

The logo for UC Irvine, featuring the letters "UCIRVINE" in a large, black, serif font. A vertical line is positioned to the right of the text, separating it from the "INTERNAL AUDIT SERVICES" text.

INTERNAL
AUDIT SERVICES

Gender Recognition and Lived Name Compliance

Internal Audit Report No. I2025-209

September 4, 2025

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September 4, 2025

**DYONNE BERGERON
VICE CHANCELLOR
EQUITY, DIVERSITY, AND INCLUSION**

**RE: Gender Recognition and Lived Name Compliance (GRLN) Audit
No. I2025-209**

Internal Audit Services performed a review of the Gender Recognition and Lived Name Compliance, and the final report is attached.

We extend our gratitude and appreciation to all personnel with whom we had contact while conducting our review. If you have any questions, please do not hesitate to contact me.

Sincerely,



Mike Bathke
Director

Attachment

C: Audit Committee
Saroj Sharma, Executive Director – Business Transformation Office
Michael Ni, Senior Project Manager – Business Transformation Office

I. MANAGEMENT SUMMARY

As part of the fiscal year (FY) 2024-2025 audit plan, Internal Audit Services (IAS) conducted a review to assess the adequacy, efficiency, and effectiveness of business practices in tracking, monitoring, and documenting policy implementation. The review identified a potential risk of non-compliance with the Gender Recognition and Lived Name (GRLN) policy for certain affected applications. Specifically, the following observations were observed.

GRLN Policy Compliance – UCI Health – The observations revealed significant deficiencies in application inventory management, allowing for a risk that applications affected by the GRLN policy may not have been identified or updated as required. This observation is discussed in section V.1.

Policy Implementation Documentation – UCI Health – Attestation forms, required supporting documentation for documenting policy compliance, were not completed, signed, and maintained. This observation is detailed in section V.2.

II. BACKGROUND

To promote an inclusive environment, the University of California published the Gender Recognition and Lived Name (GRLN) policy so that all university-issued identification documents and displays of personal identification information will show the accurate gender identity and lived name for UC community members. The UC expects all system-wide locations, including the health system, will complete the implementation of this policy and corresponding procedures by December 31, 2023.

III. PURPOSE, SCOPE, AND OBJECTIVES

The purpose of this audit was to review the established business practices and processes for monitoring, tracking, and documenting GRLN policy implementation and compliance by the December 31, 2023 due date. The scope included a focused review and sampling of system applications inventories utilized to ensure proper and timely GRLN policy implementation at the Campus and UCI Health (UCIH).

For testing purposes, IAS included the following objectives.

1. Determine if tracking and monitoring of policy implementation progress accurately accounted for all division and/or department applications. Verify if attestations documented policy implementation by each unit head.
2. Verify continuous management oversight in the tracking and monitoring of policy implementation after a due date for departments that requested an extension.

3. Determine current policy implementation status for departments that require an extension. Determine if unit heads obtained approval for another extension and submitted plans for the eventual implementation and the date.
4. Determine if there have been any complaints because a Campus or UCIH department or unit did not reflect changed gender identity and/or lived name information in their application or systems accurately, in a timely manner, or because the process was inefficient.

IV. CONCLUSION

IAS observed the following issues at UCI Health (UCIH).

1. Monitoring, tracking, and documentation: Significant discrepancies and deficiencies were observed in the processes for monitoring, tracking, and documenting GRLN policy implementation.
2. Oversight and management: Insufficient oversight of GRLN policy implementation was observed.
3. Compliance risk: The identified deficiencies pose a significant risk of non-compliance with the GRLN policy.

IAS discussed these observations with management, who formulated action plans to address the issues. The details are presented below.

V. OBSERVATIONS AND MANAGEMENT ACTION PLANS

1. GRLN Policy Compliance - UCI Health

Background

UCIH Information Technology Services (ITS) served as the official liaison with the Business Transformation Office (BTO) to coordinate and plan the required work to ensure UCIH system applications are updated in accordance with the policy requirements by the December 31, 2023 deadline. ITS was also responsible for assessing individual applications in their inventory to identify those potentially impacted by the GRLN policy and evaluate the extent of such impact.

Observation

To evaluate compliance with the GRLN policy, Internal Audit Services (IAS) reviewed the ITS master inventory (last updated March 11, 2024). The assessment revealed several areas of concern.

1. Inadequate tracking and monitoring: ITS failed to effectively track and monitor the GRLN policy implementation. For the December 22, 2023 project

status update, ITS informed BTO that 47 applications were not compliant with policy requirements. However, the ITS master inventory documented that 77 applications were not compliant with policy requirements and would require an extension.

In addition, IAS also noted that 35 applications were inconsistently categorized, appearing in both the compliant and noncompliant inventories.

2. Incomplete identification of affected applications: ITS did not effectively identify all applications potentially impacted by the GRLN policy. ITS reported to IAS that they identified 36 applications that were not documented in the ITS master inventory for tracking and monitoring applications for policy implementation.

These observations reveal significant deficiencies in application inventory management, which do not support proper policy implementation tracking and monitoring. Consequently, there is a substantial risk that applications affected by the GRLN policy may not have been identified or updated as required. Failure to comply with the policy can lead to negative consequences, including legal ramifications, reputational damage, and harm the well-being of students, faculty, and staff.

Management Action Plan

The Office of Inclusive Excellence (OIE) will designate the Business Transformation Office (BTO) to oversee UCIH ITS in conducting a reassessment of the system applications active in the 2023 inventory to:

1. Verify applications potentially impacted by the GRLN policy.
2. Create an inventory log to document the following for each system application.
 - Current policy compliance status (compliant or non-compliant)
 - Policy implementation dates
 - Obtain GRLN Policy Compliance Attestation forms.
3. Address non-compliance issues by performing the following actions for system applications that do not meet policy requirements:
 - Implement necessary updates to achieve full policy compliance.
 - Document all remediation actions taken.
 - Update the inventory log to reflect current compliance status.

Throughout the reassessment process, ITS will provide BTO with progress updates and submit the final inventory log for review and verification upon completion.

MAP Implementation Due Date: February 28, 2026

2. Policy Implementation Documentation – UCI Health

Background

UCIH Information Technology Services (ITS) was responsible for assessing individual applications in their inventory to identify those potentially impacted by the GRLN policy and evaluate the extent of such impact.

ITS was also required to collect electronically signed attestation forms from unit heads of all departments and units within the policy's scope to document policy implementation.

Observation

To assess GRLN policy compliance, IAS requested signed attestation forms that were required to document policy implementation and compliance. The observations are summarized as follows.

1. In December 2023, ITS reported to BTO that 69 applications were compliant with policy requirements. However, ITS did not provide attestation forms as supporting documentation of policy implementation. Contrary to policy requirements, ITS did not obtain signed attestation forms as required to document policy implementation.
2. In an email dated April 7, 2025, ITS informed IAS that all UCIH applications were compliant with policy requirements "ahead of the policy deadline of December 31, 2023". IAS requested attestation forms for 23 applications previously identified as noncompliant. However, attestation forms were not provided for audit review. The required attestation documentation was not obtained.
3. ITS also informed IAS that 36 applications had not been documented in their master inventory. As a result of this oversight, ITS was unable to obtain the required signed attestation forms for these applications.

Completed and signed attestation forms required documentation of policy implementation. Attestation forms that are accurately completed, signed, and maintained are crucial for demonstrating and enforcing policy compliance across the organization.

Management Action Plan

The Office of Inclusive Excellence (OIE) assign oversight responsibilities to the Business Transformation Office (BTO), which will work with UCIH ITS to certify compliance with the policy by:

- Completing GRLN Policy Compliance Attestation forms for all system applications determined to be within policy scope;
- Obtaining electronic signatures from appropriate department or unit heads through DocuSign; and
- Maintaining documentation of all attestations.

Upon completion of all attestations, ITS will notify BTO of the certification process completion.

MAP Implementation Due Date: February 28, 2026