

TENNESSEE BOARD OF REGENTS
Committee on Audit

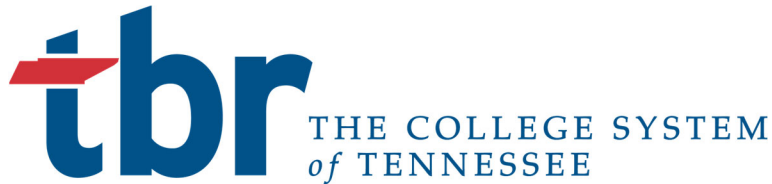
AGENDA
June 1, 2022

- I. INFORMATIONAL REPORTING (Mike Batson)**
 - a. Highlights of Audit Findings and Recommendations**
 - b. Audit Reports and Reviews**
 - c. System-wide Internal Audit Updates**
 - d. University Updates**

- II. CONSENT AGENDA (Mike Batson)**
 - a. Review of Revisions to Fiscal Year 2022 Internal Audit Plans**

- III. REVIEW OF SYSTEM-WIDE INTERNAL AUDIT BUDGET FOR FY 2023 (Mike Batson)**

- IV. NON-PUBLIC EXECUTIVE SESSION (Mike Batson)**



BOARD TRANSMITTAL

MEETING: Committee on Audit

SUBJECT: Highlights of Audit Findings and Recommendations

DATE: June 1, 2022

PRESENTER: Mike Batson

ACTION REQUIRED: Informational Report

STAFF'S
RECOMMENDATION: Accept Report

The following items will be discussed with the Audit Committee:

Veterans Affairs Reviews
Recommendation/Finding Logs

STATUS SUMMARY FOR PREVIOUSLY REPORTED FINDINGS

Comptroller's Audit Reports - Following 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.

Internal Audit Reports - Following is a summary on the status of previously reported findings and recommendations as of March 31, 2022. 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 SWIA - Status Report on State Audit Findings
(Reports sorted by Status, Institution, Report Release Date)

Institution	Report Release Date	Finding	Responsible Staff	Date Management's Actions to be Implemented	Revised Date Management's Actions to be Implemented	# of Changes to Date Management's Actions to be Implemented	Initial Date of Internal Audit Follow-up	Most Recent Date of Internal Audit Follow-up	Status
RSCC Foundation	9/21/2021	RSCC Foundation FY 2019 & 2018- Finding 1 of 1 Foundation personnel did not prepare bank reconciliations timely	Foundation Executive Director, Foundation Coordinator	11/30/2021	6/30/2022	1	9/16/2021	2/28/2022	Action Completed
RSCC	9/21/2021	RSCC FY 2019 & 2018- Finding 1 of 2 The college did not have written institutional policies in effect during the audit period for collection of accounts receivable	Vice President of Business & Finance, Bursar	12/31/2021			9/22/2021	2/28/2022	Action Completed
RSCC	9/21/2021	RSCC FY 2019 & 2018- Finding 2 of 2 Foundation personnel did not prepare bank reconciliations timely	Foundation Executive Director, Foundation Coordinator	11/30/2021	6/30/2022	1	9/16/2021	2/28/2022	Action Completed
TBR System Office	12/17/2020	TBR FY 2019 & 2018- Finding 3 of 3 As noted in the prior audit, the Tennessee Board of Regents did not provide adequate internal controls in one area. Although management has taken steps since the prior audit to correct the condition, the corrective action was not sufficient. The details of this finding are confidential pursuant to Section 10-7-504(i), Tennessee Code Annotated.	Assistant Vice Chancellor for Information Technology	6/17/2021	9/30/2021	1	6/16/2021	5/2/2022	Action Completed
ChSCC	10/5/2021	ChSCC FY 2020 & 2019- Finding 1 of 1 Chattanooga State Community College did not provide adequate internal controls in four areas that were reported in the prior audit Note: Two areas completed and two areas in process per recent review.	Vice President Technology	12/17/2021	6/30/2022	1	2/2/2022	3/22/2022	In Progress
NeSCC	8/10/2020	NeSCC FY 2019 & 2018 - Finding 1 of 3 Northeast State Community College did not provide adequate internal controls over information technology in two areas. The details of this finding are confidential pursuant to Section 10-7-504(i), Tennessee Code Annotated.	VP for Finance and Information Technology	6/30/2021	6/30/2022	4	9/16/2021	4/25/2022	In Progress
STCC	10/23/2020	STCC FY 2019 & 2018 - Finding 1 of 3 The college does not have adequate controls in place to ensure compliance with the requirements of the Federal Work Study Program.	Vice President of Student Services	4/30/2021	7/31/2022	2	4/20/2021		In Progress

TBR SWIA - Status Report on Internal Audit Recommendations- Community Colleges (Reports sorted by Status, Institution, Report Release Date)									
Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Revised Date Management's Actions to be Implemented	# of Changes to Date Management's Actions to be Implemented	Initial Date of Internal Audit Follow-up	Most Recent Date of Internal Audit Follow-up	Status
ChSCC	7/30/2020	Police Department Duty Status and Pay Structure 4 of 4: A Police Department Standard Operations Manual will be developed and implemented.	Executive Vice President - Business and Finance	12/30/2020	3/31/2022	1	11/11/2020	4/19/2022	Action Completed
CISCC	5/10/2021	The TAF actual spending plan should be reconciled to the general ledger at the end of each year and any discrepancies resolved.	Director of Information Technology	7/30/2021			1/5/2022	1/5/2022	Action Completed
DSCC	6/30/2021	Further HR departmental documentation is needed on the tracking and processing of FMLA and sick leave, as well as many other HR departmental processes and tasks. The process of rewriting job descriptions in the Human Resources department has begun but was not finalized at the time of this review.	Vice President for Finance and Administrative Services, Director of HR	12/31/2021	3/31/2022		1/15/2022	4/19/2022	Action Completed
NeSCC	2/25/2022	The NorCard User's Manual should be updated to include the approval process that was made permanent in the July 2021 revision of Policy 04:06:00 College Requisition for Purchase/Purchase Orders.	Purchasing Coordinator; Purchasing Buyer; VP of Finance and IT	2/25/2022	2/25/2022	0	2/25/2022	2/25/2022	Action Completed
NeSCC	2/25/2022	Management should consider developing a more effective and efficient method of maintaining cardholders' ability to access the NorCard User's Manual and remain up to date with any changes to the policies and procedures contained within the manual.	Purchasing Coordinator; Purchasing Buyer; VP of Finance and IT	2/25/2022	2/25/2022	0	2/25/2022	2/25/2022	Action Completed
RSCC	2/26/2020	Foundation - Completion of missing COI forms for board members.	Foundation Executive Director; Foundation Coordinator	9/30/2020		1	3/30/2020	9/16/2021	Action Completed
RSCC	2/26/2020	Foundation - Review information requested on COI forms	Foundation Executive Director; Foundation Coordinator	9/30/2020		1	3/30/2020	9/16/2021	Action Completed
ChSCC	12/18/2020	TCAT Transportation Repair Technology Client Services and Inventory 5 of 6: TCAT Management should explore and obtain an electronic work order system for each program. Assistance from the Technology Division should be used to identify current software restrictions and capabilities available to build an in-house work order system for the programs.	Executive Vice President - Technical College	8/1/2021	12/31/2022	2	2/2/2021	2/3/2022	In Progress
CISCC	4/13/2021	When setting or reducing budgets, management should consider requirements for different programs, if any, set forth by outside regulatory boards and agencies, to ensure the requirements can be met.	VP of Academic Affairs and VP of Finance and Administration	7/1/2021			2/1/2022		In Progress

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Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Revised Date Management's Actions to be Implemented	# of Changes to Date Management's Actions to be Implemented	Initial Date of Internal Audit Follow-up	Most Recent Date of Internal Audit Follow-up	Status
CISCC	6/16/2021	Management should complete the upgrading of exterior doors in a timely manner.	VP of Finance and Operations	1/31/2022					In Progress
CoSCC	6/7/2021	CoSCC-FU-Financial Aid-06072021 Strengthen Control Environment - Formalize the process and establish accountability to ensure the college submits timely updates to the Department of Education by mapping communication flows, assigning responsibility for timely initiation and submission of ECAR updates, and implementing a periodic review of the ECAR of record. Establish accountability for obtaining Lower Tier Contractor forms and document retention standards, including the location of, access to, and disposal date of the documents.	Director, Financial Aid	6/30/2021			9/17/2021	12/2/2021	In Progress
DSCC	3/31/2022	A meeting should be held with all applicable parties, including but not limited to, Athletic department staff, coaches, other departments using group travel, accounting and administrative services staff, to review the Athletic and Other Group Travel policy and decide on consistent practices, procedures and related paperwork to be used in processing all group travel events.	Vice President for Finance and Administrative Services	9/1/2022					In Progress
JSCC	11/15/2016	JSCC-IAR-Payroll -Recommendation 1 of 1: Equity salary increases and reclassifications were reviewed by management and verbally approved at the institution prior to submission to the Tennessee Board of Regents. However, there was no formal institutional approval including signatures and dates for equity salary increases and reclassifications. An appropriate approval process including documentation should be in place for equity salary increases and reclassifications. Updated 08/27/2020: Management should develop an institutional approval process for the compensation plan (equity) salary increases including appropriate documentation with signatures and dates.	Payroll Supervisor and Director of Human Resources	5/15/2017	12/31/2021	1	12/3/2019	12/17/2021	In Progress
JSCC	09/20/2018	JSCC-INV18-03-Club Account Review Recommendation 1 of 3: Guidelines for fundraising events including cash management procedures should be developed and included in the JSCC Student Life Handbook. Guidelines may also include an approval process and any restrictions or limitations (e.g. raffles). Updated 03/05/2021: Management reviewed and updated petty cash procedures and implemented an online approval system for events. Due to staff changes in key positions and the impact of COVID-19 on student events, the recommendations have not been fully implemented.	Vice President for Student Services	3/30/2019	9/1/2021	1		4/25/2022	In Progress

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JSCC	9/20/2018	JSCC-INV18-03-Club Account Review Recommendation 2 of 3: Training should be provided periodically and the JSCC Student Life Handbook should be distributed to club advisors and club officers. Increased communication between student activities and the club advisors could be beneficial and provide benefits to the student clubs. Updated 03/05/2021: Management provided training on student events and fundraising to club and event sponsors in the fall of 2018 and 2019. There were no club events in 2020 due to COVID-19. The JSCC Student Life Handbook was under review in 2019 but not finalized. Management plans to complete the handbook review by the beginning of the 2021 fall semester in order to provide the club and event sponsors with training and the updated handbook.	Vice President for Student Services	3/30/2019	9/1/2021	1		4/25/2022	In Progress
JSCC	9/20/2018	JSCC-INV18-03-Club Account Review Recommendation 3 of 3: The JSCC Student Life Handbook should be reviewed annually and updated (if needed). Updated 03/05/2021: Due to changes with key staff positions and COVID-19 during 2020, the JSCC Student Life Handbook has not been reviewed or updated for distribution. Management plans to review and update the handbook to be available at the beginning of the 2021 fall semester.	Vice President for Student Services	3/30/2019	9/1/2021	1		4/25/2022	In Progress
JSCC	7/16/2019	JSCC -INV19-01-Timekeeping - Recommendation 1 of 3: Supervisors and employees should be trained on time sheet procedures.	Director of Athletics and Director of Human Resources	1/17/2020		0		11/15/2021	In Progress
JSCC	7/16/2019	JSCC- INV19-01-Timekeeping - Recommendation 2 of 3: Processes should be reviewed to ensure that new hire paperwork and time sheets are completed correctly and periodic training should be provided to supervisors and employees.	Director of Athletics and Director of Human Resources	1/17/2020		0		11/15/2021	In Progress
JSCC	7/16/2019	JSCC-INV19-01-Timekeeping - Recommendation 3 of 3: The hiring process and subsequent periodic training for supervisors and employees should provide an explanation of contract terms. Supervisors should ensure that employees abide by the contract terms.	Director of Athletics and Director of Human Resources	1/17/2020		0		11/15/2021	In Progress
JSCC	2/17/2020	JSCC-IAR-Foundation -Recommendation 1 of 2: The Foundation has developed some policies and procedures, however; the foundation should ensure that adequate policies and procedures exist for the Foundation operations as required by TBR Policy 4.01.07.02, Foundations. All policies should be approved by the Foundation Board. Updated 12/15/2020 & 10/04/2021: Management is in the process of developing foundation policies and procedures for review and approval by the foundation board.	Director of Community Development & Foundation	8/31/2020	7/1/2021	1	12/15/2020	4/25/2022	In Progress

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JSCC	2/17/2020	JSCC-IAR-Foundation- Recommendation 2 of 2: Foundation management should create an annual budget and advise the foundation of its needs and priorities for the upcoming year. The budget should be approved by the Foundation Board. Updated 12/15/2020 & 10/04/2021: Management is in the process of developing a budget and priority listing for review and approval by the foundation board.	Director of Community Development & Foundation	8/31/2020	7/1/2021	1	12/15/2020	4/25/2022	In Progress
MSCC	5/4/2018	MSCC should maintain documentation of TBR approval, when required, for changes in MSCC policy.	Executive Vice President of Academic Affairs and Student Success, Assistant Vice President for Academic Affairs 10/1/20 - Special Assistant to the President	11/4/2018	5/31/2022	9	12/19/2018	12/14/2021	In Progress
MSCC	6/29/2018	Motlow State Community College should develop procedures requiring documentation and approval of Faculty/Staff Recruitment and Retention expenditures by the Access and Diversity Committee. At the time of issuance of the report, the Access and Diversity Committee has developed and is in the process of finalizing procedures for awarding funds for Faculty/Staff Recruitment and Retention.	Executive Director of Human Resources 10/21/19 - Compliance Officer	12/24/2018	5/15/2022	9	10/2/2019	11/15/2021	In Progress
MSCC	4/12/2019	The recommendation from the previous audit report is repeated. Motlow State Community College should improve internal controls over maintaining workforce development documentation to sufficiently support training contact hours reported in the THEC Workforce Training Contact Hours report to THEC/TBR.	Chief Learning Officer, Executive Director of Workforce Development 7/1/20 - Title Change - Executive Vice President of Workforce and Community Development	9/30/2019	3/31/2022	7	12/16/2020	3/10/2022	In Progress

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MSCC	4/12/2019	Motlow State Community College should establish a formal review and verification process over training data for inclusion in the THEC Workforce Training Contact Hours report prior to submission to THEC/TBR.	Chief Learning Officer, Executive Director of Workforce Development 7/1/20 - Title Change - Executive Vice President of Workforce and Community Development	9/30/2019	3/31/2022	7	12/16/2020	3/10/2022	In Progress
NaSCC	8/2/2019	Form a Conflicts of Interest Committee to receive, review, and issue a recommendation to management for disclosed conflicts of interest.	Director of Human Resources	1/1/2020	9/30/2020	0	2/6/2020	11/10/2021	In Progress
NaSCC	4/30/2020	The Foundation should ensure that all board members review and acknowledge the Code of Ethics annually.	Executive Director of Foundation	6/30/2020	10/31/2020	1	6/30/2020	11/11/2021	In Progress
NaSCC	4/30/2020	The Foundation should develop policies and procedures to ensure compliance with donor intent and conditions.	Executive Director of Foundation	6/1/2020	10/31/2020	1	6/1/2020	11/11/2021	In Progress
NaSCC	4/30/2020	The Foundation should develop policies and procedures for disclosure of gift records.	Executive Director of Foundation	6/1/2020	10/31/2020	1	6/1/2020	11/11/2021	In Progress
NaSCC	4/30/2020	The Foundation should develop policies and procedures on procurement and contracting activities.	Executive Director of Foundation	6/1/2020	10/31/2020	0	6/1/2020	11/11/2021	In Progress
NaSCC	6/24/2020	Management should take corrective actions to mitigate security risks.	Vice President of Finance and Administrative Services, Associate Vice President of Accounting and Finance, Executive Director of Operations, and Director of Safety and Security	10/31/2020	10/31/2020	1	10/31/2020	10/31/2020	In Progress

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NaSCC	8/2/2019	Begin collecting positive confirmation from all employees of the existence or non-existence of a potential conflict of interest.	Director of Human Resources	1/1/2020	9/30/2020	0	2/6/2020	11/10/2021	In Progress
RSCC	2/26/2020	Foundation - Review Records Retention Policy and delete records not maintained at the Foundation.	Foundation Executive Director; Foundation Coordinator	12/15/2021	6/30/2022	2	3/30/2020	2/4/2022	In Progress
RSCC	4/30/2020	Review contracts, job descriptions and responsibilities of the clinical coordinators to determine whether each position should be a 9, 10, or 12 month position.	Vice President, Student Learning; Dean, Health Sciences Division	12/31/2020	6/30/2022	2	7/31/2020	2/4/2022	In Progress
RSCC	4/30/2020	Review positions of clinical coordinators and determine an objective method of calculating workload.	Vice President, Student Learning; Dean, Health Sciences Division	12/31/2021	6/30/2022	1	7/31/2020	2/4/2022	In Progress
STCC	6/17/2021	Audit resources allocated to safeguarding of assets will be increased.	Internal Audit	6/30/2022	6/30/2022	2			In Progress
STCC	6/29/2021	Increase internal controls over data entry.	Human Resources	12/30/2021	6/30/2022	2			In Progress
STCC	6/29/2021	Increase internal control over the employment of Adjunct Faculty.	Academic Affairs	12/30/2021	6/30/2022	2			In Progress
STCC	6/29/2021	Increase internal controls over timekeeping.	Finance	12/30/2021	6/30/2022	2			In Progress
STCC	3/25/2022	Student files should be reviewed by an employee independent of the SCO.	Veteran Affairs	4/29/2022					In Progress
STCC	3/25/2022	A system shall be established for retrieving mail when employees are not working on campus.	Veteran Affairs	4/29/2022					In Progress
STCC	3/25/2022	Annual Reporting Fees should be segregated from the General Fund.	Veteran Affairs	4/29/2022					In Progress
VSCC	3/16/2021	The college should award the Ambassador scholarships in the correct amount. The scholarship award should cover full in-state tuition and fees plus a \$300 book stipend.	Financial Aid	11/1/2021	6/1/2022	1	12/15/2021		In Progress

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CoSCC	10/29/2020	CoSCC-FU Workforce Development Controls Review-10292020 College leadership and departmental management can strengthen the college control environment through improvements to processes that <ul style="list-style-type: none"> • Ensure workforce development objectives are tied to and directed by the college's mission and strategic plan, • Ensure college policies are current and reflect the existing operating environment and expectations, • Support employee competency and accountability with job descriptions specific to the employee's role, and • Ensure all employees complete orientation, receive job specific training, and are fully aware of policies that specifically impact the employee's job responsibilities. 	Vice President, Williamson Campus and External Affairs Operations Manager, Workforce and Continuing Education	2/28/2021		0	1/6/2021	5/11/2022	In Progress
CoSCC	10/29/2020	CoSCC-FU Workforce Development Controls Review-10292020 Strengthen Control Activities by: <ul style="list-style-type: none"> · Clearly identify and prioritize departmental strategic objectives and establish key progress indicators (KPIs) so that departmental expectations are clear to management and staff, and accountability is clear and measurable. • Develop job specific onboarding that provides new employees with the knowledge and resources (for example, process instructions, accountability measurements and timelines, project prioritization, and role-specific policies) to be successful in their role. 	Vice President, Williamson Campus and External Affairs Operations Manager, Workforce and Continuing Education	2/28/2021		0	1/6/2021	5/11/2022	In Progress
CoSCC	6/7/2021	CoSCC-FU-Financial Aid-06072021 Ensure GLBA safeguards are established. (Initial Outcome from CoSCC-IAR-Financial Aid-03122018)	Vice President for Information Technology	5/30/2021		0	6/7/2021	5/11/2022	In Progress

TBR SWIA - Status Report on Internal Audit Recommendations- Information Systems (Reports sorted by Status, Institution, Report Release Date)									
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ChSCC	4/12/2016	ChSCC ITGCR: Chattanooga State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Vice President of Technology and President's Cabinet	10/3/2016	6/30/2021	6	7/14/2017	5/16/2022	Action Completed
CISCC	4/6/2015	CISCC ITGCR: Cleveland State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer	12/1/2015	6/30/2019	5	7/14/2017	5/16/2022	Action Completed
NeSCC	1/27/2021	NeSCC Account Termination: Northeast State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> .	Director of Human Resources	1/31/2022	3/30/2022	1	7/27/2021	4/25/2022	Action Completed
RSCC	4/13/2018	RSCC Information Security Review: Roane State Community College did not provide adequate internal controls in eight areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer	10/12/2018	9/30/2020	3	2/12/2019	5/16/2022	Action Completed
CISCC	6/29/2018	CISCC Information Security Review: Cleveland State Community College did not provide adequate internal controls in seven areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. Five of seven areas have been corrected.	Chief Information Officer	11/30/2018	4/30/2022	2	2/4/2019	5/16/2022	In Progress

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CoSCC	2/5/2019	CoSCC Information Security Review: Columbia State Community College did not provide adequate internal controls in ten areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. Nine of ten areas have been corrected.	Associate VP for IT	8/31/2019		0	10/17/2019	12/10/2021	In Progress
DSCC	8/2/2021	DSCC ITGCR: Dyersburg State Community College did not provide adequate internal controls in six areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. Three of six areas have been corrected.	Vice President of Information Technology	6/30/2022		0		9/17/2021	In Progress
MSCC	1/11/2021	MSCC Information Security Review: Motlow State Community College did not provide adequate internal controls in eight areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. Seven of eight areas have been corrected.	Chief Information Officer	3/31/2021		0		2/28/2022	In Progress
NaSCC	8/15/2016	NaSCC ITGCR: Nashville State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer	4/28/2017	12/31/2018	2	7/14/2017	3/2/2022	In Progress

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NaSCC	3/22/2021	NaSCC ITGCR: Nashville State Community College did not provide adequate internal controls in nine areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. Six of nine areas have been corrected.	Chief Information Officer	12/31/2021	12/31/2021	1		3/2/2022	In Progress
NeSCC	2/17/2017	NeSCC ITGCR: Northeast State Community College did not provide adequate internal controls in twelve areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Eleven of twelve areas have been corrected.	Chief Information Officer	5/1/2017	6/30/2021	6	7/14/2017	5/16/2022	In Progress
NeSCC	1/7/2022	NeSCC ITGCR: Northeast State Community College did not provide adequate internal controls in ten areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> .	Chief Information Officer	6/30/2022					In Progress
PSCC	9/3/2014	PSCC ITGCR: Pellissippi State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer	3/31/2015	12/31/2020	6	7/14/2017	5/16/2022	In Progress
PSCC	2/14/2020	Pellissippi State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer and Vice President of Business and Finance	9/30/2020	9/30/2022	3	9/17/2020	12/15/2021	In Progress

TBR SWIA - Status Report on Internal Audit Recommendations- Information Systems (Reports sorted by Status, Institution, Report Release Date)									
Institution	Report Release Date	Recommendation	Responsible Staff	Date Management's Actions to be Implemented	Revised Date Management's Actions to be Implemented	# of Changes to Date Management's Actions to be Implemented	Initial Date of Internal Audit Follow-up	Most Recent Date of Internal Audit Follow-up	Status
RSCC	4/17/2015	RSCC ITGCR: Roane State Community College did not provide adequate internal controls in one area. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer	7/31/2015	12/31/2022	9	7/14/2017	5/16/2022	In Progress
RSCC	1/7/2022	RSCC ITGCR: Roane State Community College did not provide adequate internal controls in nine areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session.	Chief Information Officer	12/31/2022					In Progress
VSCC	5/13/2016	VSCC ITGCR: Volunteer State Community College did not provide adequate internal controls in two areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. One area has been corrected.	Chief Information Officer	11/30/2016	12/31/2022	5	7/14/2017	5/16/2022	In Progress
WSCC	7/23/2021	WSCC ITGCR: Walters State Community College did not provide adequate internal controls in six areas. Ineffective internal controls increase the likelihood of errors, data loss, and unauthorized access to college information. The details of this finding are confidential pursuant to Section 10-7-504(i), <i>Tennessee Code Annotated</i> . Details will be provided to the Board during Audit Committee Executive Session. Three of six areas have been corrected.	Chief Information Officer	6/30/2022		0	12/3/2021	12/6/2021	In Progress

BOARD TRANSMITTAL

MEETING: Committee on Audit

SUBJECT: Audit Reports and Reviews

DATE: June 1, 2022

PRESENTER: Mike Batson

ACTION REQUIRED: Informational Report

STAFF'S
RECOMMENDATION: Accept Report

Miscellaneous External Reviews

The Audit Committee will review executive summaries for the miscellaneous external reviews (reports issued by entities other than Internal Audit, State Audit, or Federal agencies) issued from January 1, 2022, to March 31, 2022.

Pellissippi State Community College
– Tennessee Higher Education Commission (THEC)
Veterans Affairs Education Compliance Survey

Roane State Community College
– National Junior College Athletic Association (NJCAA)
Women's Golf Eligibility Audit

Internal Audit

The Audit Committee will receive executive summaries for the internal audit reports issued from January 1, 2022, to March 31, 2022, as well as reports issued after March 31, 2022, which contain information considered to be time-sensitive for the Audit Committee's consideration*. Below is a listing of the internal audit and investigation reports completed during the reporting period, grouped by type of review. Highlights from these reports were reviewed in agenda item I.a.

<u>Internal Audit Reports for Informational Purposes- Financial Management</u>		
NeSCC	NorCard Purchasing Card Program	Page 21
Knoxville	President's Expense Audit FY 2020	Page 22
Murfreesboro	President's Expense Audit FY 2020	Page 23
Pulaski	President's Expense Audit FY 2021	Page 24
<u>Internal Audit Reports for Informational Purposes- Institutional Support</u>		
ChSCC	Faculty Credentials- 2021	Page 26
<u>Internal Audit Reports for Informational Purposes- Student Services</u>		
ChSCC	Veterans Affairs Audit	Page 28
DSCC	Veterans Affairs Audit	Page 29
NeSCC	Veterans Affairs Audit	Page 30
STCC	Veterans Affairs Audit	Page 31
WSCC	Veterans Affairs Audit	Page 33
<u>Internal Audit Reports for Informational Purposes- Follow-up</u>		
ChSCC	Follow-up to the State Audit Report for FY 2020 and 2019	Page 35
DSCC	Follow-up to the State Audit Discussion Items for FY 2020 and 2019	Page 36
RSCC- Foundation	Follow-up to the State Audit Report for FY 2019 and 2018	Page 37
RSCC	Follow-up to the State Audit Report for FY 2019 and 2018	Page 38

* A Limited Official Use Only report for Chattanooga State Community College- Follow-up to the LOU State Audit Report for FY 2020 and 2019 was completed on March 22, 2022. This report will be shared in the Audit Committee Executive Session.

**Tennessee Board of Regents
Audit Committee
June 1, 2022**

*Miscellaneous External
Reviews*

**Pellissippi State Community College
Tennessee Higher Education Commission
U.S. Department of Veterans Affairs Remote Education Compliance Survey
January 19, 2022
Executive Summary**

Introduction	The Tennessee State Approving Agency (SAA) conducted a routine U.S. Department of Veterans Affairs (VA) remote Education Compliance Survey for Pellissippi State Community College from November 16, 2020 to March 8, 2021.
Scope	Twenty VA students' records were reviewed during this compliance survey. Of those twenty records, no discrepancies were noted during the compliance survey.
Findings/ Recommendations	1. A future routine survey is recommended for this facility according to applicable VA guidelines.

**Roane State Community College
National Junior College Athletics Association
Women's Golf Eligibility Review
February, 2022
Executive Summary**

Introduction	The National Junior College Athletics Association (NJCAA) conducted a segment 1 eligibility audit for the Women's Golf Program.
Scope	Per the NJCAA's audit process, 20% of the student-athletes were randomly reviewed. If 20% are cleared, the audit is cleared.
Conclusion	The women's golf eligibility audit was completed. All documentation was included and in order for the student-athletes. Therefore, based on the 20% reviewed this eligibility audit has been cleared.
Findings/ Recommendations	None

**Tennessee Board of Regents
Audit Committee
June 1, 2022**

***Internal Audit Reports
Financial Management***

**Northeast State Community College
NorCard Purchasing Card Program
2021
February 25, 2022
Executive Summary**

Key Staff Personnel	Purchasing Coordinator; Purchasing Buyer; VP of Finance and IT	Internal Auditor	Christopher Hyder, Director NeSCC Internal Audit
Introduction	The NorCard program is a purchasing card program administered by the Purchasing Department that was developed as a tool to obtain materials and supplies in a quick and efficient process. The NorCard is essentially a Northeast State Community College credit card issued to an employee to purchase low-cost items for departmental or program use of \$1,000 or less.		
Objectives	The objectives of the audit were to determine the effectiveness of the current NorCard Purchasing controls and offer any recommendations for possible improvement to the program.		
Scope	This audit reviewed NorCard transactions, documentation, and related policies and procedures for 2021.		
Conclusion	The review of the college’s internal controls over the NorCard Purchasing Card Program indicated that the college has established controls to provide reasonable assurance that the risks of misuse or abuse are properly mitigated. Based on audit tests performed on a sample of program transaction data for 2021, the controls appear effective. While the audit did not reveal any significant weaknesses, two opportunities to improve the cardholders’ awareness of their expectations and responsibilities are provided in the recommendations below.		
Recommendations	<p>Recommendation 1: The NorCard User’s Manual should be updated to include the approval process that was made permanent in the July 2021 revision of Policy <u>04:06:00 College Requisition for Purchase/Purchase Orders</u>.</p> <p><i>Management’s Response 1:</i> Management agrees and has updated the user manual to include the updated approval process.</p> <p>Recommendation 2: Management should consider developing a more effective and efficient method of maintaining cardholders’ ability to access the NorCard User’s Manual and remain up to date with any changes to the policies and procedures contained within the manual.</p> <p><i>Management’s Response 2:</i> Management agrees and has placed the updated user manual for access online by authorized NorCard Users.</p>		

Tennessee Colleges of Applied Technology-Knoxville
Audit of President's Expenses
For the Period July 1, 2019 – June 30, 2020
March 30, 2022
Executive Summary

President	Dr. Kelli Chaney	Internal Auditor	Helen Vose, TCAT Internal Auditor																																														
Objectives	To comply with Tennessee Code Annotated, Title 49, Chapter 7, by performing an internal financial audit of the Office of the President for the fiscal year ended June 30, 2020; to determine compliance with institutional and Tennessee Board of Regents policies regarding expenses; to identify and report all expenses incurred by, at the direction of, or for the benefit of the President regardless of the funding source; and to search for and report any expenses not disclosed on expense schedules prepared by the institution.																																																
Scope	The audit scope included all accounts under the direct budgetary control of the President and expenses funded by institutional funds, foundations, or vendors and any expenses made by, at the direction of, or for the benefit of the President during the fiscal year. The audit was conducted in accordance with the <i>International Standards for the Professional Practice of Internal Auditing</i> , issued by the Institute of Internal Auditors and accordingly included tests of the accounting records and such other auditing procedures considered necessary.																																																
Analysis	<p>The following is a summary of (1) certain expenses made by, at the direction of, or for the benefit of the President, and (2) salaries, benefits, and other operating expenses for the President's office during the fiscal year ended June 30, 2020:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>TCAT Knoxville</th> <th>Vendor</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Salary</td> <td style="text-align: right;">\$132,412</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$132,412</td> </tr> <tr> <td>Travel</td> <td style="text-align: right;">\$6,106</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$6,106</td> </tr> <tr> <td>Business Meals & Hospitality</td> <td style="text-align: right;">\$1,865</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$1,865</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td>Office</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Salaries & Benefits</td> <td style="text-align: right;">\$175,282</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$175,282</td> </tr> <tr> <td>Travel</td> <td style="text-align: right;">\$1,178</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$1,178</td> </tr> <tr> <td>Other Operating</td> <td style="text-align: right;">\$16,110</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$16,110</td> </tr> <tr> <td>Total Expenses</td> <td style="text-align: right;">\$332,953</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$332,953</td> </tr> </tbody> </table> <p>The allowances in the chart below were provided to the President during the year. Use of the expense allowance was not included in tests performed during the audit because each of the presidents elected for the allowance to be paid as taxable income. Any personal use value of the vehicle is reported to the President as taxable income.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>Expense Allowance</td> <td style="text-align: right;">\$2,000</td> </tr> <tr> <td>Housing Allowance</td> <td style="text-align: right;">\$6,000</td> </tr> <tr> <td>Vehicle Allowance</td> <td style="text-align: right;">\$8,400</td> </tr> </tbody> </table>				TCAT Knoxville	Vendor	Total	Salary	\$132,412	-	\$132,412	Travel	\$6,106	-	\$6,106	Business Meals & Hospitality	\$1,865	-	\$1,865	Other	-	-	-	Office				Salaries & Benefits	\$175,282	-	\$175,282	Travel	\$1,178	-	\$1,178	Other Operating	\$16,110	-	\$16,110	Total Expenses	\$332,953	-	\$332,953	Expense Allowance	\$2,000	Housing Allowance	\$6,000	Vehicle Allowance	\$8,400
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Tennessee Colleges of Applied Technology-Murfreesboro
Audit of President's Expenses
For the Period July 1, 2019 – June 30, 2020
March 30, 2022
Executive Summary

President	Dr. Carol Puryear	Internal Auditor	Helen Vose, TCAT Internal Auditor																																															
Objectives	To comply with Tennessee Code Annotated, Title 49, Chapter 7, by performing an internal financial audit of the Office of the President for the fiscal year ended June 30, 2020; to determine compliance with institutional and Tennessee Board of Regents policies regarding expenses; to identify and report all expenses incurred by, at the direction of, or for the benefit of the President regardless of the funding source; and to search for and report any expenses not disclosed on expense schedules prepared by the institution.																																																	
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Tennessee Colleges of Applied Technology-Pulaski
Audit of President's Expenses
For the Period July 1, 2020 – June 30, 2021
January 24, 2022
Executive Summary

President	Mr. Mike Whitehead	Internal Auditor	Helen Vose, TCAT Internal Auditor																																														
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**Tennessee Board of Regents
Audit Committee
June 1, 2022**

***Internal Audit Reports
Institutional Support***

**Chattanooga State Community College
Faculty Credentials
Spring, Summer, and Fall Semesters 2021
February 15, 2022
Executive Summary**

Key Staff Personnel	Executive Director, Institutional Effectiveness, Research and Planning Dean, Academic Assessment, Accreditation and Compliance	Internal Auditor	Kimberly Clingan Director, Internal Audit
Introduction	The audit of Chattanooga State Community College’s faculty credentials was requested by the President of the college to ensure that all full-time and part-time faculty hired by the College meet the requirements of the College’s accrediting agency, Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). The ability to hire qualified faculty continues to be an area of concern as documented in the College’s risk assessment for instruction and academic support.		
Objectives	The objectives of the audit were: <ul style="list-style-type: none"> • To determine the requirements necessary for compliance with SACSCOC criteria and college policies. • To determine whether faculty employed meet credential requirements. • To determine whether documentation maintained was sufficient to document compliance. 		
Conclusion	The Faculty Credentialing policy and procedures are well defined and provide adequate internal controls to maintain compliance with SACSCOC requirements. However, Internal Audit noted an opportunity to improve the faculty credentialing process through the development of a process checklist.		
Recommendations	Internal Audit recommends that Academic Affairs and the TCAT develop a checklist to ensure credentialing documents have completed all required management approvals and are loaded to Compliance Assist within the one semester requirement.		
Management Response	In order to ensure credentialing documents have completed all management approvals and are loaded into Compliance Assist within the one semester requirement, the Dean of Academic Resources and Compliance will: <ul style="list-style-type: none"> • Work with Institutional Effectiveness, Research, and Planning to develop Dynamic Forms to document the appropriate workflows for credentialing forms. This process will be developed and tested during Fall 2022 and implemented by the end of Spring 2023. • Engage the Deans and appropriate Vice-Presidents to ensure training and compliance with the new format by the end of Spring 2023. 		

**Tennessee Board of Regents
Audit Committee
June 1, 2022**

***Internal Audit Reports
Student Services***

**Chattanooga State Community College
Veterans Affairs Benefit Certification
Academic Year 2021 - 2022
March 21, 2022
Executive Summary**

Key Staff Personnel	Director, Student Support, Educational Outreach Programs and Retention Coordinator, VA, WIOA, TAA	Internal Auditor	Kimberly Clingan Director, Internal Audit
Introduction	The Servicemen’s Readjustment Act of 1944, commonly known as the GI Bill, provides funding for education of veterans and their dependents. The funding provided under chapters 30, 31, 33, 35 and 1606 of the GI Bill may include tuition and fees, books and supplies, and housing stipends. To obtain these benefits, an eligible veteran must notify the college’s Veterans Affairs (VA) Office that he/she (or the dependent of a veteran) wishes to receive veteran’s education benefits under the GI bill and obtain a Certificate of Eligibility (COE) from the U.S. Department of Veterans Affairs. An Annual Reporting Fee (ARF) is paid to the college on a calendar year basis (38 USC 3684(c)) to reimburse some expenses of certifying veteran’s education information and must be used for approved Veterans Affairs support activities.		
Objectives	<p>The objectives of the audit were:</p> <ul style="list-style-type: none"> • To determine whether internal controls provide reasonable assurance that veterans and/or dependents were appropriately certified including enrollment amendments. • To determine the accuracy and review of data entered for students with veteran’s benefits. • To determine proper tracking of Notice of Indebtedness (NOI) letters to ensure the college has remitted payment to Department of Veterans Affairs. • To determine receipt and proper accounting of the Annual Reporting Fee (ARF). 		
Scope	The audit examined Veterans Affairs Benefit Certification processes for Academic Year 2021 – 2022.		
Conclusion	Chattanooga State Community College’s VA processes are well defined and provide adequate internal controls for maintaining compliance with U.S. Department of Veterans Affairs education benefit requirements. Coordination between various departments on campus have ensured efficient and timely processing of benefits and funds related to veteran benefits.		
Recommendations	None		

Dyersburg State Community College
Veterans Affairs Benefit Certification
April 23, 2022
Executive Summary

Key Staff Personnel	Director of Financial Aid and Financial Aid Counselor and VA School Certifying Official	Internal Auditor	Sandra Pruett, Director of Internal Audit
Introduction	<p>The Servicemen’s Readjustment Act of 1944, commonly known as the GI Bill, provides funding for education of veterans and their dependents. The funding provided under chapters 30, 31, 33, 35 and 1606 of the GI Bill may include tuition and fees, books and supplies, and housing stipends. To obtain these benefits, an eligible veteran must notify the college’s Veterans Affairs (VA) Office that he/she (or the dependent of a veteran) wishes to receive veteran’s education benefits under the GI bill and obtain a Certificate of Eligibility (COE) from the U.S. Department of Veterans Affairs. An Annual Reporting Fee (ARF) is paid to the college on a calendar year basis (38 USC 3684(c)) to reimburse some expenses of certifying veteran’s education information and must be used for approved Veterans Affairs support activities.</p>		
Objectives	<p>The objectives of the audit were:</p> <ul style="list-style-type: none"> • To determine whether internal controls provide reasonable assurance that veterans and/or dependents were appropriately certified including enrollment amendments. • To determine the accuracy and review of data entered for students with veteran’s benefits. • To determine proper tracking of Notice of Indebtedness (NOI) letters to ensure the college has remitted payment to Department of Veterans Affairs. • To determine receipt and proper accounting of the Annual Reporting Fee (ARF). 		
Scope	<p>The audit examined Veterans Affairs Benefit Certification processes for Academic Year 2021 – 2022.</p>		
Conclusion	<p>Dyersburg State Community College’s VA processes are well defined and provide adequate internal controls for maintaining compliance with U.S. Department of Veterans Affairs education benefit requirements. Coordination between various departments on campus have ensured efficient and timely processing of benefits and funds related to veteran benefits.</p>		
Recommendation	<p>The review process for veteran student files is not well documented, nor signed and dated by the person conducting the review. It is recommended that a written checklist of items needed for the student file be created and implemented and that the person conducting the review sign off on all items reviewed and note the date of the review.</p>		
Management’s Response	<p>Management concurs and will implement a VA Benefits checklist of items needed for the student file. The financial aid administrator conducting the review will sign off on all items reviewed and note the date of the review. All appropriate certifying documentation, as well as a review of charges calculated and the beginning and ending dates reported in the VA Once system will be included in the review. Implementation will occur within the next three months and no later than August 15th for the Fall 2022 semester.</p>		

**Northeast State Community College
Veterans Affairs Benefit Certification
Academic Year 2021 – 2022
April 20, 2022
Executive Summary**

Key Staff Personnel	Director of Veteran & Military Student Success Center; Bursar	Internal Auditor	Christopher Hyder, Director NeSCC Internal Audit
Introduction	<p>The Servicemen’s Readjustment Act of 1944, commonly known as the GI Bill, provides funding for education of veterans and their dependents. The funding provided under chapters 30, 31, 33, 35 and 1606 of the GI Bill may include tuition and fees, books and supplies, and housing stipends. To obtain these benefits, an eligible veteran must notify the college’s Veterans Affairs (VA) Office that he/she (or the dependent of a veteran) wishes to receive veteran’s education benefits under the GI Bill and obtain a Certificate of Eligibility (COE) from the U.S. Department of Veterans Affairs. An Annual Reporting Fee (ARF) is paid to the college on a calendar year basis (38 USC 3684(c)) to reimburse some expenses of certifying veteran’s education information and must be used for approved Veterans Affairs support activities.</p>		
Objectives	<p>The objectives of the audit were:</p> <ul style="list-style-type: none"> • To determine whether internal controls provide reasonable assurance that veterans and/or dependents were appropriately certified including enrollment amendments. • To determine the accuracy and review of data entered for students with veteran’s benefits. • To determine proper tracking of Notice of Indebtedness (NOI) letters to ensure the college has remitted payment to Department of Veterans Affairs. • To determine receipt and proper accounting of the Annual Reporting Fee (ARF). 		
Scope	<p>The audit examined Veterans Affairs Benefit Certification processes for Academic Year 2021 – 2022.</p>		
Conclusion	<p>NeSCC’s VA processes are well defined and provide adequate internal controls for maintaining compliance with U.S. Department of Veterans Affairs education benefit requirements.</p>		
Recommendation	<p>None</p>		

Southwest Tennessee Community College
Veteran’s Affairs Benefit Certification – Page 1 of 2
March 25, 2022
Executive Summary

<p>Key Staff Person: Veteran Affairs Coordinator, Account Clerk, Executive Director</p>	<p>Auditor: Charlotte Johnson, Internal Auditor</p>
<p>Introduction</p>	<p>The Serviceman’s Readjustment Act of 1944, commonly known as the GI Bill, provides funding for education of veterans and their dependents. The funding provided under chapters 30, 31 ,33, 35, and 1606 of the GI Bill may include tuition and fees, books and supplies, and housing stipends. To obtain these benefits, an eligible veteran must notify the college’s Veterans Affairs (VA) Office that he/she (or dependent of a veteran) wishes to receive veteran’s education benefits under the GI Bill and obtain a Certificate of Eligibility (COE) from the U.S. Department of Veterans Affairs. An Annual Reporting Fee (ARF) is paid to the college on a calendar year basis to reimburse some expenses of certifying veteran’s education information and must be used for approved Veterans Affairs support activities.</p>
<p>Objectives</p>	<p>The objectives of this audit were to determine:</p> <ul style="list-style-type: none"> • whether internal controls provide reasonable assurance that veterans and/or dependents were appropriately certified, including enrollment amendments, • the accuracy and review of data entered for students with veteran’s benefits, • proper tracking of Notice of Indebtedness (NOI) letters to ensure the college has remitted payment to the U. S. Department of Veterans Affairs, and • receipt and proper accounting of the Annual Reporting Fee (ARF).
<p>Scope</p>	<p>The auditor reviewed Southwest Tennessee Community College (STCC) Veterans Affairs benefits for the period July 1, 2021, through December 30, 2021. The audit was conducted in accordance with the <i>International Standards for the Professional Practice of Internal Auditing</i> issued by The Institute of Internal Auditors. The review included tests of the records and other procedures considered necessary to achieve the audit objectives.</p>
<p>Conclusion</p>	<p>STCC VA processes are well defined and generally provide adequate internal controls for maintaining compliance with U. S. Department of Veterans Affairs education benefit requirements. Coordination between various departments on campus have insured efficient and timely processing of benefits and funds related to veteran benefits. This report contains the following three recommendations for improvement.</p>

Southwest Tennessee Community College
Veteran's Affairs Benefit Certification – Page 2 of 2
March 25, 2022
Executive Summary

<p style="text-align: center;">Recommendations</p>	<p>Recommendation 1. Seven student files did not contain a Certificate of Eligibility. Student files should be reviewed by an employee independent of the SCO for completeness.</p> <p>Management Response 1 <i>We concur with this recommendation. The Assistant Vice President and Director to which the SCO reports will develop a file review process that will include development of a file checklist indicating the required content of each file, the organization of the file and the documentation of the completed file review. In addition, they will work with the SCO to understand the timeline for file updates to establish complimentary timeline for regular file reviews. This will be completed by April 29, 2022.</i></p> <p>Recommendation 2. During the pandemic, mail for the department was not retrieved on a timely basis, which resulted in Notice of Indebtedness Letters not being forwarded to the Finance Department for payment. The department shall establish a system for retrieving mail when employees are not working on campus</p> <p>Management Response 2 <i>We concur with this recommendation. As the shift from on-ground to remote operations was both unexpected and quickly implemented, we acknowledge that some core responsibilities and duties were overlooked. This included regular checks and processing of mail sent to the department. As the college has recently implemented a number of policies related to alternative work schedules and processes related to working remotely, the department will develop then incorporate department-level policies and procedures that address how staff will ensure that routine processes such as mail collection and processing, continue to be completed in instances in which employee are not working on campus. This policy and procedure will be developed and adopted by April 29, 2022.</i></p> <p>Recommendation 3. Annual Reporting Fees paid to the college should be segregated from the general fund and used only in support of Veterans Affairs.</p> <p>Management Response 3 <i>We concur with the recommendation. The College has established a Restricted fund titled Veterans Affairs Annual Reporting Fee. The FY21 fee received (\$3,408) will be transferred to the new fund, and subsequent fees received will be deposited into the fund.</i></p> <p><i>The fund is accessible to the Veterans Affairs SCO for eligible uses, such as attendance at the SCO conference., equipment for the Veterans center or part of the SCO salary. Although the funds were not accounted for separately in prior fiscal years, the ARF funds partially covered the salary expense of the SCO. The SCO was granted access and approval authority for the new restricted fund in Banner.</i></p>
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**Walters State Community College
Veterans Affairs Benefit Certification
Academic Year 2021 - 2022
April 21, 2022
Executive Summary**

Key Staff Personnel	Veterans Coordinator and School Certifying Official (SCO)	Internal Auditor	Mark A. Ortlieb, CPA
Introduction	<p>The Servicemen’s Readjustment Act of 1944, commonly known as the GI Bill, was a law that provided a range of benefits for some of the returning World War II veterans (commonly referred to as G.I.s). The original G.I. Bill expired in 1956, but the term "G.I. Bill" is still used to refer to programs created to assist some of the U.S. military veterans. The funding provided for education of veterans and their dependents under chapters 30, 31, 33, 35 and 1606 of the GI Bill may include tuition and fees, books and supplies, and housing stipends. To obtain these benefits, an eligible veteran must notify the college’s Veterans Affairs (VA) Office that he/she (or the dependent of a veteran) wishes to receive veteran’s education benefits under the GI bill and obtain a Certificate of Eligibility (COE) from the U.S. Department of Veterans Affairs. An Annual Reporting Fee (ARF) is paid to the college on a calendar year basis (38 USC 3684(c)) to reimburse some expenses of certifying veteran’s education information and must be used for approved Veterans Affairs support activities.</p>		
Objectives	<p>The objectives of the audit were:</p> <ul style="list-style-type: none"> • To determine whether internal controls provide reasonable assurance that veterans and/or dependents were appropriately certified including enrollment amendments. • To determine the accuracy and review of data entered for students with veteran’s benefits. • To determine proper tracking of Notice of Indebtedness (NOI) letters to ensure the college has remitted payment to Department of Veterans Affairs. <p>To determine receipt and proper accounting of the Annual Reporting Fee (ARF).</p>		
Conclusion	<p>Walters State Community College’s VA processes are well defined and generally provide adequate internal controls for maintaining compliance with U.S. Department of Veterans Affairs education benefit requirements. Coordination between various departments on campus have insured efficient and timely processing of benefits and funds related to veteran benefits. This report contains the following recommendation for improvement.</p>		
Recommendations and Management’s Response	<p>Segregation of duties can be an effective internal control. Although the SCO reports to the Executive Director of Counseling and Testing, his work is not currently being reviewed by a second party. To provide oversight, the SCO should provide the Executive Director of Counseling and Testing or another designated employee with “Read Only” access and high-level training to create familiarity with the certification process and related requirements. In addition, to address unanticipated risks, the SCO should create a Business Continuity Plan using Quali Ready software.</p> <p>Management concurs with the recommendations and will implement an appropriate independent review procedure and create a Business Continuity Plan using Quali Ready software.</p>		

**Tennessee Board of Regents
Audit Committee
June 1, 2022**

***Internal Audit Reports
Follow-ups***

Chattanooga State Community College
Follow-up to the State Audit Report
For the Fiscal Years Ending June 30, 2020 and June 30, 2019
March 22, 2022
Executive Summary

Key Staff Personnel	Vice President, Technology	Internal Auditor	Kimberly Clingan Director, Internal Audit
Introduction	The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Chattanooga State Community College for the fiscal years ended June 30, 2020, and June 30, 2019, on October 5, 2021. The report included one audit finding. The finding was identified in the audit report as a significant deficiency in internal control. The current status of the finding is presented in the Results of the Current Audit section below.		
Objectives	The objectives of the review were to determine whether adequate corrective actions have been taken to address the audit finding, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.		
Scope	This audit included a review of the current status of actions taken by Chattanooga State Community College management to correct the deficiency reported by the Division of State Audit for the fiscal years ended June 30, 2020, and June 30, 2019.		
Results of the Current Audit	<p>Current Status of State Audit Findings</p> <ol style="list-style-type: none"> 1. Chattanooga State Community College did not provide adequate internal controls in four areas that were reported in the prior audit. Status: Management has taken adequate corrective actions to address the audit findings for two of the four areas by implementing effective internal controls to ensure compliance and performing procedures designed for ongoing monitoring of risks and mitigating controls. The recommended corrective actions to address the remaining two areas are in process. 		
Audit Conclusion	Based on the results of tests and procedures performed, management has taken adequate corrective actions to address two of the audit areas noted in the finding, implement the audit recommendations, and mitigate the risks through ongoing monitoring. Management is in the process of completing corrective actions for the two remaining audit areas.		

Dyersburg State Community College
Follow-up to the State Audit Discussion
For the Fiscal Years Ending June 30, 2020 and June 30, 2019
March 31, 2022
Executive Summary

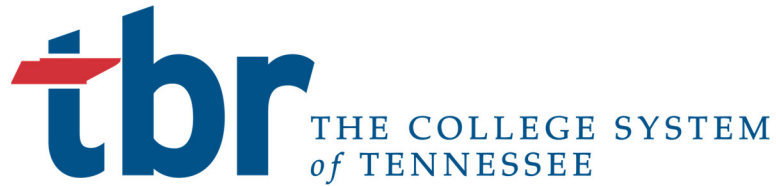
Key Staff Personnel	Interim Vice President for Finance and Administrative Services	Internal Auditor	Sandra Pruett, Director of Internal Audit
Introduction	The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Dyersburg State Community College for the fiscal years ended June 30, 2020, and June 30, 2019, on October 26, 2021. The report entitled, <i>Independent Auditor's Report</i> , included no audit findings. There were seven exceptions, or discussion items, which were presented to the management staff of Dyersburg State Community College during the audit exit conference. The current status of these exceptions has been reviewed and is presented in the Results of the Current Audit section below.		
Objectives	The objectives of this review were to determine whether adequate corrective actions have been taken to address the audit exceptions, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.		
Results of the Current Audit	<p><u>Current Status of State Audit Exceptions</u></p> <ol style="list-style-type: none"> 1. Exception – Cash – Amount of Current Cash Overstated 2. Exception – Investments – Incorrect Classification of Investment 3. Exception – Noncurrent Liabilities – Optional Retirement Plan Disclosure 4. Exception – Expenses – Policy Not Followed – Athletic and Other Group Travel 5. Exception – Payroll – Lack of Separation of Duties for Returned W-2's 6. Exception – Investments – Misclassified Investment in Note to Financial Statements 7. Exception – Endowments – Misclassification of Donor Type Funding <p>Adequate corrective action has been taken on each of the seven audit exceptions, except number 4. Further review of the policy and procedures regarding group travel is necessary at this time.</p>		
Audit Conclusion	Based on the results of tests and procedures performed, management has taken adequate actions to address the audit exceptions, implement the audit recommendations and mitigate the risks that errors or fraud could occur and not be detected in a timely manner, except in item number four above. One additional recommendation is being made for this item to further review the policy and procedures relating to Athletic and Other Group Travel and to implement new changes to correct policy deviations.		

Roane State Community College Foundation
Follow-Up to State Audit Report
For Fiscal Years Ending June 30, 2019 and June 30, 2018
February 28, 2022
Executive Summary

Key Staff Personnel	Foundation Executive Director, Foundation Coordinator	Internal Auditor	Director of Internal Audit, Cynthia Cortesio
Introduction	The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Roane State Community College Foundation for the fiscal years ended June 30, 2019, and June 30, 2018, on September 21, 2021. The report included one audit finding. The finding was not identified in the audit report as a material weakness but was identified as a significant deficiency. The current status of the finding is presented in the Results of the Current Audit section below.		
Objectives	The objective of this review was to determine whether adequate corrective action has been taken to address the audit finding, implement the audit recommendation, and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.		
Scope	<p>This review was conducted in accordance with the <i>International Standards for the Professional Practice of Internal Auditing</i> and accordingly included such procedures as considered necessary in the circumstances. The review included examination of the bank reconciliations prepared by the Foundation Coordinator for banking months January 1, 2021, to December 31, 2021. This review also checked for preparer's initials and date as well as reviewer's initials and date.</p> <p>This review did not include an assessment of accuracy of the bank reconciliations.</p>		
Results of Current Audit	<p><u>Current Status of State Audit Findings</u></p> <p><i>Foundation personnel did not prepare bank reconciliations timely</i> Bank reconciliations for the months of January 2021 through October 2021 were prepared and reviewed timely. The November 2021 bank reconciliation was prepared within the 30 days but was not reviewed until January 5, 2022. The college was closed during the last 2 weeks of December which pushed the review into the beginning of January. At the time of examination December's bank reconciliations had not been completed but could still be completed and reviewed within the 30-day period.</p>		
Conclusion	Based on the results of tests and procedures performed, management has taken adequate actions to address the audit finding, implement the audit recommendation, and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.		

Roane State Community College
Follow-Up to State Audit Report – Page 1 of 2
For Fiscal Years Ending June 30, 2019 and June 30, 2018
February 28, 2022
Executive Summary

Key Staff Personnel	Vice President, Business and Finance	Internal Auditor	Director of Internal Audit, Cynthia Cortesio
Introduction	The Comptroller of the Treasury, Division of State Audit issued a financial and compliance audit of Roane State Community College for the fiscal years ended June 30, 2019, and June 30, 2018, on September 21, 2021. The report included two audit findings. The findings were not identified in the audit report as material weaknesses but were identified as significant deficiencies. The current status of the findings is presented in the Results of the Current Audit section below.		
Objectives	The objective of this review was to determine whether adequate corrective action has been taken to address the audit finding, implement the audit recommendation, and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.		
Scope	This review was conducted in accordance with the <i>International Standards for the Professional Practice of Internal Auditing</i> and accordingly included such procedures as considered necessary in the circumstances. The college’s institutional policies to collect accounts receivable were reviewed as well as the foundation’s bank reconciliations prepared by the Foundation Coordinator for banking months January 1, 2021, to December 31, 2021. This review also checked for preparer’s initials and date as well as reviewer’s initials and date in the foundation’s bank reconciliations. This review did not include an assessment of accuracy of the bank reconciliations.		
Results of Current Audit	<p><u>Current Status of State Audit Findings</u> <i>College did not have written institutional policies to collect accounts receivable during the audit period</i> On April 22, 2019, Roane State established a policy to collect accounts receivable.</p> <p><i>Foundation personnel did not prepare bank reconciliations timely</i> Bank reconciliations for the months of January 2021 through October 2021 were prepared and reviewed timely. The November 2021 bank reconciliation was prepared within the 30 days but was not reviewed until January 5, 2022. The college was closed during the last 2 weeks of December which pushed the review into the beginning of January. At the time of examination December’s bank reconciliations had not been completed but could still be completed and reviewed within the 30-day period.</p>		
Conclusion	Based on the results of tests and procedures performed, management has taken adequate actions to address the audit findings, implement the audit recommendations, and mitigate the risks that errors or fraud could occur and not be detected in a timely manner.		



BOARD TRANSMITTAL

MEETING: Committee on Audit

SUBJECT: System-wide Internal Audit Updates

DATE: June 1, 2022

PRESENTER: Mike Batson

ACTION REQUIRED: Informational Report

STAFF'S
RECOMMENDATION: Accept Report

Mike Batson will give brief updates for the following items:

- New Director of Internal Audit
- April 2022 Internal Auditors Training Session

BOARD TRANSMITTAL

MEETING: Committee on Audit

SUBJECT: University Updates

DATE: June 1, 2022

PRESENTER: Mike Batson

ACTION REQUIRED: Informational Report

STAFF'S
RECOMMENDATION: Accept Report

The Chief Audit Executive will provide an update regarding the university audit activities under the FOCUS Act. The following is a summary of key actions received by the Office of System-wide Internal Audit.

Summary of Recent Activities

- The State of Tennessee Comptroller of the Treasury released the Financial and Compliance Audit Report for the below universities.

FINANCIAL AND COMPLIANCE AUDITS –NO FINDINGS

Austin Peay State University

— FYE June 30, 2021

Middle Tennessee State University

— FYE June 30, 2021

FINANCIAL AND COMPLIANCE AUDITS –FINDINGS

East Tennessee State University

— FYE June 30, 2021

University of Memphis

— FYE June 30, 2021

**Tennessee Board of Regents
Audit Committee
June 1, 2022**

***Review of Comptroller's Office Audit Reports- Universities
Financial and Compliance Audits—Findings Reported***

Institution	For the Year Ended	Auditor's Opinion on Financial Statements	Report on Internal Control	Report on Compliance	Findings
East Tennessee State University	June 30, 2021	Unmodified Opinion	Two findings were identified as significant deficiencies	No instances of noncompliance required to be reported	2

Finding 1 – East Tennessee State University did not have adequate internal controls in one area reported for the second consecutive audit

East Tennessee State University did not design and monitor effective internal controls in one area. For the second consecutive audit, we found an internal control deficiency related to one of the university's systems. Although management has taken steps to correct this condition, we are reporting an internal control deficiency because corrective action was not sufficient.

Ineffective design and implementation of internal controls increase the likelihood of errors and unauthorized access to university information. Pursuant to Standard 6.63 of the U.S. Government Accountability Office's *Government Auditing Standards*, we omitted details from this finding because they are confidential under the provisions of Section 10-7-504(i), *Tennessee Code Annotated*. We provided the university with detailed information regarding the specific conditions we identified, as well as the related criteria, causes, and our specific recommendations for improvement.

Recommendation - Management should ensure that this condition is corrected by the prompt development and effective implementation of internal controls in this area. 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 when deficiencies occur.

Management's Comment – We concur with the finding and recommendation. The area indicated in the report has undergone review by management. Internal controls are in place to address the conditions reported and monitoring is in place.

Finding 2 – University staff did not conduct proper collection procedures on accounts receivable

Management did not ensure that university collection procedures for accounts receivable were performed by Bursar's Office and ETSU College of Nursing personnel. We tested a sample of 34 delinquent receivables, which consisted of 32 student accounts receivable and 2 College of Nursing clinic receivables that were more than 90 days old at June 30, 2021. All items in the sample required collection letters and referral to a collection agency.

Recommendation - Management should ensure that staff charged with monitoring and collecting accounts receivable adhere to the written institutional and departmental policies to ensure timely collections.

Management's Comment – We concur with the finding and recommendation. Management will take several steps to ensure that staff charged with monitoring and collecting accounts receivable adhere to the written institutional and departmental policies to ensure timely collections.

(1) ETSU will implement a new notification process for student receivables. Bursar's Office staff will work with ETSU Information Technology Services (ITS) to automate notifications on a monthly calendar. This will improve timeliness of notification throughout the year and relieve staff from manual processes for notifications.

- (2) A schedule for collection account placement by the Bursar's Office will be created. This schedule will improve the timeline for placements with an outside agency after proper notification of the debt.
- (3) Management will work to revise the Collection of Accounts Receivable policy to change the dollar threshold for which an account will be referred to a collection agency. The revised policy will incorporate the Tennessee Department of Finance and Administration Policy 23, which states that reasonableness should be used in determining the effort expended in attempting to collect amounts less than \$500.
- (4) The College of Nursing has added 1.6 full time equivalent positions to the Nursing Billing/Collections Office. The addition of staff will provide the needed personnel for timely assignment of Nursing clinic patient accounts to collections.

Institution	For the Year Ended	Auditor's Opinion on Financial Statements	Report on Internal Control	Report on Compliance	Findings
University of Memphis	June 30, 2021	Unmodified Opinion	One finding was identified as a material weakness	No instances of noncompliance required to be reported	1

Finding 1 – Management needs to improve procedures to ensure accurate reporting

The university's procedures for recording transactions in the general ledger and preparing its financial statements and the accompanying notes to the financial statements were not adequate to ensure the accuracy, proper classification, and disclosures of information. Based on our review of the financial statements, we noted that the Controller, Assistant Controller, and other accounting personnel made several errors when recording transactions in Banner and preparing the fiscal year 2021 financial statements and accompanying notes.

On the statement of net position, management overstated accrued interest receivable by \$150,725; noncurrent accounts, notes, and grants receivable by \$1,520,482; and the due to grantors liability by \$1,671,207 because management was not reconciling the loan servicer report to Banner totals and related amounts in the notes to the financial statements. These errors were also included in the accounts receivable and long-term liabilities notes.

As a result of not reconciling accrued liabilities entries made for insurance expenses with the actual payments to the state, management has understated benefits expense since at least 2006. The results of this error included an understatement of accrued liabilities of \$2,919,920, an understatement of benefits expense of \$122,462 for 2021, and a prior-period adjustment of \$2,797,458. The system-generated credits for accruing the liability did not match the actual payments made. Because reconciliations were not performed, adjustments were never made to the original credits to represent the actual payments.

Within the noncash investing, capital, or financing transactions section of the university's statement of cash flows, management misstated the amount of unrealized losses on investments. This amount was originally reported as a loss of \$930,365; however, it should have been reported as a loss of \$5,392,877. The university's statement of cash flows includes the transactions of both the university and its blended component unit. When management compiled the financial information for this statement, they included the component unit's information as an unrealized gain instead of an unrealized loss.

Management did not classify U.S. agency investments correctly in the fair value note to the financial statements. Instead of classifying these investments as Level 2 of the fair value hierarchy, management classified \$103,046,559 of these investments as Level 1 of the fair value hierarchy.

The audited financial statements and notes were corrected for these errors.

Recommendation - Management should perform adequate reviews on the statements and the notes to mitigate the risk of errors. Management should ensure staff preparing and/or reviewing the financial statements have adequate knowledge of governmental accounting and reporting requirements to properly perform their responsibilities. Management should also ensure that appropriate reconciliations are performed to further ensure accurate reporting.

Management's Comment – Management acknowledges and concurs with the finding described above. The following remedial actions will be taken:

1. A review of the number of staff required in the Controller's office will be undertaken to ensure that adequate staffing resources are allocated to perform key processes integral to provide adequate financial controls and accuracy of financial statements.
2. The Controller's office will perform a more detailed review of key financial statement components and related disclosures such as cash flow statement, investment, and debt prior to submission to the Tennessee Board of Regents. Also, additional training and technical guidance will be provided to staff members working on these financial statement components and disclosures.
3. The Controller's office will perform quarterly reviews of balance sheet components to verify the accuracy of balances carried forward.
4. The Controller's office will work with Human Resources to review the monthly reconciliation of insurance benefits deducted and paid. Any differences other than timing differences will be identified and adjusted to the fringe benefit expense as part of the annual year-end financial close process.

BOARD TRANSMITTAL

MEETING: Committee on Audit

SUBJECT: Review of Revisions to Fiscal Year 2022 Audit Plans

DATE: June 1, 2022

PRESENTER: Mike Batson

ACTION REQUIRED: Roll-Call Vote

STAFF'S
RECOMMENDATION: Approve

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

A summary of significant revisions to the plans from July 2021 to March 2022 is attached, followed by the revised plan for each of the audit offices.

**Tennessee Board of Regents
Summary of Revisions
Fiscal Year 2022 Audit Plans**

Overview of Significant Revisions: Below are revisions to the audit plans created in July 2021, reflecting changes which occurred from July 1, 2021, to March 31, 2022. Changes in audit priorities result in most revisions to audit plans. Investigations and special projects occur and sometimes replace risk-based or other planned audits. However, time budgets may also be increased or decreased depending on circumstances encountered during an audit and the time needed to achieve the audit objectives.

Institution	Significant Revisions to Audit Plans Since July 1, 2021
All Institutions	Added Veterans Affairs audit due to the addition of a SWIA required audit. Removed CCTA-Element audit.
DSCC	Removed Cash Handling Audit. Removed HERFF audit.
MSCC	Removed Equipment/Inventory Management audit. Removed Athletics audit. Removed Admissions & Records audit. Removed Faculty Credentials audit. Removed Follow-up to INV 16-04. Added Additional Follow-up to the Workforce Development audit. Added Additional Follow-up to the Access and Diversity audit.
NaSCC	Added State Audit Assistance.
PSCC	Removed two Server Vulnerability Assessments. Removed Faculty Credentials Audit. Removed Review of Compliance Assist. Removed Computer Center-Disaster Recovery Audit. Removed Password Server Vulnerability Assessment. Added Cyber Incident.
STCC	Removed Follow-up to the Accounts Payable Vendor audit.
VSCC	Removed IIA QAR Self-Assessment. Added Investigation.
WSCC	Removed CARES Act audit.
TBR-TCAT	Removed FY 20 Nashville Equipment/Security Review. Removed FY 21 TCAT Memphis Controls Review. Added TCAT Covington FY 2020 President's Expense Audit.
TBR-IS	Added VSCC Information Systems audit.
TBR-INV	Added INV TBR-22-01, 22-02, and 22-03. Added STCC-President's Expense Audit Added Application Data Review

Chattanooga State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
IS	C	Management Advisory Services	5.0	Jul-21	100.0	100.0	0.0	0%		77.5	22.5		In Process
FM	F	State Audit Assist/Follow-up	5.0	Jul-21	75.0	75.0	0.0	0%		79.0	-4.0	Mar-22	Completed
IS	F	Follow up Reviews	5.0	Jul-21	75.0	75.0	0.0	0%		54.0	21.0		In Process
IS	I	Unscheduled Investigations	5.0	Jul-21	100.0	50.0	-50.0	-50%	1	0.0	50.0		Scheduled
IS	I	Developing Investigations-Assist TBR	5.0	Jul-21	20.0	20.0	0.0	0%		7.0	13.0		In Process
IS	I	INV-2020-02	5.0	Jan-20	25.0	50.0	25.0	100%	2	52.5	-2.5	Nov-21	Completed
IS	M	Enterprise Risk Assessment	5.0	Nov-21	35.0	35.0	0.0	0%		38.0	-3.0	Jan-22	Completed
FM	S	YE Procedures FYE 2021	5.0	Jun-21	10.0	10.0	0.0	0%		10.0	0.0	Jul-21	Completed
FM	S	YE Procedures FYE 2022	5.0	Jun-22	15.0	15.0	0.0	0%		0.0	15.0		Scheduled
SS	R	CCTA Element Audit	5.0	May-22	100.0	0.0	-100.0	-100%	3	0.0	0.0		Removed
FM	R	Cares Act	5.0	May-22	125.0	125.0	0.0	0%		0.0	125.0		Scheduled
IT	S	IAR-NACHA-2021	5.0	Aug-21	70.0	70.0	0.0	0%		71.0	-1.0	Dec-21	Completed
IA	S	Faculty Credentials	5.0	Nov-21	50.0	50.0	0.0	0%		58.5	-8.5	Feb-22	Completed
FM	A	Procurement Card Purchases	3.4	May-21	25.0	25.0	0.0	0%		25.0	0.0	Aug-21	Completed
IT	A	Technology Access Fee (TAF Fund)	3.3	Jun-22	100.0	70.0	-30.0	-30%	1	0.0	70.0		Scheduled
PP	A	Campus Safety Equipment Inventory	3.1	Dec-21	75.0	75.0	0.0	0%		17.0	58.0		In Process
SS	R	Veteran's Affairs Benefit Certification	5.0	Jan-22	0.0	80.0	80.0	100%	1	84.5	-4.5	Mar-22	Completed
IS	F	Safety Security Upgrade Follow-Up	5.0	Apr-22	0.0	75.0	75.0	100%	3	0.0	75.0		Scheduled

Total Planned Audit Hours: 1000.0 **1000.0** **0.0** **574.0** **426.0**

Estimated Available Audit Hours = 1000

Functional Areas:

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

Audit Types:

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

Status:

- Scheduled
- In Progress
- Completed
- Removed

FN1 - Added VA Audit at the request of SWIA and reduced other project hours to facilitate.
 FN2 - Additional hours added to expand coverage of issue.
 FN3 - System-wide CCTA audit delayed till FY 2023. Added audit as replacement.

Cleveland State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
FM	S	NACHA 2022	5.0	Apr-22	75.0	75.0	0.0	0%		0.0	75.0		Scheduled
IA	R	CCTA	5.0	May-22	150.0	135.0	-15.0	-10%		0.0	135.0		Scheduled
FM	R	Cares ACT	5.0	May-22	175.0	175.0	0.0	0%		0.0	175.0		Scheduled
SS	R	VA Audit	5.0	Jan-22	0.0	130.0	130.0	100%		150.0	-20.0		In Progress
PP	F	Follow-Up	5.0	Jan-22	0.0	15.0	15.0	100%		2.0	13.0		In Progress
Total Planned Audit Hours:					400.0	530.0	130.0			152.0	378.0		
Estimated Available Audit Hours =					530								

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

**Columbia State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022**

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
FM	R	State Audit Year End Work	5.0	PY	7.5	5.5	-2.0	-27%		5.5	0.0	Aug-21	Completed
FM	R	State Audit Year End Work	5.0	May-22	22.5	15.0	-7.5	-33%			15.0		Scheduled
FM	R	CARES Act Review	5.0	Apr-21	150.0	0.0	-150.0	-100%	6		0.0		Removed
FM	R	Complete College Tennessee Act - Progression	5.0	Oct-21	150.0	69.0	-81.0	-54%	5	68.9	0.2	Nov-21	Completed
FM	R	Complete College Tennessee Act - Element	5.0	Feb-22	150.0	0.0	-150.0	-100%	4		0.0		Removed
IT	F	GLBA Outcome Follow-up	5.0	Feb-22	37.5	52.5	15.0	40%			52.5		Scheduled
IA	F	WF/CE IA Engagement Follow-up	5.0	Jan-22	37.5	52.5	15.0	40%			52.5		Scheduled
SS	F	Financial Aid IA Engagement FU	5.0	Feb-22	22.5	37.5	15.0	67%			37.5		Scheduled
FM	M	Review Management's Risk Assessment	5.0	Dec-21	22.5	22.5	0.0	0%		11.0	11.5	Jan-22	Completed
IS	C	Privacy Policy & Language Compliance Check	4.0	Mar-22	37.5	150.0	112.5	300%	5	3.5	146.5		In Progress
SS	C	DoD MOU Compliance Check	3.3	Aug-21	22.5	75.0	52.5	233%		39.9	35.2		In Progress
SS	C	PPA Compliance Check	3.3	Aug-21	22.5	22.5	0.0	0%		10.8	11.8		In Progress
SS	C	Business Process Review: Records	3.3	Oct-21	75.0	75.0	0.0	0%		7.3	67.7		In Progress
IS	C	Records Retention	2.2	Aug-21	75.0	75.0	0.0	0%			75.0		Scheduled
IS	F	Engagement Follow-up/Monitoring	1.4	Aug-21	22.5	22.5	0.0	0%		0.3	22.2		In Progress
IS	P	IA Data Analytics	1.4	May-20	120.0	86.0	-34.0	-28%	5	5.4	80.6		In Progress
AT	C	Title IX Gender Equity Assessment	0.0	PY	22.5	72.0	49.5	220%	2	71.9	0.1	Oct-21	Completed
IS	C	Informal Consulting	0.0	Jul-21	52.5	150.0	97.5	186%	1	123.2	26.8		In Progress
IS	C	Complaint Processing	0.0	Jul-21	0.0	22.0	22.0	100%	5	21.9	0.1	Dec-21	Completed
FA	S	Veteran's Affairs Benefits	0.0	Dec-21	0.0	8.0	8.0	100%	3	8.0	0.0	Dec-21	Completed
FA	F	Veteran's Affairs Benefits Follow-up	0.0	Jan-22	0.0	37.5	37.5	100%	5	0.2	37.3		In Progress

Total Planned Audit Hours: 1050.0 1050.0 0.0 377.7 635.0

Estimated Available Audit Hours = 1050.0

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

Footnotes:

- 1 Value-Added Service (Virtual Advising)
- 2 Project close-out
- 3 Added by SWIA in December 2021; THECC completed review December 2021 - requirement waived
- 4 SWIA removed from 2021-2022 plan
- 5 Move resources where needed
- 6 SWIA reduced scope

Dyersburg State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

							Revised to Original		FN	Planned to Actual			
Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Change in Hours	Change in Percentage		Actual Hours	Variance	Completion Date	Current Status
	R	Follow-up to State Audit		Feb-22	40.00	62.0	22.0	55%		62.0	0.0	Mar-22	Completed
	R	Year End Bank Confirmations		Jun-22	30.00	30.0	0.0	0%		0.0	30.0		Scheduled
	P	PII Review		Jul-21	60.00	78.0	18.0	30%		64.0	14.0		In Progress
	C	General Consultation		Jul-21	75.00	65.0	-10.0	-13%		59.0	6.0		In Progress
	A	Human Resources		Aug-21	50.00	85.0	35.0	70%		57.0	28.0		In progress
	A	Cash Handling		Nov-21	40.00	0.0	-40.0	-100%	(1)	0.0	0.0		Removed
	R	ChSCC President's Expense Audit		Oct-21	140.00	145.0	5.0	4%		145.0	0.0	Dec-21	Completed
	A	Athletic Camps, Clinics and Fundraising		Mar-22	60.00	90.0	30.0	50%		0.0	90.0		Scheduled
	R	Risk Assessment		Nov-21	60.00	70.0	10.0	17%		78.0	-8.0	Jan-22	Completed
	R	Follow-up Audits		Jul-21	75.00	50.0	-25.0	-33%		51.0	-1.0		In Progress
	A	Records Mgmt and Retention		Nov-21	80.00	80.0	0.0	0%		33.0	47.0		In Progress
	I	Unscheduled Investigations		Jul-21	75.00	50.0	-25.0	-33%		32.0	18.0		In Progress
	R	HERFF Funding		Jun-22	145.00	0.0	-145.0	-100%	(2)	0.0	0.0		Removed
	R	CARES Act		May-22	120.00	120.0	0.0	0%		0.0	120.0		Scheduled
	R	Veteran's Affairs Benefits Certification		Jan-22	0.00	125.0	125.0	100%		125.0	0.0	Apr-22	Completed
					1050.0	1050.0	0.0			706.0	344.0		

Estimated Available Audit Hours = 1050

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

Footnotes:

- (1) The Cash Handling audit was removed due to the addition of the Veteran's Affairs Benefits Certification audit.
 (2) Audit postponed until later in 2022 calendar year per SWIA.

Jackson State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
IA	R	CCTA Element Audit- Completion		In Progress	50.0	25.0	-25.0	-50%	1	24.0	1.0		In Progress
IS	R	CARES Act		February 2022	200.0	150.0	-50.0	-25%	1		150.0		Scheduled
SS	R	Veteran's Affairs Benefits Audit		January 2022	0.0	150.0	150.0	0%		40.0	110.0		In Progress
IA	R	CCTA Element Audit		January 2022	150.0	0.0	-150.0	-100%			0.0		Removed
FM	F	Payroll Follow up		January 2022	100.0	40.0	-60.0	-60%	1	38.0	2.0		In Progress
IA	F	Workforce Development Follow up		In Progress	75.0	80.5	5.5	7%		80.5	0.0	Aug-21	Completed
SS	F	Inv 18-03 Follow up		September 2021	75.0	75.0	0.0	0%		21.5	53.5		In Progress
AT	F	Inv 19-01 Follow up		In Progress	75.0	9.5	-65.5	-87%	1	5.5	4.0		In Progress
AD	F	Foundation Follow up		October 2021	95.0	95.0	0.0	0%		49.0	46.0		In Progress
IA	F	CCTA Element Audit -Completion Follow up		January 2022	55.0	0.0	-55.0	-100%	2		0.0		Scheduled
IS	M	Risk Assessment		December 2021	40.0	60.0	20.0	50%	2	57.5	2.5		In Progress
IS	M	Business Continuity Plan and Risk Assessments (IT and Financial Aid)		In Progress	150.0	152.0	2.0	1%		152.0	0.0		In Progress
FM	R	Year-end Procedures		July 2022	40.0	40.0	0.0	0%		37.0	3.0		Scheduled
IS	C	General Consultation		As needed	45.0	273.0	228.0	507%		243.0	30.0		Scheduled
IS	I	Unscheduled Investigations and Special Requests		As needed	50.0	50.0	0.0	0%			50.0		Scheduled
Total Planned Audit Hours:					1200.0	1200.0	0.0			748.0	452.0		

Estimated Available Audit Hours = 1200

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

FN1: Available hours reduced from various audits (-200.5) to support increased hours needed for General Consultation (+200.5)
 FN2: Available hours reduced from CCTA Element Follow up (-20) to support increased hours needed for Risk Assessment (+20)

**Motlow State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022**

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
FM	A	Procurement Card/Continuous Monitoring	4.8	Jan-22	150.0	135.0	-15.0	-10%		26.5	108.5		In Progress
FM	A	Equipment/Inventory Management	4.8	May-22	50.0	0.0	-50.0	-100%	1	0.0	0.0		Removed
AT	A	Athletics	4.7	Feb-22	50.0	0.0	-50.0	-100%	1	0.0	0.0		Removed
SS	A	Admissions & Records	4.7	Jan-22	60.0	0.0	-60.0	-100%	1	0.0	0.0		Removed
FM	R	CARES Funding		May-22	100.0	75.0	-25.0	-25%		0.0	75.0		Scheduled
IS	R	CCTA Completion		Jul-21	30.0	50.0	20.0	67%		19.6	30.4		In Progress
IS	R	CCTA Element Audit		Apr-22	75.0	0.0	-75.0	-100%	2	0.0	0.0		Removed
IA	S	Faculty Credentials		Mar-22	100.0	0.0	-100.0	-100%	1	0.0	0.0		Removed
FM	R	President's Expense Review (TBR)		Aug-21	75.0	75.0	0.0	0%		78.7	-3.7	Nov-21	Completed
FM	S	President's Expense Review (MSCC)		Nov-21	40.0	40.0	0.0	0%		0.0	40.0		Scheduled
IA	M	Risk Assessment		Nov-21	30.0	20.0	-10.0	-33%		42.6	-22.6	Jan-22	Completed
IA	F	Follow Up Workforce Development		Jul-21	30.0	130.0	100.0	333%		102.3	27.7		In Progress
AT	F	Follow Up INV 1604		Feb-22	30.0	0.0	-30.0	-100%	1	0.0	0.0		Removed
SS	F	Follow Up INV 1801		Jul-21	30.0	30.0	0.0	0%		1.5	28.5		In Progress
AT	F	Follow Up INV 1802		Jul-21	20.0	20.0	0.0	0%		21.4	-1.4		In Progress
FM	F	Follow Up Access and Diversity		Sep-21	50.0	50.0	0.0	0%		31.2	18.8		In Progress
FM	C	General Consultation		Jul-21	60.0	60.0	0.0	0%		47.5	12.5		In Progress
FM	R	State Audit Assistance - Yr End		Jul-21	20.0	10.0	-10.0	-50%		1.5	8.5		In Progress
IS	I	Unscheduled Investigations		Jul-21	50.0	125.0	75.0	150%		99.1	25.9		In Progress
FM	R	Other Internal Audit Follow Up		Jul-21	0.0	10.0	10.0	100%		2.5	7.5		In Progress
IS	P	Quality Assurance Self Assessment		Jul-21	0.0	0.0	0.0	0%		6.5	-6.5	Jul-21	Completed
IS	R	Veterans Affairs		Jan-22	0.0	125.0	125.0	100%	2	93.6	31.4		In Progress
IA	F	Follow Up Workforce Development - Additional		Apr-22	0.0	65.0	65.0	100%	1	0.0	65.0		Scheduled
FM	F	Follow Up Access and Diversity - Additional		Mar-22	0.0	30.0	30.0	100%	1	0.0	30.0		Scheduled
Total Planned Audit Hours:					1050.0	1050.0	0.0			574.5	475.5		
Estimated Available Audit Hours =					1050.0								

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

FN 1 Audit engagements removed to add additional follow up reviews for Workforce Development and Access and Diversity and additional time for the Veteran's Affairs Audit.
 FN 2 Remove CCTA Element Audit and replace with TBR system-wide required Veterans Affairs audit.

Nashville State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
FM	R	President's Expense Audit - VSCC	3.3	Sep-21	75.0	75.0	0.0	0%		75.0	0.0	Jan-22	Completed
FM	R	CARES Act	3.7	Mar-22	100.0	100.0	0.0	0%		0.0	100.0		Scheduled
IA	R	CCTA Element (Completion)	3.9	Jul-21	37.5	37.5	0.0	0%		37.5	0.0	Sep-21	Completed
IS	A	Police Department	3.8	Oct-21	100.0	100.0	0.0	0%		15.0	85.0		In Progress
FM	A	Travel	3.4	Aug-21	100.0	100.0	0.0	0%		30.0	70.0		In Progress
FM	A	Purchase Card / Procurement	3.4	Apr-22	112.5	112.5	0.0	0%		0.0	112.5		Scheduled
FM	A	Cash Collection	3.3	May-22	100.0	100.0	0.0	0%		0.0	100.0		Scheduled
IS	C	Consulting Activities (Grant Policies and Procedures)	3.4	Jan-22	100.0	100.0	0.0	0%		0.0	100.0		Scheduled
AD	F	Foundation Audit Follow Up	3.0	Jul-21	37.5	37.5	0.0	0%		30.0	7.5		In Progress
IS	R	CCTA Element	3.7	Feb-22	112.5	112.5	0.0	0%		0.0	112.5		Scheduled
IS	C	Consulting Activities (Other)	3.0	As Needed	75.0	75.0	0.0	0%		50.0	25.0		In Progress
IS	F	Physical Security / Campus Safety Follow Up	4.3	Nov-21	100.0	100.0	0.0	0%		22.5	77.5		In Progress
IS	R	State Audit Assistance	3.0	Jan-22	0.0	30.0	30.0	100%	2	15.0	15.0		In Progress
IS	R	Veteran's Affairs Benefit Certification	3.0	Feb-22	0.0	105.0	105.0	100%	1	45.0	60.0		In Progress
Total Planned Audit Hours:					1050.0	1185.0	135.0			320.0	865.0		
Estimated Available Audit Hours =					1050								
Functional Areas:			Audit Types:			Status:							
AD - Advancement			R - Required			Scheduled							
AT - Athletics			A - Risk-Based (Assessed)			In Progress							
AX - Auxiliary			S - Special Request			Completed							
FM - Financial Management			I - Investigation			Removed							
IA - Instruction & Academic Support			P - Project (Ongoing or Recurring)										
IS - Institutional Support			M - Management's Risk Assessment										
IT - Information Technology			C - Consultation										
MC - Marketing and Campus Activities			F - Follow-up Review										
PP - Physical Plant			O - Other										
RS - Research													
SS - Student Services													
FN1 Added VA Benedit Certification to Audit Plan													
FN2 Added State Audit Assistance to Audit Plan													

Northeast State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

							Revised to Original		FN	Planned to Actual			
Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Change in Hours	Change in Percentage		Actual Hours	Variance	Completion Date	Current Status
FM	R	CARES Act Funding Audit	5.0	Jan-21	75.0	75.0	0.0	0%		0.0	75.0		Scheduled
FM	R	Single Audit Follow-Up	5.0	Jul-21	100.0	100.0	0.0	0%		99.5	0.5	Sep-21	Completed
IS	S	Gramm Leach Bliley Act Program	5.0	Jul-21	40.0	40.0	0.0	0%		32.5	7.5		In Progress
FM	A	NorCard Procurement Cards	5.0	Sep-21	40.0	40.0	0.0	0%		43.5	-3.5	Feb-22	Completed
IS	S	HEERF Round 1	5.0	Oct-21	100.0	100.0	0.0	0%		78.0	22.0		In Progress
IT	S	HEERF Round 2	5.0	Feb-21	100.0	100.0	0.0	0%		75.5	24.5		In Progress
FM	S	HEERF Round 3	5.0	Apr-21	100.0	100.0	0.0	0%		67.5	32.5		In Progress
SS	R	Complete College Tennessee Act Element	5.0	Jan-21	100.0	0.0	-100.0	-100%	1	0.0	0.0		Removed
SS	R	Veterans Administration Benefits	5.0	Jan-22	0.0	100.0	100.0	100%		76.5	23.5	Apr-22	Completed
IS	I	Developing Investigations-Assist TBR	5.0	Jul-21	30.0	30.0	0.0	0%		10.0	20.0		In Progress
IS	I	Unscheduled Investigations	5.0	Jul-21	50.0	50.0	0.0	0%		0.0	50.0		Scheduled
FM	R	State Audit Assistance - Year End	5.0	Jun-22	30.0	30.0	0.0	0%		5.5	24.5		In Progress
IS	S	Special Requests and Projects	5.0	Jul-21	100.0	100.0	0.0	0%		75.5	24.5		In Progress
IS	F	Other Audit Follow-Up	5.0	Jul-21	50.0	50.0	0.0	0%		38.0	12.0		In Progress
IS	M	Risk Assessment	5.0	Oct-21	35.0	35.0	0.0	0%		38.5	-3.5	Jan-22	Completed
IS	C	Management Advisory Services	5.0	Jul-21	100.0	100.0	0.0	0%		80.5	19.5		In Progress
Total Planned Audit Hours:					1050.0	1050.0	0.0			721.0	329.0		
Estimated Available Audit Hours =					1050								

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

FN1. Replaced with added required Veterans Administration Benefits audit.

**Pellissippi State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022**

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
IS	R	Cares Act Funding	5.0	Jan-22	225.0	225.0	0.0	0%		0.0	225.0		Scheduled
FM	R	Year End Inventory & Cash Counts	5.0	Jul-21	15.0	37.5	22.5	150%		20.0	17.5		In Progress
IS	R	Funding Formula - Progression	5.0	Mar-22	112.5	0.0	-112.5	-100%	FN6	0.0	0.0		Removed
FM	F	Audit Follow-Ups	5.0	Feb-22	37.5	30.0	-7.5	-20%		10.5	19.5		In Progress
IS	M	Risk Assessment (including Financial Aid)	5.0	Nov-21	37.5	37.5	0.0	0%		31.5	6.0		In Progress
IA	S	Faculty Credentials	5.0	Oct-21	105.0	15.0	-90.0	-86%	FN5	16.0	-1.0		Removed
IA	S	Review of Compliance Assist	5.0	Dec-21	37.5	0.0	-37.5	-100%	FN5	0.0	0.0		Removed
AD	C	Advancement Management Advisory Services, Consultation, etc.	5.0	Jul-21	52.5	52.5	0.0	0%		17.5	35.0		In Progress
FM	C	Finance Management Advisory Services, Consultation, etc.	5.0	Jul-21	37.5	37.5	0.0	0%		23.0	14.5		In Progress
IS	C	Institutional Support Management Advisory Services, Consultation, etc. (includes Covid-19 and SACSCOC MAS)	5.0	Jul-21	150.0	200.0	50.0	33%	FN1	107.5	92.5		In Progress
IS	I	Unscheduled Investigations and Special Requests	5.0	Jul-21	45.0	30.0	-15.0	-33%		2.5	27.5		In Progress
IT	C	IT Audit Management Advisory Service - Phishing Campaign & Building Security Review	5.0	Jul-21	195.0	195.0	0.0	0%		97.5	97.5		In Progress
IT	C	IT Audit Management Advisory Service - General Review	5.0	Jul-21	165.0	127.5	-37.5	-23%		80.0	47.5		In Progress
IT	C	IT Audit Management Advisory Service - PCI & ACH Review	5.0	Jul-21	120.0	105.0	-15.0	-13%		107.5	-2.5		In Progress
IS	I	Investigation - Referral from Equity and Compliance of issues related to Campus Police	5.0	Sep-21	0.0	30.0	30.0	100%		24.0	6.0	Nov-21	Completed
IS	O	Cyber-Incident	5.0	Dec-21	0.0	750.0	750.0	100%	FN5	676.0	74.0		In Progress
IT	A	Vulnerability Assessment - Banner Server	4.0	Jul-21	187.5	37.5	-150.0	-80%	FN2	32.0	5.5	Aug-21	Completed
IT	A	Vulnerability Assessment - PS3 (Employee File Share Server)	3.9	Sep-21	187.5	235.0	47.5	25%	FN3	232.5	2.5	Sep-21	Completed
FM	A	Technology Access Fee	3.7	Aug-21	150.0	150.0	0.0	0%		143.0	7.0	Nov-21	Completed
IS	A	Equipment	3.6	Mar-22	0.0	150.0	150.0	100%	FN7	54.5	95.5		In Progress
IT	A	Computer Center - Disaster Recovery	3.5	Dec-21	150.0	0.0	-150.0	-100%	FN5	0.0	0.0		Removed
IT	A	Vulnerability Assessment - password.pstcc.edu.server	3.4	Feb-22	187.5	0.0	-187.5	-100%	FN5	0.0	0.0		Removed
IT	A	Vulnerability Assessment - pscas.pstcc.edu.server	3.4	Apr-22	187.5	20.0	-167.5	-89%	FN4	17.5	2.5		Removed

Total Planned Audit Hours: 2385.0 **2465.0** **80.0** **1693.0** **772.0**
 Estimated Available Audit Hours = 2352.5

Functional Areas:

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

Audit Types:

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

Status:

- Scheduled
- In Progress
- Completed
- Removed

FN1 - Original budget did not include hours for the SACSCOC visit. At the request of the President internal audit provided assistance to the visiting team for the days they were in town.

FN2 - When the initial scan was performed of this server numerous problems were encountered. Because of this a discussion was held with the Director of Network and Technical Services who thought that this server had been shut down when the college migrated to Azure. Apparently that did not occur but the server was shut down by the college the day after the Director of Internal Audit discussed this issue with the Director of Network and Technical Services. For this reason an official audit was not completed but appropriate information was provided by audit to the Vice President of Information Services as well as the President.

FN3 - During the course of the vulnerability assessment of the employee file share server the issue of sensitive content (PII) being maintained on these servers was raised by the Director of Network and Technical Services. Because of this additional hours which did not specifically related to the vulnerability assessment were charged to this audit that were not directly related to the actual vulnerability assessment audit.

FN4 - When the initial scan was performed of this server numerous problems were encountered. Because of this a discussion was held with the Director of Network and Technical Services who stated that this server was in the process of being shut down and removed from services. Due to this fact the audit was removed from the audit plan even though a small amount of audit time had already been spent on the review.

FN5 - The hours added and removed from the audit plan related to a cyber attack that occurred in December of 2021. At that time all electronic records of audits conducted and completed as well as audit plans and status reports were encrypted and lost. Some of the hours in this category reflect hours where audit has provided assistance to college management in responding to the cyber attack and the other hours in this category reflect hours where audit is recreating electronic records that were lost during the attack. Audit has made a decision to try to electronically recreate records for the past two fiscal years.

FN6 - The Board of Regents made a decision to not make this a required audit in fiscal year 2021-2022 so this audit was removed from the audit plan.

FN7 - This item was added to the audit plan because several IT audit areas were removed due to the cyber incident and this item was one of the highest ranked areas in the audit risk assessment.

Roane State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
AD	R	CCTA	5.0	Jan-22	75.0	75.0	0.0	0%			75.0		Scheduled
FM	R	Year End Cash Counts	5.0	May-22	45.0	45.0	0.0	0%			12.5	32.5	In Progress
IS	M	Enterprise Risk Assessment	5.0	Aug-21	75.0	75.0	0.0	0%			70.3	4.8	Jan-22 Completed
FM	A	Grants	3.6	Aug-21	75.0	75.0	0.0	0%			40.0	35.0	In Progress
FM	R	CARES Act	5.0	Jan-22	75.0	75.0	0.0	0%				75.0	Scheduled
IS	A	Sick Leave Bank	3.5	Jul-21	50.0	50.0	0.0	0%			30.8	19.3	In Progress
FM	F	State Audit Follow-up	5.0	Jul-21	75.0	75.0	0.0	0%			65.0	10.0	In Progress
FM	F	IAR Audit Follow-up	5.0	Jul-21	75.0	75.0	0.0	0%			55.3	19.8	In Progress
FM	I	Unscheduled Investigations	5.0	Jul-21	90.0	90.0	0.0	0%			69.3	20.8	In Progress
IS	C	Management Advisory Services	5.0	Jul-21	142.5	142.5	0.0	0%			105.8	36.8	In Progress
AX	S	Foundation - Restricted Funds	4.7	Jul-21	75.0	75.0	0.0	0%			37.8	37.3	In Progress
IA	S	Nursing Program Review	4.4	Jul-21	75.0	75.0	0.0	0%			55.8	19.3	In Progress
IA	R	Police/Safety Equipment Inventory	3.1	Jul-21	22.5	22.5	0.0	0%			14.5	8.0	In Progress
FM	A	Equipment Inventory & Tagging	3.7	Jan-22	65.0	65.0	0.0	0%				65.0	Scheduled
IS	R	Campus Safety & Security	5.0	Jul-21	10.0	10.0	0.0	0%			3.0	7.0	In Progress
AD	R	CCTA - Graduation	5.0	Jul-21	25.0	25.0	0.0	0%			20.3	4.8	In Progress
Total Planned Audit Hours:					1050.0	1050.0	0.0				580.0	470.0	

Estimated Available Audit Hours = 1050

Functional Areas:

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

Audit Types:

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

Status:

- Scheduled
- In Progress
- Completed
- Removed

Southwest Tennessee Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
SS	S	Out of State tuition		Jan-22	76.5	55.5	-21.0	-27%			55.5		Scheduled
FM	S	Review of Driver License		Feb-22	55.5	55.5	0.0	0%			55.5		In Progress
PP	I	Inv 20-1 Investigation Employee Overpaid		Jun-22	30.0	30.0	0.0	0%		24.0	24.0	30-Jul	Completed
FM	E	Inv 20-3 Investigation of Clubs		Jul-21	52.5	73.5	21.0	40%		73.5	0.0		In Progress
FM	I	Inv 20/4 Investigation of Cafeteria		Feb-22	24.0	24.0	0.0	0%		13.0	11.0		In Progress
IA	P	Review of Radiology Acceptance		Dec-21	97.5	97.5	0.0	0%		74.5	23.0		In Progress
SS	R	CCTA		Jun-22	87.5	44.5	-43.0	-49%			44.5		Scheduled
FM	R	Cares		Jun-22	97.5	49.5	-48.0	-49%			49.5		Scheduled
IS	A	IAR-Risk Management		Sep-21	30.0	50.5	20.5	68%		40.0	10.5		In Progress
FM	A	IAR-Cash Count		Jun-22	55.5	55.5	0.0	0%			55.5		Scheduled
IS	F	FU-Campus Safety Audit		Jun-22	55.5	55.5	0.0	0%			55.5		Scheduled
IT	F	FU-State Audit		Nov-21	37.5	14.5	-23.0	-61%		14.5	0.0	18-Aug	Completed
FM	F	FU-Account Payable Vendor		Feb-22	37.5	0.0	-37.5	-100%	FN2		0.0		Removed
IS	F	FU-Internal Audit Follow Up		Jul-21	40.5	40.5	0.0	0%		21.0	19.5		In Progress
FM	F	FU-Whitehaven Federal Work Study		Apr-22	37.5	26.0	-11.5	-31%		10.0	16.0		In Progress
FM	S	FU Review of Ghost Employee		Feb-22	37.5	37.5	0.0	0%			37.5		Scheduled
FM	P	ACM-software		Jul-22	60.0	74.0	14.0	23%		56.5	17.5		In Progress
SS	C	IAR-General Consultant		Jul-21	67.5	67.5	0.0	0%		17.0	50.5		In Progress
FM	I	Unscheduled Investigation		Jul-21	67.5	37.5	-30.0	-44%			37.5		In Progress
SS	R	Veteran's Affairs Benefit Certification		Dec-21	0.0	158.5	158.5	100%	FN1	161.0	-2.5		In Progress
Total Planned Audit Hours:					1047.5	1047.5	0.0			505.0	560.5		

Estimated Available Audit Hours = 1047.5

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
In Progress
Completed
Removed

FN 1 Added TBR Required Audit

FN2 Removed there were no recommendations

Volunteer State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
SS	R	CCTA Completion Element	5.0	May-21	100.0	100.0	0.0	0%		88.5	11.5	Aug-21	Completed
FM	P	Procard Review- Science Dept	4.2	Aug-21	100.0	150.0	50.0	50%	3	151.5	-1.5	Oct-21	Completed
FM	A	Cash Receipts	4.5	Oct-21	175.0	175.0	0.0	0%		39.0	136.0		In Progress
IS	M	Management Risk Assessment	5.0	Oct-21	100.0	100.0	0.0	0%		107.5	-7.5	Jan-22	Completed
IS	R	CARES Act	5.0		175.0	175.0	0.0	0%			175.0		Scheduled
SS	R	CCTA Funding Formula Outcomes	8.1	Jun-22	175.0	0.0	-175.0	-100%	1		0.0		Removed
FM	R	State Audit Year-End Work	5.0	Jun-22	40.0	40.0	0.0	0%			40.0		Scheduled
IS	P	IIA QAR Self Assessment	5.0		30.0	0.0	-30.0	-100%	4		0.0		Removed
IS	F	Follow-Up Activities	5.0	Jul-21	40.0	40.0	0.0	0%		58.0	-18.0		In Progress
IS	C	General Consultation	5.0	Jul-21	100.0	100.0	0.0	0%		76.0	24.0		In Progress
IS	I	Unscheduled Investigations	5.0	Jul-21	40.0	40.0	0.0	0%		1.0	39.0		In Progress
SS	R	Veterans Benefits		Mar-22	0.0	175.0	175.0	100%	2	48.5	126.5		In Progress
IA	I	Investigation- Medical Assist Equip		Feb-22	0.0	100.0	100.0	100%	5	105.0	-5.0	Mar-22	Completed
Total Planned Audit Hours:					1075.0	1195.0	120.0			675.0	520.0		

Estimated Available Audit Hours = 1195

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
In Progress
Completed
Removed

Footnote 1: CCTA Funding Formula Outcomes will be deferred to next year.

Footnote 2: Veterans Benefits audit assigned by TBR.

Footnote 3: Adjust budget to actual hours.

Footnote 4: QAR self-assessment will be conducted next year.

Footnote 5: Unscheduled FWA Complaint

Walters State Community College
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original		Revised to Original		FN	Planned to Actual		Completion Date	Current Status
					Hours Planned	Revised Plan	Change in Hours	Change in Percentage		Actual Hours	Variance		
IS	C	Management Advisory Services/Consulting	5.0	Jul-21	150.0	150.0	0.0	0%		156.5	-6.5		In Progress
FM	F	State Audit Assist/Follow-up	5.0	Oct-21	12.0	12.0	0.0	0%		4.0	8.0		In Progress
IS	R	IAR-CARES Act Review 2021	5.0	Jun-22	40.0	0.0	-40.0	-100%	1	0.0	0.0		Removed
IS	R	WSCC Risk Assessment	5.0	Jan-22	22.5	22.5	0.0	0%		22.5	0.0	Jan-22	Completed
M	R	WSCC Risk Assessment Inventory	5.0	Jan-22	22.5	2.5	-20.0	-89%		2.5	0.0	Jan-22	Completed
IS	R	WSCC IET and Fin Aid Risk Assessments	5.0	Feb-22	37.5	37.5	0.0	0%		0.0	37.5		Scheduled
SS	R	IAR-CCTA-Progression	5.0	Jun-22	105.0	65.0	-40.0	-38%		0.0	65.0		Scheduled
FM	R	YE Procedures FYE 2021	5.0	Jun-22	22.5	22.5	0.0	0%		22.5	0.0	Jul-21	Completed
FM	R	YE Procedures FYE 2022	5.0	Jul-21	22.5	22.5	0.0	0%		0.0	22.5		Scheduled
IT	R	IAR-NACHA-2022	5.0	May-22	75.5	75.5	0.0	0%		0.0	75.5		Scheduled
I	R	Unscheduled Investigations	5.0	Jul-21	105.0	105.0	0.0	0%		80.0	25.0		In Progress
A	IT	IT Governance	5.0	Jun-22	80.0	80.0	0.0	0%		33.0	47.0		In Progress
A	M	Accounts Receivable	5.0	Sep-21	75.0	75.0	0.0	0%		45.0	30.0		In Progress
A	IS	Business Continuity Planning	5.0	Jul-21	75.0	115.0	40.0	53%		120.0	-5.0		In Progress
S	IS	Leave Time Keeping	5.0	May-22	75.0	75.0	0.0	0%		0.0	75.0		Scheduled
A	FM	Travel Reimbursements	4.8	May-22	60.0	60.0	0.0	0%		0.0	60.0		Scheduled
A	PP	Physical Plant/Maintenance	4.8	May-22	40.0	40.0	0.0	0%		0.0	40.0		Scheduled
A	IS	Veterans Affairs Benefits	5.0	Feb-22	0.0	60.0	60.0	100%		40.0	20.0		In Progress
A	PP	Faculty Workload Reports	4.8	Feb-22	0.0	60.0	60.0	100%		0.0	60.0		In Progress
A	PP	IAR-QAR Self & External	4.8	Jun-22	0.0	40.0	40.0	100%		0.0	40.0		Scheduled
Total Planned Audit Hours:					1020.0	1020.0	0.0			526.0	494.0		

Estimated Available Audit Hours = 1020.0

Functional Areas:

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

Audit Types:

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

Status:

- Scheduled
- In Progress
- Completed
- Removed

1 - Deferred to next fiscal year's Audit Plan

TCAT
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised March 2022

						Revised to Original			Planned to Actual				
Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Change in Hours	Change in Percentage	FN	Actual Hours	Variance	Completion Date	Current Status
FM	R	FY 20 TCAT Risk Assessment	NA	Oct-21	100.0	100.0	0.0	0%		64.5	35.5		In Progress
FM	C	FY 20 TCAT Consultation	NA	Jul-21	250.0	250.0	0.0	0%		238.0	12.0		In Progress
FM	C	FY 20 TCAT Year End Procedures	NA	Jun-22	50.0	50.0	0.0	0%		20.5	29.5		In Progress
FM	C	FY 20 TCAT Audit Program	NA	Jul-21	150.0	150.0	0.0	0%		136.5	13.5		In Progress
FM	A	FY 21 TCAT Memphis Controls Review	Removed	Sep-21	75.0	0.0	-75.0	-100%	FN1	0.0	0.0		Removed
FM	A	FY 21 TCAT McMinnville Controls Review	5.0	Jul-21	37.5	37.5	0.0	0%		0.0	37.5		Scheduled
FM	R	FY 20 TCAT Knoxville President's Expense	4.7	Jul-21	37.5	75.0	37.5	100%		66.5	8.5	Mar 31 2022	Completed
FM	R	FY 19 TCAT Murfreesboro President's Expense	4.7	Aug-21	37.5	75.0	37.5	100%		63.0	12.0	Mar 30 2022	Completed
FM	R	FY 19 TCAT Nashville President's Expense	4.6	Jan-21	37.5	37.5	0.0	0%		30.0	7.5		In Progress
FM	A	FY 20 Nashville-IAR-Equipment/Security Review	Removed	Jan-21	37.5	0.0	-37.5	-100%	FN1	0.0	0.0		Removed
FM	R	FY 19 TCAT Jackson/Whiteville President's Expense	3.7	Oct-21	37.5	37.5	0.0	0%		49.5	-12.0		In Progress
FM	R	FY 20 TCAT Hohenwald President's Expense	3.2	Oct-21	37.5	37.5	0.0	0%		22.5	15.0		In Progress
FM	R	FY 20 TCAT Ripley President's Expense	2.7	Feb-21	37.5	37.5	0.0	0%		40.5	-3.0		In Progress
FM	R	FY 20 TCAT Pulaski President's Expense	2.7	Mar-21	37.5	37.5	0.0	0%		45.5	-8.0	Jan 24 2022	Completed
FM	R	FY 20 TCAT Newbern President's Expense	2.6	Feb-21	37.5	37.5	0.0	0%		41.5	-4.0	Nov-21	Completed
FM	R	FY 20 TCAT Oneida President's Expense	2.6	Jul-21	37.5	37.5	0.0	0%		33.0	4.5		In Progress
FM	R	FY 20 TCAT Crump President's Expense	2.6	May-21	37.5	37.5	0.0	0%		39.5	-2.0	Oct-21	Completed
FM	R	FY 20 TCAT Jacksboro President's Expense	2.1	Mar-21	37.5	37.5	0.0	0%		22.5	15.0		In Progress
FM	R	FY 20 TCAT Chattanooga President's Expense	1.3	May-21	37.5	37.5	0.0	0%	FN1		37.5		Removed
FM	A	FY 21 Cosmetology Controls Review	NA	Aug-21	100.0	100.0	0.0	0%		95.5	4.5		In Progress
FM	R	TCAT Covington President's Expense	Added	Dec 21	0.0	37.5	37.5	100%	FN2	42.5	-5.0	21-Dec	Completed
Total Planned Audit Hours:					1250.0	1250.0	0.0			1051.5	198.5		
Estimated Available Audit Hours = 1,250													

Functional Areas:

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

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed

FN1 Audit removed due to unforeseen issues found in other areas.
 FN2 Audit added since the President resides over 3 TCAT's.

**TBR- Information Systems
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022**

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
IT	R	ChSCC Information Systems	5.0	Nov-21	150.0	150.0	0.0	0%		146.0	4.0		In Progress
IT	R	CoSCC Information Systems	5.0	Mar-22	150.0	150.0	0.0	0%		0.0	150.0		Scheduled
IT	R	DSCC Information Systems	5.0	Mar-21	150.0	75.0	-75.0	-50%		75.0	0.0	Aug-21	Completed
IT	R	PSCC Information Systems	5.0	Nov-21	150.0	150.0	0.0	0%	1	21.0			Scheduled
IT	R	NeSCC Information Systems	5.0	Jul-21	150.0	150.0	0.0	0%		168.0	-18.0	Jan-22	Completed
IT	R	RSCC Information Systems	5.0	Jul-21	150.0	150.0	0.0	0%		199.5	-49.5	Jan-22	Completed
IT	R	VSCC Information Systems	5.0	Jan-22	0.0	150.0	150.0	100%		96.5	53.5		In Progress
IT	R	WSCC Information Systems	5.0	Feb-21	150.0	50.0	-100.0	-67%		49.5	0.5	Jul-21	Completed

Total Planned Audit Hours: 1050.0 1025.0 -25.0 755.5 140.5

Estimated Available Audit Hours = 1025

Functional Areas:

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

Audit Types:

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

Status:

- Scheduled
- In Progress
- Completed
- Removed

FN1- Audit was reschedule due to ransomware attack.

**TBR-Investigations
Internal Audit Plan
Fiscal Year Ending June 30, 2022
Revised April 2022**

Area	Type	Audit	Risk Factor	Estimated Audit Start Date	Original Hours Planned	Revised Plan	Revised to Original		FN	Planned to Actual		Completion Date	Current Status
							Change in Hours	Change in Percentage		Actual Hours	Variance		
IS	C	Consultation with Campus Auditors		Jul-21	200.0	100.0	-100.0	-50%		95.0	5.0		In Progress
IS	P	Investigation Management		Jul-21	200.0	125.0	-75.0	-38%		95.0	30.0		In Progress
IS	R	State Audit Follow-up for TBR		Jul-21	75.0	75.0	0.0	0%			75.0		In Progress
FM	I	Unscheduled Investigations		Jul-21	480.0	57.5	-422.5	-88%			57.5		In Progress
IS	S	INV TBR 21-04		Feb-21	20.0	20.0	0.0	0%		20.0	0.0	Nov-21	Completed
PP	I	INV TBR 21-05		Feb-21	37.5	90.0	52.5	140%		52.5	37.5		In Progress
FM	I	INV TBR 21-06		Apr-21	37.5	37.5	0.0	0%		37.5	0.0	Jan-22	Completed
IS	I	INV TBR 22-01		Oct-21	0.0	45.0	45.0	100%		45.0	0.0	Jan-22	Completed
IS	I	INV TBR 22-02		Sep-21	0.0	37.5	37.5	100%		37.5	0.0	Feb-22	Completed
FM	I	INV TBR 22-03		Sep-21	0.0	50.0	50.0	100%		10.0	40.0		In Progress
FM	R	President's Expense Audit - STCC		Sep-21	0.0	112.5	112.5	100%		112.5	0.0	Nov-21	Completed
IS	S	Application Data Review		Jul-21	0.0	300.0	300.0	100%		275.0	25.0		In Progress

Total Planned Audit Hours: 1050.0 1050.0 0.0 780.0 270.0

Estimated Available Audit Hours = 1050

Functional Areas:

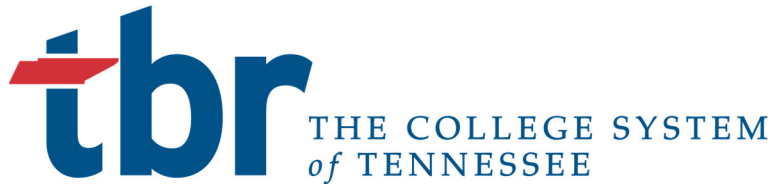
AD - Advancement
 AT - Athletics
 AX - Auxiliary
 FM - Financial Management
 IA - Instruction & Academic Support
 IS - Institutional Support
 IT - Information Technology
 MC - Marketing and Campus Activities
 PP - Physical Plant
 RS - Research
 SS - Student Services

Audit Types:

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

Status:

Scheduled
 In Progress
 Completed
 Removed



BOARD TRANSMITTAL

MEETING: Committee on Audit

SUBJECT: Review of System-wide Internal Audit Budget for Fiscal Year 2023

DATE: June 1, 2022

PRESENTER: Mike Batson

ACTION REQUIRED: Roll-Call Vote

STAFF'S
RECOMMENDATION: Approve

The committee will review the Fiscal Year 2023 budget for the Office of System-wide Internal Audit. The Fiscal Year 2022-2023 budget is presented on the following page.

**Tennessee Board of Regents
Office of System-wide internal Audit
Operating Budget for Fiscal Year 2022-2023**

	FY 2023 Budget		FY 2022 Budget	
	Amount	Percentage	Amount	Percentage
Salaries	565,215	68%	441,078	66%
Employee Benefits	216,898	26%	181,513	27%
Total Salaries and Benefits	782,113	94%	622,591	93%
Travel				
In State Travel	16,000	2%	17,500	3%
Out of State Travel	5,000	1%	4,000	1%
Total Travel	21,000	3%	21,500	3%
Operating Expenses	32,810	4%	24,850	4%
Total Budget	835,923	100%	668,941	100%

Notes:

Salaries and Benefits includes 6 staff positions for System-wide Internal Audit: Chief Audit Executive, Director of Internal Audit, Investigative Audit Manager, Information Systems Auditor, TCAT Internal Auditor IV, and Administrative Assistant III/Complaints Officer. The increase in this line is due to the reinstatement of the Director of Internal Audit position.

Travel categories include the costs for system office audit staff to travel in state for audits and investigations, meetings and other business activities. It also includes the costs of out of state travel for trainings/professional development. SWIA-run training costs (speakers, etc.) and individual training are now included in the Operating Budget.

Operating Expenses include the general operating costs for the system audit office such as copier lease, supplies, computer software, non-capitalized equipment, meeting expenses and when applicable, individual conference registrations, instructors for group training and consultants for external peer reviews. In FY 2023, a training retreat is planned without the audit staff of the University of Tennessee and TBR will need to cover a majority of the cost. External peer review costs are not included but will need to be reserved from the FY 2020-FY2023 funding to cover the FY 2023 external peer review.