performed as part of the quality assurance program. The review was performed during June 2016 to determine if the internal audit activity is in conformance with the IIA requirements. The results of our review indicate we are generally in conformance with the *Standards, Definition of Internal Auditing* and *Code of Ethics*; however, opportunities for improvement were noted and these are discussed in the report. Progress was also noted with the addition of the part-time audit position in the 2016-17 fiscal year to provide additional risk based audit coverage.

Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office. Because the *Standards* require an external quality assurance review every five years, the Tennessee Board of Regents, Office of System-wide Internal Audit, will coordinate the next external quality assurance review in 2018.

Please contact me at (731) 424-3520, ext. 50347, should you have any questions regarding this review.

Sincerely,

A handwritten signature in black ink that reads 'Angie Brown'.

Angie Brown
Director of Internal Audit

Office of Internal Audit

731.424.3520 Ext.50347 • Fax 731.425.2647

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2. Standard 2200 & 2210 – Engagement Planning & Engagement Objectives – Internal audit will seek to improve documentation in engagement planning.	
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EXECUTIVE SUMMARY

The Jackson State Community College, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Jackson State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, internal audit policies, and a sample of working papers and reports.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. Standard 1200 – Proficiency and Due Professional Care - Internal audit will continue to pursue training in information technology resources.
2. Standard 2200 & 2210 – Engagement Planning & Engagement Objectives – Internal audit will seek to improve documentation in engagement planning.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, internal audit policies, and a sample of working papers and reports.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Jackson State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

Progress from previous assessments

March 2013

The self-assessment included an observation that improvements could be made by expanding the internal auditor's knowledge of information technology resources. In response, training seminars have been selected for continuing education that includes information technology topics when available. Some of the seminars include cyber security, audit software training, and data privacy.

May 2012

An improvement to the internal audit activity for the 2016-17 fiscal year will be the addition of a part-time audit position. An observation noted in the May 2012 self-

assessment included the impact of resource limitations being communicated to management according to the IIA Standard 2020 on Communication and Approval.

A recommendation was made in May 2012 to consider a part-time or full-time position to provide for additional risk based audit coverage. The recommendation was discussed with management and funds were not available at the time. However, management was supportive of the need for additional resources.

During the 2015-16 fiscal year, the possibility of a part-time audit position was discussed with management and supported. The funding was approved to be included in the 2016-17 fiscal year.

OBSERVATIONS

1. Standard 1210 – Proficiency – Generally Conforms

Section A3 of the standard addresses the internal auditor's knowledge of key information technology risks and controls and available technology-based audit techniques to perform their assigned work.

The previous self-assessment included an observation that improvements could be made by expanding the auditor's knowledge of information technology resources. Although an effort has been made to seek training in information technology resources, the auditor will continue to pursue training to enhance knowledge in information technology.

2. Standard 2200 – Engagement Planning – Generally Conforms *Standard 2210 – Engagement Objectives – Generally Conforms*

These standards require auditors to document their preliminary assessment of the risks relevant to the activity to be reviewed, establish engagement objectives based on this assessment, establish a scope of work sufficient to meet the objectives, and develop and document work programs to achieve the engagement objectives.

Although improvements have been made in documentation by implementing electronic software and documenting risks in the audit program, the audit function will seek to make further improvements in documentation for engagement planning.

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

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PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

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NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 - Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the Standards"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2440 Disseminating Results

2430 Use of "Conformity with the Standards"

2431 Engagement Disclosure of Noncompliance

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
X			

X			
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Motlow State Community College

Office of Internal Audit

*Report on Quality Self-Assessment Review
July 29, 2016*



MOTLOW STATE
COMMUNITY COLLEGE

**P.O. Box 8500
Lynchburg, TN 37352
www.mscc.edu**

July 29, 2016

Dr. Anthony Kinkel, President
Motlow State Community College
P.O. Box 8500
Lynchburg, TN 37352

Dear Dr. Kinkel:

The enclosed report is an internal quality assessment review (QAR) of the Motlow State Community College, Office of Internal Audit, as required periodically by the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing (the IIA Standards). The objects of the QAR were:

1. To assess conformance to the IIA Standards
2. To assess the effectiveness and efficiency of the Internal Audit activity in providing services to the institution; and
3. To identify opportunities for improvement of the Internal Audit program.

The overall opinion is that the Office of Internal Audit generally conforms to the IIA Standards. Opportunities for improvement that will enhance conformance to the Standards and improve the efficiency and effectiveness of the college's internal audit program are described in the report.

Respectfully submitted,

Tammy Wiseman
Internal Auditor

Distribution: Tennessee Board of Regents Audit Committee

Office of Internal Audit
Phone (931) 393-1754 Fax (931) 393-1854

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Motlow State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Motlow State Community College, Office of Internal Audit, and handled in accordance with institutional policies; however, this report is a matter of public record.*

EXECUTIVE SUMMARY

The Motlow State Community College, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing*, and the *Code of Ethics*.

The overall opinion is that Motlow State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. Observation – It is recommended that the internal audit activity expand ongoing monitoring by obtaining feedback from audit customers and other stakeholders through surveys to assess effectiveness and opportunities for improvement.
2. Observation – It is recommended that performance metrics be developed to assess and ensure the timeliness of reporting throughout the fiscal year.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Motlow State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

OBSERVATIONS

Standard 1300 – Quality Assurance and Improvement Program - Generally Conforms

The Internal Auditor must develop and maintain a quality assurance and improvement program that covers all aspects of the internal audit activity. Ongoing monitoring is an integral part of day-to-day supervision, review, and, measurement of the internal audit activity. The current ongoing monitoring can be enhanced by obtaining feedback from audit customers and other stakeholders through surveys.

Standard 2400 – Communicating Results – Generally Conforms

Communications must be accurate, objective, clear, concise, constructive, complete, and timely. Timely communications are opportune and expedient, depending on the significance of the issue, allowing management to take appropriate corrective action. Performance metrics should be developed to assess and ensure timeliness of reporting throughout the fiscal year. Reports were not completed as timely due to the volume of unplanned reviews and investigations.

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 – Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the *Standards*"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2440 Disseminating Results

2430 Use of "Conformity with the *Standards*"

2431 Engagement Disclosure of Noncompliance

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
X			

X			
X			
X			
			X

X			
X			
X			

X			
X			
			X
X			
X			
			X

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			X



NORTHEAST STATE COMMUNITY COLLEGE

*Office of Internal Audit
Report on Quality Self-Assessment Review
June 2016*

June 24, 2016

Dr. Janice Gilliam, President
Northeast State Community College
2425 Highway 75, P.O. Box 246
Blountville, Tennessee 37617

Dear Dr. Gilliam:

This report covers the Quality Self-Assessment Review performed by the Northeast State Community College Internal Audit department during June of 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing, the Definition of Internal Auditing, and the Code of Ethics.

The conclusion resulting from this review is on page 2 of this report.

Sincerely,



Christopher L. Hyder, CIA
Director, Internal Audit
Northeast State Community College

Northeast State Community College
Report on Quality Self-Assessment Review
June 2016

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Northeast State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Northeast State Community College, Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

Northeast State Community College
Report on Quality Self-Assessment Review
June 2016

EXECUTIVE SUMMARY

The Northeast State Community College Office of Internal Audit conducted a quality self-assessment of the internal audit activity during June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Northeast State Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. *Standard 1220.A2 – Due Professional Care – Generally Complies*
2. *Standard 2060 – Reporting to Senior Management and the Board – Generally Complies*
3. *Standard 2070 – External Service Provider and Organizational Responsibility for Internal Auditing– Not Applicable*

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that “Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be.”

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Northeast State Community College’s internal audit activity generally conforms to The IIA’s *Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident

OBSERVATIONS

Standard 1220.A2 – Due Professional Care – Generally Complies

This standard requires the auditor to consider the use of technology based audits and other data analysis in exercising due professional care. The internal auditor does consider the use of technology based audit techniques when planning an engagement. However, the availability and proficiency of such techniques have been limited. Increased access to and experience with technology based audit tools would enhance the value and efficiency of the internal audit function.

Standard 2060 – Reporting to Senior Management and the Board – Generally Complies

This standard requires the campus/system-wide Chief Audit Executive report periodically to senior management on the internal audit activity's purpose, authority, responsibility, and performance relative to its plan, including significant risk exposure and control issues. Including fraud risks, governance issues and other matters needed or requested by senior management. The Director of Internal Audit regularly meets with the college president, serves on the President's Council and is a member of the Expanded Executive Council. Impromptu meetings with members of senior management are frequent and welcomed.

Standard 2070 – External Service Provider and Organizational Responsibility for Internal Auditing– Not Applicable

This standard requires that the institution maintains responsibility for an effective internal audit activity when using an external provider as the internal audit activity. Northeast State Community College does not use external providers for internal audit activity. If outside expertise is required the department has access to the resources of the TBR System-Wide Internal Audit department.

Northeast State Community College
Report on Quality Self-Assessment Review
June 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

GC	PC	DNC	NA
X			

1100 - Independence and Objectivity

- 1110 Organizational Independence
- 1111 Direct Interaction with the Board
- 1120 Individual Objectivity

X			
X			
X			
X			

1130 – Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

- 1210 Proficiency
- 1220 Due Professional Care
- 1230 Continuing Professional Development

X			
X			
X			

1300 - Quality Assurance Improvement Program

- 1310 Quality Program Assessments
- 1311 Internal Assessments
- 1312 External Assessments
- 1320 Reporting on the Quality Program
- 1321 Use of "Conformity with the Standards"
- 1322 Disclosure of Noncompliance

X			
X			
X			
X			
X			
			X

Performance Standards

2000 - Managing the Internal Audit Activity

- 2010 Planning
- 2020 Communication and Approval
- 2030 Resource Management
- 2040 Policies and Procedures
- 2050 Coordination
- 2060 Reporting to the Board and Senior Management
- 2070 External Service Provider & Organizational Responsibility

X			
X			
X			
X			
X			
X			
			X

2100 - Nature of Work

- 2110 Governance
- 2120 Risk Management
- 2130 Control

X			
X			
X			

2200 - Engagement Planning

- 2201 Planning Considerations
- 2210 Engagement Objectives
- 2220 Engagement Scope
- 2230 Engagement Resource Allocation
- 2240 Engagement Work Program

X			
X			
X			
X			
X			

2300 - Performing the Engagement

- 2310 Identifying Information
- 2320 Analysis and Evaluation
- 2330 Documenting Information
- 2340 Engagement Supervision

X			
X			
X			
X			

2400 - Communicating Results

- 2410 Criteria for Communication
- 2420 Quality of Communications
- 2421 Errors and Omissions
- 2440 Disseminating Results
- 2430 Use of "Conformity with the Standards"
- 2431 Engagement Disclosure of Noncompliance
- 2450 Overall Opinions

X			
X			
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2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

X			
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PELLISSIPPI STATE COMMUNITY COLLEGE

*Office of Internal Audit
Report on Quality Self-Assessment Review
June 16, 2016*

PELLISSIPPI STATE COMMUNITY COLLEGE

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Pellissippi State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Pellissippi State Community College, Office of Internal Audit and handled in accordance with institutional policies.*



**PELLISSIPPI STATE
COMMUNITY COLLEGE**

June 16, 2016

L. Anthony Wise, President
Pellissippi State Community College
P.O. Box 22990
Knoxville, TN 37933-0990

and

Tammy Birchett, Director of System-wide Internal Audit
Tennessee Board of Regents
1415 Murfreesboro Road
Nashville, Tennessee 37217

Dear Dr. Wise and Ms. Birchett:

In accordance with the *International Standards for the Professional Practice of Internal Auditing (Standards)*, issued by the Institute of Internal Auditors (IIA), as well as the IIA *Definition of Internal Auditing* and *Code of Ethics*, we initiated a Quality Assurance and Improvement Program for the Office of Internal Audit. As required by the *Standards*, this program must include periodic internal and external reviews and ongoing internal monitoring covering all aspects of the internal audit activity.

This report is to inform you of the results of a recent internal review, a self-assessment of our internal audit activities performed as part of the quality assurance program. The review was performed during June 2016 to determine if the internal audit activity is in conformance with the IIA requirements. The results of our review indicate we are generally in conformance with the *Standards*, *Definition of Internal Auditing* and *Code of Ethics*; however, opportunities for improvement were noted and these are discussed in the report.

Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of our office. Because the *Standards* require an external quality assurance review every five years, the Tennessee Board of Regents, Office of System-wide Internal Audit, will coordinate the next external quality assurance review in 2018.

Please contact me at (865) 694-6648, should you have any questions regarding this review.

Sincerely,

Suzanne L. Walker
Director of Internal Audit

Pellissippi State Community College
Report on Quality Self-Assessment Review
June 16, 2016

EXECUTIVE SUMMARY

The Pellissippi State, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during [time period]. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Pellissippi State's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OPPORTUNITY FOR CONTINUOUS IMPROVEMENT

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement, and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains an opportunity and recommendation that should not be taken collectively to undermine the overall conclusion that the PSCC internal audit office generally conforms to the *Standards*. The opportunity noted in this report relates to Quality Assessment Reporting and has the highest potential to improve the internal audit program at Pellissippi State. The recommendation is that the internal audit office should at least annually report the results for both ongoing and period internal assessment efforts to senior management of the college and the Chief Audit Executive at the Tennessee Board of Regents. In turn, the Chief Audit Executive should report the results to the audit committee.

Pellissippi State Community College
Report on Quality Self-Assessment Review
June 16, 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards* to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that “Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be.”

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Pellissippi State’s internal audit activity generally conforms to The IIA’s *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

Pellissippi State Community College
Report on Quality Self-Assessment Review
June 16, 2016

OPPORTUNITY FOR CONTINUOUS IMPROVEMENT

Conformance to Standards – Operating Improvements {PSCC internal auditing conforms to IIA Standards noted below; the item presented is a suggested enhancement to internal auditing operations.}

1. Quality Assurance and Improvement Program

The Office of Internal Audit has implemented an ongoing review and monitoring program as required by the *Standards*, which includes regular internal reviews and external assessments. The ongoing internal review process includes the following:

- Monitoring of productivity and audit plan completion.
- Frequent dialogue and feedback with management including the college president.
- Review of the office’s internal procedures to confirm continued conformance with the *Standards*.

However, the results of the annual internal review of procedures have not been formally communicated with senior management and the board unless significant concerns were noted. The formal reporting of this information would strengthen compliance with the *Standards*.

Standard 1320 states: “The chief audit executive must communicate the results of the quality assurance and improvement program to senior management and the board.” Practice Advisory 1320-1 states that at least annually, the chief audit officer should establish a means for communicating internal assessment results for both ongoing and periodic internal assessment efforts to senior management and the board.

Recommendation: Consistent with IIA Practice Advisory 1320-1, at least annually, the Internal Audit Director should establish a means for communicating internal assessment results for both ongoing and periodic internal assessment efforts to the college’s senior management and the Chief Audit Executive (CAE) at the Tennessee Board of Regents. The CAE should then communicate those results to the audit committee.

Plan of Action: The Internal Audit Director has added this item to the office’s year-end checklist to ensure that a formal report of ongoing and periodic internal assessment activities are reported to the college president as well as the CAE at the Board.

Pellissippi State Community College
Report on Quality Self-Assessment Review
June 16, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

<i>Attribute Standards</i>		GC	PC	DNC	NA
<u>1000 - Purpose, Authority and Responsibility</u>		X			
<u>1100 - Independence and Objectivity</u>					
1110	Organizational Independence	X			
1111	Direct Interaction with the Board	X			
1120	Individual Objectivity	X			
<u>1130 - Impairments to Independence or Objectivity</u>		X			
<u>1200 - Proficiency and Due Professional Care</u>					
1210	Proficiency	X			
1220	Due Professional Care	X			
1230	Continuing Professional Development	X			
<u>1300 - Quality Assurance Improvement Program</u>					
1310	Quality Program Assessments	X			
1311	Internal Assessments	X			
1312	External Assessments	X			
1320	Reporting on the Quality Program	X			
1321	Use of "Conformity with the Standards"	X			
1322	Disclosure of Noncompliance	X			
<i>Performance Standards</i>					
<u>2000 - Managing the Internal Audit Activity</u>					
2010	Planning	X			
2020	Communication and Approval	X			
2030	Resource Management	X			
2040	Policies and Procedures	X			
2050	Coordination	X			
2060	Reporting to the Board and Senior Management	X			
2070	External Service Provider & Organizational Responsibility	X			
<u>2100 - Nature of Work</u>					
2110	Governance	X			
2120	Risk Management	X			
2130	Control	X			
<u>2200 - Engagement Planning</u>					
2201	Planning Considerations	X			
2210	Engagement Objectives	X			
2220	Engagement Scope	X			
2230	Engagement Resource Allocation	X			
2240	Engagement Work Program	X			
<u>2300 - Performing the Engagement</u>					
2310	Identifying Information	X			
2320	Analysis and Evaluation	X			
2330	Documenting Information	X			
2340	Engagement Supervision	X			
<u>2400 - Communicating Results</u>					
2410	Criteria for Communication	X			
2420	Quality of Communications	X			
2421	Errors and Omissions	X			
2440	Disseminating Results	X			
2430	Use of "Conformity with the Standards"	X			
2431	Engagement Disclosure of Noncompliance	X			
2450	Overall Opinions	X			
<u>2500 - Monitoring Progress</u>		X			
<u>2600 - Management's Acceptance of Risks</u>		X			

Pellissippi State Community College
Report on Quality Self-Assessment Review
June 16, 2016



276 Patton Lane Harriman, TN 37748-5011
(865) 354-3000 Fax (865) 882-4562
www.roanestate.edu

Office of the President

June 27, 2016

Mrs. Tammy Birchett
Chief Audit Executive
Tennessee Board of Regents
1415 Murfreesboro Road, Suite 350
Nashville, TN 37217

Dear Mrs. Birchett,

Enclosed is the report on *Quality Self-Assessment Review* completed by Roane State Community College's Internal Audit Department during June, 2016.

If you have any questions, please do not hesitate to call.

Sincerely,

Dr. Chris Whaley
President

Enclosure



Roane State
COMMUNITY COLLEGE

Office of Internal Audit

Report on Quality Self-Assessment Review

June 27, 2016

Roane State Community College

Office of Internal Audit □ 276 Patton Lane □ Harriman, Tennessee 37748-5011



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Office of Internal Audit

June 27, 2016

Dr. Chris Whaley, President
Roane State Community College
276 Patton Lane
Harriman, TN 37748

Dear Dr. Whaley,

In accordance with the International Standards for the Professional Practice of Internal Auditing (Standards), issued by the Institute of Internal Auditors (IIA), as well as the IIA Definition of Internal Auditing and Code Ethics, a Quality Assurance and Improvement Program was implemented for the Office of Internal Audit. As required by the Standards, this program must include periodic external reviews and internal self-assessments, as well as ongoing internal monitoring covering all aspects of the internal audit activity.

The Standards require an external quality assurance review be performed every five years. The previous external review occurred in the summer of 2013 and the next will be performed in fiscal year 2018. The Quality Assurance and Improvement Program requires an internal review be performed between external reviews. Ongoing monitoring procedures of internal audit activities are performed as part of the policies and practices of this office.

Periodic self-assessments are designed to assess the audit activity's conformance with the internal audit charter, the IIAs Definition of Internal Auditing, Standards and the Code of Ethics and to assess the efficiency and effectiveness of internal audit in meeting the needs of its various stakeholders.

This letter is to inform you the periodic internal self-assessment was performed in June of 2016. The results of this assessment indicates overall generally conformance to the internal audit charter, IIA's Definition of Internal Auditing, Standards, and Code of Ethics. The opportunities for improvement were noted. A summary of the self-assessment checklist is attached.

Please contact me at (865) 882-4529, should you have any questions regarding this review.

Sincerely,

Cynthia L. Cortesio
Interim Director of Internal Audit

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents and Roane State Community College. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by Roane State Community College, Office of Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

EXECUTIVE SUMMARY

The Roane State Community College, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during June, 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Roane State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and a sample of working papers and reports.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

Standard 1210 – Proficiency – Partially Conforms

The Roane State Community College's Interim Director of Internal Auditing needs to complete the CIA (Certified Internal Auditor) exams per TBR criteria for Internal Auditors. Currently the 3 parts to the exam have not been completed. Roane State's Internal Auditor should continue pursuing opportunities to enhance auditing knowledge.

Standard 2201 – Planning Considerations – Partially Conforms

Since the Internal Auditor at Roane State Community College is new to the position and new to the role of auditor she should continue to develop methodologies to be utilized in planning audits. This will aid in execution of audits, documentation of audits and timely reports being delivered.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and a sample of working papers and reports.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Roane State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

OBSERVATIONS

1. Standard 1210 – Proficiency – Partially Conforms

The Roane State Community College's Interim Director of Internal Auditing needs to complete the CIA (Certified Internal Auditor) exams per TBR criteria for Internal Auditors. Currently the 3 parts to the exam have not been completed. Roane State's Internal Auditor should continue pursuing opportunities to enhance auditing knowledge.

Internal Audit Response

The Internal Auditor is actively pursuing completion of the CIA exam. Additionally she is seeking opportunities through continuing education to increase her knowledge of audit functions.

2. *Standard 2201 – Planning Considerations – Partially Conforms*

Since the Internal Auditor at Roane State Community College is new to the position and new to the role of auditor she should continue to develop methodologies to be utilized in planning audits. This will aid in execution of audits, documentation of audits, and timely reports being delivered.

Internal Audit Response

The Internal Auditor recognizes the need to continually work to improve the planning of an audit engagement. This will help to assure completeness of the topic reviewed, documentation of materials evaluated, and expediting release of the report to the clients.

Any of the remaining standards marked N/A have been done so because no opportunity for observation has been present since Roane State Community College's Internal Auditor was hired October 1, 2015. Should any of these standards present themselves, the Internal Auditor is aware of how to handle those events.

Roane State Community College
Report on Quality Self-Assessment Review
June 27, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = Generally Conforms and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = Partially Conforms and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = Not applicable
Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 - Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the Standards"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2440 Disseminating Results

2430 Use of "Conformity with the Standards"

2431 Engagement Disclosure of Noncompliance

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
X			

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Southwest Tennessee Community College

*Office of Internal Audit
Report on Quality Self-Assessment Review
July 01, 2015 – June 30, 2016*

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

P.O. Box 780 • Memphis, TN 38101-0780 • (901) 333-STCC • www.southwest.tn.edu

August 22, 2016

Dr. Tracy Hall, President
Southwest Tennessee Community College
5983 Macon Cove
Memphis, Tennessee 38134

Dear Dr. Hall:

The enclosed report is an internal quality assessment review (QAR) of the Southwest Tennessee Community college, Office of Internal Audit as required periodically by the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* (the IIA Standards). The objectives of the QAR were:

1. To assess conformance to the IIA Standards
2. To assess the effectiveness and efficiency of the Internal Audit activity in providing services to the institution; and
3. To identify opportunities for improvement of the Internal Audit program.

The overall opinion is that the Office of Internal Audit generally conforms to the IIA Standards. Opportunities for improvement that will enhance conformance to the Standards and improve the efficiency and effectiveness of the college's internal audit program are described in the report.

Sincerely,



Charlotte Johnson
Internal Audit Director

cc: Tennessee Board of Regents Audit Committee

OFFICE OF INTERNAL AUDIT

Macon Cove Campus • Union Avenue Campus • Fayette Site • Gill Center • Millington Center • Southeast Center • Whitehaven Center

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.

Southwest Tennessee Community College
Report on Quality Self-Assessment Review
July 01, 2015 – June 30, 2016

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Southwest Tennessee Community College
Report on Quality Self-Assessment Review
July 01, 2015 – June 30, 2016

EXECUTIVE SUMMARY

The Southwest Tennessee Community College, Office of Internal Audit, conducted a quality self-assessment of the internal audit activity during July 1, 2015 – June 30, 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that the Southwest Tennessee Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as the most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

Observation 1

Standard 2130 – The Standard encompasses evaluating the adequacy and effectiveness of controls in responding to risk within the organization's governance, operations and information system regarding the safeguarding of assets. Audit resources allocated to the safeguarding of assets will be increased.

Southwest Tennessee Community College
Report on Quality Self-Assessment Review
July 01, 2015 - June 30, 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The Office of Internal Audit also reviewed the risk analysis and audit planning processes, audit tools and methodologies, engagement and staff management processes and a sample of working papers and reports.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Southwest Tennessee Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

OBSERVATIONS

Standard 2130 – Nature of Work – Partially Conforms

The Standard encompasses evaluating the adequacy and effectiveness of controls in responding to risk within the organization's governance, operations and information system regarding the safeguarding of assets. Audit resources allocated to the safeguarding of assets will be increased.

Southwest Tennessee Community College
Report on Quality Self-Assessment Review
July 01, 2015 - June 30, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = **Partially Conforms** and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

1100 - Independence and Objectivity

1110 Organizational Independence

1111 Direct Interaction with the Board

1120 Individual Objectivity

1130 - Impairments to Independence or Objectivity

1200 - Proficiency and Due Professional Care

1210 Proficiency

1220 Due Professional Care

1230 Continuing Professional Development

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

1311 Internal Assessments

1312 External Assessments

1320 Reporting on the Quality Program

1321 Use of "Conformity with the Standards"

1322 Disclosure of Noncompliance

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

2020 Communication and Approval

2030 Resource Management

2040 Policies and Procedures

2050 Coordination

2060 Reporting to the Board and Senior Management

2070 External Service Provider & Organizational Responsibility

2100 - Nature of Work

2110 Governance

2120 Risk Management

2130 Control

2200 - Engagement Planning

2201 Planning Considerations

2210 Engagement Objectives

2220 Engagement Scope

2230 Engagement Resource Allocation

2240 Engagement Work Program

2300 - Performing the Engagement

2310 Identifying Information

2320 Analysis and Evaluation

2330 Documenting Information

2340 Engagement Supervision

2400 - Communicating Results

2410 Criteria for Communication

2420 Quality of Communications

2421 Errors and Omissions

2440 Disseminating Results

2430 Use of "Conformity with the Standards"

2431 Engagement Disclosure of Noncompliance

2450 Overall Opinions

2500 - Monitoring Progress

2600 - Management's Acceptance of Risks

GC	PC	DNC	NA
X			

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Report on Quality Self-Assessment Review June 24, 2016

VOLUNTEER STATE COMMUNITY COLLEGE

Office of Internal Audit

1480 Nashville Pike

Gallatin, Tennessee 37066-3188

Volunteer State Community College

Report on Quality Self-Assessment Review
Of the Office of Internal Audit

June 24, 2016

This report is intended solely for the internal use of Volunteer State Community College and the Tennessee Board of Regents. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the Office of Internal Audit and handled in accordance with institutional policies.



1480 Nashville Pike ♦ Gallatin, TN 37066-3188
615-452-8600 ♦ 615-741-3215 ♦ 1-888-335-VSCC (8722)
www.volstate.edu

June 24, 2016

Jerry L. Faulkner, PhD.
President
Volunteer State Community College
1480 Nashville Pike
Gallatin, Tennessee 37066

Dr. Faulkner:

Transmitted herewith is the self-assessment quality review of the Office of Internal Audit to determine conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

Sincerely,

A handwritten signature in black ink that reads "Nancy Batson". The signature is written in a cursive, flowing style.

Nancy Batson
Internal Audit

Volunteer State Community College
Report on Quality Self-Assessment Review
June 24, 2016

EXECUTIVE SUMMARY

The Volunteer State Community College Office of Internal Audit conducted a quality self-assessment of the internal audit activity during June 2016. The principal objective of the quality self-assessment was to determine the internal audit activity's conformity to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

The overall opinion is that Volunteer State Community College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. For a detailed list of conformance to individual standards, please see Attachment A to the report.

Definitions according to the IIA Quality Assessment Manual:

"Generally Conforms" means the evaluator has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the individual *Standards* or element of the *Code of Ethics* in all material respects. Further, general conformance means that there is general conformity to a majority of the individual *Standards* or elements of the *Code of Ethics* and at least partial conformity to the others.

"Partially Conforms" means the evaluator has concluded that the activity is making good-faith efforts to comply with the requirements of the individual *Standards* or element of the *Code of Ethics*, but falls short of achieving some major objectives.

"Does Not Conform" means deficiencies in practice are judged to be so significant as to seriously impair or preclude the internal audit activity from performing adequately in all or in significant areas of its responsibilities.

Volunteer State Community College
Report on Quality Self-Assessment Review
June 24, 2016

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Volunteer State Community College
Report on Quality Self-Assessment Review
June 24, 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The Institute of internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)* to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance to the *Standards*, the *Definition of Internal Auditing*, and the *Code of Ethics*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements. The concept of general conformance to the IIA Standards recognizes that there may still be room for improvement, and quality assurance reviews provide a natural process for identifying these opportunities. For a detailed list of conformance to individual standards, please see Attachment A to the report.

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the College's internal audit activity generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices. Efforts to conform to the spirit and intent of the *IIA Standards* are evident.

Volunteer State Community College
Report on Quality Self-Assessment Review
June 24, 2016

ATTACHMENT A – SUMMARY EVALUATION OF CONFORMITY TO THE STANDARDS

GC = **Generally Conforms** and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

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DNC = **Does Not Conform** and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = **Not applicable** and means the Standard does not apply.

Attribute Standards		GC	PC	DNC	NA
<u>1000 - Purpose, Authority and Responsibility</u>		X			
<u>1100 - Independence and Objectivity</u>					
1110	Organizational Independence	X			
1111	Direct Interaction with the Board	X			
1120	Individual Objectivity	X			
1130	Impairments to Independence or Objectivity	X			
<u>1200 - Proficiency and Due Professional Care</u>					
1210	Proficiency	X			
1220	Due Professional Care	X			
1230	Continuing Professional Development	X			
<u>1300 - Quality Assurance Improvement Program</u>					
1310	Quality Program Assessments	X			
1311	Internal Assessments	X			
1312	External Assessments	X			
1320	Reporting on the Quality Program	X			
1321	Use of "Conformity with the Standards"	X			
1322	Disclosure of Noncompliance				x
Performance Standards					
<u>2000 - Managing the Internal Audit Activity</u>					
2010	Planning	X			
2020	Communication and Approval	X			
2030	Resource Management	X			
2040	Policies and Procedures	X			
2050	Coordination	X			
2060	Reporting to the Board and Senior Management	X			
2070	External Service Provider & Organizational Responsibility				X
<u>2100 - Nature of Work</u>					
2110	Governance	X			
2120	Risk Management	X			
2130	Control	X			
<u>2200 - Engagement Planning</u>					
2201	Planning Considerations	X			
2210	Engagement Objectives	X			
2220	Engagement Scope	X			
2230	Engagement Resource Allocation	X			
2240	Engagement Work Program	X			
<u>2300 - Performing the Engagement</u>					
2310	Identifying Information	X			
2320	Analysis and Evaluation	X			
2330	Documenting Information	X			
2340	Engagement Supervision	X			
<u>2400 - Communicating Results</u>					
2410	Criteria for Communication	X			
2420	Quality of Communications	X			
2421	Errors and Omissions				X
2430	Use of "Conformity with the Standards"	X			
2431	Engagement Disclosure of Noncompliance				X
2440	Disseminating Results	X			
2450	Overall Opinions	X			
<u>2500 - Monitoring Progress</u>		X			
<u>2600 - Management's Acceptance of Risks</u>		X			

WALTERS STATE COMMUNITY COLLEGE

*Office of Internal Audit
Report on Quality Self-Assessment Review
June 23, 2016*



OFFICE OF INTERNAL AUDIT

June 23, 2016

Ms. Tammy Birchett
Director of System-wide Internal Audit
Tennessee Board of Regents
1415 Murfreesboro Road, Suite 308
Nashville, TN 37211

Re: Walters State Community College
Office of Internal Audit
Quality Self-Assessment Review
June 23, 2016

Dear Ms. Birchett:

Please find enclosed my June 23, 2016 Office of Internal Audit's Quality Self-Assessment Review report for Walters State Community College.

Please contact me by phone at (423) 585-6794 or by e-mail at Mark.Ortlieb@ws.edu if you have any questions concerning the accompanying materials or need any additional information.

Best regards,

Mark A. Ortlieb, CPA
Internal Auditor

CC via e-mail: Dr. Wade B. McCamey, President, WSCC

Enclosures

Walters State Community College
Report on Quality Self-Assessment Review
June 23, 2016

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Walters State Community College
Report on Quality Self-Assessment Review
June 23, 2016

EXECUTIVE SUMMARY

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The overall opinion is that the Walters State Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive, and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. Auditors strive for continuous improvement and Quality Assurance Reviews provide a natural process for identifying these opportunities. This report contains a number of recommendations that should not be taken collectively to undermine the overall conclusion. Among the opportunities noted in this report, the following stand out as most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. *Standard 1210 – Proficiency and Due Professional Care – Proficiency* – Gain proficiency in implementing and utilizing computer-aided audit techniques to analyze data
2. *Standard 2201 – Engagement Planning – Planning Considerations* – Create written documentation of verbal understandings of audit engagements for parties outside the organization and of consulting engagements for internal clients
3. *Standard 2330 – Performing the Engagement – Documenting Information* – Consistently use appropriate checklists during the audit engagement to help ensure completeness

Walters State Community College
Report on Quality Self-Assessment Review
June 23, 2016

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of Internal Audit is required by The *IIA Standards*, to have a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance with the *Standards*. To better prepare for an external quality assessment, the internal audit activity should complete an internal self-assessment prior to undergoing an external quality assessment.

Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

PROCEDURES PERFORMED

As part of the quality assessment, the Office of Internal Audit prepared a self-study of conformance to the IIA requirements

OPINION AS TO CONFORMITY TO THE STANDARDS

The overall opinion is that the Walters State Community College's internal audit activity generally conforms to The IIA's *Standards, Definition of Internal Auditing and Code of Ethics*. Efforts to conform to the spirit and intent of the *IIA Standards* are evident. For example, in response to the last external assessment's recommendation to provide consistency and improved practices, the web-based MKinsight electronic working paper application software was purchased and placed in service across all TBR institutions.

Observations

Standard 1210 – Proficiency and Due Professional Care – Proficiency

Internal auditors must have sufficient knowledge of key information technology risks and controls and available technology-based audit techniques to perform their assigned work. Although technology is routinely used, proficiency in analyzing data can be gained by implementing and utilizing computer-aided audit techniques such as the Argos report writer for Banner software.

Standard 2200 – Engagement Planning – Planning Considerations

Internal auditors must develop and document a plan for each engagement, including the engagement's objectives, scope, timing, and resource allocations. Verbal understandings of audit engagements for parties outside the organization and of consulting engagements for internal clients should be documented.

Walters State Community College
Report on Quality Self-Assessment Review
June 23, 2016

Standard 2330 – Performing the Engagement – Documenting Information

Internal auditors must document relevant information to support the conclusions and engagement results. Appropriate checklists should consistently be used during the audit engagement to help ensure completeness.

Walters State Community College
Report on Quality Self-Assessment Review
June 23, 2016

ATTACHMENT A - CONFORMITY WITH THE STANDARDS

GC = Generally Conforms and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

PC = Partially Conforms and means there are deficiencies in practice that are judged to deviate from the spirit and intent of the IIA Standards, but these deficiencies did not preclude IA from performing its responsibilities

DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = Not applicable
Standard does not apply.

Attribute Standards		GC	PC	DNC	NA
<u>1000 - Purpose, Authority and Responsibility</u>		X			
<u>1100 - Independence and Objectivity</u>					
1110	Organizational Independence	X			
1111	Direct Interaction with the Board				X
1120	Individual Objectivity	X			
<u>1130 - Impairments to Independence or Objectivity</u>		X			
<u>1200 - Proficiency and Due Professional Care</u>					
1210	Proficiency		X		
1220	Due Professional Care	X			
1230	Continuing Professional Development	X			
<u>1300 - Quality Assurance Improvement Program</u>					
1310	Quality Program Assessments	X			
1311	Internal Assessments	X			
1312	External Assessments	X			
1320	Reporting on the Quality Program	X			
1321	Use of "Conformity with the Standards"	X			
1322	Disclosure of Noncompliance				X
Performance Standards					
<u>2000 - Managing the Internal Audit Activity</u>					
2010	Planning	X			
2020	Communication and Approval	X			
2030	Resource Management	X			
2040	Policies and Procedures	X			
2050	Coordination	X			
2060	Reporting to the Board and Senior Management	X			
2070	External Service Provider & Organizational Responsibility				X
<u>2100 - Nature of Work</u>					
2110	Governance	X			
2120	Risk Management	X			
2130	Control	X			
<u>2200 - Engagement Planning</u>					
2201	Planning Considerations		X		
2210	Engagement Objectives	X			
2220	Engagement Scope	X			
2230	Engagement Resource Allocation	X			
2240	Engagement Work Program	X			
<u>2300 - Performing the Engagement</u>					
2310	Identifying Information	X			
2320	Analysis and Evaluation	X			
2330	Documenting Information		X		
2340	Engagement Supervision	X			
<u>2400 - Communicating Results</u>					
2410	Criteria for Communication	X			
2420	Quality of Communications	X			
2421	Errors and Omissions	X			
2440	Disseminating Results	X			
2430	Use of "Conformity with the Standards"	X			
2431	Engagement Disclosure of Noncompliance	X			
2450	Overall Opinions	X			
<u>2500 - Monitoring Progress</u>		X			
<u>2600 - Management's Acceptance of Risks</u>					X

TENNESSEE BOARD OF REGENTS

*Office of System-wide Internal Audit
Internal Quality Assurance Review*



*Self-Assessment Conducted by
Office of System-wide Internal Audit*



TENNESSEE BOARD OF REGENTS

Office of System-wide Internal Audit

1415 Murfreesboro Road, Suite 308 | Nashville, TN 37217-2833 | Phone 615.366.4496 | Fax 615.366.1517 | www.tbr.edu

August 17, 2016

Mr. David Gregory, Chancellor
Tennessee Board of Regents
1415 Murfreesboro Road, Suite 340
Nashville, Tennessee 37217

Dear Chancellor Gregory:

The enclosed report is an internal quality assurance review (QAR) of the Tennessee Board of Regents, Office of System-wide Internal Audit. The review was performed as required periodically by the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing (the IIA Standards). The objectives of the QAR were:

1. To assess conformance to the IIA Standards;
2. To assess the effectiveness and efficiency of the Internal Audit activity in providing services to the Board and the system; and
3. To identify opportunities for improvement of the Internal Audit program.

The overall opinion is that the Office of System-wide Internal Audit generally conforms to the IIA Standards. Opportunities for improvement that will enhance conformance to the Standards and improve the efficiency and effectiveness of the internal audit program are described in the report.

Sincerely,

Tammy G. Birchett
Chief Audit Executive

cc: Tennessee Board of Regents Audit Committee

**TENNESSEE BOARD OF REGENTS
OFFICE OF SYSTEM-WIDE INTERNAL AUDIT
REPORT ON INTERNAL QUALITY ASSURANCE REVIEW**

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Restrictions on Report Use: *This report is intended solely for the internal use of the Tennessee Board of Regents. It is not intended to be and should not be used for any other purpose. The distribution of the report to external parties must be approved by the Tennessee Board of Regents, Office of System-wide Internal Audit and handled in accordance with institutional policies; however, this report is a matter of public record.*

TENNESSEE BOARD OF REGENTS
OFFICE OF SYSTEM-WIDE INTERNAL AUDIT
REPORT ON INTERNAL QUALITY ASSURANCE REVIEW

INTRODUCTION

The Tennessee Board of Regents, Office of System-wide Internal Audit, conducted an internal quality assurance review of the internal audit activity in June and July 2016. The principal objective of the self-assessment was to determine the internal audit activity's conformance to The Institute of Internal Auditors' (IIA) *International Standards for the Professional Practice of Internal Auditing (Standards)*, the *Definition of Internal Auditing* and the *Code of Ethics*.

REQUIREMENT FOR QUALITY ASSESSMENTS

The Office of System-wide Internal Audit is required by The *IIA Standards*, to maintain a quality assurance and improvement program, which includes periodic internal and external quality assessments and ongoing internal monitoring for conformance to the *Standards*. Adherence to the *Standards* is essential for the professional practice of internal auditing. Within The *IIA Standards* are Attribute and Performance Standards. The IIA states that "Standards are the criteria by which the operations of an internal audit department are evaluated and measured. They are intended to represent the practice of internal auditing as it should be."

OPINION

The overall opinion of the internal assessment is that the Tennessee Board of Regents, Office of System-wide Internal Audit generally conforms to The IIA's *Standards*, *Definition of Internal Auditing* and *Code of Ethics*. The internal audit activity is well-structured and progressive and audit management is endeavoring to provide useful audit tools and implement appropriate practices. For a detailed list of conformance to individual standards, please see Attachment A to the report.

OBSERVATIONS

The concept of general conformance to the *IIA Standards* recognizes that there may still be room for improvement. The staff performing internal audit activities strive for continuous improvement and quality assurance reviews provide a natural process for identifying these opportunities. This report contains the following three observations that should not be taken collectively to undermine the overall conclusion. The observations are the most significant in relation to the *IIA Standards* and have the highest potential to improve the program.

1. *Standard 1200 – Proficiency and Due Professional Care – Generally Conforms*

An element of this Standard requires that internal auditors must have sufficient knowledge of key information technology (IT) risks and controls and available technology-based audit techniques to perform their work. The Office of System-wide Internal Audit has added an Information Systems auditor and implemented audit management software across the audit offices in the Tennessee Board of Regents system. However, because of the reliance on various information systems within the system, System-wide Internal Audit will continue

to seek opportunities to add IT audit analysis tools and other resources to increase audit effectiveness.

2. *Standard 1300 – Quality Assurance and Improvement Program – Generally Conforms*

This standard requires that the quality assurance and improvement program cover all aspects of the internal audit activity and that results be communicated annually to senior management and the audit committee [IIA Practice Advisory 1320-1, May 2015, requires communication to management and the audit committee annually. Results of periodic internal self-assessments and external assessments have been reported to the audit committee, but System-wide Internal Audit will develop an annual process for reporting other quality assurance activities to the committee.

3. *Standard 2420 – Quality of Communications – Generally Conforms*

This standard requires timely communications, described as opportune and expedient depending on the significance of the issue, which allow management to take appropriate corrective action. System-wide Internal Audit will develop performance metrics for its audit reporting activities to facilitate timely reports to management and to improve conformance.

TENNESSEE BOARD OF REGENTS
OFFICE OF SYSTEM-WIDE INTERNAL AUDIT
REPORT ON INTERNAL QUALITY ASSURANCE REVIEW
ATTACHMENT A - CONFORMANCE WITH THE IIA STANDARDS

GC = Generally Conforms and means that IA has a charter, policies and procedures that are judged to meet the spirit and intent of the IIA Standards with some potential opportunities for improvement.

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DNC = Does Not Conform and means deficiencies in practice are judged to be so significant as to seriously impair or preclude IA from performing adequately in all or in significant areas of its responsibilities.

NA = Not applicable
Standard does not apply.

Attribute Standards

1000 - Purpose, Authority and Responsibility

GC	PC	DNC	NA
X			

1100 - Independence and Objectivity

1110 Organizational Independence

X			
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1111 Direct Interaction with the Board

X			
---	--	--	--

1120 Individual Objectivity

X			
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1130 - Impairments to Independence or Objectivity

X			
---	--	--	--

1200 - Proficiency and Due Professional Care

1210 Proficiency

X			
---	--	--	--

1220 Due Professional Care

X			
---	--	--	--

1230 Continuing Professional Development

X			
---	--	--	--

1300 - Quality Assurance Improvement Program

1310 Quality Program Assessments

X			
---	--	--	--

1311 Internal Assessments

X			
---	--	--	--

1312 External Assessments

X			
---	--	--	--

1320 Reporting on the Quality Program

X			
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1321 Use of "Conforms with the *International Standards*"

X			
---	--	--	--

1322 Disclosure of Noncompliance

X			
---	--	--	--

Performance Standards

2000 - Managing the Internal Audit Activity

2010 Planning

X			
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2020 Communication and Approval

X			
---	--	--	--

2030 Resource Management

X			
---	--	--	--

2040 Policies and Procedures

X			
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2050 Coordination

X			
---	--	--	--

2060 Reporting to the Board and Senior Management

X			
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2070 External Service Provider & Organizational Responsibility

X			
---	--	--	--

2100 - Nature of Work

2110 Governance

X			
---	--	--	--

2120 Risk Management

X			
---	--	--	--

2130 Control

X			
---	--	--	--

2200 - Engagement Planning

2201 Planning Considerations

X			
---	--	--	--

2210 Engagement Objectives

X			
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2220 Engagement Scope

X			
---	--	--	--

2230 Engagement Resource Allocation

X			
---	--	--	--

2240 Engagement Work Program

X			
---	--	--	--

2300 - Performing the Engagement

2310 Identifying Information

X			
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2320 Analysis and Evaluation

X			
---	--	--	--

2330 Documenting Information

X			
---	--	--	--

2340 Engagement Supervision

X			
---	--	--	--

2400 - Communicating Results

2410 Criteria for Communication

X			
---	--	--	--

2420 Quality of Communications

X			
---	--	--	--

2421 Errors and Omissions

X			
---	--	--	--

2430 Use of "Conducted in Conformity with the *International Standards*"

X			
---	--	--	--

2431 Engagement Disclosure of Noncompliance

X			
---	--	--	--

2440 Disseminating Results

X			
---	--	--	--

2450 Overall Opinions

X			
---	--	--	--

2500 - Monitoring Progress

X			
---	--	--	--

2600 - Management's Acceptance of Risks

X			
---	--	--	--

**Tennessee Board of Regents
Committee on Audit**

DATE:	August 30, 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.

Tennessee Board of Regents

DATE: September 16, 2016

SUBJECT: Report of the Regents Award for Excellence in Philanthropy

PRESENTER: Regent Fran Marcum

ACTION REQUIRED: None - Information Purposes Only

STAFF RECOMMENDATION: Not Applicable

Recipients of the Regents award for Excellence in Philanthropy are selected due to their generosity of time and resources, influence on volunteers to become involved in fund raising, active promotion of the importance of higher education, leadership in philanthropy, exceptional civic responsibility and integrity.

Mr. Robert Fogelman accepted the prestigious Regents Award for Excellence in Philanthropy on behalf of University of Memphis on May 16, 2016.

In the photo below from left to right are: University of Memphis President David Rudd, Mr. Robert Fogleman and Regent Greg Duckett.





TENNESSEE BOARD OF REGENTS

MEETING: Quarterly Board Meeting
SUBJECT: Security and Safety Taskforce Report
DATE: September 16, 2016
PRESENTER: Chancellor David Gregory
ACTION REQUIRED: No Action Needed
STAFF'S RECOMMENDATION: For Informational Purposes Only

BACKGROUND INFORMATION:

In March 2016, Chancellor David Gregory created the TBR Safety and Security Taskforce to look at best practices in campus security and make recommendations for improvement. This 18-member body is led by Dr. Rebecca Ashford, Vice President for Student Affairs, Pellissippi State Community College; Dr. Lynn Goodman, Associate Vice Chancellor of Operations for the Tennessee Colleges of Applied Technology; and Bruce Harber, Chief Operations Officer and former Chief of Police, University of Memphis. Over the past six months the taskforce has conducted student and staff surveys; reached out to other states; reviewed crime data; analyzed existing policies; reviewed staffing needs; and evaluated physical and technological improvements for classroom and student safety. The report conclusions and recommendations will be presented by the task force chairs.



TENNESSEE BOARD OF REGENTS

MEETING: Quarterly Board Meeting
SUBJECT: Approval of the Proposed 2017 Meeting Dates
DATE: September 16, 2016
PRESENTER: Chancellor David Gregory
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approval

BACKGROUND INFORMATION:

The Board will be asked to consider and approve the meeting dates for 2017. The proposed dates and locations are:

Thursday, March 30
Friday, March 31

Board Retreat – Location to be Determined
TCAT Murfreesboro NISSAN Facility
Hosted by Mid-TN Regional TCATs

Thursday and Friday, June 22 and 23

Roane State Community College

Thursday and Friday, September 21 and 22

Dyersburg State Community College

Thursday, December 14

TBR
Location: Volunteer State Community College



TENNESSEE BOARD OF REGENTS

MEETING: September Quarterly Board Meeting

SUBJECT: Re-Naming of the Hemlock Semiconductor Building

DATE: September 16, 2016

PRESENTER: David Gregory, Chancellor

ACTION REQUIRED: Voice Vote

STAFF'S RECOMMENDATION: Approve

BACKGROUND INFORMATION:

President Alisa White has submitted a request to name the building formerly named the Hemlock Semiconductor building as the "Technology Building." The building was originally named the Hemlock Semiconductor Building to recognize that company and its gift of chemical engineering technology equipment for the laboratory. The name was removed in December 2015 with their permission, due to the fact that Hemlock has decided not to open a plant in Clarksville. The building needs a name for campus signage and maps. If the Board approves the request, APSU will simply refer to it as the Technology Building until which time Austin Peay decides to name it in honor of an appropriate person or company.

This recommendation is in compliance with the TBR Policy 4:02:05:01. Background materials supporting this request will be kept in the Chancellor's office.



TENNESSEE BOARD OF REGENTS

MEETING: September Quarterly Board Meeting
SUBJECT: Naming of the Jenkins & Wynne Building
DATE: September 16, 2016
PRESENTER: David Gregory, Chancellor
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approve

BACKGROUND INFORMATION:

President Alisa White has submitted a request to name the building formerly named the Jenkins & Wynne Pre-Owned Cars building the "Jenkins Building," due to the generosity and support to APSU from Mr. Don Jenkins and his wife, Sandy. In the last three years, the Jenkins family has donated more than \$332,000, and has made a long-term commitment to the university. In addition, the Jenkins family allowed the university the exclusive opportunity to purchase a piece of property at the appraised value, even though they had been approached by several developers who would have paid more.

The 3500 square foot, one story building will be used for the University Advancement Office and is located at 304 College Street, Clarksville, Tennessee.

This recommendation is in compliance with the TBR Policy 4:02:05:01. Background materials supporting this naming will be kept on file in the Chancellor's office.



TENNESSEE BOARD OF REGENTS

MEETING: September Quarterly Board Meeting
SUBJECT: Naming of the John Morgan Walk of History
DATE: September 16, 2016
PRESENTER: David Gregory, Chancellor
ACTION REQUIRED: Voice Vote
STAFF'S RECOMMENDATION: Approve

BACKGROUND INFORMATION:

President Alisa White has submitted a request to name the walkway located between Marks Building and Blount Hall, the "John Morgan Walk of History," due to his years of service to the State of Tennessee and the Tennessee Board of Regents. The new space will be dedicated Fall 2016 to recognize alumni and donors to the University through a brick recognition program.

John Morgan has served in state government for 40 years, including five as Chancellor of the Tennessee Board of Regents. An alum of Austin Peay, former Chancellor John Morgan has a special relationship with Austin Peay State University in that he grew up amongst these hallowed halls and grounds during his father's tenure as President of Austin Peay from 1963 until 1976. His service and commitment have positively benefited Austin Peay and will inspire other friends and supporters of the University to a similar level of dedication.

This recommendation is in compliance with the TBR Policy 4:02:05:01. Background materials supporting this naming will be kept on file in the Chancellor's office.