

Internal Audit Update

University of Minnesota Regents Audit and Compliance Committee
October 8, 2020

This report includes:

- Audit Observations/Information/Status of Critical Measures/Other Items
- Status of “Essential” Recommendations & Bar Charts Showing Progress Made
- Audit Activity Report
- Audit Reports Issued Since June 2020
- SNAP Review Summary

Details for any of the items in this report are available on request. Individual reports were sent to the President, Provost, Vice Presidents, and Chancellors about these internal audit issues.

Audit Observations/Information

Status of Critical Measures

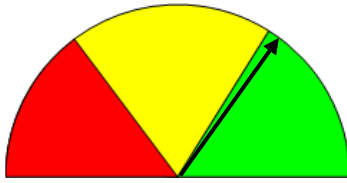
As part of our on-going efforts to provide the Audit and Compliance Committee with critical information in as concise a format as possible, we have developed the following charts to present a quick overview of work performed by the Office of Internal Audit.

The first chart, “Essential Recommendation Implementation,” provides our overall assessment of the success University departments had during the last period in implementing our essential recommendations. Readings in the yellow or red indicate implementation percentages less than, or significantly less than, our expected University-wide rate of 40%. Detailed information on this topic, both institution-wide and for each individual unit, is contained in the next section of this Update Report.

The second chart, entitled “Resources Spent on Planned Assurance Work,” is our assessment on the amount of time we have been able to devote to planned audit work. This assessment includes our progress on completion of audits on the proposed audit list presented to the Board at the September 2020 Audit and Compliance Committee meeting. This chart is different than previous reporting periods’, “Progress Towards Annual Audit Plan Completion,” as we did not complete a formal Audit Plan in FY 2021 due to the pandemic. Readings less than green could be influenced by a variety of factors (e.g., insufficient staff resources; increased time spent on non-scheduled audits or investigations).

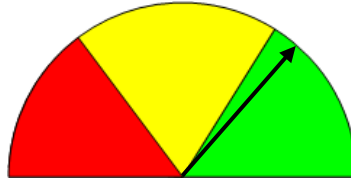
The final chart, “Time Spent on Non-Scheduled Audit Activities,” provides a status report on the amount of time consumed by investigative activities, special projects and other management requests. We estimate a budget for this type of work, and the chart will indicate whether we expect that budget to be sufficient. Continued readings in the yellow or red may result in seeking Audit and Compliance Committee approval for modifying the Annual Audit Plan.

Essential Recommendation Implementation



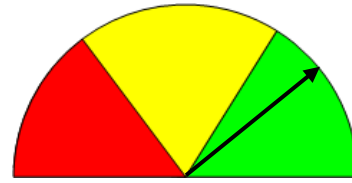
Implementation rates were 40% for the period; exactly matching our expected rate.

Resources Spent on Planned Assurance Work



Time spent on assurance audit work is in alignment with what is expected and budgeted for the year to date.

Time Spent on Non-Scheduled Audit Activities



Time spent on investigations, special projects and management requests is less than expected and budgeted for the year to date.

Other items:

- All Office of Internal Audit staff transitioned to working remotely in March due to the COVID-19 pandemic. Audit work continues relatively smoothly because of the ongoing prompt and helpful assistance of University personnel.
- Office of Internal Audit continues to have one Information Technology Auditor position open that cannot be rehired due to the ongoing hiring freeze; this directly impacts the amount of information technology audit work we can perform.

Status of Essential Recommendations

Current Period

■ Past-Due
 ■ On-Schedule
 ■ Complete

Total Recommendations **97** Implementation Rate **40.2%**
 Completed Recommendations **39** % of Open Rec Past Due **46.6%**

Implementation Rates from Previous Periods

Feb 2020 **23.4%**
 June 2019 **42.2%**
 Oct 2019 **39.0%**

Report #	Audit Name	Number of Essential Recs (Report)	Total Implemented	Implementation % (Overall)	Year of Report	Status (Follow-up Period)	
1719	Athletics IT	10	10	100%	2017	Completed	■ 2
1821	University Information Security	8	8	100%	2018	Completed	■ 1
1823*	Family Medical Leave Act Review	5	5	100%	2018	Completed	■ 1
1911	AHC-IS	5	5	100%	2018	Completed	■ 2
1912	Review of ROC & REPA Processes	1	1	100%	2019	Completed	■ 1
1913	Residency Determination	4	1	25%	2019	Not Implemented	■ 1
						Partially Implemented	■ 2
1916	Libraries	5	5	100%	2019	Completed	■ 5
1918	UMC	26	25	96%	2019	Completed	■ 3
						Partially Implemented	■ 1
1919	UMD Fine Arts, School	7	2	29%	2019	Completed	■ 1
						Not Implemented	■ 1
						Partially Implemented	■ 4
1924	Veterinary Medicine, College	4	2	50%	2019	Partially Implemented	■ 2
1926	Weisman Art Museum	9	7	78%	2019	Completed	■ 4
						Partially Implemented	■ 2
1927	Athletic Other Revenues	1	1	100%	2019	Completed	■ 1
2001	Hospitality and Other Special Exp..	1	1	100%	2019	Completed	■ 1
2003	UMD Stores	4	1	25%	2019	Completed	■ 1
						Partially Implemented	■ 3
2004	2019 Review of Select Advancing HRP	2	1	50%	2019	Completed	■ 1
						Partially Implemented	■ 1
2007	Facilities Management District Operations	6	1	17%	2019	Completed	■ 1
						Not Implemented	■ 2 ■ 1
						Partially Implemented	■ 1 ■ 1
2008	Plant Sciences/BBE	2	1	50%	2019	Partially Implemented	■ 1
2009	Psychiatry & Behavioral Sciences ..	2	1	50%	2019	Not Implemented	■ 1
2010	Disaster Recovery of Information Systems, FY20	9	0	0%	2019	Not Implemented	■ 5
						Partially Implemented	■ 4
2011	Emergency Management&Continuity of Operations, FY20	6	1	17%	2019	Completed	■ 1
						Not Implemented	■ 1
						Partially Implemented	■ 2 ■ 2
2012	Veterinary Diagnostic Laboratory FY20	8	5	63%	2020	Completed	■ 5
						Partially Implemented	■ 3
2013	Social Research & Data Innovatio..	2	2	100%	2020	Completed	■ 2
2014	UMN Duluth Admissions, Office of FY20	3	0	0%	2020	Not Implemented	■ 2
						Partially Implemented	■ 1
2016	Student Finance, Office Of	5	2	40%	2020	Completed	■ 2
						Partially Implemented	■ 2 ■ 1
2018	Computer Science & Engineering, ..	3	3	100%	2020	Completed	■ 3
2019	Carlson School of Management, F..	1	1	100%	2020	Completed	■ 1
2020	Public Safety IT, Dept of	8	0	0%	2020	Not Implemented	■ 2 ■ 3
						Partially Implemented	■ 3
2022	University Purchasing Contract Management, FY20	2	0	0%	2020	Not Implemented	■ 1
						Partially Implemented	■ 1
2024	Aurora Center FY20	1	0	0%	2020	Partially Implemented	■ 1

*Not all the issues related to FMLA reporting have been resolved and the Vice President of Human Resources is accepting the associated residual risks. VP Horstman's memo follows.

MEMORANDUM

Office: 612-624-6556
humanresources.umn.edu

September 22, 2020

To: Rachel Flenner, Audit Manager, OIA

From: Ken Horstman, Interim Vice President KEH

Subject: Audit Response Update to Report No: 1823, Family Medical Leave Act Review FY18, September 2020 Board of Regents Docket

There remains one open essential finding, item 7, which is related to central monitoring of FMLA compliance by OHR. A robust central monitoring program was implemented in July 2019 and is conducted on a quarterly basis by the OHR Workforce Data Management team. This monitoring includes the following components:

- Identifying employees in the HR units who have employees with more FMLA hours than allowed
- Random sampling of employees on FML and requesting the HR unit to provide evidence of the timing of when Forms UM1516 and UM1700 were sent as compared to when the HR unit was notified of the need for an FML
- Monitoring of absence time for those employees using an accrual of time in the system and
- A review of intermittent tracking sheets managed in the HR units with a comparison of these hours verified against the established tracking method in the HR unit

OHR believes the central training, communications, website materials and monitoring meet the needs identified by the Office of Internal Audit (OIA). What remains challenging is the decentralized processing of FML and associated paid leaves in the HR campus, academic and administrative units. From a central perspective, there is not visibility to when employees are notifying their management of the need for a FML leave, submitting their required forms, using time based on being out of the office for FML reasons and coming and going during their work day, therefore making it impossible to know if the data entered into the system is accurate based on individual employee circumstances.

There is an opportunity to address FMLA and leave management through the implementation of a streamlined leave management approach as part of the President's broader human resources initiative. OHR is currently working with KPMG to review HR practices at the University and identify such opportunities at the President's direction. The project to hub or centralize leave management at the University is one example of an improvement which will result in consistent and error free administration. We will continue to provide updates as this work develops.

cc: Joan T.A. Gabel, President
Gail Klatt, Chief Auditor, OIA
Amy Kucera, Senior Director, OHR
Mary Rohman Kuhl, Interim Director, OHR
Brandon Sullivan, Senior Director, OHR

Collaborative Assessment Status Update

Below is an update provided by OIT management on steps taken to address risks identified in the June 2020 Identity and Access Management Collaborative Assessment. As discussed at the June Committee meeting, the Office of Internal Audit will confirm and evaluate remediation efforts as part of a future audit of Identity and Access Management.

Identity and Access Management Status Update:

This is the 1st status update to the Identity and Access Management collaborative assessment conducted by Internal Audit and The Office of Information Technology and presented to the Board of Regents Audit Committee in June 2020.

During the June presentation, we provided the Board with the results of the collaborative assessment and the jointly developed mitigation plan. Due to our current operating conditions, several of the plans and timelines we intended to implement for our IAM program are being altered as we adapt our priorities to best serve the University's IT needs. Below, we have outlined several of the accomplishments made on our mitigation plan, as well as a high-level update on our current strategic direction for the IAM program.

Accomplishments:

Category	Accomplishments as of September 25th, 2020	Road Map Phase	Decisions	Process/ Education	Technology	Risk Level
IAM Strategy	-Governance Committee structure in progress -SAFE methodology positioned to help foster collaboration, alignment, and delivery	IAM Operations/ Onboarding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High
IAM Team Staffing	-Senior Director hired -Hiring freeze exception request approved for 3 open positions -Operations team need/ask is currently being formulated	IAM Foundational Efforts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High
IAM System Classification	-SAFE methodology positioned to help create prioritization and visibility of in-progress work	IAM Foundational Efforts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High
IAM Metrics and Reporting	IAM Metrics Routine has been instituted.	IAM Foundational Efforts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low
Technology Sustainability	-New technology in progress for Boynton process automation set to go live this calendar year. -Team prioritization shifted to eliminating technical debt and preparing for technology replacements. While this is not listed as "high" in the audit, it is a prerequisite in achieving the resolution to many of the audit findings.	IAM Foundational Efforts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Low
Criteria for de-provisioning	Progress has been made on establishing a standardized Emeritus definition.	Access Deprovisioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	High
Access Termination	Pilot activities for deprovisioning access at the end of employment have been completed. Technology is now positioned for broader access deprovisioning across the University.	Access Deprovisioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High
Management of Non-standard and 3rd Party Accounts	Supplemental accounts process in development for our directory system. This addresses the separation of privileges and tracking of privileged accounts.	Modernized Account Types	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	High

Strategic direction:

The IAM Program is focused on value to the University by optimizing the IAM team's capabilities during the current pandemic conditions, which are projected to continue.

Reduce technology: The most critical part of the IAM transformation is the retirement of several legacy systems. Eliminating legacy systems early means we are reducing risk, freeing up resources tied to those systems, and is work that can be done with minimal work load impact to other areas of the University.

Reduce Program Footprint (Core IAM): The IAM Program must also be managed with precision. There are many problems that the IAM Program is charged with resolving, but some work is more valuable than other work. For instance, making sure we have effective deprovisioning of access can help the University better manage costly licenses when students, faculty and staff decide to end their relationship with the University.

Well Managed Workloads: The IAM Program cannot be improved unless it can be measured. To make the IAM Program measurable, it will be adopting the Scaled Agile Framework (SAFe) methodology. The IAM team will also transition to routing all operational and support work through our change management system. These two changes will not only create two measurable channels of work, but it will also create transparency for the IAM team's work and the prioritization of that work.

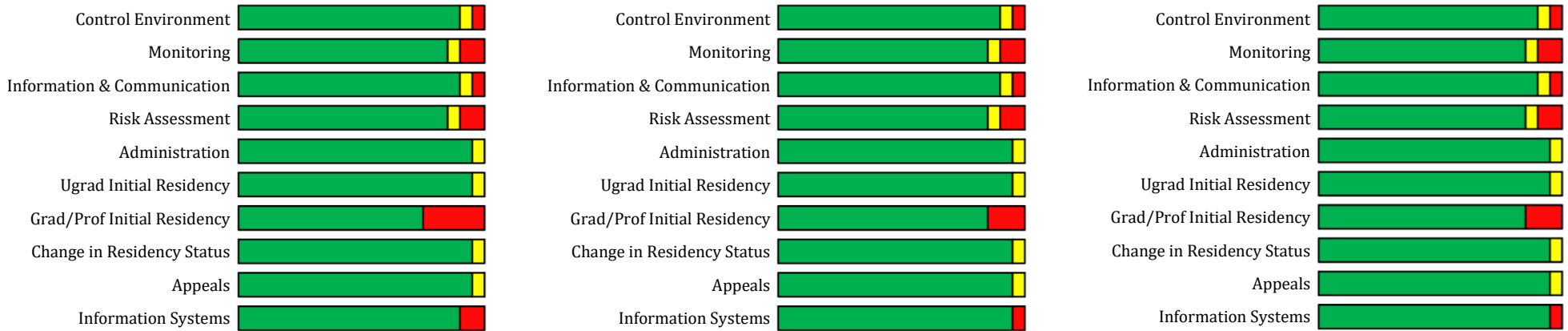
The bar charts shown below are presented to provide pictorial displays of the progress units are making on implementing audit recommendations rated as "essential." The bar chart included in the original report is shown in the left column, along with updated bar charts showing the previous quarter and the current status of the "essential" recommendations only (those bars that have red segments). The chart in the center column displays the status as of February 2020, while the chart on the right represents the current status. Charts are not presented for investigations. Charts for those units having implemented all "essential" recommendations during the current quarter are shown at the end of this report.

Original Report Evaluation

Previous Quarter Evaluation

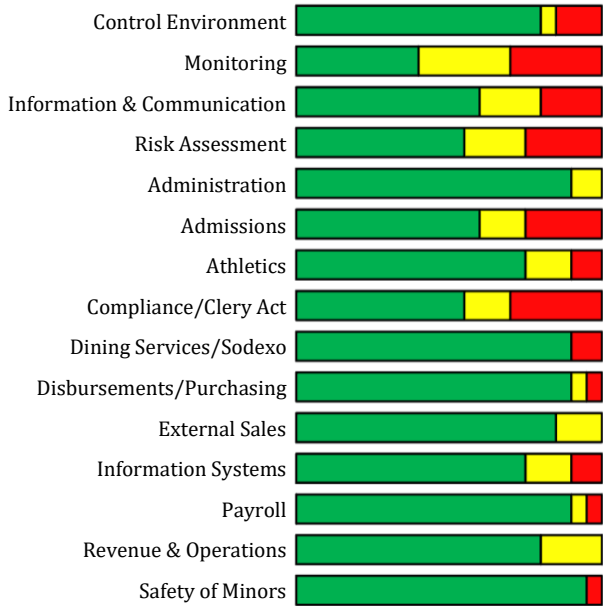
Current Quarter Evaluation

Residency Determination (Jan 2019)



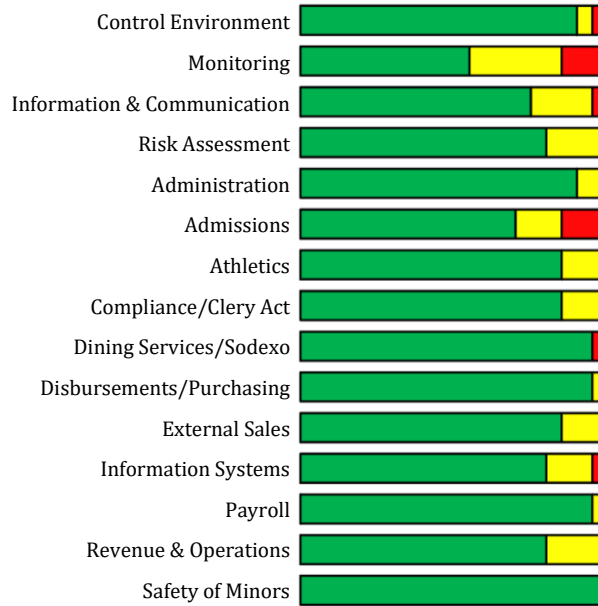
■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

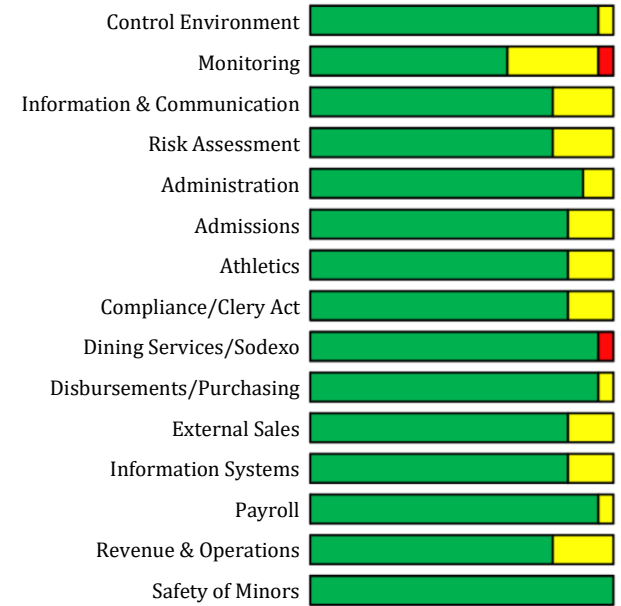


Previous Quarter Evaluation

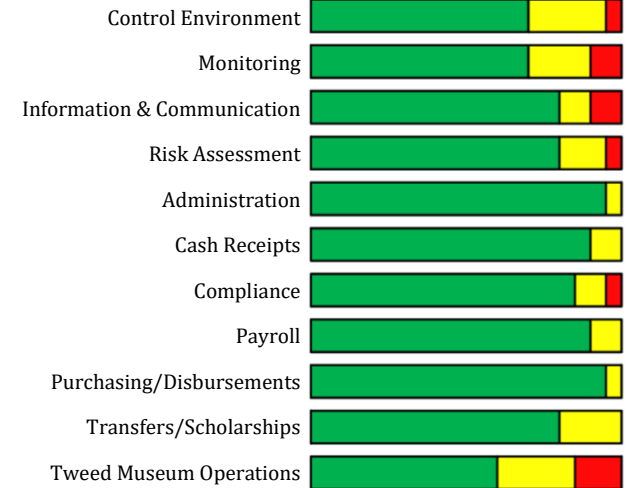
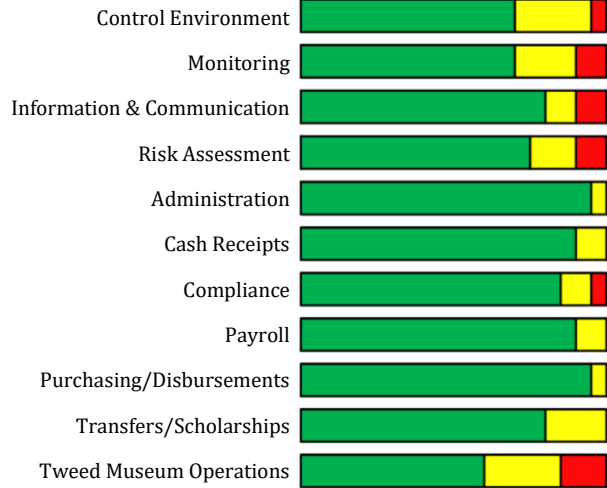
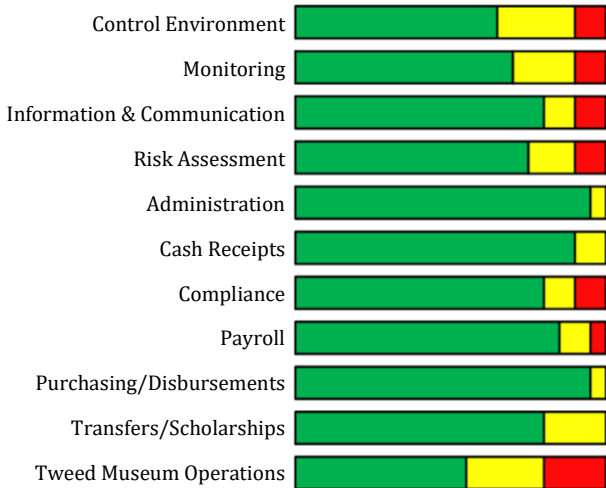
University of Minnesota, Crookston (Jan 2019)



Current Quarter Evaluation



UMD Fine Arts (Mar 2019)



■ Adequate Control
 ■ Significant Control Issue(s)
 ■ Essential Control Issue(s)

Original Report Evaluation



Previous Quarter Evaluation

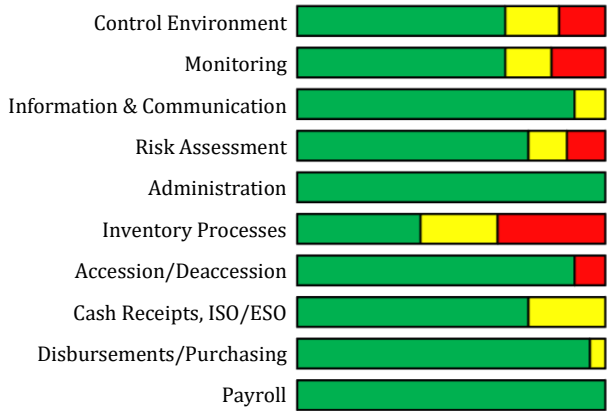
College of Veterinary Medicine (May 2019)



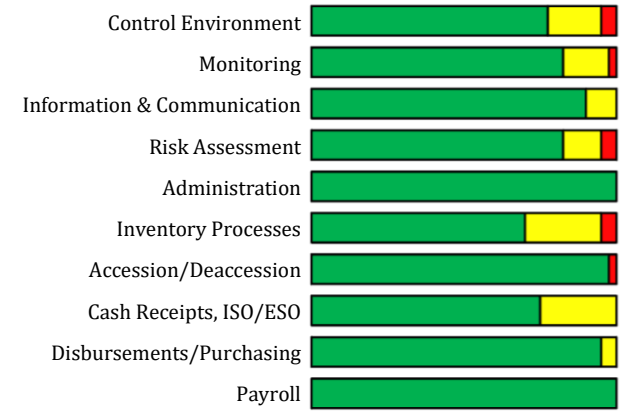
Current Quarter Evaluation



Weisman Art Museum (Jun 2019)



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CONTROL EVALUATION
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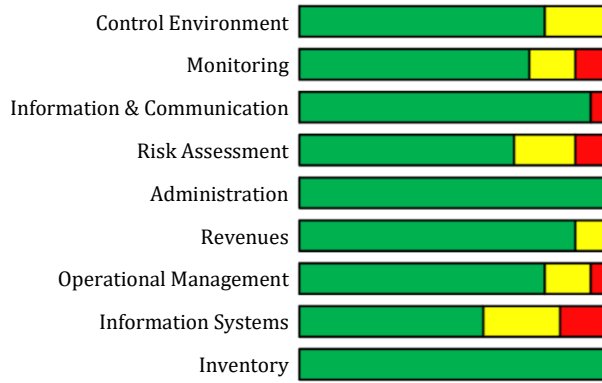
■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

Previous Quarter Evaluation

Current Quarter Evaluation

UMD Stores (Including Print Shop and U Card Office) (Aug 2019)



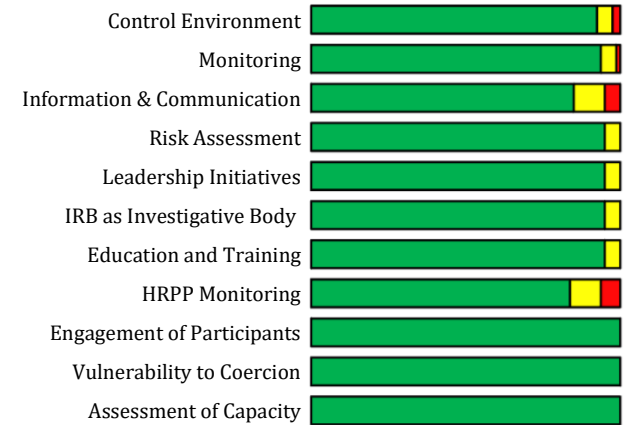
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2019 Review of Select Advancing HRP (Sept 2019)



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CONTROL EVALUATION
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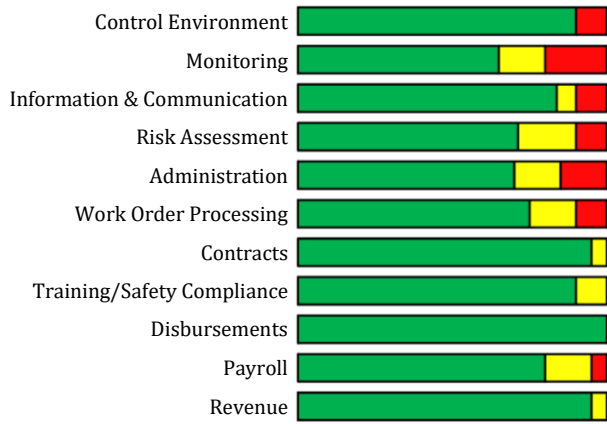
■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

Previous Quarter Evaluation

Current Quarter Evaluation

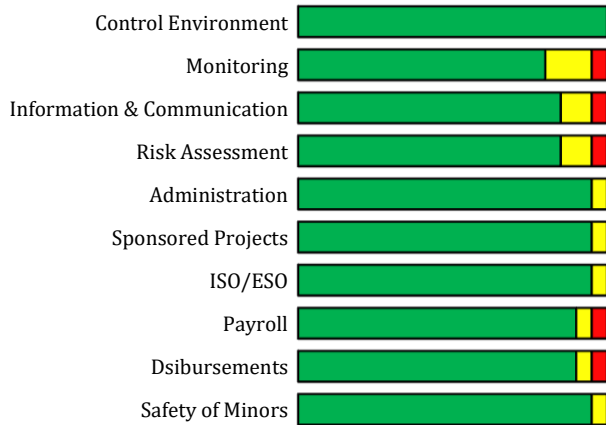
Facilities Management District Operations (Sept 2019)



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CONTROL EVALUATION
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CFANS - Plant Sciences/BBE (Sept 2019)

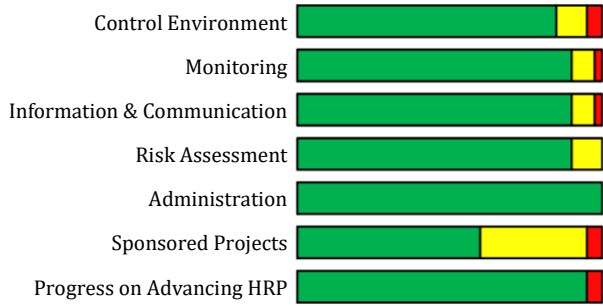


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■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

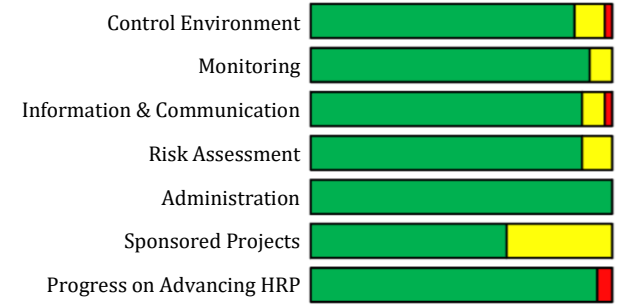


Previous Quarter Evaluation

Psychiatry & Behavioral Sciences - Research (Sept 2019)

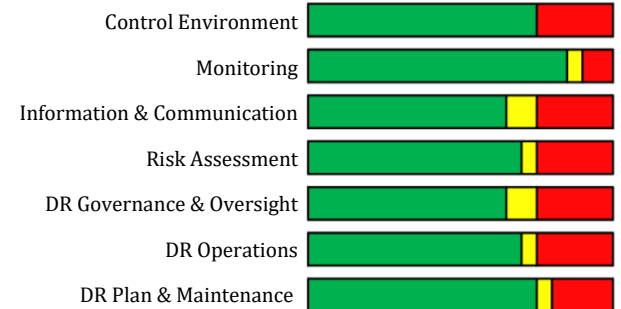
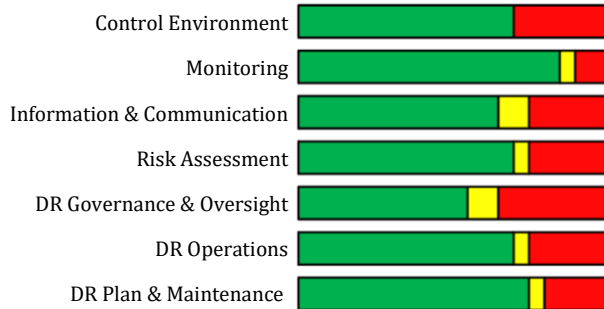
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CONTROL EVALUATION
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Current Quarter Evaluation



Disaster Recovery of Information Systems (Oct 2019)

**NO PREVIOUS
CONTROL EVALUATION
CHART**



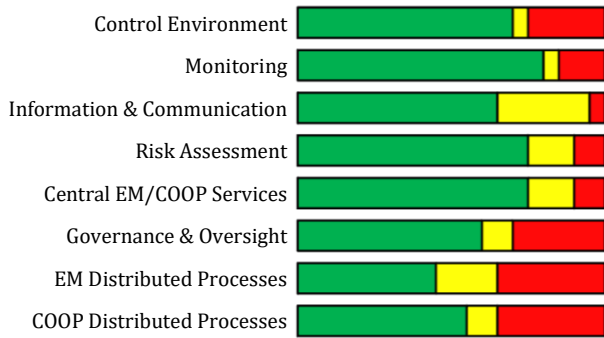
■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

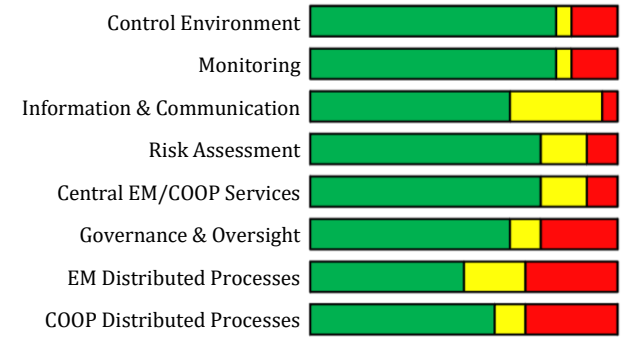
Previous Quarter Evaluation

Current Quarter Evaluation

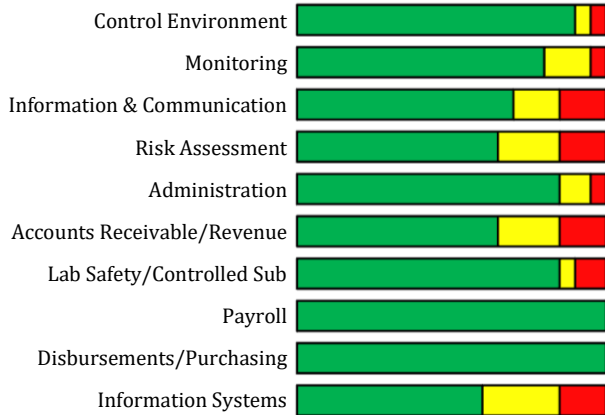
Emergency Management and Continuity of Operations (Oct 2019)



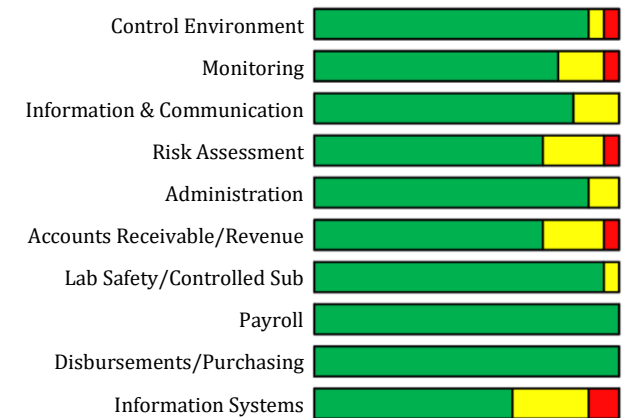
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CONTROL EVALUATION
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Veterinary Diagnostic Laboratory (Jan 2020)

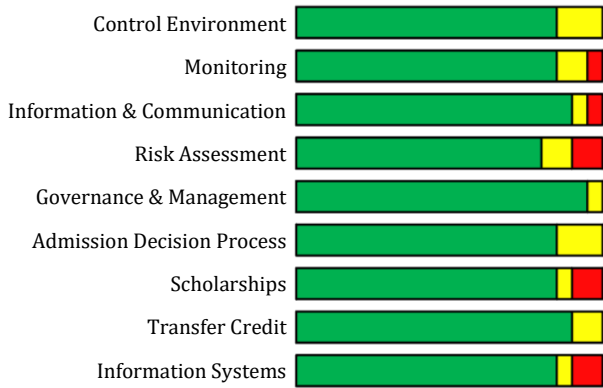


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■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

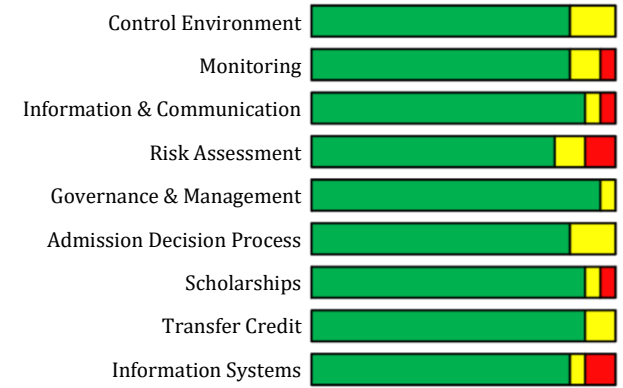


Previous Quarter Evaluation

UMN Duluth Office of Admissions (Feb 2020)

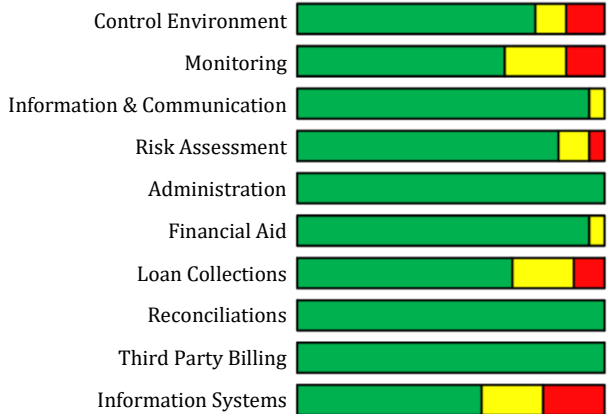
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Current Quarter Evaluation



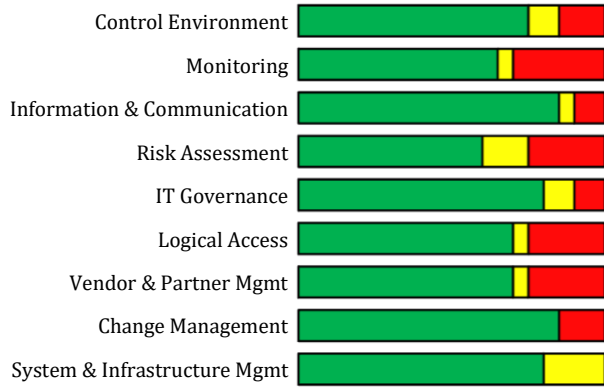
Office of Student Finance (Mar 2020)

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■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

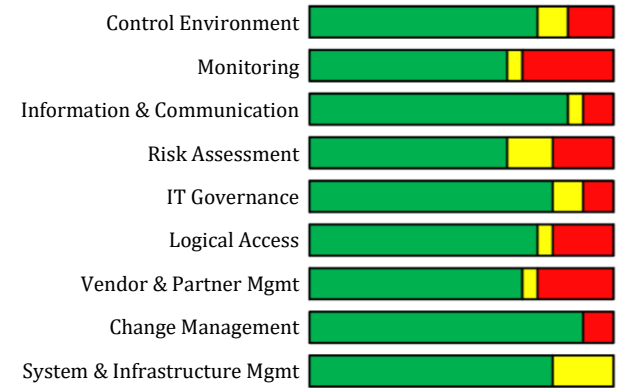


Previous Quarter Evaluation

Dept of Public Safety IT (May 2020)

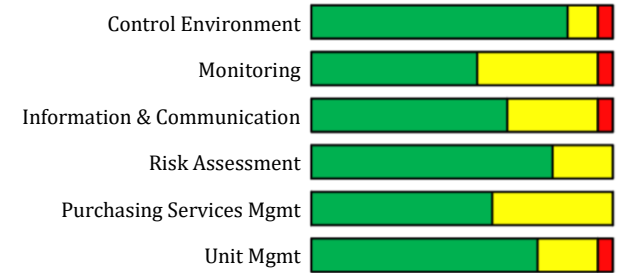
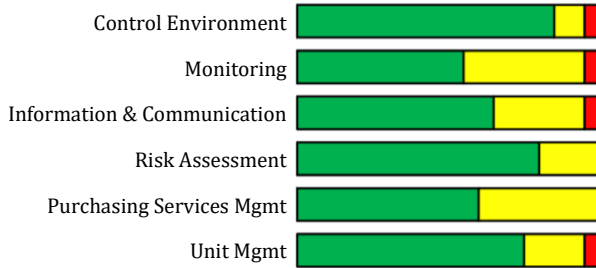
**NO PREVIOUS
CONTROL EVALUATION
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Current Quarter Evaluation



University Purchasing Contract Management (May 2020)

**NO PREVIOUS
CONTROL EVALUATION
CHART**



■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

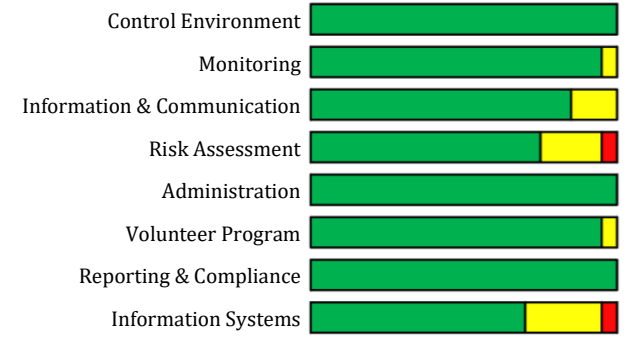
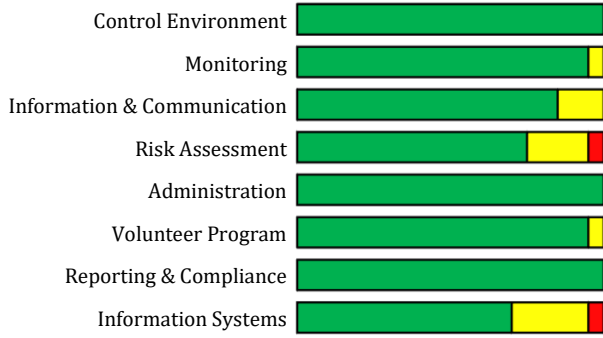
Original Report Evaluation

Previous Quarter Evaluation

Current Quarter Evaluation

Aurora Center for Advocacy and Education (May 2020)

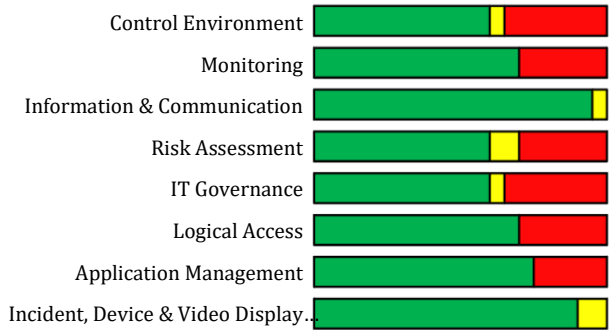
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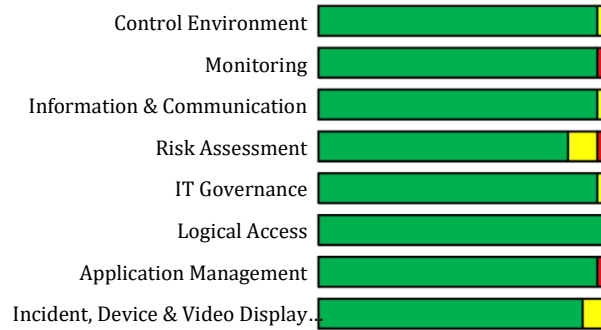
Units with Charts that Fully Implemented their "Essential" Recommendations During the Past Quarter

Original Report Evaluation

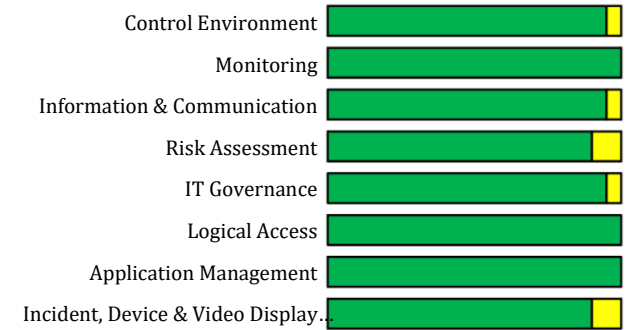


Previous Quarter Evaluation

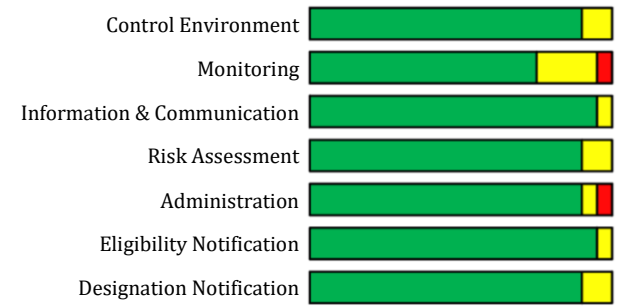
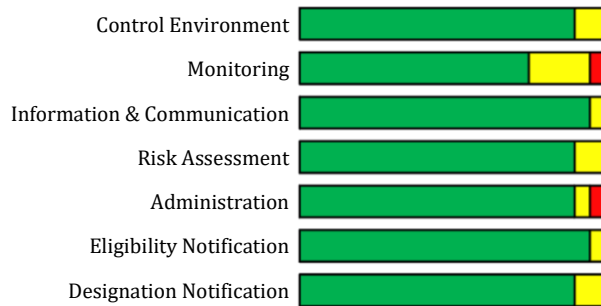
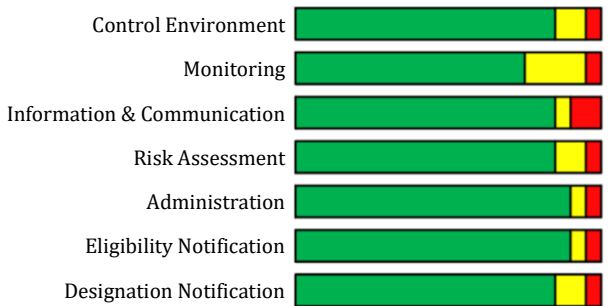
Athletics IT (May 2017)



Current Quarter Evaluation



Family Medical Leave Act Review (May 2018)*



*Not all the issues related to FMLA reporting have been resolved and the Vice President of Human Resources is accepting the associated residual risks.

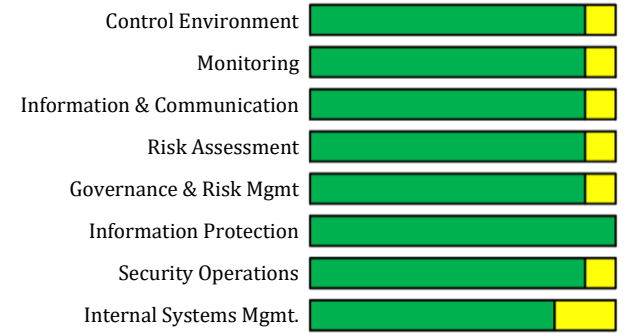
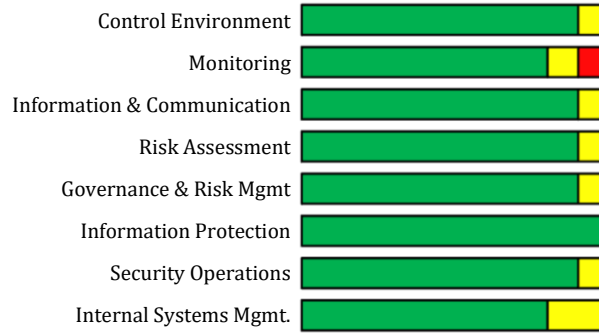
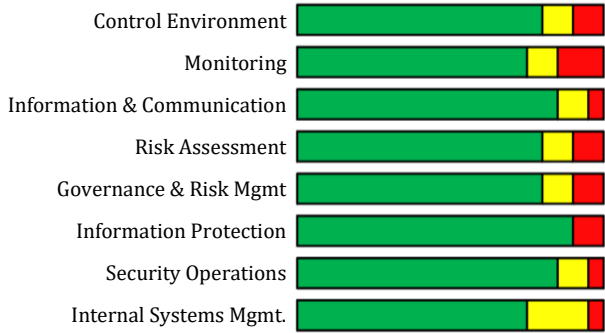
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Original Report Evaluation

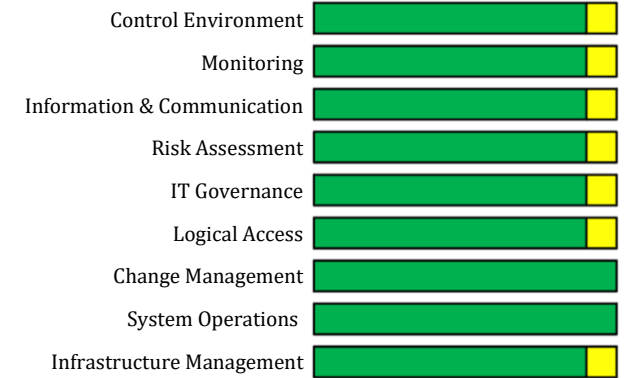
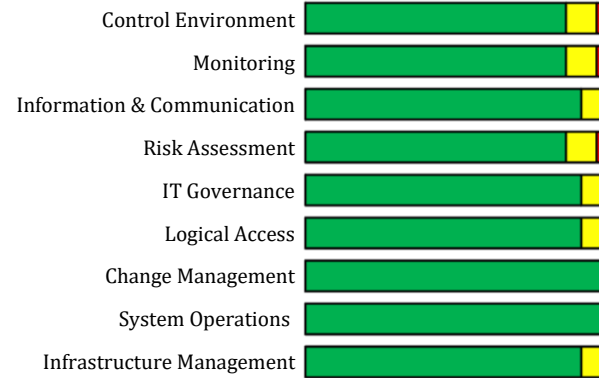
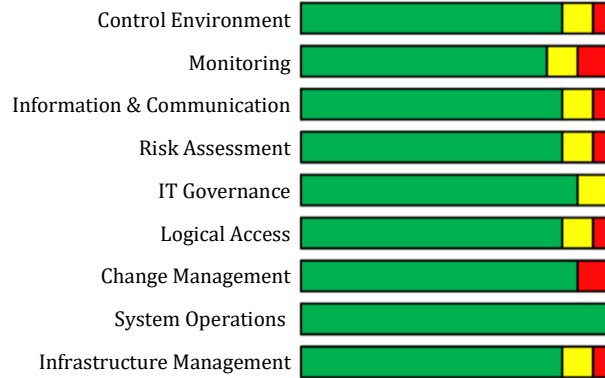
Previous Quarter Evaluation

Current Quarter Evaluation

University Information Security (May 2018)

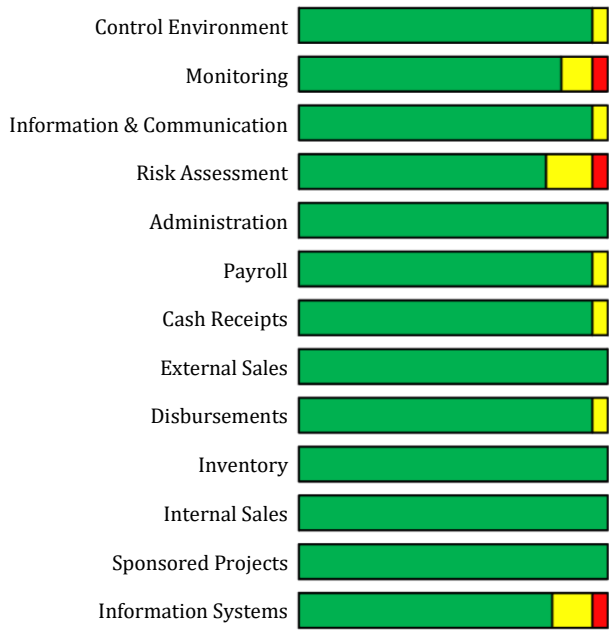


Academic Health Center Information Systems (Dec 2018)



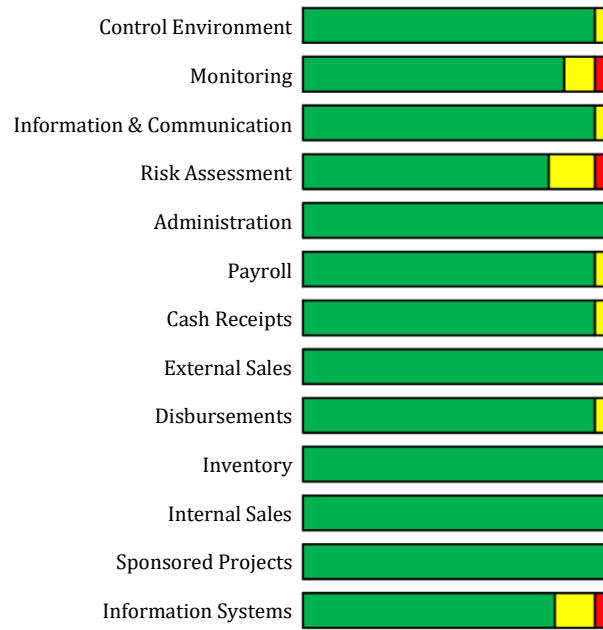
■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

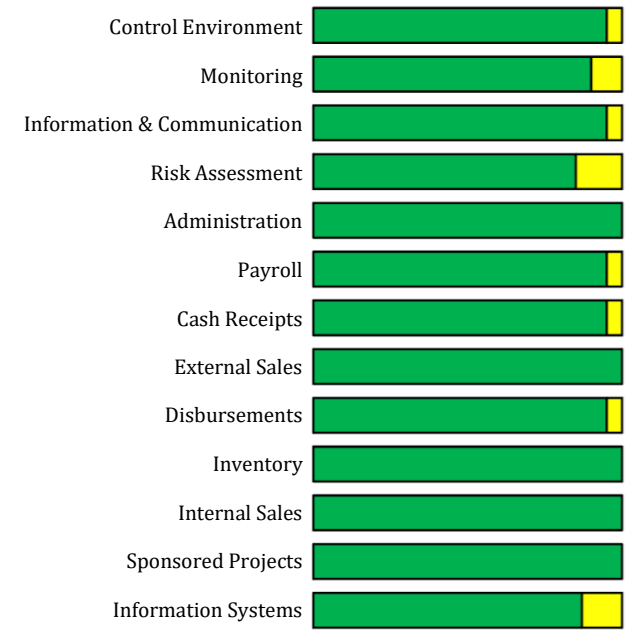


Previous Quarter Evaluation

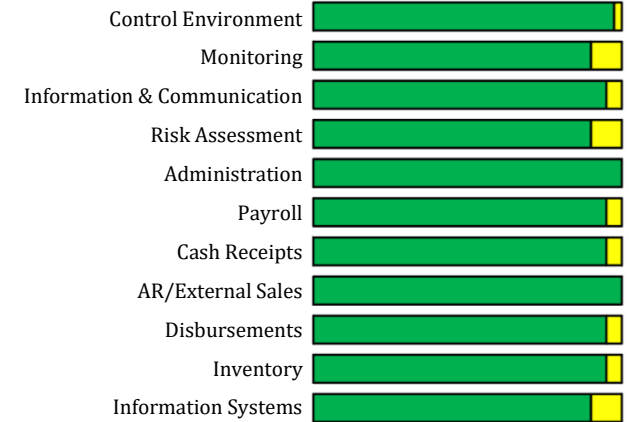
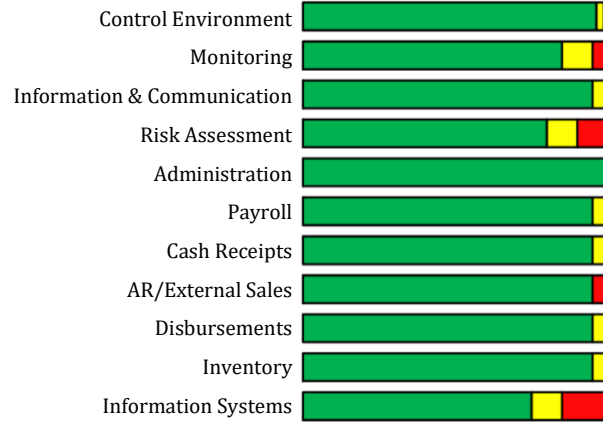
University of Minnesota Libraries (Jan 2019)



Current Quarter Evaluation

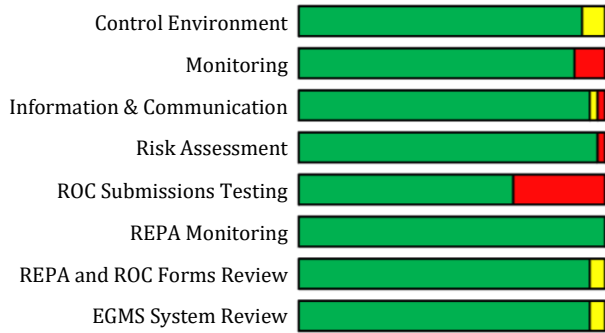


University of Minnesota Libraries - Minitex (Jan 2019)



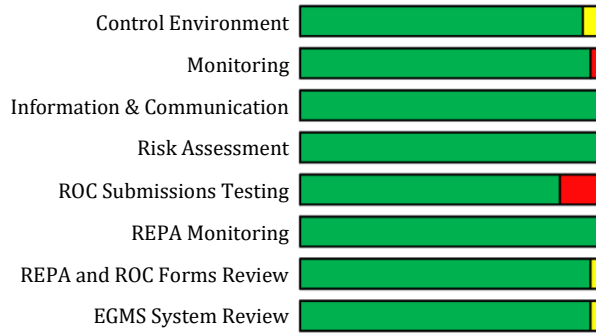
■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Original Report Evaluation

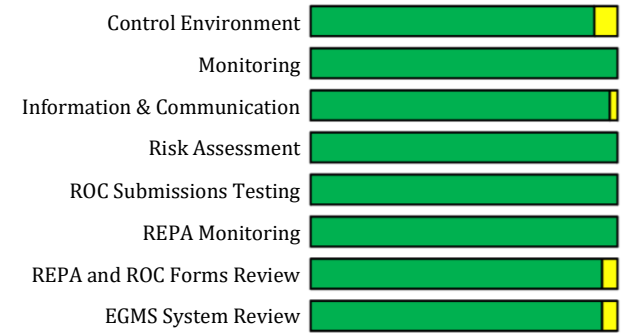


Previous Quarter Evaluation

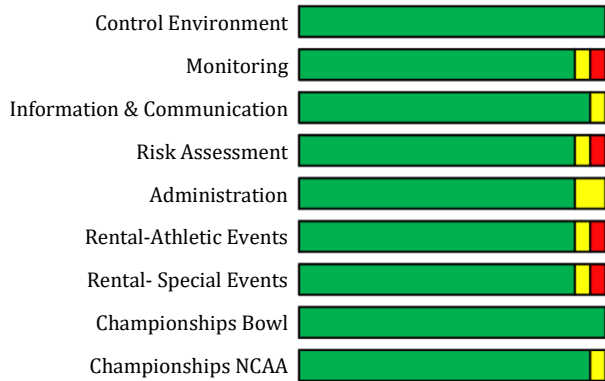
ROC and REPA Processes (Jan 2019)



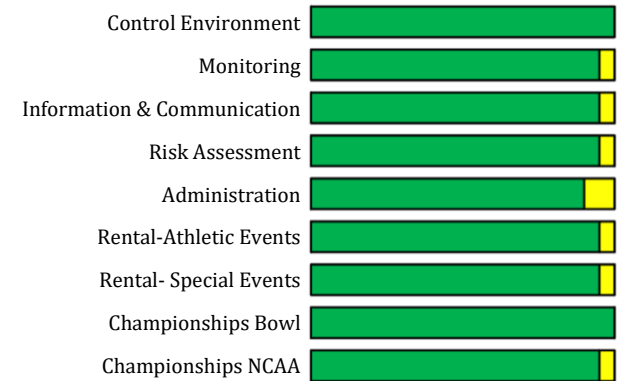
Current Quarter Evaluation



Athletics Other Revenue (Jun 2019)



**NO PREVIOUS
CONTROL EVALUATION
CHART**

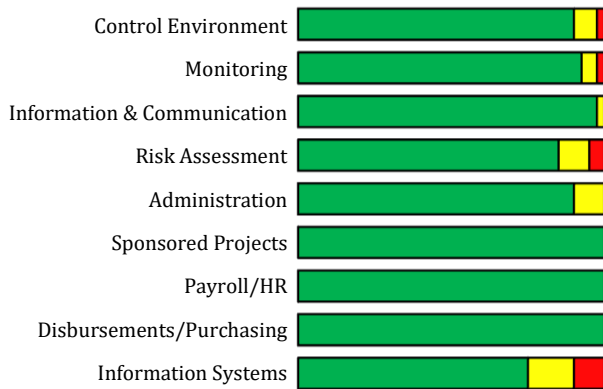


■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

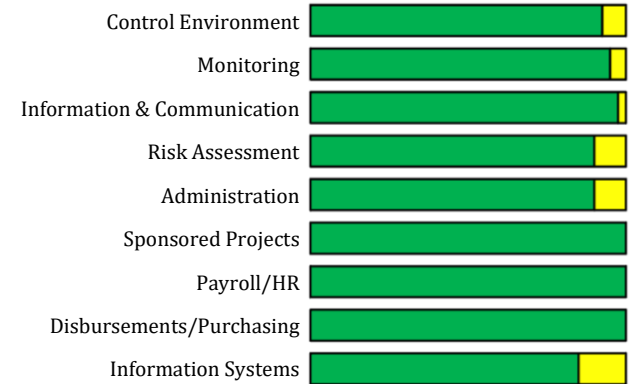
Hospitality and Other Special Expenses (Jul 2019)

A control evaluation chart was not developed for this report; however, there was one essential recommendation. As of this follow up period, it has been implemented.

Institute for Social Research and Data Innovation (Jan 2020)



**NO PREVIOUS
CONTROL EVALUATION
CHART**



Original Report Evaluation



Previous Quarter Evaluation

Computer Science and Engineering (May 2020)

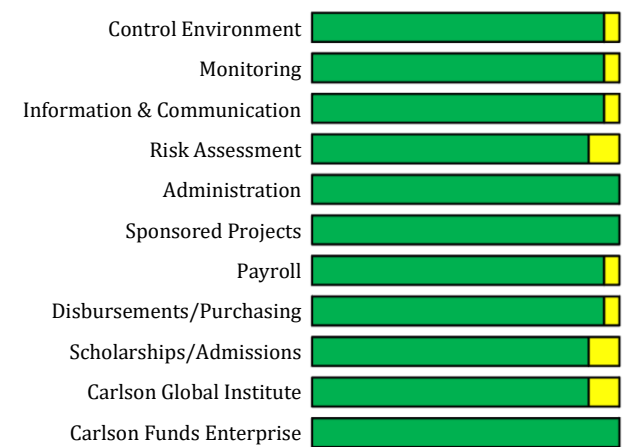
NO PREVIOUS
CONTROL EVALUATION
CHART

Current Quarter Evaluation



Carlson School of Management (May 2020)

NO PREVIOUS
CONTROL EVALUATION
CHART



■ Adequate Control ■ Significant Control Issue(s) ■ Essential Control Issue(s)

Audit Activity Report

Scheduled Audits

Completed Audits Of:

- Laboratory Medicine & Pathology
- Central Job Scheduling
- UMN Duluth Student Life Administration
- International Scholars
- Executive and Dean Expenses
- Department of Pharmacology
- University Health and Safety

Began/Continued Audits Of:

- Anatomy Bequest Program
 - Prepaid Debit Cards
 - University Health and Safety
 - U Market
 - CFANS Southern Research and Outreach Center (Waseca)
 - Softball and Baseball Compliance and Operations
 - UMN Duluth Labovitz School of Business and Economics (LSBE)
 - OIT Application Change Management
 - Transition Review – CEHD Dean
 - Transition Review – Sr. VP for Finance and Operations
 - Retirement Plan Transition
 - Telehealth Security and Compliance
-
- Continued a collaborative review of University Mental Health services with the Provost's Office.
 - Continued a review of the Enterprise Access Management (EAM) implementation project management to confirm ongoing oversight of budget, timelines, and deliverables.
 - Completed five "SNAP Reviews" on the following topics: Social Security numbers in HR data; Social Security numbers in student data; Civil Service/Labor Represented furlough hours; 27th pay period recalculation; and faculty and P&A pay reduction.

Investigations

- Performed investigative work on two issues in accordance with the University Policy on Reporting and Addressing Concerns of Misconduct.

Special Projects

- Provided consulting services related to University payroll exception testing.
- Completed a review of the University process to enroll new employees in the Preventing and Responding to Sexual Misconduct Training (PRSM) training course and the tracking of completion of this training.
- Provided technology consulting in several areas including: HIPAA security, system logging and monitoring, IT service ticketing solution migration, and account management.
- Continued preliminary assessment of processes associated with the distribution of funds to students provided from the CARES act.

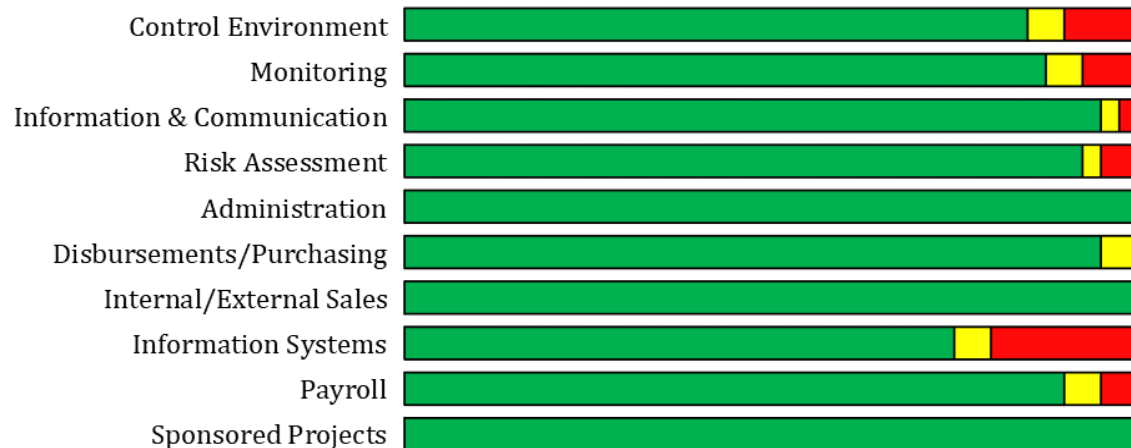
Other Audit Activities

Participated in the following:

- President's Cabinet
- Senior Leadership Group
- President's Policy Committee
- Policy Advisory Committee
- Board of Regents Policy Committee
- Executive Compliance Oversight Committee
- Institutional Conflict of Interest Committee
- University of Minnesota Foundation Audit Committee
- Fairview Health Systems Audit Committee
- IT Leadership Committees
- HRPP Advisory Committee
- Research Compliance Committee
- P & A Senate
- Data Center Co-Location Initiative
- Data Storage Council
- Metropolitan Council Audit Committee

Audit Reports Issued Since June 2020

Laboratory Medicine and Pathology



Report #	2026	Issue Date	Jun-20
# of Essential Recs.	5	Total # of Recs.	8
Overall Assessment	Good	Adequacy of MAP	Satisfactory

Laboratory Medicine and Pathology (LMP) has both strong basic and clinical research components. It has consistently been ranked among the top pathology departments in the United States in National Institutes of Health (NIH) grant funding. The Advanced Research and Diagnostic Laboratory (ARDL) is developing COVID antibody testing to help serve the state of Minnesota, while another group in LMP helped create a new assay that greatly increases both speed and capacity for testing. From the results of the audit work performed, we believe LMP has developed a control environment and a system of internal control that addresses its major risks. However, improvements could be made involving logging and monitoring, implementing patient record view monitoring, improving its user administration processes, implementing two-factor authentication for all users for high security systems, and consistently completing I-9 and background checks in accordance with federal requirements and University standards.

Central Job Scheduling



Report #	2101	Issue Date	Jul-20
# of Essential Recs.	7	Total # of Recs.	11
Overall Assessments:	Good	Adequacy of MAP	Satisfactory

OIT Production Services supports the systematic management of jobs that perform routine tasks (e.g., processing checks) and move data between many key University systems. Production Services in partnership with functional groups effectively manages the critical central job scheduling related processes for the University and continues to implement many well-designed control processes to address risks. Despite these positive aspects, improvements are still needed to enhance central job scheduling governance and control environment. Governance improvements are needed to better coordinate the diverse number of functional groups; each of whom have their own unique environment and processes. A formal framework to coordinate activities between Production Services and functional groups currently does not exist, and this likely creates inefficiencies and contributed to the other control issues identified in this report. These control issues include insufficient: log monitoring, management of job schedule changes, and management of user access.

■ Adequate Control
 ■ Significant Control Issue(s)
 ■ Critical Control Issue(s)

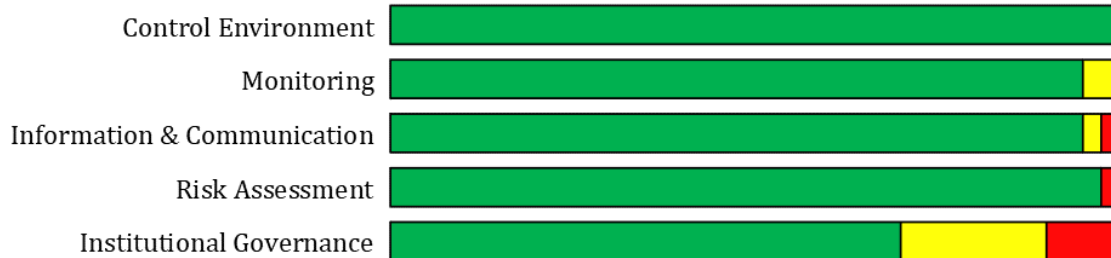
UMN Duluth Student Life Administration



Report #	2102	Issue Date	Jul-20
# of Essential Recs.	1	Total # of Recs.	11
Overall Assessments:	Good	Adequacy of MAP	Satisfactory

UMN Duluth Student Life has developed a control environment and a system of internal control that sufficiently addresses most major business and compliance risks. However, there is a large variation in who supports the various administrative functions throughout the Student Life departments and additional consistency could improve efficiency and reduce risk. The specific finance functions provided either independently or by different finance support groups varies from department to department. For example, some finance functions such as approving purchase orders is handled by all three support groups, or independently, depending on department. Similar inconsistencies were found in payroll and human resource processes between OBP and departmental management. One essential item was identified related to the management of contracts involving liability insurance.

International Scholars



Report #	2103	Issue Date	Jul-20
# of Essential Recs.	1	Total # of Recs.	3
Overall Assessment	Good	Adequacy of MAP	Satisfactory

International scholars, otherwise known as J-1 Visa Exchange Visitors, are non-immigrant visa holders approved to participate in exchange visitor programs. The University hosts an estimated one thousand J-1 international scholars per year. There are four unique areas at the University that process and/or monitor J-1 visa exchange visitors: International Student and Scholar Services (ISSS), MAST International in the College of Food, Agricultural and Natural Resource Sciences, The Hormel Institute, and the Medical School's Graduate Medical Education office. The largest is the International Student and Scholar Services (ISSS) office, serving about 700 to 800 J-1 scholars at any given time. Our audit noted one essential issue on improving reporting of international scholars who are in the United States due to their acceptance into a University of Minnesota program, whether located on or off campus and regardless of which of the four offices are hosting/monitoring the scholars. Two significant issues with recommendations that should be considered include: improving University-wide monitoring and tracking of compliance with requirements; and improving knowledge and understanding of requirements by developing a University-wide comprehensive policy, and/or guidelines, around international scholars.

■ Adequate Control
 ■ Significant Control Issue(s)
 ■ Critical Control Issue(s)

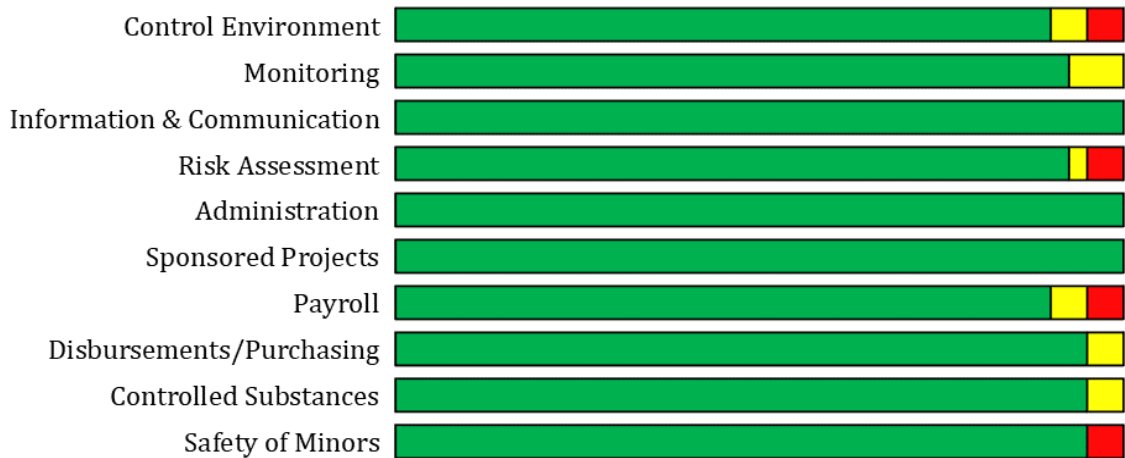
Executive and Dean Expenses

Due to the audit not resulting in any issues considered either “essential” or “significant” a control evaluation chart was not developed for this report.

Report #	2104	Issue Date	Sep-20
# of Essential Recs.	0	Total # of Recs.	0
Overall Assessments:	Good	Adequacy of MAP	NA

Our audit assessed compliance with appropriate University policies and processes, including allowability, reasonableness, and appropriate approvals for executive and dean expenses. The audit also included a review of vice chancellors on the Duluth system campus since they report directly to the chancellor. Expenses tested include: 367 expense reimbursement reports totaling \$316,133 (38% of the total number of expense reports and 55% of the total dollar amount of expense reports for individuals reviewed during our audit period), and 68 transactions (totaling \$31,031) from purchasing cards used for executive officer and dean expenses. From the results of the audit work performed, we believe the expenses of the executive officers, chancellors, vice chancellors and deans are generally in compliance with University policies and procedures. The audit did not identify any issues considered “essential” or “significant” to minimizing existing operational risks.

Department of Pharmacology

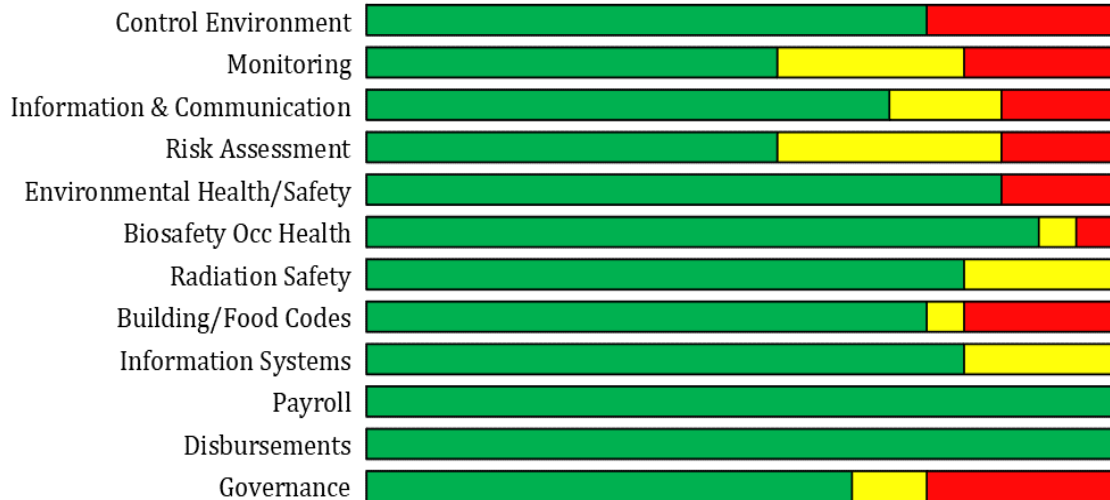


Report #	2105	Issue Date	Oct-20
# of Essential Recs.	2	Total # of Recs.	5
Overall Assessments:	Good	Adequacy of MAP	Satisfactory

The Department of Pharmacology research labs are engaged in research and discovery efforts focused on medical problems including cancer, addiction, and infectious disease. Currently, one of Pharmacology's faculty is involved in a research team working on a vaccine that could protect against variants of COVID-19, or SARS-CoV-2 (the current novel coronavirus). We believe the Department of Pharmacology has developed a control environment and a system of internal control that addresses its major business and compliance risks. The audit resulted in two issues considered “essential” to minimizing existing operational and compliance risks. Pharmacology should establish a process to ensure background checks are completed, and establish a process to ensure all faculty and staff who will host minors in their labs follow all applicable policy requirements before the minor's visit.

■ Adequate Control
 ■ Significant Control Issue(s)
 ■ Critical Control Issue(s)

University Health & Safety



Report #	2106	Issue Date	Sep-20
# of Essential Recs.	10	Total # of Recs.	20
Overall Assessment:	Needs Improvement	Adequacy of MAP	Satisfactory

University Health & Safety (UHS), a critical operating unit, consists of six units which include: Department of Environmental Health & Safety, Biosafety & Occupational Health Department, Department of Radiation Safety, Building Codes Department, Department of Emergency Management, and Health Emergency Response Office. Due to other recent audits and COVID related demands on these units, the Department of Emergency Management and the Health Emergency Response Office were scoped out of this audit. UHS demonstrates a strong commitment to maintaining the safety and security of the University community. However, given the high-risk nature of the operations they support, there are opportunities to strengthen UHS's control environment. UHS has many well documented procedures but establishment of University authority and ownership over three key functions (University safety training, University lab inspection oversight, and OSHA safety compliance) is not clearly defined. Internal controls over verifying complete documentation and/or centrally accessible records are lacking in the following areas: research lab repository, biosafety lab repository, lab inspection failure follow-ups, safety training course offerings and completion records, Workplace Safety inspections and follow-ups, food safety inspections and follow-ups, and UHS's safety reporting hotline.

■ Adequate Control
 ■ Significant Control Issue(s)
 ■ Critical Control Issue(s)

SNAP Review Summary

SNAP reviews are highly focused reviews conducted on a single University process or activity. These reviews are designed to be completed quickly, and often leverage data analytics to minimize unit disruptions. They are intended to provide prompt results to business process owners so that potential problems can be addressed prior to formal audit reviews. The following is a summary of the SNAP reviews we conducted this reporting period.

Social Security Numbers in HR Data

We reviewed social security numbers in HRMS to ensure accuracy and completeness.

Social Security Numbers in Student Data

We reviewed social security numbers in Campus Solutions to ensure accuracy and completeness.

Civil Service/Labor Represented Furlough Hours

We reviewed the assignment of furlough hours to Civil Service and Labor Represented employees to ensure all eligible employees received the correct number of hours.

27th Pay Period Recalculation

We recalculated the 27th pay period calculation to ensure all faculty and P&A employees paid over 12 months had their salary correctly allocated over 27 pay periods.

Faculty and P&A Pay Reduction

We reviewed the salary reductions assigned to faculty and P&A employees to ensure all eligible employees received the correct percentage reduction.