Westfield STATE UNIVERSITY

Board of Trustees
Audit Committee
February 19, 2026
1:45 p.m.
President's Boardroom, Horace Mann Center

Committee Members: Chair Theresa Jasmin, Vice Chair Melissa Alvarado, Secretary Jay Queenin, Tessa Lucey, and Michael O'Rourke

A live stream of the meeting for public viewing will also take place at the following link: https://www.westfield.ma.edu/live

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1. **Call to Order**   Committee Chair Jasmin

2. **Approval of Minutes**
   a. October 21, 2025   Committee Chair Jasmin

3. **Items for Action**
   a. Motion – Massachusetts Office of Student Financial   WithumSmith & Brown
      Aid Report (OSFA)
   b. Motion – Uniform Guidance Report   WithumSmith & Brown
   c. Motion – Internal Audit Plan   Boston Consortium

4. **Items for Discussion**
   a. External Audit Update: Payment Card Industry Data   Alan Blair
      Security Standards (PCI-DSS)

5. **Items for Information**
   a. Internal Audit Tracker   Stephen Taksar

6. **Adjournment**   Committee Chair Jasmin

Attachment(s):
   a. Minutes 10-21-25 (Draft)
   b. Motion – Massachusetts Office of Student Financial Aid Report (OSFA)
   c. Massachusetts Office of Student Financial Aid Report (Draft)
   d. Motion – Uniform Guidance Report
   e. Uniform Guidance Report (Draft)
   f. Motion – Internal Audit Plan
   g. Internal Audit Plan (Memo)
   h. External Audit Update – Payment Card Industry Data Security Standard

i.   Internal Audit Tracker (Summary)
j.   Internal Audit Tracker

Westfield STATE UNIVERSITY

Board of Trustees
Audit Committee
October 21, 2025, 8:30 a.m.
Minutes

President's Boardroom, Horace Mann Center

A live stream of the meeting for public viewing will also take place at the following link:
https://www.westfield.ma.edu/live

Committee Members Present: Committee Chair Theresa Jasmin, Vice Chair William Reichelt, Secretary Michael O'Rourke, and Member Melissa Alvarado.

Committee Members Participating remotely: Tessa Lucey and Dr. Gloria Williams

Also present and participating were Westfield State University President, Dr. Linda Thompson; and Vice President, Facilities & Capital Planning, Thomas Therrien. Also participating was Kate Jun and Ryan Sheehan of WithumSmith and Brown P.C. and Samantha Spezeski and Michael Santolucito of Boston Consortium.

Committee Chair Theresa Jasmin called the meeting to order at 8:37 a.m., conducted a roll call of committee members, and stated the meeting was being livestreamed and recorded.

> **MOTION** made by Trustee Reichelt seconded by Trustee O'Rourke to approve the meeting minutes of June 11, 2025. A roll call was completed. **Motion passed.**

FY25 Financial Statements
Kate Jun and Ryan Sheehan of WithumSmith and Brown P.C. presented the following:
- The University received an unmodified opinion on its financial statements, which is the "cleanest, highest level of opinion."
- A secondary opinion on internal controls under government accounting standards found no material weaknesses or significant deficiencies.
- As external auditors, they are responsible for communicating with governance.
- The auditors applied certain limits procedures to the required supplementary information (RSI), which includes pension and OPEB.

Independence and Services
- The audit firm is independent from the University, despite hiring former student board member, Daniel Currier, after ethics committee review.
- They assist with the preparation of the single audit financial statement and submission of the data collection form to the clearinghouse.

Accounting Pronouncements and Estimates

- Two new accounting pronouncements were adopted this year: Compensated Absences (sick bank for certain unions) and Risk Disclosures.
    - The Compensated Absences policy adoption had no material impact on the financial statements.
    - The Risk Disclosures pronouncement expands on required disclosures.
- Key management estimates include the useful lives of capital assets and pension and OPEB liabilities.
- There were no disagreements or issues with management during the audit.

Audit Risks and Financial Statements
- The auditors consulted with the auditors of the pension and OPEB liability financial statements.
- Audit risks assumed by the audit standards include the statement of revenue recognition and managed overhead of controls.
- The first three pages of the financial statements contain the clean opinion.
    - Pages 4-20 contain the management discussion and analysis (MDA), which provides management's view of the financial statements.

Assets and Deferred Outflow of Resources
- Cash: Combined cash is about $50.7 million, slightly down from last year ($53.8 million).
- Short term investments increased $3.7 million, with $1.7 million due to an increase in purchase on investment.
- Accounts receivable increased slightly due to grant receivable increases.
- Perkins loan receivables went to zero due to program liquidation.
- Capital assets total $233 million, including $112 million in leases with the CBA and $121 million in hard assets.

Liabilities
- Net pension and OPEB liability, plus deferred inflows, totals approximately $63.5 million.
    - This liability has caused a negative unrestricted net position for the last 8-10 years.
    - Without this liability, the university would have a positive unrestricted position of over $62 million.
- Accounts payable was consistent with last year.
- Accrued salaries and wages increased due to normal salary increases and payroll timing.
- Net tuition and fees increased due to an increase in overall headcount of about 160 students.

Financial Overview
- Tuition fee charges increased, as did federal grants for student aid.
- Operating expenses increased by $9.5 million (8%), mainly due to collective bargaining agreements with unions, budget investments, and scholarships.
- The university usually has an operating loss, relying on state appropriations to operate. Adding state appropriations would result in a positive balance of about $10 million.
- The total increase in net positions for the year was $13.5 million. Actuarial reduction in pension/OPEB liabilities was $13.7 million, reducing expenses.

Cash Flow
- The University spent $31.4 million on operating activities, with payments to employees being the main driver.
- Total operating activities cash used was about $5.7 million, with $5.2 million specifically from payments to employees.
- Cash decreased from $53.8 million to $47.7 million.

Footnotes and Internal Controls
- GASB 102 adoption: Expands the presentation of risks and concentrations in the financial statements.
- Report on internal controls: No deficiencies or weaknesses were identified during the audit.

Additional Points

- The compliance element for the single audit has not been released by the government yet due to a government shutdown.
- The benefit rate goes back into the coffers of the state to offset financial liability.
- The way financials are prepared distorts the true position. If the pension is taken out, the unrestricted net position would be a positive $62 million.

MOTION made by Trustee Alvarado seconded by Trustee O'Rourke, the Audit Committee recommends approval to the full Board: To accept the annual report for fiscal year ending June 30, 2025, as prepared by the university's Administration and Finance Division and to authorize the submission of this report to the State Comptroller's Office, the Massachusetts Department of Higher Education, and the State Auditor's Office, as required by the Massachusetts Department of Higher Education. This annual report includes the Westfield State University FY25 Financial Statements, audited by WithumSmith and Brown, P.C. A roll call was completed. **Motion passed.**

Internal Audit – Building Access and Security
- Samantha Spezeski and Michael Santolucito present the findings of the internal audit reviews for key risk areas.
- The scope of the review included:
    - Building access security (assigning, deleting, monitoring key cards and keys)
    - Replacement procedures
    - Security camera placement
    - Visitor access reconciliation systems
    - Communication

Physical Key System Deficiency
- The key wizard system was being used (The key wizard is for physical keys).
    - It is an old system (Windows 95) with security issues and lacks proper security patching.
    - It has a single-user access model, so there are no conflicting records.
    - It lacks reporting functionality and integrations.
- Recommendation: Change the system.
    - Residential life included with a new housing system.
- Thomas Therrien said that upgrading the system was already on their radar and they are proceeding with a purchase order for new software which will cost $8,000.

Physical Keys - Residential Life
- Residential Life has a good protocol of tracking keys and retooling locks if keys are lost.
- There is no way of telling which key belongs to which door.
- Oversight and tracking:
    - Keys were everywhere (bins, desks) and not orderly.
    - Keys were not being tracked and handed out usually on a semester basis.
- Student withdrawals:
    - Students are allowed to stay on campus for 48 hours after withdrawing.
    - There were issues with communication between the registrar and admissions, so Residential Life was not always notified of student withdrawals in a timely manner.
- Recommendation:
    - Schedule of reconciliation and increase communications.
- The new housing system will allow for more timely notifications of student withdrawals.
- Lockboxes are being used and a reconciliation of the keys was done before they were put in the lockboxes.
- Locksmiths are not informed until all spare keys are gone. Secretaries/admins give out spares until they run out, without retooling.

- Key access is inconsistent: some keys open all doors in a suite, others open specific offices or building sections.
- Space management procedures exist, approved in February, but staff said no one follows them. People move offices as they please. Solving the control issues will make space management more enforceable.

Key Policy Recommendations
- Establish a comprehensive key policy that is consistent across departments (e.g., HR, payroll).
- Lost keys should be recorded, and locks should be rekeyed when possible.
- Clearly define ownership and responsibility for keys.

Residential Life Communications
- Residential Life feels they lack effective communication mechanisms with students.
- Emails were blanket emails to the entire student body, and students often don't check email.
- They are developing a multifaceted approach for automated emails, social media, and text messages.
- Acknowledgment of policies is needed to ensure students are aware of housing rules.

Owl Bucks Financial Transactions
- Owl Bucks are used as a declining balance system on student ID cards for on-campus purchases.
- There is no PIN number associated with the cards, which poses a fraud risk if a card is lost.
- Recommendation: Investigate implementing a PIN or other security measures. Management reports no past fraud issues.

Policy Procedures
- Some policies and procedures were dated or had limitations.
- A team was formed to update and document policies and procedures.
- Training is essential to ensure staff understands and follows the policies. "You know, we can document all we want, but if no one knows what they are, they're going to still do whatever they want to do."

Cross Training
- Keycard creation involves multiple departments with segregated duties.
- Interdepartmental cross-training is needed to prevent disruptions if staff are unavailable (e.g., due to illness).

Key and Code Access Costs
- Converting a door to key access via card costs roughly $5,000, including IP back end, hardware, and electronic locking.
- Converting everything to card access is expensive, though it is the "gold standard."

Internal Audit – Accounts Payable Review
- Controls are in place, but there is room for best practices.
- The first observation concerns the W9 form, which vendors must complete before payment.
  - It's important to verify W9 information, especially addresses, to prevent fraud.
  - Staff interviewed understood the risk of not verifying W9 information.
- The second finding was around auto debits.
  - Best practice is to not have auto debits through the operating account, but to set up a separate account for that.
- Other findings included process review of signing an authorization to pay and purchase orders.
  - Purchase orders are now being obtained for over $500, raised from $200.
- An addendum includes best practices, such as reviewing policies and procedures for contradictory wording and encouraging vendors to use ACH payments.

Next Internal Audit

- Samantha Spezeski and Stephen Taksar have discussed how to move forward, considering budget challenges.
- A plan will be presented at the December meeting, incorporating ideas for a three-year projection.
- The plan will assess the internal audit risk universe, considering areas like campus safety and security.
- One idea is to examine the Clery Act, which relates to building security and campus safety.

Compliance on Campus
- Speaker suggests the Clery Act as a starting point, noting its relevance in recent news.
- Larger audits, like an FY26 audit, can be coupled with hours from next year for a rolling approach.
  - This allows for a smaller 100-hour project to be combined with a 250-hour project.
- The speaker wants to have "deeper discussions about what is important here at Westfield State and the priorities of your internal audit universe and where ingredients like us to touch."
- The committee wants to continue pursuing internal audits but needs to moderate what they can do.
- Self-assessment checklists can be created for areas of interest, using the audit program as a guide.

There being no further business, **MOTION** made by Trustee Alvarado and seconded by Trustee Lucey to adjourn the meeting. There being no discussion, **motion passed unanimously**. Meeting adjourned at 9:37 a.m.

Attachment(s):
    a. Minutes 6-11-25 (Draft)
    b. Motion – FY25 Financial Statements
    c. FY25 Financial Statements (Required Communication)
    d. FY25 Financial Statements (Draft)
    e. Internal Audit – Building Access and Security
    f. Internal Audit – Accounts Payable

Westfield State University

Board of Trustees

February 19, 2026

MOTION

The Audit Committee recommends approval to the full Board:

To accept the agreed upon procedures report pursuant to the Massachusetts Office of Student Financial Assistance attestation guide for fiscal year ending June 30, 2025, as prepared by the firm of WithumSmith and Brown P.C., and to authorize the submission of this report to the State Comptroller's Office and the Department of Higher Education.

WESTFIELD STATE UNIVERSITY

(an agency of the Commonwealth of Massachusetts)

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE PURSUANT TO THE MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE ATTESTATION GUIDE

JUNE 30, 2025

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE WITH SPECIFIED REQUIREMENTS APPLICABLE TO THE MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE PROGRAM CLUSTER

To the Board of Trustees of
Westfield State University:

We have examined Westfield State University's' ("the University") compliance with the following requirements as specified in the Massachusetts Office of Student Financial Assistance ("MOSFA") *Student Financial Assistance Attestation Guide, Sixth Edition (*the "Guide") for the year ended June 30, 2025:

- Institutional Eligibility
- Student Eligibility
- Reporting
- Disbursements
- Refunds

Management is responsible for the University's compliance with those requirements. Our responsibility is to express an opinion on the University's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the AICPA and the standards applicable to attestation engagements contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the University complied with the specified requirements referenced above 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 judgment, including an assessment of the risks of material noncompliance whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our 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 specified requirements.

In our opinion, the University complied, in all material respects, with the specified requirements referenced above during the year ended June 30, 2025.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we are required to report all deficiencies that are considered to be significant deficiencies or material weaknesses in internal control; fraud, and noncompliance with provisions of laws, regulations, contracts or grant agreements that have a material effect on the University's compliance with the specified requirements and any other instances that warrant the attention of those charged with governance. We are also required to obtain and report the views of responsible officials concerning the findings conclusions, and recommendations, as well as any planned corrective actions. We performed our examination to express an opinion on the University's compliance with the specified requirements and not for the purpose of expressing an opinion on the internal control over the specified requirements or on compliance and other matters; accordingly, we express no such opinions. The results of our tests disclosed no matters that are required to be reported under *Government Auditing Standards.*

Restricted Use

This report is intended solely for the information and use of the Massachusetts Board of Higher Education and the Board of Trustees and management of the University and is not intended to be and should not be used by anyone other than these specified parties.

DATE

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WESTFIELD STATE UNIVERSITY
(an agency of the Commonwealth of Massachusetts)

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2025

There were no findings for the year ended June 30, 2025.

The University has not been subjected to these procedures since fiscal year ended June 30, 2022, in accordance with the standard timing for such examinations per the MOFSA Attestation Guide. The University did not trigger any of the specific criteria that would have required an annual examination and was not requested by the Massachusetts Office of Student Financial Assistance to have an examination performed during the years ended June 30, 2024 or June 30, 2023.

WESTFIELD STATE UNIVERSITY
(an agency of the Commonwealth of Massachusetts)

Summary Schedule of Prior Findings

For the Year Ended June 30, 2025

There were no prior findings.

Westfield State University

Schedule of Population, Items Tested, and Findings for the
Massachusetts State Financial Assistance Program Cluster

Year Ended June 30, 2025

	Description of Category	Number of students	Percent of population	Amount of awards	Percent of population
Adams Scholarship	Population	277	100%	$ 254,625	100%
	Tested	2	1%	1,940	1%
	Findings	-	0%	-	0%
Behavioral Health Workforce Scholarship	Population	34	100%	374,000	100%
	Tested	-	0%	-	0%
	Findings	-	0%	-	0%
Catagorical Tuition Waiver:	Population	39	100%	177,170	100%
Native American, Senior Citizen,	Tested	1	3%	485	0%
Commission for the Blind, Rehab	Findings	-	0%	-	0%
Commission, Veterans Tuition					
Christian Herter Scholarship	Population	1	100%	1,300	100%
	Tested	1	100%	1,300	100%
	Findings	-	0%	-	0%
Commonwealth Commitment	Population	2	100%	1,092	100%
	Tested	1	50%	546	50%
	Findings	-	0%	-	0%
Completion Incentive Grant Fund	Population	60	100%	79,400	100%
	Tested	2	3%	2,678	3%
	Findings	-	0%	-	0%
DCF Adopted Child Fee Assistance	Population	45	100%	444,812	100%
	Tested	3	7%	23,177	5%
	Findings	-	0%	-	0%
DCF Foster Child Tuition and Fee Waiver	Population	32	100%	341,875	100%
	Tested	1	3%	12,179	4%
	Findings	-	0%	-	0%
Early Educators Scholarship	Population	7	100%	59,950	100%
	Tested	1	14%	4,950	8%
	Findings	-	0%	-	0%
GEER Emergency Grant	Population	97	100%	112,360	100%
	Tested	3	3%	2,513	2%
	Findings	-	0%	-	0%
In-Demand Scholarship	Population	87	100%	381,000	100%
	Tested	1	1%	5,000	1%
	Findings	-	0%	-	0%

See accompanying report.

Westfield State University
Schedule of Population, Items Tested, and Findings for the
Massachusetts State Financial Assistance Program Cluster - Continued

Year Ended June 30, 2025

	Description of Category	Number of students	Percent of population	Amount of awards	Percent of population
Mass Grant	Population	1,093	100%	2,603,358	100%
	Tested	17	2%	38,150	1%
	Findings	-	0%	-	0%
MassGrant Plus	Population	1,168	100%	3,624,690	100%
	Tested	15	1%	54,174	1%
	Findings	-	0%	-	0%
MASSGrant Plus Expansion	Population	214	100%	776,996	100%
	Tested	2	1%	6,210	1%
	Findings	-	0%	-	0%
Massachusetts Cash Grant	Population	515	100%	900,153	100%
	Tested	9	2%	19,034	2%
	Findings	-	0%	-	0%
Massachusetts Foster Child Grant	Population	20	100%	97,750	100%
	Tested	1	5%	6,000	6%
	Findings	-	0%	-	0%
Massachusetts GEAR UP Scholarship	Population	8	100%	$ 6,600	100%
	Tested	1	13%	600	9%
	Findings	-	0%	-	0%
Massachusetts High Demand Scholarship	Population	21	100%	156,000	100%
	Tested	2	10%	12,000	8%
	Findings	-	0%	-	0%
Massachusetts Transfer Tuition Waiver	Population	102	100%	87,785	100%
	Tested	2	2%	1,940	2%
	Findings	-	0%	-	0%

See accompanying report.

Westfield State University
Schedule of Population, Items Tested, and Findings for the
Massachusetts State Financial Assistance Program Cluster - Continued

Year Ended June 30, 2025

	Description of Category	Number of students	Percent of population	Amount of awards	Percent of population
National Guard Tuition & Fee Assistance	Population	46	100%	94,106	100%
	Tested	1	2%	970	1%
	Findings	-	0%	-	0%
Need Based Tuition Waiver	Population	591	100%	515,555	100%
	Tested	8	1%	6,790	1%
	Findings	-	0%	-	0%
Paraprofessional Teacher Preparation Grant	Population	1	100%	6,600	100%
	Tested	1	100%	6,600	100%
	Findings	-	0%	-	0%
Part Time Student Grant Program	Population	14	100%	12,991	100%
	Tested	1	7%	750	6%
	Findings	-	0%	-	0%
Paul E. Tsongas Scholarship Tuition Waiver	Population	12	100%	11,155	100%
	Tested	1	8%	970	9%
	Findings	-	0%	-	0%
State University Internship Incentive Program	Population	60	100%	$ 229,902	100%
	Tested	1	2%	1,500	1%
	Findings	-	0%	-	0%
Support for Behavioral Health Field Placements	Population	46	100%	400,000	100%
	Tested	1	2%	5,000	1%
	Findings	-	0%	-	0%
Tomorrow's Teachers Scholarship	Population	62	100%	1,061,473	100%
	Tested	1	2%	3,248	0%
	Findings	-	0%	-	0%

See accompanying report.

Westfield STATE UNIVERSITY

Board of Trustees

February 19, 2026

MOTION

The Audit Committee recommends approval to the full Board:

To accept the audit report on the audit procedures required pursuant to the Office of Management and Budget (OMB) Uniform Guidance for fiscal year ending June 30, 2025, as prepared by the firm of WithumSmith and Brown P.C., and to authorize the submission of this report to the Federal Audit Clearinghouse and to other parties as required by OMB Uniform Guidance and the Commonwealth of Massachusetts.

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

INDEPENDENT AUDITOR'S REPORTS AS REQUIRED BY THE UNIFORM GUIDANCE AND *GOVERNMENT AUDITING STANDARDS* AND RELATED INFORMATION

JUNE 30, 2025

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

Independent Auditor's Reports as Required by the Uniform Guidance and *Government Auditing Standards* and Related Information

June 30, 2025

C O N T E N T S

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Trustees of
Westfield State University:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Westfield State University's (an Agency of the Commonwealth of Massachusetts) (the "University") compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the University's major federal programs for the year ended June 30, 2025. The University's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the University's complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America ("GAAS"); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the University and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the University's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the University's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the University's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the University's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the University's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.

- Obtain an understanding of the University's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as item 2025-001. Our opinion on each major federal program is not modified with respect to these matters.

Government Auditing Standards requires the auditor to perform limited procedures on the University's response to the noncompliance finding identified in our compliance audit described in the accompanying schedule of findings and questioned costs. Westfield State University's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, as discussed above, we did identify a certain deficiency in internal control over compliance that we consider to be significant deficiencies.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2025-001 to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the University's response to the internal control over compliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. Westfield State University's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the University, as of and for the year ended June 30, 2025, and have issued our report thereon dated October 21, 2025, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

February 19, 2026

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Trustees of
Westfield State University:

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of the business-type activities of Westfield State University (the "University"), and its discretely presented major component unit, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the University's basic financial statements and have issued our report thereon dated October 21, 2025.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the University's internal control over financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, 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.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the University's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Report of Compliance and Other Matters

As part of obtaining reasonable assurance about whether the University's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the University's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the University's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

October 21, 2025

SCHEDULE OF EXPENDITURES
OF FEDERAL AWARDS

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2025

	Assistance Listing Number	Pass-Through Entity	Pass-Through Entity Award Number	Federal Expenditures	Through to Subrecipients
STUDENT FINANCIAL ASSISTANCE CLUSTER					
U.S. Department of Education:					
Direct Awards:					
Federal Supplemental Educational Opportunity Grant	84.007	N/A	N/A	$ 295,448	$ -
Federal Work-Study Program	84.033	N/A	N/A	361,963	-
Federal Pell Grant Program	84.063	N/A	N/A	9,205,069	-
Federal Perkins Loan Program (beginning of year)	84.038	N/A	N/A	97,909	-
Federal Direct Student Loans (Note 4)	84.268	N/A	N/A	22,706,413	-
Total Student Financial Assistance Cluster				32,666,802	-
TRIO CLUSTER					
U.S. Department of Education:					
Direct Awards:					
TRIO Student Support Services	84.042	N/A	N/A	340,253	-
RESEARCH AND DEVELOPMENT CLUSTER					
National Science Foundation:					
Direct Awards:					
STEM Education	47.076	N/A	N/A	324,127	-
NON-CLUSTER					
Library of Congress					
Pass-through Awards:					
Teaching with Primary Sources	42.010	Waynesburg University	GA08C0016	343	-
U.S. Department of Education					
Direct Awards:					
Child Care Access Means Parents in School	84.335	N/A	N/A	117,779	-
Fund for the Improvement of Postsecondary Education	84.116Z	N/A	N/A	79,914	-
U.S. Department of Health and Human Services					
Direct Awards:					
Mental and Behavioral Health Education and Training Grants	93.732	N/A	N/A	353,983	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	N/A	N/A	29,936	-
U.S. Department of the Interior					
Direct Awards:					
National Wild and Scenic Rivers System	15.962	N/A	N/A	174,193	-
U.S. Institute of Museum and Library Services					
Pass-through Awards:					
Laura Bush 21st Century Librarian Program	45.313	Cornell University, Inc.	156601-22444	1,954	-
Total Noncluster				758,102	-
Total Federal Funds				$ 34,089,284	$ -

See accompanying notes to the schedule of expenditures of federal awards.

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

Notes to the Schedule of Expenditures of Federal Awards

Year Ended June 30, 2025

Note 1 -   **Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of Westfield State University (the "University") under programs of the Federal Government for the year ended June 30, 2025. The information on this Schedule is prepared in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of the University, it is not intended to and does not present the financial position, changes in net position or cash flows of the University.

Note 2 -   **Summary of Significant Accounting Policies**

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance.

Note 3 -   **Indirect Cost Rate**

The University has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

Note 4 -   **Federal Student Loan Programs**

Perkins Loan Program
The Federal Perkins Loan Program ("Perkins") is administered directly by the University and balances and transactions relating to this program are included in the University's basic financial statements. During the year ended June 30, 2025, there were no loans advanced under the Perkins program. During the year ended June 30, 2025, no administrative costs were incurred. As of June 30, 2025, loan balances receivable, net under Perkins was $0. During the year ended June 30, 2025 the University terminated its participation in the Perkins loan program and returned all outstanding Federal funding related to this program.

There was no federal capital contribution or match by the University during the current year.

Direct Student Loans
The University disbursed $22,706,413 of loans under the Federal Direct Student Loans program, which include Stafford Subsidized and Unsubsidized Loans and Parent Plus Loans. It is not practical to determine the balances of the loans outstanding to students of the University under the program as of June 30, 2025. The University is only responsible for the performance of certain administrative duties and, accordingly, these loans are not included in the University's financial statements.

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

Schedule of Findings and Questioned Costs

Year Ended June 30, 2025

Section I – Summary of Auditor's Results:

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

- Material weaknesses identified? _____ yes __x__ no

- Significant deficiencies identified that are
  not considered to be material weaknesses? _____ yes __x__ no

Noncompliance material to the financial
statements noted? _____ yes __x__ no

Federal Awards

Type of auditor's report issued on compliance
for major programs: Unmodified

Internal control over major programs:

- Material weaknesses identified? _____ yes __x__ no

- Significant deficiencies identified that are
  not considered to be material weaknesses? __x__ yes _____ no

Any audit findings disclosed that are required
to be reported in accordance with
the Uniform Guidance? __x__ yes _____ no

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

Schedule of Findings and Questioned Costs

Year Ended June 30, 2025

Identification of Major Programs

Name of Federal Program or Cluster	Assistance Listing Number
Student Financial Assistance Cluster:	
Federal Supplemental Educational Opportunity Grant	**84.007**
Federal Work-Study Program	**84.033**
Federal Perkins Loan Program	**84.038**
Federal Pell Grant Program	**84.063**
Federal Direct Student Loans	**84.268**

Dollar threshold used to distinguish between
   type A and type B programs: $750,000

Auditee qualified as a low-risk auditee?   <u> x </u> yes   <u>   </u> no

<u>Section II – Financial Statement Findings:</u>

None

WESTFIELD STATE UNIVERSITY
(an Agency of the Commonwealth of Massachusetts)

Schedule of Findings and Questioned Costs

Year Ended June 30, 2025

Section III - Federal Award Findings and Questioned Costs:

Finding number: 2025-001
Federal agency: U.S. Department of Education
Programs: Student Financial Assistance Cluster
Assistance Listing #: 84.007, 84.063, 84.268
Award year: 2025

Criteria
According to 2 CFR Part 200, Appendix XI Compliance Supplement updated May 2024:

Under the Pell Grant and loan programs, institutions must complete and return within 15 days the Enrollment Reporting roster file placed in their Student Aid Internet Gateway mailboxes sent by ED or accessed on the Enrollment Maintenance Page via the National Student Loan Data System ("NSLDS"). The institution determines how often it receives the Enrollment Reporting roster file with the default set at a minimum of every 60 days. Once received, the institution must update for changes in student status, report the date the enrollment status was effective, enter the new anticipated completion date, and submit the changes electronically through the batch method or the NSLDS website. Institutions are responsible for timely reporting, whether they report directly or via a third-party servicer.

Condition
The Federal Government requires Westfield State University to report student enrollment changes to the National Student Loan Data System ("NSLDS") within 60 days. During our testing, 3 out of 40 students was reported late to the NSLDS by 220 days.

Cause
Westfield State University did not have the proper review procedures in place to ensure enrollment status changes were being reported to NSLDS timely.

Effect
Westfield State University did not report the student's correct status within the required timeframe, which may impact the students' loan grace periods.

Questioned Costs
Not applicable

Perspective
Our sample was not, and was not intended to be, statistically valid. Of the 40 students selected for testing, 3 students, or 7.5% of our sample was not reported within the required timeframe.

Identification as a Repeat Finding, if applicable
See finding 2024-001 included in Management's Summary Schedule of Prior Audit Findings.

Recommendation
The University should strengthen its controls surrounding the review of the NSLDS reporting process to ensure they are in compliance with federal regulations.

View of Responsible Officials
Westfield State University agrees with the finding.

Management's Summary Schedule of Prior Audit Findings

Year Ended June 30, 2025

Section IV – Management's Summary Schedule of Prior Audit Findings:

Finding number:	2024-001
Federal agency:	U.S. Department of Education
Programs:	Student Financial Assistance Cluster
Assistance Listing #:	84.063, 84.268
Award year:	2024

Condition

The Federal Government requires Westfield State University to report student enrollment changes to the National Student Loan Data System ("NSLDS") within 60 days. During our testing, 1 out of 40 students was reported late to the NSLDS by 1 day.

Current Year Status

The corrective action plan was fully implemented related to the fiscal year ended June 30, 2024 finding of one student being reported late to NSLDS by 1 day.

The Registrar now sends National Clearinghouse reports on a more frequent schedule.

During the academic year 2024-2025, all enrolled students were reported by the Registrar, using the new calendar for reporting, to the National Student Clearinghouse ("NSC").

In regards to the fiscal year ended June 30, 2025 audit, the three students whose enrollment records were created past 60 days in NSLDS, enrollment status changes were sent to the NSC (they partner with us for enrollment reporting) on time, however, did not get picked up by NSLDS initially because they did not have a social security number on their University student record or file sent to NSC.

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ADMINISTRATION AND FINANCE

Management's Corrective Action Plan

Finding number: 2025-001
Federal agency: U.S. Department of Education
Programs: Student Financial Assistance Cluster
Assistance Listing #: 84.007, 84.063, 84.268
Award year: 2025

The Registrar's Office will perform a mandatory "Missing SSN Report" that picks up missing and invalid SSNs before every enrollment data submission to the National Student Clearinghouse ("NSC"). The Registrar will send the Financial Aid Office a list of students with missing SSNs and Financial Aid will verify if students in the report have a FAFSA on file. If there is a FAFSA on file for a student, Financial Aid will update the SSN in the Banner system and send an email confirmation to the Registrar to confirm all records on the report have been reviewed and/or updated. The next enrollment file submitted to the NSC will include the students with the correct data.

Furthermore, the Registrar Office will send a written communication to the Provost/Vice President for Academic Affairs verifying that all student records sent the National Student Clearing House has a SSN number prior to any reporting deadline. This communication will be kept on file and available for review for the next audit period.

As an additional step, when Financial Aid staff load initially unmatched ISIRs to active Westfield State student records, Banner is now set to automatically populate the student record with the social security number from the matched FAFSA. The goal is to reduce the number of missing social security numbers pulled by the Registrar when they run the "Missing SSN report."

Timeline for Implementation of Corrective Action Plan: Above corrections were implemented in November 2025.

Contact Person: Monique Lopez, Registrar and Simone Backstedt, Director, Financial Aid

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Westfield
STATE UNIVERSITY

Board of Trustees

February 19, 2026

MOTION

The Audit Committee recommends approval to the full Board:

To approve the internal audit plan as recommended by the Boston Consortium in the February 2026 memorandum.

THE BOSTON CONSORTIUM

FOR HIGHER EDUCATION

Shared Internal Audit Services

BENTLEY UNIVERSITY, BERKLEE COLLEGE OF MUSIC, BRANDEIS UNIVERSITY,
EMERSON COLLEGE, RHODE ISLAND SCHOOL OF DESIGN, SUFFOLK UNIVERSITY

To:	Audit Committee, Westfield State University
From:	Samantha Spezeski, *Director of Internal Audit*
CC:	Stephen Taksar, *Vice President for Administration and Finance*
Date:	February 2026
Subject:	Internal Audit FY26 & FY27 Plan

Clery Act Compliance Review (125 Hours)

- Annual Security Report (ASR) Review
- Hazing Reporting
- Training personnel
- Completeness, timeliness, of required reporting
- Emergency Response and Timely Warnings

Advancement Operations (250 hours)
125 hours for FY26. 125 hours for FY27

- Donor privacy
- Gift recording procedures
- Cash handling procedures
- Payment card industry standards
- Tax receipts
- In kind donations
- Department policy/procedures
- Record retention
- Segregation of duties with gift processing
- Process of collecting and maintaining donor information

FY27

Advancement Operations (con't)
- Continued scope from above

Residential Life Part 1 (125 hours)
- Scope to be determined in fall 206

To: Audit Committee, Board of Trustees

From: Alan R. Blair,
        Chief Information Officer
        Chief Information Security Officer

        Office of Information and Instructional Technology

Date: February 19, 2026

RE: 2025 PCI Assessment Overview

Over the past several years, the Office of Information and Instructional Technology (OIT) has been working diligently to remain Payment Card Industry Data Security Standard (PCI-DSS) compliant. The most significant challenge in this endeavor is the ever changing and evolving requirements of the PCI Security Standards Council.

In 2015, we found ourselves in a position where the new standards were published but not effective until 2016. ITS requested to be held to the 2016 standard during our assessment. This led to 38 sub requirement failures and 5 major requirement failures. After the final report was published, ITS put in place an action plan to mitigate the risks associated with the failures. Because of that action plan, we were able to reduce the sub requirement failures to 3 and major requirement failures to 2 during the 2016 assessment. Prioritization of other projects, funding and time constraints were the major contributing factors to OIT not being able to mitigate the remaining failures. Again, in 2016, we put an action plan in place to mitigate the remaining risks. As a result of the remainder of the that action plan and gaining a head start on the new requirements published by the PCI Security Standards Council in 2016, we were able to mitigate all risks and pass all requirements for the first time in 2017 and successfully adhere to that standard again in 2018 -2022. The new PCI-DSS standards were released in Q1 2023 and take full effect in 2025. OIT requested to be assessed in alignment with the new standards. We are pleased to report that we are 100% compliant with those new standards. Additionally, because of our efforts to provide a more secure and scalable billing system, we have been able to eliminate all of the risks associated with our older billing system.

The challenges we face in the next year are an ever-increasing threat landscape and the lack of human resources on our information security team.

PCI Requirement		2015 Result	2016 Result	2017 - 2025 Result
1	Install and Maintain a Firewall Configuration	PASS	PASS	PASS
2	Do Not Use Vendor Supplied Defaults for System passwords and other Security Parameters	PASS	PASS	PASS
3	Protect Stored Data (Electronic)	PASS	PASS	PASS
4	Encrypt Transmission of Cardholder and Sensitive Information across Public Networks	PASS	PASS	PASS
5	Use and Regularly Update Anti-Virus Software	PASS	PASS	PASS
6	Develop and Maintain Secure Systems and Applications	PASS	PASS	PASS
7	Restrict Access to Data by Business Need-To-Know	PASS	PASS	PASS
8	Assign Unique ID to Each Person with Computer Access	FAIL	PASS	PASS
9	Restrict Physical Access to Cardholder Data	FAIL	PASS	PASS
10	Track and Monitor All Access to Network Resources and Cardholder Data	FAIL	PASS	PASS
11	Regularly Test Security Systems and Processes	FAIL	FAIL	PASS
12	Maintain a Policy that Addresses Information Security for Employees and Contractors	FAIL	FAIL	PASS

Westfield State University
Audit Committee

Summary of Internal Audit Findings
February 19, 2026

Overview

The University has engaged the Boston Consortium to conduct internal audit services as directed by the Audit Committee of the Board of Trustees. Contracted internal audits began in fall 2023 and four internal audits have been conducted in the following areas: Student Accounts, Grants, Accounts Payable and Building Access and Security. The completion schedule and findings for each audit is summarized as follows:

Subject	Completion of Audit	Number of Findings	# Completed Findings
Student Accounts	October 2023	5	1
Grants	May 2024	5	1
Accounts Payable	October 2025	3	2
Building Access and Security	October 2025	7	1

Student Accounts

This area may be the most complex due to overlapping departmental responsibilities and coordination. Technology solutions are viable and will be pursued following the full implementation of the student data warehouse project. While progress has been made in several findings, completion of findings has been challenging.

Grants

Work has slowed down in this area due to significant staffing issues. Currently, there are no full-time grant staff in this unit. Searches are underway to fill two grant positions. Until these positions are filled and trained, progress will be minimal.

Accounts Payable

Considerable progress has been made in accounts payable with 2 of the 3 findings completed and one in progress. These findings were the most straightforward to address and implement.

Building Access and Security

These findings are likely the most complex to implement given overlapping departmental roles and functions. Partial progress has been made with the addition of new key tracking and inventory systems in Residential Life and Facilities. Work is ongoing and progressing.

Westfield State University
Internal Audit Recommendations Tracker - Student Accounts
Updated: 2/11/2026

Report	Audit Date	Responsible Department(s)	Finding #	Recommendation	Status	Notes: 12-13-23	Notes: 10-21-24	Notes: 4-22-25	Notes: 12-18-25
Student Accounts	10/11/2023	Finance/Information Technology/Student Accounts	SA-1	**Inaccurate CGCE Billing Rules.** Management should ensure that the course creators are following all necessary steps to determine that course billing rules are correct before allowing students to register for courses.	In Process 🟡	A funding request of 20,000 was secured for Banner training on rate table structure. Alan Blair, CIO is reaching out to our Ellucian rep to get a statement of work and estimated cost. Meetings have been taking place with a staff member from the Registrar's Office who is familiar with CGCE billing rules. The Registrar's Office has also reviewed their course set-ups to ensure that courses with special billing rules are coded correctly. The University is also in the process of implementing a new report writing software, Argos, which we intend to use to build more robust reports.	In March 2024, a banner consultant provided training on the University's rate tables. They concluded that our rules are set-up correctly and made recommendations for improvement. A report was created to catch anomalies in DGCE student account charges. A new report writing system is in the implementation stage. The Registrar's Office is responsible for reviewing their course set-ups to ensure that courses with special billing rules are coded correctly.	The university is in the final stages of implementing a new report writing system. Many student accounts reports have been converted to the new system. A report created to catch anomalies in DGCE student account charges are run frequently. The Registrar's Office is responsible for reviewing their course set-ups to ensure that courses with special billing rules are coded correctly.	Although the reports written to catch billing anomalies have been working, we are still finding that course set-ups are not always coded correctly for the special billing rules. Registrar's Office has reports as well but their course set-up review has not caught all the data input errors. The Registrar's Office will have to review their processes and adjust any that are not working.
Student Accounts	10/11/2023	All applicable departments-Student Accounts has been initiating	SA-2	**Communication and Clarification of Roles Between Departments.** Management should ensure that the communication and the clarification between Residence Life and the Bursar are clear and sufficient. This will ensure that University policies are being followed and all departments are operating with the same information.	In Process 🟡	Monthly meetings with support Departments have taken place starting September 22, 2023. Communication has slightly increased but progress on moving forward on initiatives has been slow.	Monthly meetings with support departments continue to take place. Attendance has not been consistent and although communication has slightly increased, progress on implementing initiatives has been slow.	Monthly meetings with support departments continue to take place. Attendance has not been consistent and although communication has increased, progress on implementing initiatives continues to be a challege.	This is an on-going implementation. Monthly meetings are continuing and communication has improved.
Student Accounts	10/11/2023	Student Accounts/Finance	SA-3	**Student Cash Payments.** Management should consider requiring all international students to use the wire service to pay for tuition and fees instead of paying cash in person. Further, Management should discuss cash free options for all payments on campus.	Completed 🟢	The University had minimal cash payments from international students and has other options for them to pay (i.e. wire service, credit cards). No progress has been made on considering cash free options for all payments on campus. We will research best practices in higher education as a first step.	The University will rely on current payment options for International students. There are no plans to to move to a totally cash free option at this time.	Complete - no update.	Complete - no update.
Student Accounts	10/11/2023	All applicable departments-Student Accounts will initiate	SA-4	**Inconsistent Application of Policies.** Management should ensure that policies are being followed. Any deviation from policy should be documented to note a sufficient reason. If policy does not reflect true practice, then it should be changed.	No Progress 🟡	A cross-divisional meeting will be scheduled after the start of the spring semester. Policies will be reviewed for practice vs. policy and changes will be recommended to the appropriate Vice President(s).	A cross-divisional meeting will be scheduled to review and discuss policies vs. practice and changes will be recommended to the appropriate Vice President(s).	Progress in scheduling a meeting to discuss policies and practices has been a challenge for various reasons. The goal would be to meet in FY26 to begin the process.	An initial evaluation of the policies and practices that need further discussion among various departments and divisions has been completed. The next step is to solicit feedback and schedule a meeting to review the evaluation.
Student Accounts	10/11/2023	Finance/Information Technology	SA-5	**Banner Reporting.** Management should work with IT to determine how they can obtain the capability of running historic reports in Banner.	In Process 🟡	CIO and Institutional Research Office has been meeting to determine schedule to take snapshot of database. Phase 2 is to determine feasibility of installing data warehouse.	An engagement with a consulting firm is currently underway. They will be exploring data management options and providing recommendations.	The university has engaged a consultant to begin the process to implement a data warehouse in the cloud, with the initial focus on supporting student success reporting and analytics. Additionally, the campus is also adding a position in the Institutional Research department to focus on generating data analytics utilizing the data warehouse. Other phases to expand use of the data warehouse will be considered in FY26.	

Legend:

🟢 Completed

🟡 In Process

🔴 No Progress

Westfield State University
Internal Audit Recommendations Tracker - Grants
Updated: 2/11/2026

Report	Audit Date	Responsible Department(s)	Finding #	Recommendation	Status	Notes: 10-21-24	Notes: 4-22-25	Notes: 12-18-25
Grants	6/20/2024	Academic Affairs	G-1	**Process/Department Structure/Staffing.** Management should investigate how they want to structure the Office of Grants and Sponsored Programs (OGSP). A focus should be put on process design, staffing, and allocating resources accordingly.	Completed 🟢	Provost created a new position in Grants Office to provide additonal staffing to support this activity. Executive Director of Grants and Sponsored Programs was posted on 8/9/2024.	Tamara Fricke was hired as the Executive Director of the OGSP and started in January 2025.	While this finding was considered completed by adding a full time grants position, both grant positions are now vacant but being recruited for in 2026.
Grants	6/20/2024	Academic Affairs	G-2	**Policies and Procedures**. Management should ensure that policies and procedures are documented and updated. Policies and procedures should be constructed to ensure compliance with internal policies, ensure best practice standards are considered, and reflect current practices.	In Process 🟡	Once the new Executive Director is hired, a review of all grant related polices and procedures will be completed by June 30, 2025. Provost office and College Deans will ensure that deparment chairs and PI's are following current policies and procedures.	The OGSP Executive Director is actively reviewing established policies and working with leadership across campus to ensure that updated policies reflect standard workflows and regulatory requirements. A draft of changes will be ready for review by August 2025.	Work is ongoing in the devleopment of policies and procedures. Due to staffing issues, drafting policies and procedures will continue through Spring 2026.
Grants	6/20/2024	Academic Affairs and Administration and Finance	G-3	**Grant Administration System Risks.** Management should determine if they want to continue using Microsoft Office as the system of records for the Office of Grants and Sponsored Programs (OGSP). If so, then controls need to be strengthened such as: (1) secondary review of data entry; (2) shared calendars for deliverables so more than one person is accountable; and (3) forms and workpapers should be standardized with input from all departments that help administer grants and access to network drives should be assigned accordingly. If this is considered, then Westfield Information Technology (IT) should have system access control, folder backup, and secondary approval to delete documents.	In Process 🟡	We have started the approved Statement of Work (SOW) project from Ellucian to implement the Banner Grant Module. Scheduling the training sessions have been a challenge given the existing workload but we are working to establish the timeline. The grant module ensures a standard operating environment across all departments involved with grant management and finance. The Module provides a shared calendar which monitors grant deliverables and sends out email communications to key stakeholders related to deadline for those deliverables. The OneDrive network has been utlitized to create grant shared folders to store relevant grant documentation for the Grants Office and the Depts. Finance and other Depts. can be added to have access to the shared folders.	The OGSP will not pursue moving forward with the Banner Grant Module at this time. The OGSP Exec. Director is developing workflow processes leveraging Microsoft tools and software already in place at WSU in order to be cost effective and to minimize any learning curve new software modules may incur. Leveraging Lean Process Improvement methodologies, process/value stream mapping will be used to identify and minimize risks, eliminate redundancy, and improve time to completion for grant related activities. Grant documentation/folders will follow WSU IT security policies ensuring that access and backup redundancies are in place while meeting or exceeding state and federal requirements.	Work is ongoing for the implementation of Microsoft tools and workflow processes. Processes are being documented and cross-departmental workteams are assisting with the review and implementation of of these practices.
Grants	6/20/2024	Academic Affairs and Administration and Finance	G-4	**Contract Worker Hiring Practices.** Management should implement controls to detect contract workers who are not being paid in line with University requirements. Contracts should not be considered executed until Payroll/Human Resources sign-off. Additionally, language should be put into all standard worker contracts instructing them not to start until they receive an executed contract signed by appropriate parties.	In Process 🟡	A communication to campus regarding the process and documents required to hire temporary employees has been sent and will continue to be sent at key times throughout the year. The temporary employment contract form has been updated with language to caution against working before being notified by Payroll that the contract has been processed.	(L. Freeman) Communications to campus regarding the process and documents required to hire temporary employees continue to be sent at key times throughout the year. (T. Fricke) The Exec. Director of OGSP has reviewed open grant contracts and has resolved most outstanding employment payment issues. Any remaining employee contract issues will be resolved no later than 5/1/25. Internal OGSP processes have been modified to ensure contracts are created prior to work beginning on a grant contract and will be included in the Grant Policy documentation.	Internal department processes are developed and have reduced employment contract issues. While the department continues to be short-staffed there are some delays still being experienced.
Grants	6/20/2024	Academic Affairs and Administration and Finance	G-5	**Department Communication.** Management should ensure that communication is improved regarding the Office of Grants and Sponsored Programs (OGSP) and principal investigators (PI's). There needs to be a standardized communications process to address any questions that may arise.	In Process 🟡	We have completed procurement training for several new Admins in the Academic Affairs Dept. and for Dept. Chairs at the beginning of the Fall Semester 2024.	Through the actions of OGSP process mapping, critical communication points will be identified allowing for the development of standardized communications plans for key grant development milestones such as development, submission, awards, and closeouts. Anticipated drafts to be completed by August 2025	Standardized communication plans for grant communication are still being developed, however, process improvements have facilitated greater partnerships, clearer channels of communication, and have minimized issues previously experienced. Due to staffing issues, communication plans are targed for Spring 2026.

Legend:

🟢 Completed

🟡 In Process

🔴 No Progress

Westfield State University
Internal Audit Recommendations Tracker - Accounts Payable
Updated: 2/11/2026

Report	Audit Date	Responsible Department(s)	Finding #	Recommendation	Status	Notes: 12-18-25
Accounts Payable	10/21/2025	Procurement	AP-1	**Inconsistent Payment Addresses.** The University should update its formal process to independently verify any new or updated vendor payment addresses before updating the vendor master file or issuing payments. Verification should be conducted using existing contact information on file (e.g., phone or email) rather than relying on the information provided on the invoice to ensure payment information is accurate.	Completed 🟢	A member of the Procurement Department will now use existing contact information to call the vendor and verify any new or updated remit to information. COMPLETED
Accounts Payable	10/21/2025	Accounts Payable/ Financial Accounting	AP-2	**Auto-Debits.** The University should minimize the use of vendor-initiated auto-debits from its operating account and consider using zero based accounts (ZBAs) for these transactions. ZBAs help minimize risk by maintaining a zero balance until funds are transferred in to cover authorized transactions. This will help limit exposure to potential unauthorized transactions. Additionally, management should evaluate opportunities to transition these vendors to standard ACH payments initiated by the University to enhance oversight.	In Process 🟡	
Accounts Payable	10/21/2025	Procurement/ Accounts Payable/ Financial Accounting	AP-3	**Undocumented Exceptions to Accounts Payable Procedures.** Management should formally document all established practices within the University's policies and procedures to ensure consistency. Additionally, policies and procedures should be reviewed and updated periodically to reflect the current control environment and practices.	Completed 🟢	University procurement procedures being updated effective 1/1/2026 to increase minimum purchase order amount from $200 to $500. Change to be communicated to campus prior to effective date. Procurement procedures further reviewed to document any changes or exceptions which reflect current practices. COMPLETED

Legend:

🟢 Completed

🟡 In Process

🔴 No Progress

Report	Audit Date	Responsible Department(s)	Finding #	Recommendation	Status	Notes: 12-18-25
Building Access and Security	10/21/2025	Facilities and Operations	BAS - 1	**Physical Keys - System Deficiencies.** To address the current limitations of the Key Wizard system and strengthen key management practices, management should consider the following actions: **1. System Upgrade and Access Controls:** Upgrade the Key Wizard system to support multiple, individual user accounts with role-based access controls. The system should include audit logging capabilities to track user activity and ensure accountability. **2. System Integration:** Evaluate opportunities to integrate Key Wizard with housing and student information systems to enable seamless key assignment tracking and improve data accuracy across platforms. **3. Defined Roles and Responsibilities:** Establish clear ownership and accountability for key management functions across relevant departments, ensuring that roles are properly documented and understood. **4. Enhanced Reporting and Reconciliation**: Ensure that the upgraded or replacement system can generate detailed reports of all key and key card holders and their access levels. Implement a regular reconciliation process to verify the accuracy and completeness of access records.	In Process	**Physical Keys - System Deficiencies.** To address the current limitations of the Key Wizard system and strengthen key management practices, management should consider the following actions: **1. System Upgrade and Access Controls:** New Software has been purchased to replace Keywizard. Simple K. Currently cheduling meeting with implementation team. **2. System Integration:** The new Software will be integrated with Star Rez and the housing software. **3. Defined Roles and Responsibilities:** Being adressed with policies and procedures. New procedures will be to centralize key management to improve accoutnability. **4. Enhanced Reporting and Reconciliation**: New software is capable of improved reporting and reconciliation.
Building Access and Security	10/21/2025	Residential Life	BAS - 2	**Physical Keys - Residential Life**. **1. Implement Centralized Key Tracking**: Establish a process to document the issuance, return, and status of all physical keys and temporary ID cards. Conduct routine reconciliations (monthly or quarterly) to verify inventory accuracy and identify discrepancies promptly. **2. Improve Interdepartmental Communication**: Develop and formalize a notification process between the Registrar, Admissions, and Residential Life to ensure timely updates on student withdrawals. This process should include clear roles, responsibilities, and defined timelines; typically, within 24 - 48 hours of a status change. **3. Secure Key Storage**: Immediately begin utilizing key lockboxes for secure storage, regardless of any pending relocations. Limit access to these storage areas to authorized personnel only, with access logs maintained and periodically reviewed. **4. Reconcile Key Assignments**: Perform a full reconciliation of key assignments against system records to confirm accuracy and ensure all physical keys are accounted for properly.	In Process	**Physical Keys - Residential Life**. **1. Implement Centralized Key Tracking**: Residential Life recently implemented a new housing software, StarRez. Through this software, we now have a process to document the issuance, return, and status of all physical keys and temporary ID cards. Residential Life is in the process of developing a system for weekly reconciliations to verify inventory accuracy and identify discrepancies promptly. In addition to this, we conduct larger reconciliations at the beginning of each semester. **2. Improve Interdepartmental Communication**: Residential Life is working with campus partners to develop and formalize a notification process between the Registrar, Admissions, and Residential Life to ensure timely updates and follow-through on student withdrawals. This process will include clear roles, responsibilities, and defined timelines for all external and internal stakeholders in these changes. **3. Secure Key Storage**: Residential Life has begun to utilize key lockboxes for secure storage. These lockboxes are now behind a locked door where only professional staff have access to enter and retrieve keys. Access logs will be maintained and periodically reviewed. **4. Reconcile Key Assignments**: Residential Life performed a full reconciliation of key assignments against system records to confirm accuracy and ensure all physical keys are accounted for properly. Another reconciliation will take place during the Winter Break.
Building Access and Security	10/21/2025	Facilities and Operations	BAS - 3	**Physical Keys - Administrative**. To address inconsistencies in key control and space management, management should: **1. Develop a Comprehensive Key Management Policy**: Establish a campus-wide policy that standardizes key control procedures for both administrative and residential areas. **2. Mandate Rekeying After Key Loss**: Require immediate rekeying and access reassessment following any reported key loss, regardless of the department involved. **3. Assign Clear Ownership**: Designate a responsible office or individual to oversee policy enforcement, provide ongoing training, and monitor compliance. **4. Standardize Administrative Key Procedures**: Implement consistent key control protocols across all administrative suites, including defined access levels and formal key distribution processes. **5. Enforce the Space Management Policy**: Reinforce compliance with the approved Space Policy by requiring use of the official space request form prior to any departmental move or office change. Ensure all moves are approved and properly documented. **6. Restrict Access to Spare Keys**: Limit spare key access to authorized personnel only and require formal approval for their use. **7. Establish Accountability Measures**: Implement periodic audits of key control practices and space usage, with oversight and enforcement at the Vice President level.	In Process	**Physical Keys - Administrative**. To address inconsistencies in key control and space management, management should: **1. Develop a Comprehensive Key Management Policy**: Management currently in progress of reviewing policies and procedures. Once draft is completed, we will setting up meeting with the building access and security policy team to review, edit, and implement changes. All of the below items will be included in the new updated policy. Meeting expected to be scheduled begining of March after new simple K software installed. **2. Mandate Rekeying After Key Loss**: Included in new Policy. **3. Assign Clear Ownership**: Included in new Policy. **4. Standardize Administrative Key Procedures**: Included in new Policy. **5. Enforce the Space Management Policy**: **6. Restrict Access to Spare Keys**: Included in new Policy. **7. Establish Accountability Measures**: Included in new Policy.

Report	Audit Date	Responsible Department(s)	Finding #	Recommendation	Status	Notes: 12-18-25
Building Access and Security	10/21/2025	Residential Life	BAS - 4	**Residential Life Communication.** Management should continue in rebuilding a new communication system. In the meantime, a plan should be developed and implemented regarding a structured communication plan to clearly convey student housing expectations. This plan should: 1. Scheduled messaging before move-in, throughout the semester, and prior to move-out. 2. Leverage multiple communication channels (e.g., email, student portal, housing handbook, orientation sessions) to maximize reach and accessibility. 3. Incorporate feedback mechanisms (e.g., acknowledgments, surveys, or brief assessments) to verify student understanding and engagement.	In Process 🟡	**Residential Life Communication:** Residential Life recently implemented a new housing software, StarRez. Through this software, we now have the means to send automated email messages to students, run regular reports of outstanding resources, and offer more robust communication regarding operational processes. We are in the early stages of developing a comprehensive communication plan and standard operating procedures for all Residential Life housing operations.
Building Access and Security	10/21/2025	Campus Card Office	BAS - 5	**Owl Bucks Financial Transactions.** Management should evaluate and implement additional security controls for the declining balance feature of the Campus Card, such as requiring a PIN or mobile-based authentication for purchases. Additionally, a risk assessment of the current system to identify other potential vulnerabilities should be conducted.	Completed 🟢	Declining Balance (Owl Bucks) Account Security - an ongoing review of declining balance account transaction security has been accomplished by the Campus Card Office. The standard practice for other institutions is the mandate of photo ID verification at point-of-sale (POS) locations, which is currently required for both on-campus and off-campus retail partners. Use of a PIN is not a process supported by our current or future card account management system platform. Online transactions require the use of password verification. There have been no reported incidents of fraud in over a decade. In the event of a fraudulent transaction, the responsibility of fraud falls on the POS business. We will continue to review processes as new systems are developed.
Building Access and Security	10/21/2025	Facilities and Operations/ Residential Life	BAS - 6	**Policies and Procedures.** Management should ensure appropriate policies and procedures regarding department processes are properly updated and communicated.	In Process 🟡	Management currently in progress of reviewing policies and procedures. Once draft is completed, we will setting up meeting with the Access control security team to review, edit, and implement changes. all of the below items will be included in the new updated policy. Meeting expected to be scheduled begining of March.
Building Access and Security	10/21/2025	Facilities and Operations/ Residential Life	BAS - 7	**Department Cross Training.** Management should implement cross-training for additional personnel to ensure timely and effective management of granting access. This will likely require updated system access to these individuals. Expanding beyond the current two authorized individuals will enhance operational continuity and reduce delays during critical time of needs.	In Process 🟡	Access control Software has been installed on 3 additional user computers for redundancy. This will be listed in the new policy.

Legend:

🟢 Completed

🟡 In Process

🔴 No Progress