

STATE OF FLORIDA AUDITOR GENERAL

Operational Audit

Report No. 2026-168
April 2026

SANTA FE COLLEGE



Sherrill F. Norman, CPA
Auditor General

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The team leader was Jennifer Tonkavich, CPA, and the audit was supervised by Denita K. Tyre, CPA.

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SANTA FE COLLEGE

SUMMARY

This operational audit of Santa Fe College (College) focused on selected College processes and administrative activities and included a follow-up on findings noted in our report No. 2023-034. Our operational audit disclosed the following:

Finding 1: The College did not maintain documentation of cost-benefit analyses or other records demonstrating that the College acquired enterprise resource planning (ERP) system services with contract costs totaling \$10.6 million and student financial aid processing system services with contract costs totaling \$2.1 million that satisfied the needs of the College at the lowest cost. In addition, College records did not demonstrate evaluations of the software system providers' security controls essential to safeguard College data against security threats and other risks.

Finding 2: College records did not always demonstrate compliance with State law and College procedures by limiting laboratory fees to the cost of services provided.

Finding 3: Contrary to State law, the College did not always timely publish general education core course syllabi information on the College Web site.

Finding 4: The College entered into a guaranteed maximum price (GMP) contract with a construction management entity (CME) for a project with costs totaling \$11.8 million. However, College personnel did not verify that the GMP and subcontractor contracts and amounts paid to the CME for subcontractor services agreed with subcontractor bid award amounts and we found that subcontractor contract amounts exceeded the bid awards by \$430,066.

Finding 5: Vendor information changes were not always properly documented and independently verified before the changes were entered into the ERP System and vendor payments were made.

Finding 6: College procedures need strengthening to ensure that instructional contact hours for adult general education classes are accurately reported to the Florida Department of Education.

Finding 7: College controls over purchasing cards need improvement.

Finding 8: Some unnecessary information technology user access privileges exist that increase the risk for unauthorized disclosure of employee and contracted worker social security numbers to occur.

BACKGROUND

Santa Fe College (College) is under the general direction and control of the Florida Department of Education, Division of Florida Colleges, and is governed by State law and State Board of Education rules. A board of trustees (Board) governs and operates the College. The Board constitutes a corporation and is composed of eight members appointed by the Governor and confirmed by the Senate. The College President serves as the Executive Officer and the Corporate Secretary of the Board and is responsible for the operation and administration of the College.

The College has campuses in Gainesville and educational centers in Alachua, Archer, Gainesville, Keystone Heights, and Starke. Additionally, credit and noncredit classes are offered in public schools and other locations throughout Alachua and Bradford Counties.

FINDINGS AND RECOMMENDATIONS

Finding 1: Software System Services

State Board of Education (SBE) rules¹ exempt the purchases of information technology (IT) software systems from competitive procurement. Notwithstanding this exemption, College rules² require personnel who have been designated the authority to make purchases to obtain maximum value for all expenses and to take appropriate steps to obtain the lowest prices for goods and services required to satisfy the needs of the College.

Effective controls over the procurement, implementation, and use of software systems include:

- Documented user needs assessments and analyses of software system costs and benefits to ensure that the software system meets user needs at a fair price.
- An established testing plan and reasonable timelines for testing a software system, before the system is fully implemented, to help disclose unanticipated problems and to verify that the system will meet user needs.
- Monitoring and documentation of project progression during the software system implementation process, to demonstrate the commitment to achieve IT goals and enhance stakeholder awareness of the progress made in reaching those goals.
- Documented periodic evaluations of the design and operation of software system provider security controls to safeguard against data security threats and risks associated with data stored using the software system. To help identify data security threats and risks or, alternatively, provide management with additional assurance that software system provider security controls effectively safeguard against security threats and risks, software system providers are often required to provide a Service Organization Controls (SOC) 2, Type 2 report.³

As part of our audit, we examined College records and found that the College entered into contracts for Enterprise Resource Planning (ERP) System services and Student Financial Assistance (SFA) System services during the 2023 calendar year. The details of both contracts and the amounts paid for various system and related services are shown in Table 1.

¹ SBE Rule 6A-14.0734(1), Florida Administrative Code.

² Rule 5.2 – *Purchasing and Contract Authority*.

³ Pursuant to Statement on Standards for Attestation Engagements No. 18, a SOC 2, Type 2 report is an independent service auditor's report to determine whether a service provider's controls were suitably designed and operating effectively during a specified period of time.

Table 1
Software System Contracts

	Contract Date	Contract Amount	Contract Period	Amount Paid Through January 2026
ERP System Services for Finance, Human Resources, and other IT Services	March 2023	\$10.6 million	10-Years	\$4.9 million
SFA System Services for a Cloud-Based Financial Aid Processing System	June 2023	\$2.1 million	5-Years	\$1 million

Source: College records.

Based on our audit procedures, we determined that College software system user needs assessment and procurement processes, implementation monitoring, and provider security control evaluations could be improved.

User Needs Assessment and Procurement Processes. The College conducted a user survey to assess ERP System user needs and user responses were considered and incorporated in the ERP System provider contract terms and statement of work. However, College records did not demonstrate the conduct of similar assessments to ensure that the SFA System contract addressed, and related services would meet, the needs of SFA System users.

According to College personnel, in December 2022 the then Director of Purchasing and Auxiliary Services (Director) contacted another State college that had implemented an ERP system and requested both documentation describing why the State college chose the system provider over the other vendors that submitted letters of interest and other supporting documents. College personnel indicated that, based on the information received from the other State college, stakeholder discovery sessions,⁴ and provider product demonstrations, the College entered into the contract with the ERP System provider that contracted with the other State college. College personnel claimed that, in doing so, the College adhered to the State procurement requirements avoiding unnecessary expense and duplication of effort. However, the College ERP System contract excluded a student information system component and growth discounts that were included in the other State college’s contract and was for \$6.9 million less than the other State college’s ERP System contract. In addition, the College ERP System contract could not be correlated by component cost to the other State college’s contract because the other contract did not identify respective costs by component.

For the SFA System procurement, College personnel indicated that the College Director of Financial Aid requested the purchase because of recent Federal updates, backlogs within the College IT Services (ITS) Department, and the pending departure of a key staff member. The College ITS Department evaluated the SFA System solution package and deemed it to be sound and reliable assuming all of the SFA System provider’s claims stood up to scrutiny. College personnel also indicated that the pricing proposal included a 30 percent discount over the list price.

⁴ According to the then Chief Financial Officer, key personnel and subject matter experts from the College’s primary business units, such as the Finance, Human Resources, and ITS Departments, participated in detailed discovery sessions with the ERP System provider to analyze and map the College’s business processes to the platform’s capabilities.

Notwithstanding the information communicated by College personnel, College records did not demonstrate how the College determined that the SFA System would meet user needs or that the College ERP System contract was comparable to the other State college contract. Moreover, College records did not include cost-benefit analyses or other documentation supporting the decisions to contract with the ERP System and SFA System providers. Absent such records, College records lacked evidence that SFA System user needs would be met and the ERP System and SFA System purchases were at the lowest cost consistent with the College's needs and acceptable quality.

Implementation Monitoring. Although we requested, College records were not provided to demonstrate the establishment and use of ERP System testing plans or other efforts to effectively monitor ERP System implementation. In response to our inquiry, College personnel indicated that the provider maintained the testing records and prevented College access to the records after each stage of testing and implementation.

While the SFA System contract required the development and execution of a formal user acceptance testing (UAT) plan to outline how end users would test all implementation stages, accept testing results, and determine when the SFA System was ready for production use, College records only included an incomplete project implementation plan and a spreadsheet documenting College personnel and SFA System provider meeting, testing, and implementation discussions. Consequently, College records did not demonstrate how the spreadsheet satisfied the contractual SFA System UAT plan requirement or how the College appropriately monitored progress during the SFA System implementation. Absent effective controls over system implementation, College records did not demonstrate compliance with the contractual UAT plan requirement and there was increased risk for unsuccessful implementation of the systems.

Moreover, we noted that the SFA System did not consistently ensure that financial aid payments were promptly disbursed to students. Specifically, the College disbursed \$1.8 million⁵ for the Florida Public Student Assistance Grant programs during the 2024-25 fiscal year; however, as of June 2025, the College should have disbursed an additional \$389,374, which remained undisbursed as of January 2026. College personnel posted updates on the College Web site indicating that the delayed financial aid payments were due to implementation of the SFA System and that the College was working hard to assist any student experiencing hardship due to the delays. College personnel indicated that, because of the disbursement delays, the College executed a change order in January 2025 for additional SFA System provider support and a contract addendum in August 2025 to withhold \$15,000 until the provider satisfactorily completed deployment and implementation of certain SFA System improvements.

Although we requested in January 2026, College records evidencing implementation of the SFA System improvements were not provided. According to College personnel, deficiencies in the College ERP and SFA Systems implementation processes occurred mainly because of the simultaneous implementation of the two systems and College staff shortages.

Provider Security Control Evaluations. Since implementation of the ERP and SFA Systems, College data has been stored on the respective ERP System and SFA System providers' servers. Accordingly, effective provider data security, security incident, physical and environmental security, and data backup

⁵ Source: Florida Department of Education Office of Student Financial Assistance records.

controls are essential to the protection of College data. The ERP System contract included a provision requiring, upon customer request, disclosure of the provider's current SOC 2, Type 2 report; however, the SFA System contract lacked a similar provision. Moreover, College records did not demonstrate that each provider's security controls had been evaluated by College personnel, either by requesting, receiving, and reviewing the providers' SOC 2, Type 2 reports or by conducting evaluations of the providers' security controls.

Absent documented periodic evaluations of software system provider security controls, the College has limited assurance that the provider has established adequate controls to mitigate security threats and risks to College data. After our inquiry, College personnel obtained SOC 2, Type 2 reports from the ERP System provider for the period October 2022 through September 2023,⁶ and from the SFA System provider for the period January 2024 through December 2024. The reports disclosed that the providers' controls were suitably designed to provide reasonable assurance that the control objectives were operating effectively during those periods.

Recommendation: The College should take action to revise the SFA System provider contract to require annual SOC 2, Type 2 reports. College procedures should be enhanced to require College personnel to routinely obtain and document review of the SOC 2, Type 2 reports for applicable service provider contracts, including the contracts for the SFA System and ERP System providers, to evaluate whether the service provider controls are operating effectively.

Before execution of future software system contracts, the College should further enhance procedures to document:

- **User needs assessments and consideration of those assessments in evaluating system procurement options, including cost effectiveness and each system's suitability and benefit to the College.**
- **Contract requirements for annual SOC 2, Type 2 reports and testing plans that outline how end users would test all implementation stages, accept testing results, and determine when the systems are ready for production use.**
- **Monitoring and documentation of project progression during the software system implementation process.**

Additionally, the College should continue efforts to ensure that financial aid payments are made timely.

Finding 2: Laboratory Fees

State law⁷ authorizes the Board to establish user fees, such as laboratory fees (lab fees), that are in addition to tuition fees. Such user fees are not to exceed the cost of services provided and are only to be charged to persons receiving the service. In addition, the *Accounting Manual for Florida's College System (College Accounting Manual)* requires the College to establish policies for the implementation of lab fees that provide justification for the additional fee, define which costs are in excess of base

⁶ Although we requested, the College did not provide records evidencing a more recent service auditor's report for the ERP System provider to help evaluate the provider's control environment.

⁷ Section 1009.23(12)(a), Florida Statutes.

instructional costs, and describe the documentation required to support the additional charge, the time period for review of the fees, and the manner of presenting such fees to the Board for approval.

To establish lab fees or change an existing lab fee, College procedures⁸ require that academic departments review lab fees on a rolling 3-year cycle with exceptions for new courses and substantial curriculum changes in existing courses. The Department Chair or Director initiates fee requests and changes at least 45 days before the June Board meeting and submits the information on the lab fee request form to the Office of the Provost and Vice President for Academic Affairs. Approved fees are compiled and submitted to the District Board of Trustees for final approval, becoming effective in the fall term. College-defined unusual costs eligible for lab fee recovery include, for example, liability insurance; differential faculty pay when market adjustment is necessary; tutor, student assistant, and lab assistant costs; and pass-through costs from third parties. Notwithstanding, College procedures did not explicitly require justification for the additional fee and define which costs are in excess of base instructional costs, or describe the documentation required to support the additional charge.

During the 2024 calendar year, the College assessed a lab fee for 438 courses and collected fees totaling \$2.2 million for those courses. As part of our audit, we selected 36 Board-approved courses with lab fees ranging from \$5 to \$914 per course and requested for examination College records supporting the fees and collections totaling \$708,539. While College records generally supported the basis for lab fees in 8 of the 36 courses, College records did not demonstrate the appropriateness of all costs included in the lab fee calculations for 13 biology, chemistry, and physics courses (physical science courses). Specifically, lab fees assessed per physical science course ranged from \$55 to \$105 or an average of \$80 per course and lab fee collections totaled \$340,935. College records indicated that the costs supporting the fees were for tutoring services available for all College students regardless of course. College records also indicated that, since students in all physical science courses may benefit from tutoring services, the costs were distributed across the courses to minimize the cost per student impact. However, since tutoring services were not mandatory for physical science students, the basis for the lab fee is not readily apparent. As such, College records did not demonstrate compliance with the statutory restriction limiting lab fees to the cost of the services provided.

Absent College records demonstrating appropriate justification and documentation supporting lab fees, College records did not demonstrate compliance with State law or that the lab fees were limited to the cost of services provided to students receiving the services.

Recommendation: The College should enhance controls to demonstrate compliance with State law by ensuring that lab fees are limited to the cost of services provided to students receiving the services. Such enhancements should include appropriate College procedure revisions to ensure that user fees are only charged to persons receiving the service and that procedures explicitly:

- **Require justification for the additional fee.**
- **Define which costs are in excess of base instructional costs.**
- **Describe the documentation required to support the additional charge.**

⁸ Santa Fe College Methodology for Requesting and Assessing Laboratory Fees.

Additionally, the College should demonstrate the authority for including tutoring costs in the physical science lab fees or discontinue including those costs in the fees.

Finding 3: Course Information Transparency

State law⁹ requires the College to publish course syllabi information containing sufficient detail to inform students of the course curriculum; the goals, objectives, and student expectations of the course; and how student performance will be measured, for each section of a general education core course identified pursuant to State law.¹⁰ In addition, State law requires the College to publish on the College Web site course syllabi for each section of a general education core course as early as feasible but at least 45 days before the first day of class for each term. College procedures require department instructors to timely upload upcoming term syllabi information to the College Web site; however, College procedures did not require appropriate monitoring and verification to ensure that the information was timely uploaded.

As part of our audit, we examined College records to determine whether general education course syllabi were timely published on the College Web site. While we found that some course syllabi for the 2024 Spring, Summer, and Fall Terms were published timely, we also found that:

- 7 percent (90 of 1,363) of the course syllabi for the Spring 2024 Term were not published. An additional 24 percent (331 of 1,363) of the syllabi were not published at least 45 days before the first day of classes and were published 1 to 251 or an average of 118 days late.
- 28 percent (142 of 514) of the course syllabi for the Summer 2024 Term were not published. An additional 32 percent (163 of 514) of the syllabi were not published at least 45 days before the first day of classes and were published 2 to 109 or an average of 51 days late.
- 29 percent (322 of 1,107) of the course syllabi for the Fall 2024 Term were not published. An additional 21 percent (236 of 1,107) of the syllabi were not published at least 45 days before the first day of classes. The 236 course syllabi were published 1 to 166 or an average of 44 days late.

In response to our inquiries, College personnel indicated that the course posting deficiencies and noncompliance occurred because the College course syllabi creation process was complicated and insufficiently communicated to departments and faculty before the postings were required. Absent timely posted course syllabi, the College cannot demonstrate compliance with State law and students may not have sufficient time to gain an understanding of course requirements, expectations, and how performance will be measured and consider their options.

Recommendation: The College should enhance procedures to ensure compliance with the statutory course posting requirements. Such enhancements should include effective, documented communication with departments and faculty and appropriate monitoring of department instructor syllabi information uploads before postings are required to ensure that general education core course syllabi are published on the College Web site as early as feasible, but at least 45 days before the first day of class for each term.

⁹ Section 1004.085(5)(c), Florida Statutes, and State Board of Education Rule 6A-14.092, Florida Administrative Code.

¹⁰ Section 1007.25, Florida Statutes.

Finding 4: Subcontractor Monitoring

Pursuant to State law,¹¹ under the construction management entity (CME) process, contractor profit and overhead are contractually agreed upon, and the CME is responsible for all scheduling and coordination in both the design and construction phases and is generally responsible for the successful, timely, and economical completion of the construction project. The CME may be required to offer a guaranteed maximum price (GMP), which allows for the difference between the actual cost of the project and the GMP amount, or the net cost savings, to be returned to the College. To ensure potential savings in material and labor costs and prevent cost overruns or other impediments to successful completion of GMP contracts, it is important that College personnel verify that CME pay requests agree with supporting documentation such as subcontractor bid records, contracts, and invoices.

The College contracted with a CME to construct the Ralph W. Cellon Jr. Institute and, after negotiations and an agreed-upon change order, the GMP contract for the project totaled \$11.8 million. During the 2024 calendar year, the College paid the CME a total of \$4.1 million. According to College records, College personnel attended the subcontractor bid openings, reconciled CME pay requests to GMP contract and related change orders and subcontractor invoices, verified the mathematical accuracy of the requests, and also verified that prior payments were properly accumulated. According to College personnel, they did not verify that the GMP and subcontractor contracts agreed with the subcontractor bid awards but relied upon the CME to monitor subcontractor services and related costs. Notwithstanding, College reliance on CME procedures provide limited assurance that the CME pay requests for subcontractor services and related College payments were proper.

As part of our audit, we requested for examination College records supporting selected expenses totaling \$2.2 million, including \$1.6 million paid to the CME for subcontractor services. Subsequent to our inquiry in August 2025, the College obtained the subcontractor contracts from the CME. Our examination found that the GMP and subcontractor contracts agreed; however, 8 of the 26 subcontractor contract amounts exceeded the subcontractor bid awards by \$5,000 to \$322,000 or an average of \$54,000 and the excess amounts totaled \$430,066.

In response to our inquiry, College personnel indicated that the CME held bid openings in May 2024 before the project scope was complete; however, College records did not identify any project scope changes or other bases to justify the subcontractor contract amounts in excess of the bid awards. Absent effective controls over CME subcontractor services and related costs, there is an increased risk that subcontractor services may not be obtained at the lowest cost consistent with acceptable quality, that CME pay requests may include inaccurate subcontractor costs, and that the maximum cost savings may not be achieved under the GMP contract process.

¹¹ Section 1013.45(1)(c), Florida Statutes.

Recommendation: To ensure that the College realizes maximum cost savings under GMP contracts, College records should be maintained to demonstrate, before CME payments are made, verification that subcontractor information on CME pay requests and GMP contracts agree with subcontractor bid awards and related contracts or, if the information does not agree, justification for any differences. Additionally, the College should document justification for the excessive subcontractor contract amounts totaling \$430,066 or consult with legal counsel regarding whether the GMP and subcontractor contract amounts should be reduced based on the subcontractor bid award amounts.

Finding 5: Vendor Information Changes

State law¹² requires each Florida College System institution to establish and maintain internal controls designed to, among other things, detect fraud, promote and encourage compliance with applicable contracts and best practices, and safeguard assets. To reduce the likelihood of fraud or errors associated with vendor payments, such controls should include properly documented and independently verified and authorized vendor information (e.g., address and bank account) changes before payments to vendors.

According to College personnel, the College pays vendors electronically and by checks through the mail and, for the 2024 calendar year, the College paid vendors a total of \$42 million. With implementation of the ERP System in July 2024, the College began requiring all vendor information changes to be routed through the Purchasing Department.

As part of our audit, we requested for examination College records supporting 25 of the 99 vendor information changes recorded in the ERP System during the period July through December 2024. We found that 6 changes, including 3 bank information changes, 2 address changes, and 1 vendor contact and e-mail change, were not supported by documented independent verification. Additionally, College records did not identify who initiated 1 of the 3 bank information changes or the vendor contact and e-mail change.

While our examination of College records, including vendor taxpayer identification information and other records supporting vendor payments related to these changes, did not disclose any payments sent to inappropriate addresses or accounts, our procedures cannot substitute for management's responsibility to implement effective controls over vendor information changes. In response to our inquiry, College personnel indicated that, while changes were typically documented and independently verified and authorized, College procedures did not ensure that the process was consistently documented and effective.

Recommendation: The College should enhance controls over vendor information changes. Such enhancements should include procedures to ensure that all vendor information changes are properly documented, independently verified, reviewed, and authorized before the changes are entered into the ERP System and payments are made.

¹² Section 1010.01(5), Florida Statutes.

Finding 6: Adult General Education

State law¹³ defines adult general education, in part, as comprehensive instructional programs designed to improve the employability of the State's workforce. The College received State funding for adult general education, and General Appropriations Act¹⁴ proviso language requires each college to report enrollment for adult general education programs in accordance with the Florida Department of Education (FDOE) instructional hours reporting procedures.¹⁵ FDOE procedures state that fundable instructional contact hours are scheduled classroom hours that occur between the date of enrollment in a class and the withdrawal date or end-of-class date, whichever is sooner.

For the 2024 Spring, Summer, and Fall Terms, the College reported a total of 55,247 instructional contact hours for 1,154 students enrolled in 528 adult general education classes. As part of our audit, we requested for examination College records for 3,126 reported contact hours for 30 selected students enrolled in 114 adult general education classes. We found that instructional contact hours were underreported by 26,394 hours for the Spring 2024 term.

In response to our inquiry, College personnel indicated that the hours were misreported due to a coding error that impacted all reported data and supervisory procedures were not effective to timely detect the error. During the Spring 2025 reporting process, College personnel discovered the error and resubmitted the data for the Summer and Fall 2024 terms but could not resubmit the Spring 2024 data because the resubmission time frame had lapsed. Since future funding may be based, in part, on enrollment data submitted to FDOE, it is important for the College to submit accurate and complete data

Recommendation: The College should strengthen procedures to ensure that instructional contact hours for adult general education classes are properly supported and accurately reported to the FDOE. Such procedures should include effective supervisory procedures to detect and correct coding errors before contact hours are reported.

Finding 7: Purchasing Cards

The College administers a purchasing card (P-card) program, which gives employees the convenience of purchasing low-cost goods and services directly from merchants without going through the purchase order process. College procedures¹⁶ and other College guidelines¹⁷ require completion of a P-card application form, certified by the employee's budget authority; P-card training; successful completion of the P-card training exam; and a signed cardholder agreement acknowledging cardholder responsibility for appropriate card use prior to P-card issuance. Additionally, College travel expenses paid for with P-cards must comply with State law¹⁸ and be supported with travel vouchers documenting the purpose

¹³ Section 1004.02(3), Florida Statutes.

¹⁴ Chapters 2023-239 and 2024-231, Laws of Florida, Specific Appropriations 8 and 123 and Specific Appropriations 8 and 128, respectively.

¹⁵ The FDOE Technical Assistance Paper: *Adult General Education Instructional Hours Reporting Procedures*, Dated September 2020.

¹⁶ Rule 5.4P – *Receipt, Deposit and Disbursement of Funds*.

¹⁷ *Procurement Card Guide*.

¹⁸ Section 112.061(11), Florida Statutes.

of the official travel, certification signed by the traveler, and that the travel expenses were actually incurred by the traveler as necessary in the performance of official duties.

College P-card procedures require that P-card charges be supported by appropriate documentation, approved by the cardholder, and independently reviewed and approved by the applicable cost center manager. Accounts Payable Department personnel are responsible for reviewing and reconciling the P-card documentation to the charges to ensure that the information is properly recorded in the accounting records. Additionally, College procedures prohibit P-card use for certain purchases, such as memberships, vehicle services, and gift cards. Upon cardholder employment separation, the Human Resources (HR) Department notifies the P-card administrator to cancel the cardholder's P-card privileges, and the cardholder must return the P-card to the P-card Administrator, Comptroller, or designee for cancellation and destruction.

During the 2024 calendar year, the College had 66 P-cards and incurred P-card expenses totaling \$537,460 and 6 P-cardholders separated from College employment. As part of our audit, we requested College records supporting the issuance of 17 of the 66 P-cards, 30 selected P-card expenses totaling \$116,670, and prompt cancellation of the 6 P-cards upon the P-cardholders' employment separation. We found that:

- Support for the 17 P-card issuances was not always available as College records lacked documentation demonstrating successful completion of the training exam for 9 P-cardholders, P-card application forms for 5 P-cardholders, and cardholder agreements for 3 P-cardholders.
- Of the 30 selected expenses:
 - 2 P-card expenses were for membership fees totaling \$10,620.
 - 2 expenses totaling \$7,154 were for College vehicle paint, repair, and other services.
 - 1 expense for \$5,000 was for 200 \$25 gift cards that were distributed to employees who successfully completed suicide prevention training.
 - 2 P-card expenses, \$11,302 for airfare and \$5,893 for lodging, were not supported by documented cost center manager approvals and Accounts Payable Department personnel reviews and reconciliations. Additionally, contrary to State law, travel vouchers or other records were not maintained documenting the purpose of the official travel, certification signed by the travelers, and that the travel expenses were actually incurred by the travelers as necessary in the performance of official duties.

For the lodging expenses totaling \$5,893 and a \$675 prohibited membership fee, College records lacked cardholder approval and receipts or other expense support. Subsequent to our inquiry, the College obtained appropriate support for these 2 expenses; however, the date the support was received averaged 311 days after the 2 expenses were incurred.

- The P-cards for 2 of the 6 P-cardholders who separated from College employment were not canceled until after our audit inquiry, or an average of 346 days after the P-cardholders' employment separation dates. While our examination of P-card activity disclosed no inappropriate charges using the 2 cards, our procedures cannot substitute for the College's responsibility to implement adequate internal controls over P-card cancellations.

College personnel indicated these oversights occurred due to staff turnover and additional staff duties occurring with implementation of the ERP System. Without effective controls over P-cards, there is an increased risk of P-card misuse including fraud, waste, or abuse of College resources.

Recommendation: The College should enhance procedures to ensure adherence to established P-card procedures and compliance with State law. Such enhancements should include the maintenance of:

- P-card application forms, certified by the employee’s budget authority; documentation demonstrating successful completion of P-card training exams; and signed cardholder agreements acknowledging responsibility for appropriate card use prior to P-card issuance.
- College records, including statutorily required travel vouchers, supporting the basis for and approval of appropriate P-card charges. College records should also demonstrate that prohibited P-card charges are denied.
- College records demonstrating prompt HR Department notifications to the P-card Administrator to help ensure P-card privileges are timely canceled upon cardholder separation from College employment.

Finding 8: Information Technology User Access Privileges

The Legislature has recognized in State law¹⁹ that social security numbers (SSNs) can be used to acquire sensitive personal information, the release of which could result in fraud against individuals or cause other financial or personal harm. Therefore, public entities are required to provide extra care in maintaining the confidential status of such information, generally restrict SSN visibility to human resources, payroll, and benefits administration staff, and employ alternative identification measures, if possible, instead of using SSNs for internal processing and reporting. Additionally, periodic evaluation of IT user access to SSNs is necessary to ensure that employees can only access those IT resources that are necessary to perform their assigned job duties.

The College maintains sensitive personal records, including SSNs, of current and former employees and contracted workers. The College collects and uses employee and contracted worker SSNs for various purposes, such as verifying employment eligibility, payroll and tax reporting, and benefits administration. The College also assigns College identification numbers (employee IDs) to employees and contracted workers to assist in protecting their identities. As of January 2026, the College Chief Information Officer indicated that the College ERP system contained the SSNs of 3,029 current and former employees and contracted workers.

As part of our audit, we examined College records supporting the access privileges for 21 of the 35 employees with access to sensitive personal employee information to determine the appropriateness and necessity of those access privileges based on the employees’ assigned job responsibilities. We found that 7 employees including, for example, the Vice President for Administrative Affairs and Chief Financial Officer, Restricted Funds Manager, Bursar, and the Provost and Vice President for Academic Affairs, had access to view employee and contracted worker SSNs that was unnecessary for their assigned job duties.

According to College personnel, due to oversights during implementation of the ERP System, certain roles created for approval purposes unintentionally permitted access to view SSNs. Additionally, since implementation of the ERP System, the College had not established procedures to perform documented

¹⁹ Section 119.071(5)(a), Florida Statutes.

periodic evaluations of IT user access to SSNs. The existence of unnecessary IT user access privileges to SSNs and the lack of periodic evaluations to detect such access increase the risk of unauthorized disclosure of the information which could result in fraud against individuals or cause other financial or personal harm. As of January 2026, the 7 employees' unnecessary access to SSNs had not been removed; however, the College had requested assistance from the ERP System provider to help restrict access to only those who need the access to perform their duties.

Recommendation: The College should continue efforts to ensure that the ERP System appropriately restricts access to SSNs. Additionally, the College should establish procedures documenting periodic evaluations of IT user access to SSNs and the prompt removal of any unnecessary access detected.

PRIOR AUDIT FOLLOW-UP

The College had taken corrective actions for findings included in our report No. 2023-034.

OBJECTIVES, SCOPE, AND METHODOLOGY

The Auditor General conducts operational audits of governmental entities to provide the Legislature, Florida's citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted this operational audit from April 2025 through January 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This operational audit focused on selected College processes and administrative activities. For those areas, our audit objectives were to:

- Evaluate management's performance in establishing and maintaining internal controls, including controls designed to prevent and detect fraud, waste, and abuse, and in administering assigned responsibilities in accordance with applicable laws, rules, regulations, contracts, grant agreements, and other guidelines.
- Examine internal controls designed and placed in operation to promote and encourage the achievement of management's control objectives in the categories of compliance, economic and efficient operations, reliability of records and reports, and safeguarding of assets, and identify weaknesses in those controls.
- Determine whether management had taken corrective actions for findings included in our report No. 2023-034.
- Identify statutory and fiscal changes that may be recommended to the Legislature pursuant to Section 11.45(7)(h), Florida Statutes.

This audit was designed to identify, for those areas included within the scope of the audit, weaknesses in management's internal controls significant to our audit objectives; instances of noncompliance with applicable laws, rules, regulations, contracts, grant agreements, and other guidelines; and instances of

inefficient or ineffective operational policies, procedures, or practices. The focus of this audit was to identify problems so that they may be corrected in such a way as to improve government accountability and efficiency and the stewardship of management. Professional judgment has been used in determining significance and audit risk and in selecting the particular transactions, legal compliance matters, records, and controls considered.

As described in more detail below, for those programs, activities, and functions included within the scope of our audit, our audit work included, but was not limited to, communicating to management and those charged with governance the scope, objectives, timing, overall methodology, and reporting of our audit; obtaining an understanding of the program, activity, or function; identifying and evaluating internal controls significant to our audit objectives; exercising professional judgment in considering significance and audit risk in the design and execution of the research, interviews, tests, analyses, and other procedures included in the audit methodology; obtaining reasonable assurance of the overall sufficiency and appropriateness of the evidence gathered in support of our audit findings and conclusions; and reporting on the results of the audit as required by governing laws and auditing standards.

Our audit included the selection and examination of transactions and records, as well as events and conditions, occurring during the audit period of January 2024 through December 2024 and selected College actions taken prior and subsequent thereto. Unless otherwise indicated in this report, these records and transactions were not selected with the intent of statistically projecting the results, although we have presented for perspective, where practicable, information concerning relevant population value or size and quantifications relative to the items selected for examination.

An audit by its nature does not include a review of all records and actions of management, staff, and vendors and, as a consequence, cannot be relied upon to identify all instances of noncompliance, fraud, waste, abuse, or inefficiency.

In conducting our audit, we:

- Reviewed applicable laws, rules, College procedures, and other guidelines, and interviewed College personnel to obtain an understanding of applicable processes and administrative activities and the related requirements.
- Examined College records to determine whether the College had developed an anti-fraud policy for the audit period to provide guidance to employees for communicating known or suspected fraud to appropriate individuals. Also, we examined College records to determine whether the College had implemented appropriate and sufficient procedures to comply with an anti-fraud policy.
- Reviewed College information technology (IT) rules and procedures to determine whether the rules and procedures addressed certain important IT control functions, such as security, systems development and maintenance, disaster recovery, and incident response and recovery.
- Evaluated College procedures for maintaining and reviewing employee access to IT data and resources. We examined access privileges to the finance and human resources applications during the audit period for 33 of the 136 total users to determine the appropriateness and necessity of the access based on the employees' job duties and user account functions and the adequacy with regard to preventing the performance of incompatible duties. We also examined administrator account access privileges granted and procedures for oversight of administrator accounts for the network, operating system, and application to determine whether these accounts had been appropriately assigned, managed, and monitored.

- Evaluated College procedures for protecting sensitive personal information, including social security numbers (SSNs). Examined College records supporting the access privileges for 21 of the 35 employees who had access to SSNs to determine the appropriateness and necessity of those access privileges based on the employees' assigned job responsibilities.
- Evaluated College procedures that prohibit former employees' access to College IT data and resources. From the population of 390 employees who separated from College employment during the audit period, we examined the access privileges for 34 selected former employees to determine whether their access privileges had been timely deactivated.
- Evaluated the appropriateness of the College comprehensive IT disaster recovery plan during the audit period and determined whether the plan had been recently tested.
- Reviewed operating system, database, network, and application security settings to determine whether authentication controls were configured and enforced in accordance with IT best practices.
- Determined whether a comprehensive IT security awareness and training program was in place for the audit period.
- We evaluated the appropriateness of physical security access for rooms and areas containing IT resources, such as data centers, to determine whether access was appropriate for the 67 employees and contracted workers given their job responsibilities.
- Inquired of College personnel and examined College records to determine whether the College had any expenses or entered into any contracts under the authority granted by a state of emergency, declared or renewed during the audit period.
- From the population of 6,382 course sections offered during the audit period, examined College records to determine whether the College textbook and instructional materials affordability and transparency procedures complied with Section 1004.085, Florida Statutes.
- Evaluated the effectiveness of College controls during the audit period to ensure that students who had not paid fees in an approved manner were not considered in calculating full time equivalent enrollments for State funding purposes pursuant to Sections 1009.22(11) and 1009.23(9), Florida Statutes.
- Examined supporting documentation to determine whether the College complied with Section 1009.23, Florida Statutes, by properly calculating and assessing user fees with revenues totaling \$8.4 million.
- From the population of 438 courses with laboratory fee revenue totaling \$2.2 million during the audit period, examined College records supporting 36 courses with revenues totaling \$708,539 to determine whether laboratory fees were assessed, collected, and separately accounted for in accordance with Section 1009.23(12), Florida Statutes.
- Examined College records for the 312 distance learning courses with fee revenue totaling \$1 million during the audit period, to determine whether distance learning fees were assessed and collected in accordance with Section 1009.23(16)(a) and (b), Florida Statutes.
- Examined College records to determine whether extra compensation was paid to employees during the audit period.
- From the population of 47,569 compensation payments totaling \$91.5 million during the period of January 1, 2024, through May 30, 2025, selected 31 payments totaling \$59,264 and examined College records supporting the payments to determine whether pay rates were accurate, employment contracts were valid, performance evaluations were completed, and leave records were accurate.

- For the only major construction project in progress during the audit period, with a contract amount of \$11.8 million and construction costs totaling \$5.6 million:
 - Selected five payments totaling \$2.5 million and examined College records to determine whether the payments were made in accordance with contract terms and conditions, College rules and procedures, and provisions of applicable State laws and rules.
 - Evaluated whether the selection process for the design professional and construction manager complied with Sections 287.055, Florida Statutes.
 - Determined whether the Board had adopted a rule establishing minimum insurance coverage requirements for design professionals and required insurance was provided.
 - Determined whether the contractor furnished a payment and performance bond as required by Section 1013.47, Florida Statutes.
 - Evaluated whether the College monitored the selection of qualified subcontractors.
 - Determined whether the Board established appropriate rules and College procedures addressing negotiation, monitoring, and reasonableness of general condition costs.
 - Evaluated whether change orders were appropriately approved, complied with contractual terms, and if cost savings actually occurred and were received by the College.
- From the population of 2,054 purchasing card (P-card) expenses totaling \$537,460 during the audit period, examined College records supporting 30 selected expenses totaling \$116,670 to determine whether the P-card program was administered in accordance with College rules and procedures and transactions were not of a personal nature.
- Examined P-card records for the six cardholders who separated from College employment during the audit period to determine whether the College timely canceled the cardholders' P-cards.
- From the population of contracted services expenses (other than construction) totaling \$12 million during the audit period, examined College records supporting 30 selected contracted services payments totaling \$1.5 million to determine whether selected payments were reasonable; adequately documented; for a valid college purpose; properly authorized and approved; and in compliance with applicable State laws, contract terms, and College rules.
- Examined College records to determine whether the College evaluated the effectiveness and suitability of software acquisitions prior to purchase. Also, we reviewed procedures for evaluating provider security controls prior to software acquisitions.
- From the population of Public Education Capital Outlay and Deferred Building Maintenance expenses totaling \$5.1 million reported by the College to FDOE during the audit period, examined records supporting 25 selected expenses totaling \$3.8 million to determine whether these funds were expended in compliance with the restrictions imposed on the use of these resources, including Chapter 2022-156, Laws of Florida, General Appropriations Act, Section 197, related to Deferred Building Maintenance.
- Examined College records for the audit period to determine whether the College had appropriate controls in place to ensure that vendor information changes were appropriate and independently verified.
- From the population of 1,154 adult general education instructional students reported for 55,247 contact hours for the Spring 2024, Summer 2024, and Fall 2024 academic terms, examined College records supporting 3,126 reported contact hours for 30 selected students to determine whether the College reported the instructional contact hours in accordance with the Florida Department of Education requirements.

- From the population of 447 industry certifications reported for performance funding during the 2023-24 fiscal year, examined College records supporting 33 industry certifications to determine whether the College maintained documentation for student attainment of the industry certifications.
- Communicated on an interim basis with applicable officials to ensure the timely resolution of issues involving controls and noncompliance.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.
- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe the matters requiring corrective actions. Management's response is included in this report under the heading **MANAGEMENT'S RESPONSE**.

AUTHORITY

Section 11.45, Florida Statutes, requires that the Auditor General conduct an operational audit of each College on a periodic basis. Pursuant to the provisions of Section 11.45, Florida Statutes, I have directed that this report be prepared to present the results of our operational audit.

A handwritten signature in blue ink that reads "Sherrill F. Norman". The signature is fluid and cursive, with the first name being the most prominent.

Sherrill F. Norman, CPA
Auditor General

MANAGEMENT'S RESPONSE



Finance and Business Affairs

April 17, 2026

Sherrill F. Norman
Auditor General of the State of Florida
Claude Denson Pepper Building, Suite G74
111 West Madison Street
Tallahassee, Florida 32399-1450

Dear Ms. Norman,

Please find included the responses to Santa Fe College's Preliminary and Tentative Operational Audit findings for the calendar year December 31, 2024.

The College appreciates the review of our processes. We particularly want to extend our appreciation for the professionalism and cooperation of your staff throughout the process and acknowledge their efforts in working with us to complete the audit engagement.

Finding 1:

Although the College did go through a process to evaluate the respective software purchases, the College will enhance procedures to regularly obtain and document the evaluation of security controls as well as document cost benefit analysis for future software selections and document the monitoring of large scale IT projects.

Finding 2:

The College updated its guidance for laboratory fees in January 2026, and we are currently modifying all the laboratory fees to remove unallowed costs or services that cannot be directly attributed to an individual student (such as support for tutoring). These changes will go into effect for Fall 2026, upon approval by the BOT in May.

Finding 3:

The College has been making steady progress on posting syllabi by the 45-day deadline and met this deadline for the Fall 2025 and Spring 2026 Terms. We will continue to enhance procedures to focus on ensuring that general education syllabi (expanding to *all* syllabi in Fall 2026 to comply with new State rule) are posted by the 45-day deadline.

Finding 4:

Although the College did go through a process to verify the CME's subcontractor invoices matched values in the GMP and amounts paid to the CME for subcontractor services matched values in the GMP, the College will enhance procedures to obtain and verify documentation of executed subcontractor agreements, subcontractor bids supporting those agreements, and

ensure that the CME executes subcontractor agreements after the CME receives an executed contract or change order from the College.

Finding 5:

The College has implemented changes to ensure that the vendor information changes are properly documented and independently verified separate from AP and Purchasing staff before the changes are entered into the ERP System.

Finding 6:

The data issues that led to this misreporting were identified at the beginning of this academic year, and scheduling and reporting practices have been corrected to ensure that this error does not recur.

Finding 7:

The College has enhanced procedures to ensure compliance with P-card procedures and has implemented a centralized document-storage process, and development of a standardized out-processing procedure is planned to ensure timely deactivation of P-cards.

Finding 8:

The College implemented a new enterprise resource planning system for Human Resources, Finance, and Payroll. As part of this transition, certain legacy user access permissions were initially carried forward. Following implementation, the College is continuing to conduct reviews of user access and removing unnecessary privileges. Access has been aligned with role-based job responsibilities to reduce risk. Even within the legacy system, access to Social Security numbers was highly restricted and limited to a small number of employees with a business need. Ongoing access review procedures are in place to maintain appropriate controls.

Sincerely,



Andrew Jones
Interim Vice President
Finance and Business Affairs/CFO