

# **Chicago State University**

A COMPONENT UNIT OF THE  
STATE OF ILLINOIS

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## **STATE COMPLIANCE EXAMINATION**

FOR THE YEAR ENDED  
JUNE 30, 2024

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PERFORMED AS SPECIAL  
ASSISTANT AUDITORS FOR THE  
AUDITOR GENERAL,  
STATE OF ILLINOIS

**CHICAGO STATE UNIVERSITY**  
A Component Unit of the State of Illinois  
**STATE COMPLIANCE EXAMINATION**  
**For the Year Ended June 30, 2024**

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The Chicago State University's <i>Financial Audit</i> and <i>Federal Single Audit</i> Reports for the year ended June 30, 2024, were issued under separate covers.	

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**UNIVERSITY OFFICIALS**

President	Ms. Zaldwaynaka Scott, J.D.
Chief of Staff (07/01/24 – Present)	Ms. Jimell Byrd - Reno
Chief of Staff (07/01/23 – 06/30/24)	Mr. Kim Tran
Provost and V.P. for Academic Affairs (07/01/24 – Present)	Dr. Sonja Feist-Price
Interim Provost and Senior V.P. for Academic Affairs (07/01/23 – 06/30/24)	Dr. Leslie Roundtree
V.P., General Counsel, Chief Compliance Officer & V.P. of Legal Affairs (07/01/24 – Present)	Ms. Sonya Miller
V.P., General Counsel, Chief Compliance Officer & V.P. of Legal Affairs (07/01/23 – 06/30/24)	Mr. Jason Carter
CFO & V.P. of Financial Operations (07/01/23 – Present)	Ms. Nicole Latimer-Williams
Executive Director/Controller (01/03/24 – Present)	Ms. Evelyn Romero
Executive Director/Controller (11/25/23 – 01/02/24)	Vacant
Executive Director/Controller (07/01/2023 – 11/24/23)	Ms. Rona Lagdamen, CPA
Chief Internal Auditor (07/01/23 – Present)	Vacant

**BOARD OF TRUSTEES**

Chair	Ms. Andrea Zopp, Esq.
Vice Chair (12/04/23 – Present)	Ms. Angelique David, Esq.
Vice Chair (07/01/23 – 12/03/23)	Vacant
Secretary (12/04/23 – Present)	Ms. Cheryl Watkins
Secretary (07/01/23 – 12/03/23)	Ms. Angelique David, Esq.
Member (07/01/23 – Present)	Vacant
Member (12/04/23 – Present)	Vacant
Member (07/01/23 – 12/03/23)	Ms. Cheryl Watkins
Member	Mr. Cory Thames
Member	Mr. Jason Quaira
Student Member (07/01/24 – Present)	Ms. Allison Bolden
Student Member (07/01/23 – 06/30/24)	Mr. James Elam

**UNIVERSITY OFFICE**

The University's primary administrative office is located at:

9501 S. King Drive  
Chicago, Illinois 60628



# CHICAGO STATE UNIVERSITY

## MANAGEMENT ASSERTION LETTER

April 29, 2025

Roth & Co., LLP  
540 W Madison St., Suite 2450  
Chicago, Illinois 60661

Roth & Co., LLP:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the Chicago State University (University). We are responsible for and we have established and maintained an effective system of internal controls over compliance requirements. We have performed an evaluation of the University's compliance with the following specified requirements during the one-year period ended June 30, 2024. Based on this evaluation, we assert that during the year ended June 30, 2024, the University has materially complied with the specified requirements listed below.

- A. The University has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The University has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions, or mandatory directions imposed by law upon such obligation, expenditure, receipt, or use.
- C. Other than what has been previously disclosed and reported in the Schedule of Findings, the University has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the University are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate, and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the University on behalf of the State or held in trust by the University have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Yours truly,

**Chicago State University**

**SIGNED ORIGINAL ON FILE**

Ms. Zaldwaynaka Scott, J.D.  
President

**SIGNED ORIGINAL ON FILE**

Ms. Nicole Laymer-Williams,  
Chief Financial Officer & V.P. of Financial Operations

**SIGNED ORIGINAL ON FILE**

Ms. Sonya Miller  
General Counsel, Chief Compliance Officer &  
V.P. of Legal Affairs

**CHICAGO STATE UNIVERSITY**  
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**STATE COMPLIANCE REPORT**

**SUMMARY**

The State compliance testing performed during this examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the *Audit Guide*.

**ACCOUNTANTS' REPORT**

The Independent Accountants' Report on State Compliance and on Internal Control Over Compliance does not contain scope limitations or disclaimers, but does contain a modified opinion on compliance and identifies material weaknesses over internal control over compliance.

**SUMMARY OF FINDINGS**

<b>Number of</b>	<b><u>Current Report</u></b>	<b><u>Prior Report</u></b>
Findings	14	16
Repeated Findings	12	11
Prior Recommendations Implemented or Not Repeated	4	3

**SCHEDULE OF FINDINGS**

<b><u>Item No.</u></b>	<b><u>Page</u></b>	<b><u>Last/First Reported</u></b>	<b><u>Description</u></b>	<b><u>Finding Type</u></b>
<b>Current Findings</b>				
2024-001	10	2023/2020	Inadequate Internal Controls over Census Data	Noncompliance and Significant Deficiency
2024-002	14	2023/2020	Weaknesses over Computer Security	Material Noncompliance and Material Weakness
2024-003	17	2023/2023	Inadequate Controls to Ensure Compliance with the Illinois Pension Code	Material Noncompliance and Material Weakness
2024-004	19	2023/2022	Failure to Notify Students and Parents Upon Disbursement of Funds	Noncompliance and Significant Deficiency

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**SCHEDULE OF FINDINGS**

<u>Item No.</u>	<u>Page</u>	<u>Last/First Reported</u>	<u>Description</u>	<u>Finding Type</u>
<b>Current Findings</b>				
2024-005	21	2023/2023	Inadequate Controls over Equipment	Material Noncompliance and Material Weakness
2024-006	25	2023/2022	Inadequate Controls over Personal Services	Material Noncompliance and Material Weakness
2024-007	30	2023/2016	Inadequate Controls over Contractual Services Expenditures	Material Noncompliance and Material Weakness
2024-008	33	2023/2023	Failure to Prepare and File the Agency Workforce Report	Noncompliance and Significant Deficiency
2024-009	34	2023/2020	Lack of Adequate Controls over Review of Internal Controls over Service Providers	Noncompliance and Significant Deficiency
2024-010	37	New	Census Data Reconciliation	Noncompliance and Significant Deficiency
2024-011	38	2023/2020	Weaknesses in Cybersecurity Programs and Practices	Noncompliance and Significant Deficiency
2024-012	41	2023/2020	Inadequate Disaster Recovery Process	Noncompliance and Significant Deficiency
2024-013	43	New	Weaknesses with Payment Card Industry Data Security Standards	Noncompliance and Significant Deficiency
2024-014	44	2023/2022	Weaknesses over Maintenance of Employment Eligibility Verification Forms	Noncompliance and Significant Deficiency

**CHICAGO STATE UNIVERSITY**  
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**SCHEDULE OF FINDINGS (CONTINUED)**

**Prior Findings Not Repeated**

A	46	2023/2023	Failure to Provide Uniform Resource Locator to the Department of Education
B	46	2023/2023	Failure to Comply with Established Procurement Procedures
C	46	2023/2021	Noncompliance with the Chicago State University Law
D	46	2023/2020	Change Control Weaknesses

**EXIT CONFERENCE**

The findings and recommendations appearing in this report were discussed with the University personnel at an exit conference on April 15, 2025.

Attending were:

Chicago State University

Zaldwanayka Scott, J.D., President

Kim Tran, Chief of Staff

Sonya Miller, V.P., General Counsel, Chief Compliance Officer & V.P. of Legal Affairs

Nicole Latimer-Williams, Chief Financial Officer & V.P. of Financial Operations

Freda Richmond, Associate Director of Compliance and Risk Management

Natalie Covello, Consultant

Office of the Auditor General

Reddy Bommareddi, CPA, CISA, Senior Audit Manager

Roth & Co, LLP

Aaron Donnelly, CPA, FCA, Partner

Darlene Dizon, CPA, Senior Manager

Joan Angeles, CPA, Senior

The responses to the recommendations were provided by Natalie Covello, Consultant, in correspondence dated April 15, 2025, April 22, 2025, and April 23, 2025.



**INDEPENDENT ACCOUNTANTS' REPORT**  
**ON STATE COMPLIANCE AND ON INTERNAL CONTROL OVER COMPLIANCE**

Honorable Frank J. Mautino  
Auditor General  
State of Illinois

and

Board of Trustees  
Chicago State University

**Report on State Compliance**

As Special Assistant Auditors for the Auditor General, we have examined compliance by the Chicago State University (University) with the specified requirements listed below, as more fully described in the *Audit Guide for Financial Audits and Compliance Attestation Engagements of Illinois State Agencies (Audit Guide)* as adopted by the Auditor General, during the year ended June 30, 2024. Management of the University is responsible for compliance with the specified requirements. Our responsibility is to express an opinion on the University's compliance with the specified requirements based on our examination.

The specified requirements are:

- A. The University has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The University has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions, or mandatory directions imposed by law upon such obligation, expenditure, receipt, or use.
- C. The University has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the University are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate, and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the University on behalf of the State or held in trust by the University have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants, the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the Illinois State

Auditing Act (Act), and the *Audit Guide*. Those standards, the Act, and the *Audit Guide* require that we plan and perform the examination to obtain reasonable assurance about whether the University complied with the specified requirements in all material respects. An examination involves performing procedures to obtain evidence about whether the University complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risks of material noncompliance with the specified requirements, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our modified opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Our examination does not provide a legal determination on the University's compliance with the specified requirements.

Our examination disclosed material noncompliance with the following specified requirements applicable to the University during the year ended June 30, 2024. As described in the accompanying Schedule of Findings as items 2024-002, 2024-003, and 2024-005 through 2024-007, the University had not complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.

In our opinion, except for the material noncompliance with the specified requirements described in the preceding paragraph, the University complied with the specified requirements during the year ended June 30, 2024, in all material respects. However, the results of our procedures disclosed instances of noncompliance with the specified requirements, which are required to be reported in accordance with criteria established by the *Audit Guide* and are described in the accompanying Schedule of Findings as items 2024-001, 2024-004, and 2024-008 through 2024-014.

The University's responses to the compliance findings identified in our examination are described in the accompanying Schedule of Findings. The University's responses were not subjected to the procedures applied in the examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing and the results of that testing in accordance with the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

### **Report on Internal Control Over Compliance**

Management of the University is responsible for establishing and maintaining effective internal control over compliance with the specified requirements (internal control). In planning and performing our examination, we considered the University's internal control to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the University's compliance with the specified requirements and to test and report on the University's internal control in accordance with the *Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, we do not express an opinion on the effectiveness of the University's internal control.



Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying Schedule of Findings, we did identify certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with the specified requirements on a timely basis. A material weakness in internal control is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material noncompliance with the specified requirements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings as items 2024-002, 2024-003, and 2024-005 through 2024-007 to be material weaknesses.

A significant deficiency in internal control is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiencies described in the accompanying Schedule of Findings as items 2024-001, 2024-004, and 2024-008 through 2024-014 to be significant deficiencies.

As required by the *Audit Guide*, immaterial findings excluded from this report have been reported in a separate letter.

The University's responses to the internal control findings identified in our examination are described in the accompanying Schedule of Findings. The University's responses were not subjected to the procedures applied in the examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing of internal control and the results of that testing based on the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

**SIGNED ORIGINAL ON FILE**

Chicago, Illinois  
April 29, 2025



**CHICAGO STATE UNIVERSITY**  
A Component Unit of the State of Illinois  
**SCHEDULE OF FINDINGS - CURRENT FINDINGS**  
**For the Year Ended June 30, 2024**

2024-001.     **FINDING**     Inadequate Internal Controls over Census Data

The Chicago State University (University) did not have adequate internal control over reporting its census data to provide assurance census data submitted to its pension and other postemployment benefits (OPEB) plans was complete and accurate.

Census data is demographic data (date of birth, gender, years of service, etc.) of the active, inactive, or retired members of a pension or OPEB plan. The accumulation of inactive or retired members' census data occurs before the current accumulation period of census data used in the plan's actuarial valuation (which eventually flows into each employer's financial statements), meaning the plan is solely responsible for establishing internal controls over these records and transmitting the data to the plan's actuary. In contrast, responsibility for active members' census data during the current accumulation period is split among the plan and each member's current employer(s). Initially, employers must accurately transmit census data elements of their employees to the plan. Then, the plan must record and retain these records for active employees and then transmit this census data to the plan's actuary.

We noted the University's employees are members of the State Universities Retirement System (SURS) for their pensions and the State Employees Group Insurance Program sponsored by the State of Illinois, Department of Central Management Services (CMS) for their OPEB. In addition, we noted these plans have characteristics of different types of pension and OPEB plans, including single employer plans and cost-sharing multiple-employer plans. Additionally, CMS' actuary uses census data for employees of the State's public universities provided by SURS, along with census data for the other participating members provided by the State's four other pensions plans, to prepare their projection of the liabilities of CMS' plan. Finally, SURS' actuary and CMS' actuary used census data transmitted by the University during Fiscal Year 2022 to project pension and OPEB-related balances and activity at the plans during Fiscal Year 2023, which is incorporated into the University's Fiscal Year 2024 financial statements.

During testing, we noted the following:

- During our testing of eligibility testing, we noted 2 instructors were not reported as eligible to participate in SURS by the University. For the June 30, 2022 census data, it was determined the service credit was different by a combined total of ½ of a year. These have been previously reported but had not been corrected as of June 30, 2022.
- The University was not able to provide supporting documentation for the census data points related to 24 members selected for testing.

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2024-001. **FINDING** Inadequate Internal Controls over Census Data (Continued)

We provided SURS' actuary and CMS' actuary with the exceptions we identified during our testing, along with the results of census data testing at the State Employees Retirement System of Illinois, and determined the net effect of these errors, along with the errors of other plan participants, was immaterial to SURS' and CMS' pension and OPEB-related balances and activity at the plans during Fiscal Year 2023.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds applicable to operations are properly recorded and accounted for to permit the preparation of reliable financial reports and to maintain accountability over the State's resources.

Additionally, eligibility criteria for participation in SURS under the Illinois Pension Code (Code) (40 ILCS 5/15-134(a)) states any person who is an employee of the University becomes a participant in SURS. Under the Code (40 ILCS 5/15-107), an employee is any member of the educational, administrative, secretarial, clerical, mechanical, labor, or other staff of an employer whose employment in a position in which services are expected to be rendered on a continuous basis for at least four months or an academic term, whichever is less:

- 1) not a student employed on a less than full-time temporary basis;
- 2) not receiving a retirement or disability annuity from SURS;
- 3) not on military leave;
- 4) not eligible to participate in the Federal Civil Service Retirement System,
- 5) not currently on a leave of absence without pay more than 60 days after the termination of SURS' disability benefits;
- 6) not paid from funds received under the Federal Comprehensive Employment and Training Act as a public service employment program participant hired on or after July 1, 1979;
- 7) not a patient in a hospital or home;
- 8) not an employee compensated solely on a fee basis where such income would net earnings from self-employment;
- 9) not providing military courses pursuant to a federally-funded contract where the University has filed a written notice with SURS electing to exclude these persons from the definition of an employee;
- 10) currently on lay-off status of not more than 120 days after the lay-off date;
- 11) not on an absence without pay of more than 30 days; and,

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2024-001. **FINDING** Inadequate Internal Controls over Census Data (Continued)

- 12) a nonresident alien on a visa defined under subparagraphs (F), (J), (M), or (Q) of Section 1101(a)(15) of Title 8 of the United States Code who (1) has met the Internal Revenue Service's substantial presence test and (2) became an employee on and after July 1, 1991.

In addition, the Code (40 ILCS 5/15-157) requires the University to, at a minimum, withhold contributions of each employee's total compensation of 8% (9.5% for firefighters or police officers) for their participation in SURS, unless further contributions by the employee would either exceed the maximum retirement annuity in the Code (40 ILCS 5/15-136(c)) or the Tier 2 earnings limitation within the Code (40 ILCS 5/15-111(b)), and remit these amounts to SURS. Further, the Code (40 ILCS 5/15-155(b)) requires the University to remit employer contributions to SURS reflecting the accruing normal costs of an employee paid from federal or trust funds.

Finally, for CMS' OPEB plan, we noted participation in OPEB is derivative of an employee's eligibility to participate in SURS, as members of SURS participate in OPEB as annuitants under the State Employees Group Insurance Act of 1971 (Act) (5 ILCS 375/3(b)).

University management indicated the University continued to rely on manual reconciliation processes which were not fully adequate to ensure accuracy and consistency among SURS, CMS, and the records retained at the University.

Failure to ensure complete and accurate census data was reported to SURS reduces the overall reliability of pension and OPEB-related balances and activity reported in the University's financial statements, the financial statements of other employers within both plans, and the State of Illinois' Annual Comprehensive Financial Report. Further, failure to report all eligible employees to SURS may result in employees not receiving the pension and OPEB benefits they are entitled to receive under the Code and the Act. (Finding Code No. 2024-001, 2023-001, 2022-001, 2021-003, 2020-003)

**RECOMMENDATION**

We recommend the University continue to focus on the incremental changes to the census data file from the prior actuarial valuation, provided no risks are identified that incomplete or inaccurate reporting of census data may have occurred during prior periods. Any errors identified during this process should be promptly corrected by either the University or SURS, with the impact of these errors communicated to both SURS' actuary and CMS' actuary.

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**For the Year Ended June 30, 2024**

2024-001. **FINDING** Inadequate Internal Controls over Census Data (Continued)

Finally, we recommend the University ensure all eligible employees are reported to SURS along with any required employee and employer contributions.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation. The University is developing processes to ensure all events occurring within a census data accumulation year are timely reported to SURS. Documentation and cross-training are still on-going to improve processes and minimize errors. The University will continue to review and update incremental changes to the census data file to ensure that all errors are promptly corrected.

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**For the Year Ended June 30, 2024**

2024-002.     **FINDING**     Weaknesses over Computer Security

The Chicago State University (University) did not maintain adequate general Information Technology (IT) controls related to its environment and applications.

The University had invested in computer hardware and systems and established several critical, confidential, or financially sensitive systems for use in meeting its mission.

*Security of the environment*

During testing, we requested the University provide a population of its active servers. In response to this request, the University provided a listing of servers which included decommissioned servers. Due to these conditions, we were unable to conclude the University's population records were sufficiently precise and detailed under the Professional Standards promulgated by the American Institute of Certified Public Accountants (AU-C § 500.08 and AT-C § 205.36).

Despite this limitation, we performed testing on a sample of servers and noted the Information Technology (IT) infrastructure was not secured properly.

*Controls over access provisioning*

During our testing of the University's controls over access provisioning, we noted separated employees continued to have access to the University's environment.

This finding was first reported in Fiscal Year 2020. In subsequent years, the University has been unsuccessful in implementing appropriate procedures to improve its controls over computer security.

The *Security and Privacy Controls for Information Systems and Organizations* (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology (NIST), Access Control, Configuration, and System and Services Acquisition sections, require entities to maintain proper internal controls over the security of the environments and access provisioning.

Further, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to maintain a system, or systems, of internal fiscal and administrative controls to provide assurance resources are utilized efficiently and effectively and in compliance with applicable law.

University management indicated the issues regarding separated employees having access to the network were due to the reliance on ad-hoc and manual processes for offboarding employees when they leave the University, resulted in delays in access revocation. University management further indicated other issues were due to the lack of monitoring technology and absence of a formal process for deprovisioning of servers.

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**SCHEDULE OF FINDINGS - CURRENT FINDINGS**  
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2024-002. **FINDING** Weaknesses over Computer Security (Continued)

Failure to have adequate security controls over computing resources increases the risk of unauthorized access to the computing environment and the risk that confidentiality, integrity, and availability of systems and data will be compromised. (Finding Code No. 2024-002, 2023-002, 2022-002, 2021-001, 2020-001)

**RECOMMENDATION**

We recommend the University implement adequate general IT controls related to its environment and applications.

**UNIVERSITY RESPONSE**

The University agrees with the finding and acknowledges the need to strengthen controls over its IT environment and applications. To address these concerns, the University has initiated a comprehensive review of its identity and access management (IAM) processes to improve offboarding procedures and eliminate reliance on manual and ad-hoc processes. Additionally, the University is formalizing procedures for server management to ensure accurate inventory tracking and decommissioning.

As part of these efforts, the University has:

- Implemented NIST 800-171 as its governance framework to establish standardized security controls and ensure compliance with best practices.
- Been actively researching and evaluating IAM solutions that will enhance the provisioning and deprovisioning process to reduce security risks and improve efficiency.
- Worked closely with Human Resources and other key stakeholders to assess and refine existing processes, ensuring proper identity management practices while mitigating gaps in user offboarding.
- Enhanced monitoring capabilities by migrating from a mail system to a cloud service provider, which provides increased visibility into the University's technical environment.
- Leveraged additional security monitoring tools to improve detection, response, and overall security posture.
- Implemented IT solutions to aid in the management and monitoring of servers, improving visibility, security, and compliance with IT controls.

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2024-002. **FINDING** Weaknesses over Computer Security (Continued)

- Established periodic access reviews to mitigate the risk of unauthorized access.

The University remains committed to strengthening its IT controls and will continue refining its security practices to align with regulatory and industry standards.

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2024-003. **FINDING** Inadequate Controls to Ensure Compliance with the Illinois Pension Code

The Chicago State University (University) did not have adequate internal controls to ensure compliance with the Illinois Pension Code (Code).

During testing, we requested the University provide the populations of retired employees, persons receiving a retirement annuity (Annuitant) from the State Universities Retirement System (SURS) and re-employed by the University, and employees who filed for disability benefits during Fiscal Year 2024. The University provided the populations; however, these populations could not be reconciled to the University's internal records and SURS.

Due to this condition, we were unable to conclude the University's population records were sufficiently precise and detailed under the Professional Standards promulgated by the American Institute of Certified Public Accountants (AU-C § 500.08 and AT-C § 205.36) to test the University's compliance with the Code.

Even given the population limitations noted above which hindered our ability to conclude whether selected samples were representative of the population as a whole, we performed testing to determine whether the University accurately reported to SURS about unused sick leave of retired employees, certificates of disability for employees who filed for disability benefits stating the employee is unable to perform the duties, and re-employment of annuitants. During testing, we noted the following:

- Two of four (50%) retired employees' unused sick leave ranging 17 and 122 days were incorrectly reported to SURS.
- Two of two (100%) re-employed annuitants were not timely reported to SURS. The University notified SURS 9 and 347 days late.

The Code (40 ILCS 5/15-113.4) requires the University to certify to the SURS Board the number of days of unused sick leave accrued to the employee's credit on the date the employee was terminated.

In addition, the Code (40 ILCS 5/15-139.5) requires the University to notify SURS within 60 days after employing an annuitant.

Finally, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds applicable to operations are properly recorded and accounted for to permit the preparation of reliable financial reports and to maintain accountability over State's resources.

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2024-003. **FINDING** Inadequate Controls to Ensure Compliance with the Illinois Pension Code (Continued)

University management stated there was a significant turnover of employees within the Human Resources Department which impacted the current employees' ability to generate reports from the University's information system and timely comply with the reporting requirements of the Code.

Failure to maintain adequate internal control resulted in noncompliance with the Code and reduces the overall reliability of activity reported in the University's financial statements. (Finding Code No. 2024-003, 2023-003)

**RECOMMENDATION**

We recommend the University implement controls to ensure the completeness and accuracy of populations of retirees, re-employed annuitants, and employees who filed for disability benefits. Further, we recommend the University accurately report unused sick leave and timely notify re-employment of annuitants to SURS in accordance with the Code.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and is currently working with SURS to reconcile data. Further, internal controls will be strengthened to ensure timely reporting.

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2024-004.    **FINDING**    Failure to Notify Students and Parents Upon Disbursement of Funds

Federal Agency:	U.S. Department of Education
Assistance Listing Numbers:	84.379; 84.268
Program Names:	Student Financial Assistance Cluster - Teacher Education Assistance for College and Higher Education Grants Federal Direct Student Loans
Program Expenditures:	\$23,575, \$17,736,297
Award Numbers:	P379T221351; P268K221351
Questioned Costs:	None

The Chicago State University (University) did not notify the students and parents upon disbursement of grant funds and loans.

**Conditions Found**

During testing of five students, who received Teacher Education Assistance for College and Higher Education (TEACH) Grants totaling \$15,088, we noted one (20%) student with a grant disbursement amounting to \$3,772 was notified by the University 98 days before the TEACH funds were credited to the student's account. The sample methods used in performing this testing were not statistically valid.

In addition, during testing of 40 students, who received Federal Direct Loans totaling \$597,967, we noted the following:

- Six (15%) students with grant disbursements totaling \$60,860 were not notified by the University indicating the funds were credited to the students' accounts.
- Seven (18%) students with grant disbursements totaling \$44,586 were notified 35 to 120 days before or after the Federal Direct Loan funds were credited to the students' accounts.

The sample methods used in performing this testing were not statistically valid.

**Evaluative Criteria**

The Code of Federal Regulations (Code) (34 CFR § 668.165 (a)(3)(i)) requires the University to notify students or parents in writing no earlier than 30 days before, and no later than 30 days after, crediting the student's ledger account at the University with TEACH Grant funds and Federal Direct Loans.

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2024-004.     **FINDING**     Failure to Notify Students and Parents Upon Disbursement of Funds (Continued)

Further, the Code (2 CFR § 200.303) requires the nonfederal entity receiving federal awards to establish and maintain effective internal control over the federal award to provide reasonable assurance the nonfederal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award. Effective internal controls include procedures to ensure timely notification of disbursements to students receiving TEACH Grants and Federal Direct Loans.

**Underlying Cause**

University management indicated the failure to timely notify students and parents upon disbursements of TEACH Grants and Federal Direct Loans was due to a student aid simplification process that caused errors in financial aid processing. University management further indicated the Enterprise Resource Planning (ERP) System experienced a technical glitch during the process of sending notifications to students.

**Significance**

Failure to timely notify students and parents regarding grant and loan disbursements represents noncompliance with the Code. (Finding Code No. 2024-004, 2023-005, 2022-005)

**RECOMMENDATION**

We recommend the University strengthen controls to ensure timely notifications are sent to students and parents upon disbursement of grant funds and loans.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation. An additional level of oversight has been added to ensure the notification of disbursement information is sent in a timely manner. The Associate Director of Financial Aid and the Director of Financial Aid will review the list of disbursements against the list of emails sent to ensure that emails are sent in a timely manner. The additional oversight will begin with the Summer 2025 disbursement based on the date of notification of the issue.

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2024-005.    **FINDING**       Inadequate Controls over Equipment

The Chicago State University (University) did not maintain adequate controls over its equipment.

Specifically, we noted the following:

- The University submitted its Annual Certification of Inventory (Certification) to the Department of Central Management Services (CMS) 229 days late.

The Illinois Administrative Code (Code) (44 Ill. Admin. Code 5010.460) requires the University to complete and certify the University’s annual physical inventory of State equipment and submit a property listing to CMS on dates designated by CMS. The University’s designated due date was July 1, 2024.

- We reviewed the University’s Certification submitted to the CMS. The Certification reported 352 unlocated items amounting to \$748,411 or 4% of the total dollar amount of University equipment. Of the 352 unlocated equipment items:
  - 248 (70%) items consisting of iPad, laptops, uninterruptible power supply unit (UPS), and central processing units (CPUs), totaling \$188,281, were missing from the Information Technology Department.
  - 11 (3%) items consisting of projector, printers, X-ray tube analyzer, television, copiers, tracking system, search device, and meter cell, totaling \$188,378, were missing from the College of Pharmacy.
  - One (1%) audio visual system, totaling \$120,537, was missing from the Pharmacy Practice.
  - Eight (2%) items consisting of lift tables, megapress kit, extractor, air compressor, auto scrubber, striping machine, and hydraulic bender, totaling \$62,509, were missing from the Physical Facilities – Planning and Management.
  - Four (1%) items consisting of copier, CPU, and compressors, totaling \$36,291, were missing from the Nursing Department.
  - 32 (9%) items consisting of laptops, CPUs, and badminton net system, totaling \$21,773, were missing from the Athletics Department.

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2024-005.     **FINDING**     Inadequate Controls over Equipment (Continued)

- 48 (14%) items consisting of radio, printer, centrifuge, copiers, laptops, cash register, servers, auto scrubber, and iPad, totaling \$130,642, were missing from the University Police, Property Control, Admissions, Student Affairs, Health Information Administration, Financial Aid, Library and Information Services, College of Health Sciences/Occupational Therapy, Human Resources, Psychology, Records and Registration, Educational Opportunity Center, Foreign Languages and Literature, Labor and Legal Affairs, Center for Teaching and Research Excellence, Elementary and Middle Education, Daycare Center, Office of Grants, Geography, Sociology and History Studies, Social Work, Campus Ministries, and Education Department.

Further, the University did not investigate and/or re-examine inventory counts.

The Code (44 Ill. Admin. Code 5010.490(f)) requires the University to conduct a re-examination and provide written explanation, and/or on-site investigations when unusually large discrepancies are identified during inventory certifications.

In addition, according to CMS annual inventory certification instructions, a loss ratio of one percent (1%) or greater of the dollar amount of inventoried items requires re-inventory of high loss ratio location codes.

Further, the University Administration and Finance Policies and Procedures Manual on Property Control Management (Policy) states each Fiscal Officer is delegated with the responsibility to retain and account for all assets under their authority. According to the Policy, each Fiscal Officer is required to know the location of all equipment assigned to their fiscal stewardship and ensure such equipment is reasonably secure from possible theft and other hazards. A physical inventory has to be conducted annually beginning March 31<sup>st</sup> in compliance with CMS rules and regulations and the Fiscal Officer is responsible for providing an explanation and supporting documentation of discrepancies identified.

- During list to floor testing, one of 25 (4%) equipment items, totaling \$14,978, could not be traced to the Certification submitted to CMS. In addition, during floor to list testing, nine of 25 (36%) equipment items could not be traced to the Certification submitted to CMS and University's property records.

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2024-005.     **FINDING**     Inadequate Controls over Equipment (Continued)

The State Property Control Act (Act) (30 ILCS 605/6.02) requires each responsible officer to maintain a permanent record of all items of property under their jurisdiction and control.

In addition, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance, funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use and misappropriation, and maintain accountability over the University's resources.

- During additions testing, we noted seven of 25 (28%) equipment items, totaling \$45,295, were recorded in the University's property records more than 90 days after acquisition, ranging from 10 to 198 days late.

The Code (44 Ill. Admin. Code 5010.400) requires the University to adjust property records within 90 days of acquisition, change, or deletion of equipment.

- During testing of canceled wireless communication devices, we noted the University was unable to provide documentation to determine if the devices had been returned in a timely manner for three of four (75%) employees that left the University or received an upgraded device.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance that funds, property, and other assets and resources are safeguarded against waste, unauthorized use, and misappropriation which would include enforcing procedures to ensure telecommunication devices are returned in a timely manner. Good internal controls over telecommunications include deactivating a wireless communication device before the end of the next billing date, if possible, to avoid unnecessary charges.

In addition, the State Records Act (5 ILCS 160/8) requires the University to make and preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the University designed to furnish information to protect the legal and financial rights of the State and of persons directly affected by the University's activities.

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2024-005.     **FINDING**     Inadequate Controls over Equipment (Continued)

University management indicated the issues were due to Fiscal Officer (department heads) turnover and their failure to follow the established asset management processes. In addition, the University management indicated the noted deficiency on wireless communication devices arose due to the absence of a formalized process to track and document the timely return and deactivation of wireless communication devices during employee separations or device upgrades. University management further indicated, historically, these processes were decentralized, leading to inconsistent documentation practices.

Failure to investigate or re-examine the discrepancies identified during the annual inventory and failure to exercise adequate internal controls over equipment may result in a loss of equipment due to theft and noncompliance with the State rules and regulations. In addition, failure to maintain adequate internal control over the cancellation of wireless communication devices could result in misuse of State assets and incurrence of unnecessary costs. (Finding Code No. 2024-005, 2023-007)

**RECOMMENDATION**

We recommend the University strengthen its controls over equipment and investigate or re-examine large discrepancies identified during its annual inventory counts. In addition, we recommend the University ensure property records accurately reflect equipment on-hand, equipment items are timely inventoried, and the Certification is timely submitted to CMS in accordance with State laws and regulations. Further, we recommend the University implement a formal documentation process for requesting and approving any cancellations or changes to wireless communication device services or assignments. Finally, we recommend the University establish internal controls to ensure the timely retrieval of wireless communication devices and the cancellation of telecommunication services when an employee leaves the University or upgrades their device.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation. Internal reconciliation of equipment will be performed, and the additional oversight will begin with the Summer 2025. Further, management will implement a formal, centralized process to track the issuance, return, and cancellation of telecommunication devices.

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2024-006. **FINDING** Inadequate Controls over Personal Services

The Chicago State University (University) did not maintain adequate controls over personal services.

- During review of 60 employees' personnel files, we noted the following:
  - Five (8%) employees' gross pay rates did not agree with the established rates per the State Universities Civil Service System (SUCSS).
  - Three (5%) employees' gross pay rates could not be traced to the SUCSS; therefore, we were unable to determine if the employees' gross pay rates were in accordance with SUCSS.
  - 38 (63%) employees' W-4 forms could not be located.
  - One (2%) employee's retirement deduction was incorrectly calculated.

The Statewide Accounting Management System (SAMS) Manual (Procedure 23.10.30) requires the agency to be responsible for completing the payroll voucher each pay period and attesting to the employee's rate of pay, gross earnings, deductions, net pay, and other required information on the voucher and file. The SAMS Manual (Procedure 23.10.30) also states that the initial control of each payroll is at the agency level.

- During testing of 60 employees' timesheets, we noted the following:
  - 24 (40%) employees' timesheets could not be located; therefore, we were unable to determine if the timesheets were timely submitted and approved.
  - One (2%) employee's timesheet was approved three days late.
  - Two (3%) employees' timesheets were not approved by the employee's supervisor.

The University's Human Resources Policy (Policy) requires managers to review the accuracy and completeness of employee time reports and approve employees' time to ensure they are recording exception time taken, and monitor and approve non-exempt employees' work time to ensure they are adhering to an approved work schedule.

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2024-006. **FINDING** Inadequate Controls over Personal Services (Continued)

- During testing of 60 employees' overtime records, we noted the following:
  - 28 (47%) employees' overtime timecards could not be located; therefore, we were unable to determine if overtime was properly authorized.
  - 32 (53%) employees did not obtain prior authorization in order to work overtime.
  - Six (10%) employees' overtime hours per timecards did not agree with University records. Specifically, we noted discrepancies ranging from eight to 56 hours.

The University's Policy states employees must receive prior authorization from their manager to work overtime. In addition, managers must keep track of the number of hours the employees work and ensure they are paid for all time worked.

The State Records Act (5 ILCS 160/8) requires the University to make and preserve records containing adequate and proper documentation of the essential transactions of the University to protect both the legal and financial rights of the State and of persons directly affected by the University's activities.

- During testing of leave of absences for five employees, we noted the following:
  - One (20%) employee's leave request form was not signed by the employee's supervisor.
  - Three (60%) employees' leave request forms could not be located.
  - Two (40%) employees were overpaid, totaling \$7,983, during their period of leave of absence.

The University's Policy requires employees to submit all requests and supporting documentation for leaves of absence to the Office of Human Resources within one week of the first day of the absence.

- During review of 40 employees' accrued leave balances, we noted five (13%) employees' accrued leave balances were incorrectly calculated, with discrepancies ranging from 48 to 168 hours.

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2024-006.     **FINDING**     Inadequate Controls over Personal Services (Continued)

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls. Effective internal controls should include procedures to ensure the University accurately calculates the accrued leave balances of employees.

- During testing of 15 terminated employees, we noted two (13%) terminated employees' lump sum payments were incorrectly calculated, with discrepancies ranging from 288 to 383 hours.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls. Effective internal controls should include procedures to ensure the University properly calculates the lump sum payments of terminated employees.

- During testing of 60 employees' performance evaluations, we noted the following:
  - Four (7%) employees' performance evaluations were not completed.
  - Seven (12%) employees' performance evaluations were completed three to 30 days late.
  - Four (7%) employees' performance evaluations were not signed by the employees, as required.
  - One (2%) employee's performance evaluation had no indication of the completion date; therefore, we were unable to determine if the performance evaluation was completed timely.

The University procedures require performance evaluations to be conducted annually within the due dates set forth by the University Human Resource Department or the University Faculty Personnel Action Timetable.

In addition, the Illinois Administrative Code (Code) (80 Ill. Admin. Code 302.270) requires performance records to include an evaluation of employee performance prepared by each agency not less than annually.

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2024-006. **FINDING** Inadequate Controls over Personal Services (Continued)

- During testing of 60 employees' training requirements, we noted the following:
  - One (2%) new employee did not complete the initial harassment and discrimination prevention training.
  - Two (3%) employees did not complete the annual Identity Protection Act training.
  - Four (7%) employees completed the annual Identity Protection Act training five to 32 days late.

The State Officials and Employees Ethics Act (Act) (5 ILCS 430/5-10.5(a-5)) requires new employees to complete harassment and discrimination prevention training within 30 days after beginning of employment. The Act also requires each officer, member, and employee to complete, at least annually, a harassment and discrimination prevention training program.

Additionally, the Identity Protection Act (5 ILCS 179/37) requires all employees identified as having access to social security numbers in the course of performing their duties to be trained to protect the confidentiality of social security numbers. The training should include instructions on handling of information that contains social security numbers from the time of collection through destruction of the information.

This finding was first reported during the year ended June 30, 2022. In the subsequent years, the University has been unsuccessful in implementing appropriate corrective action.

University management indicated, as they did in prior examination, the exceptions noted were due to staffing constraints.

The review and approval of employee timesheets, overtime timecards, and leave requests is a systematic and uniform approach to ensure no employee is misreporting their time spent on official University business. In addition, failure to approve and maintain timesheets, overtime cards, and W-4 forms, along with failure to accurately calculate lump sum payments for terminated employees and the appropriate retirement deductions, as well as ensuring the gross pay rates align with SUCSS may result in incorrect compensation for services rendered and results in noncompliance with University policies and State statutes. Failure to complete the harassment and discrimination training may result in employees not recognizing harassment or discrimination and understanding their rights and responsibilities under the Act. Failure to complete the Identity Protection Act

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2024-006. **FINDING** Inadequate Controls over Personal Services (Continued)

training may result in employees mishandling information containing social security numbers. Finally, performance evaluations are a systematic and uniform approach used for the development of employees and communication of performance expectations to employees. Failure to conduct timely employee performance evaluations delays formal feedback on an employee's performance, areas for improvement, and the next year's performance goals and objectives. In addition, employee performance evaluations should serve as a foundation for salary adjustments, promotions, demotions, discharge, layoff, recall, or reinstatement decisions. (Finding Code No. 2024-006, 2023-008, 2022-014)

**RECOMMENDATION**

We recommend the University strengthen controls over personal services to ensure employee timesheets, overtime timecards, and leave requests are maintained and approved by their supervisors and W-4 forms are properly maintained. In addition, we recommend the University ensure employees' gross pay rates, retirement deductions, terminated employees' lump sum payments, and accrued leave calculations are accurate. Further, we recommend the University ensure employees complete the required trainings in accordance with the State Officials and Employees Ethics Act and Identity Protection Act. Lastly, we recommend University enforce monitoring procedures to ensure employee performance evaluations are timely completed.

**UNIVERSITY RESPONSE**

The University agrees with the recommendations and will work to implement controls over payroll and leave processes, required training, and completion of performance evaluations.

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2024-007.     **FINDING**     Inadequate Controls over Contractual Services Expenditures

The Chicago State University (University) did not have adequate controls over contractual services expenditures.

During our testing of contractual agreements, we requested the University to provide the population of contractual agreements including interagency agreements entered into during the examination period. In response to this request, the University provided a listing of purchase orders issued during the examination period. However, upon checking the completeness and accuracy of the listing provided, we noted the following:

- The University did not maintain an up-to-date list of new and existing contracts effective for the examination period.
- Multiple purchase orders can be linked to a single contract. Therefore, a single purchase order does not necessarily indicate a new contract. As such, we were unable to determine the completeness of new contracts based on the purchase order listing.

In addition, the University was unable to provide a listing of interagency agreements.

Due to these conditions, we were unable to conclude the University's population records were sufficiently precise and detailed under the Professional Standards promulgated by the American Institute of Certified Public Accountants (AT-C § 205.36).

Even given the population limitations noted above which hindered the ability of the accountants to conclude whether selected samples were representative of the population as a whole, we obtained the available population provided by the University, selected a sample, and tested for compliance. During our review of 33 contracts (totaling \$3,127,481), including purchase orders, executed during the fiscal year ended June 30, 2024, we noted the following:

- Four contracts (totaling \$218,817) were executed subsequent to the start date of the contracts. The contract execution dates ranged from 7 to 89 days from the commencement of services.
- Three exempt purchases (totaling \$742,949) were not published in the Illinois Procurement Bulletin, while three exempt purchases (totaling \$346,441) were published 14 to 89 days late.

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2024-007. **FINDING** Inadequate Controls over Contractual Services Expenditures  
(Continued)

- One contract amounting to \$23,400 was not approved by the authorized staff.

This finding was first reported during the year ended June 30, 2016. In subsequent years, the University has been unsuccessful in implementing appropriate corrective action.

The State Records Act (5 ILCS 160/8) requires the University to make and preserve records containing adequate and proper documentation of the essential transactions of the University to protect both the legal and financial rights of the State and of persons directly affected by the University's activities.

In addition, the Illinois Procurement Code (Code) (30 ILCS 500 *et seq.*) and the Statewide Accounting Management System (Procedure 15.20 *et seq.*) require contracts to contain certain signatures of authorized representatives and disclosures. Moreover, the Code (30 ILCS 500/1-13) requires notices of exempt purchases to be published in the Procurement Bulletin within 14 calendar days after contract execution. Additionally, the Code (30 ILCS 500/20-80(d)) requires that contractors are not to be paid for any supplies that were received or services that were rendered before the contract was reduced to writing and signed by all necessary parties.

Lastly, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to maintain a system, or systems, of internal fiscal and administrative controls. Effective controls should include procedures to ensure contracts are properly approved, published, and fully executed prior to performance.

University management indicated the exceptions were due to inadequate controls and lack of timely action of concerned staff.

Failure to maintain a complete and accurate listing of contractual agreements may result in expenditures not being timely encumbered and paid. In addition, failure to fully execute a contract prior to the commencement of services leaves the University vulnerable to unnecessary liabilities and potential legal issues. Furthermore, failure to publish contracts in the Illinois Procurement Bulletin and include all appropriate approval signatures result in noncompliance with the University procurement policies and procedures, and State statutes and regulations. (Finding Code No. 2024-007, 2023-015, 2022-007, 2021-006, 2020-007, 2019-006, 2018-004, 2017-010, 2016-010)

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2024-007.    **FINDING**    Inadequate Controls over Contractual Services Expenditures  
(Continued)

**RECOMMENDATION**

We recommend the University maintain a complete and accurate list of contractual agreements. In addition, we recommend the University establish appropriate procedures to ensure all contracts are signed and executed prior to the commencement of services. Further, we recommend the University review its procedures to ensure exempt purchases are timely published in the Illinois Procurement Bulletin.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation. A contract management software would be deployed in Fiscal Year 2026, which will provide contract repository, visibility, contract creation/authoring, contract performance management, and other features to improve contract efficiency at the University.

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2024-008. **FINDING** Failure to Prepare and File the Agency Workforce Report

The Chicago State University (University) did not prepare and file its Agency Workforce Report (Report) for Fiscal Year 2023 with the Office of the Governor and Secretary of State.

The State Employment Records Act (Act) (5 ILCS 410/20) requires the University to prepare the Agency Workforce Report on a fiscal year basis and file the Report by January 1 each year with the Office of the Governor and Secretary of State.

Further, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the University to maintain a system, or systems, of internal fiscal and administrative controls. Effective controls should include procedures to ensure Reports are timely filed with the Office of the Governor and Secretary of State.

University management indicated the failure to file the Agency Workforce Report was due to staffing constraints.

Failure to prepare and file the Report with the Office of the Governor and Secretary of State resulted in noncompliance with the Act. (Finding Code No. 2024-008, 2023-016)

**RECOMMENDATION**

We recommend the University prepare and timely file the Agency Workforce Report with the Office of the Governor and Secretary of State.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and will prepare and timely file the Agency Workforce Report by January 1 of each year with the Office of the Governor and Secretary of State. The most recent report has been submitted timely.

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2024-009.     **FINDING**     Lack of Adequate Controls over Review of Internal Controls over Service Providers

The Chicago State University (University) did not have adequate internal controls over its service providers.

The University entered into agreements with various service providers to assist in some of its needed processes to operate effectively and efficiently such as: (1) payment system for receipts and expenditures, (2) purchasing system, (3) processing payments to Perkins student loans, and (4) tracking of University property and equipment.

During testing of four service providers, we noted the University had not:

- Obtained and reviewed the System and Organization Controls (SOC) reports for one (25%) service provider.
- Monitored and documented the operation of the Complementary User Entity Controls (CUECs) relevant to the University's operations identified in the SOC reports for one (25%) service provider.
- Obtained and reviewed SOC reports of the subservice organizations or performed alternative procedures to determine the impact of the subservice organizations on the University's internal control for one (25%) service provider.
- Conducted an analysis to determine the impact of noted deviations within the SOC report on the University's internal control for one (25%) service provider.

This finding was first reported in Fiscal Year 2020. In subsequent years, the University has been unsuccessful in implementing appropriate procedures to improve its controls over service providers.

The *Security and Privacy Controls for Information Systems and Organizations* (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology (NIST), Maintenance and System and Services Acquisition sections, requires entities outsourcing their information technology environment or operations to obtain assurance over the entities' internal controls related to the services provided. Such assurance may be obtained via SOC reports or independent reviews.

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2024-009.     **FINDING**     Lack of Adequate Controls over Review of Internal Controls over Service Providers (Continued)

In addition, the Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires State agencies to establish and maintain a system, or systems, of internal fiscal administrative controls, to provide assurance revenues, expenditures, and transfers of assets, resources, or funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports to maintain accountability over the State's resources. Strong management controls, due diligence, and fiduciary responsibility require adequate supervision of service providers.

University management stated decentralized vendor management and resource constraints contributed to gaps in service provider monitoring.

Failure to consider the application of CUECs to the University and perform additional assessments on the subservice providers lessens the effectiveness of reliance on the SOC reports as an element of internal control structure. Additionally, failure to obtain and review SOC Reports of service and subservice organizations will not provide assurance the service and subservice providers' internal controls are adequate. Finally, failure to conduct an analysis to determine the impact of deficiencies in the service provider's control environment could impact the University's internal controls. (Finding Code No. 2024-009, 2023-009, 2022-008, 2021-007, 2020-012)

**RECOMMENDATION**

We recommend the University:

- Obtain and review SOC reports to ensure the service providers' internal controls are adequate.
- Review SOC reports and monitor and document the operation of CUECs relevant to the University's operations.
- Obtain and review SOC reports for subservice providers or perform alternative procedures to determine the impact on the University's internal control environment.
- Document the deviations noted in the SOC reports and perform an analysis of the impact of those deviations on the University's internal control environment.

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2024-009.     **FINDING**     Lack of Adequate Controls over Review of Internal Controls over Service Providers (Continued)

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and is formalizing procedures to obtain, review, and document SOC reports for all relevant service providers and their subservice organizations. The University will evaluate CUECs, track any deviations, and assess their impact on the internal control environment. These actions will enhance oversight and align with the Fiscal Control and Internal Auditing Act.

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2024-010.    **FINDING**    Census Data Reconciliation

The Chicago State University (University) did not complete its annual census data reconciliation and certification.

During our testing, we noted the University did not reconcile changes in the State Universities Retirement System (SURS) member data to University records or submitted the required census data reconciliation certification for FY23 data, as required by SURS, by May 30, 2024, although they had a process in place to do so.

In accordance with the American Institute of Certified Public Accountants' (AICPA's) Audit and Accounting Guide: State and Local Governments, SURS requires each university to reconcile the employee census data annually to a report provided by SURS' actuary. This reconciliation process helps mitigate the risk of using incomplete or inaccurate data and ensures the accuracy of reported pension and other post-employment benefit (OPEB) balances. Further, this reconciliation process ensures the completeness of employer and plan data, reduces payroll errors, confirms personnel files are up-to-date, and most importantly decreases the risks of financial misstatements. SURS requested the University to reconcile their Fiscal Year 2023 census data, certify to SURS that the reconciliation was completed, and report any potential data errors found by May 30, 2024.

University management indicated the failure to submit census data certification was due to staffing constraints.

Failure to perform reconciliations and submit certifications could lead to reduced reliability of pension and OPEB related information and balances. (Finding Code No. 2024-010)

**RECOMMENDATION**

We recommend the University reconcile the Fiscal Year 2023 census data, submit the required certifications along with any potential errors noted to SURS, and work with SURS to address any errors noted.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and will reconcile the census data and work with SURS to address any errors noted.

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2024-011.     **FINDING**     Weaknesses in Cybersecurity Programs and Practices

The Chicago State University (University) did not maintain adequate internal controls related to its cybersecurity programs and practices.

Given the University’s responsibilities, it maintains a substantial amount of personal and confidential information, including Social Security numbers, addresses, and educational records.

The Illinois State Auditing Act (30 ILCS 5/3-2.4) requires the Auditor General to review State agencies and their cybersecurity programs and practices. During our examination of the University’s cybersecurity program, practices, and control of confidential information, we noted the University had not:

- Ensured staff and contractors acknowledged their understanding of the University’s information security policies and procedures.
- Performed a comprehensive risk assessment to identify and ensure adequate protection of confidential or personal information.
- Classified its data to ensure adequate protection.
- Formalized its standard operating procedures over existing security solutions to provide effective security and resilience of assets.
- Ensured adequate implementation and documentation of information security incident response procedures.

In addition, two of 60 (3%) employees had not completed security awareness training. Furthermore, contractors were not required to complete cybersecurity training.

This finding was first reported in Fiscal Year 2020. In subsequent years, the University has been unsuccessful in establishing adequate controls related to cybersecurity programs and practices.

The *Framework for Improving Critical Infrastructure Cybersecurity and Security and Privacy Controls for Information Systems and Organizations* (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology require entities to consider risk management practices, threat environments, legal and regulatory requirements, mission objectives and constraints in order to ensure the security of their applications, data, and continued business mission.

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2024-011. **FINDING** Weaknesses in Cybersecurity Programs and Practices (Continued)

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use and misappropriation and to maintain accountability over the State's resources.

Additionally, the University's Security and Awareness Training Policy requires all University staff and employees with access to IT systems to review and sign the IT Division's Acceptable Use Agreement, acknowledging understanding of security responsibilities and best practices to safeguard university's data.

Further, the University's Security Incident Response Policy (Policy) requires all staff and employees to promptly report any actual or suspected security incidents. The Policy requires the incidents to be documented, evidence preserved, and analysis activities conducted.

University management stated manual tracking, gaps in University practices, competing IT priorities, and staffing shortages have led to compliance discrepancies.

The lack of adequate cybersecurity programs and practices could result in unidentified risk and vulnerabilities and ultimately lead to the University's confidential and personal information being susceptible to cyber-attacks and unauthorized disclosure. (Finding Code No. 2024-011, 2023-011, 2022-010, 2021-009, 2020-013)

**RECOMMENDATION**

We recommend the University:

- Ensure staff and contractors acknowledge their understanding of the University's information security policies and procedures.
- Perform a comprehensive risk assessment to identify and ensure adequate protection of confidential or personal information.
- Classify its data to ensure adequate protection.
- Formalize, approve, and implement the standard operating procedures over existing security solutions to provide effective security and resilience of assets.

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2024-011.     **FINDING**     Weaknesses in Cybersecurity Programs and Practices (Continued)

- Ensure adequate implementation and documentation of information security incident response procedures.
  
- Ensure all employees and contractors complete security awareness trainings.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and has initiated efforts to strengthen the University’s cybersecurity program. These efforts include formalizing standard operating procedures for existing security tools, conducting a comprehensive risk assessment, implementing data classification, and improving documentation for incident response. The University will also reinforce policy acknowledgment processes and ensure all employees and contractors complete required security awareness training. These actions will improve compliance with internal policies and the Fiscal Control and Internal Auditing Act.

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2024-012.     **FINDING**     Inadequate Disaster Recovery Process

The Chicago State University’s (University) did not ensure an adequately updated and tested disaster recovery plan exists to ensure timely recovery of critical computer systems.

The University had a disaster recovery plan (Plan) to guide the University in the recovery of its computing and network facilities in the event of a disaster. However, the Plan was not revised since 2016, and it did not depict the current environment and did not contain detailed steps to recover its environment, applications, and data. Additionally, the disaster recovery testing was not performed since 2018.

This finding was first reported in Fiscal Year 2020. In subsequent years, the University has been unsuccessful in establishing adequate controls related to its disaster recovery.

The *Security and Privacy Controls for Information Systems and Organizations* (Special Publication 800-53, Fifth Revision) published by the National Institute of Standards and Technology (NIST), Contingency Plan section, requires reviewing the contingency plan and updating the plan to address the changes to the organization, system, environment of operation and problems encountered during contingency plan implementation, execution, or testing. NIST also requires testing of the Plan to determine the effectiveness and readiness to execute the recovery procedures.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance funds, property, and other assets and resources are safeguarded against waste, loss, unauthorized use, and misappropriation and maintain accountability over the State’s resources.

University management indicated the University has not conducted formal disaster recovery (DR) testing during the current audit period due to the lack of a fully developed and regularly updated disaster recovery policy and testing framework. University management further indicated the University has not yet established a consistent and documented testing process to validate system recovery effectiveness. Additionally, University management indicated competing institutional priorities and limited funding have delayed the formalization of disaster recovery policies and procedures, as well as the execution of full-scale disaster recovery exercises.

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2024-012.    **FINDING**       Inadequate Disaster Recovery Process (Continued)

Failure to have an adequately updated and tested disaster recovery plan leaves the University exposed to the possibility of major disruptions to services. (Finding Code No. 2024-012, 2023-012, 2022-011, 2021-010, 2020-014)

**RECOMMENDATION**

We recommend the University update the Plan to depict the current environment along with detailed recovery steps. We also recommend the University perform a disaster recovery testing at least annually.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and is actively updating the University's disaster recovery plan to reflect the current environment, systems, and recovery procedures. The University is also developing a documented testing framework and plans to conduct a disaster recovery exercise in the upcoming fiscal year. These efforts will align with NIST 800-53 requirements and strengthen compliance with the Fiscal Control and Internal Auditing Act.

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2024-013.     **FINDING**     Weaknesses with Payment Card Industry Data Security Standards

The Chicago State University (University) had not completed all requirements to demonstrate full compliance with the Payment Card Industry Data Security Standards (PCI DSS).

The University accepted credit card payments for tuition, student fees, and parking fees. In Fiscal Year 2024, the University handled approximately 12,000 credit card transactions totaling approximately \$1.8 million.

We reviewed the efforts of the University to ensure compliance with PCI DSS. During our testing, we noted the University had not completed appropriate Self-Assessment Questionnaires (SAQ) and Attestation of Compliance (AOC) for its programs accepting credit card payments.

To assist merchants in the assessments of their environment, the PCI Council has established SAQs for validating compliance with PCI's core requirements. At a minimum, PCI DSS required completion of SAQ A and associated AOC; which highlights specific requirements to restrict access to paper and electronic media containing cardholder data, destruction of such media when it is no longer needed, and requirements for managing service providers.

University management indicated the issues noted were due to oversight.

The lack of validation of controls over credit card payments increases the risk of unauthorized disclosure of cardholder data. (Finding Code No. 2024-013)

**RECOMMENDATION**

We recommend the University complete the appropriate SAQ(s) and AOC and maintain documentation supporting its validation efforts.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and Student Financial Services will complete the respective SAQ(s) documentation supporting credit card payment transactions both in-person and online.

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2024-014.     **FINDING**     Weaknesses over Maintenance of Employment Eligibility Verification Forms

The Chicago State University (University) did not ensure the U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification forms (I-9 Form) were properly maintained.

During testing of 60 employees, we noted the following:

- Fourteen (23%) employees did not have the completed I-9 Forms on file. As such we could not determine if the University examined the identity and employment authorizations of these employees.

The Code of Federal Regulation (Code) (8 CFR § 274a.2(a)(3)) requires an employer to examine documents that evidence the identity and employment authorization of the individual. The employer must complete an attestation on the I-9 Form under penalty of perjury.

Moreover, the Code (8 CFR § 274a.2(b)) requires an employer to retain a paper (with original handwritten signatures), electronic, or a combination of paper and electronic formats of I-9 Forms, three years after the date of the hire or one year after the date the individual's employment is terminated, whichever is later.

- One (2%) I-9 Form had Section 1, Employee Information and Attestation, completed and signed by the employee 21 days late and had Section 2, Employer Review and Verification, completed and signed by the University's authorized representative 12 days late.

The Code (8 CFR § 274a.2(b)(i)(A)) requires the employee to complete Section 1 of I-9 Form at the time of hire and sign the attestation with a handwritten or electronic signature. In addition, the Code (8 CFR § 274a.2(b)(ii)(B)) requires the employer to review and verify Section 2 of I-9 Form within three business days of the hire and sign the attestation with a handwritten signature or electronic signature.

This finding was first reported during the year ended June 30, 2022. In subsequent years, the University has been unsuccessful in implementing appropriate corrective action.

The Fiscal Control and Internal Auditing Act (Act) (30 ILCS 10/3001) requires all State agencies to establish and maintain a system, or systems, of internal fiscal and administrative controls to provide assurance resources are utilized efficiently,

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2024-014.    **FINDING**    Weaknesses over Maintenance of Employment Eligibility Verification Forms (Continued)

effectively, and in compliance with applicable law. Effective internal controls should include procedures to ensure I-9 Forms are completed and retained.

University management indicated the exceptions on I-9 Forms were due to staff turnover and staffing constraints.

Failure to complete and retain I-9 Forms is a violation of the Code and could result in unlawful employment and expose the University to penalties. (Finding Code No. 2024-014, 2023-014, 2022-013)

**RECOMMENDATION**

We recommend the University strengthen controls to ensure I-9 Forms are properly completed, reviewed, and maintained in accordance with the Code.

**UNIVERSITY RESPONSE**

The University agrees with the recommendation and will implement controls to ensure I-9 Forms are properly completed, reviewed, and maintained.

**CHICAGO STATE UNIVERSITY**  
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**SCHEDULE OF FINDINGS - PRIOR FINDINGS NOT REPEATED**  
**For the Year Ended June 30, 2024**

A. **FINDING** Failure to Provide Uniform Resource Locator to the Department of Education

During the prior year, the Chicago State University (University) did not provide the Department of Education with the uniform resource locator (URL) of its website where the disclosure of its contract with the servicer and related contract information is posted.

During the current year, the University provided Department of Education with the URL of the contract with the servicer and the related contract information. (Finding Code No. 2023-004)

B. **FINDING** Failure to Comply with Established Procurement Procedures

During the prior year, the University did not ensure procurements exempt from solicitation and competitive bidding were published in the Illinois Procurement Bulletin.

During the current year, our sample testing indicated the University published procurements exempt from solicitation and competitive bidding in the Illinois Procurement Bulletin. (Finding Code No. 2023-006)

C. **FINDING** Noncompliance with the Chicago State University Law

During the prior year, the University did not fully comply with the requirements of the Chicago State University Law regarding flexible hours positions.

During the current year, the University performed an evaluation of the effectiveness and efficiency of the flexible hours program in accordance with the Chicago State University Law. (Finding Code No. 2023-010, 2022-009, 2021-008)

D. **FINDING** Change Control Weaknesses

During the prior year, the University had weaknesses in its change management process.

During the current year, our testing noted the University had implemented its change management procedures and maintained a proper documentation in accordance with its Change Control policy. (Finding Code No. 2023-013, 2022-012, 2021-002, 2020-002)