



Board of Trustees Audit & Compliance Committee

Tuesday, May 23, 2023

Microsoft Teams Virtual Meeting

Trustees: Sandra Callahan, Chair; Oscar Horton, Lauran Monbarren

A G E N D A

- I. Call to Order and Comments Chair Sandra Callahan
- II. Public Comments Subject to USF Procedure Chair Callahan
- III. New Business – Action Items
 - a. [Approval of February 14, 2023 Meeting Notes](#) Chair Callahan
- IV. New Business – Information Items
 - a. [2022 Compliance & Ethics Annual Report](#) Chief Compliance Officer,
Caroline Fultz-Carver
 - b. [Antifraud Framework Annual Status](#) Chief Internal Auditor, Virginia Kalil
 - c. [University and DSO Independent
Audit Findings Report](#) General Counsel, Gerard Solis
Vice President, Jennifer Condon
 - d. [Office of Internal Audit
External Quality Assurance Review](#) Chief Internal Auditor, Virginia Kalil
- V. Adjournment Chair Callahan



Board of Trustees Audit & Compliance Committee

Tuesday, February 14, 2023
Microsoft Teams Virtual Meeting

Trustees: Sandra Callahan, Chair; Oscar Horton, Luran Monbarren

MINUTES

Chair Sandra Callahan thanked everyone for participating and called the meeting to order.

She asked Kiara Guzzo to call the roll.

Kiara Guzzo called the roll

Trustee Sandra Callahan

Trustee Oscar Horton

Trustee Luran Monbarren

Public Comments Subject to USF Procedure

There were no public comments

New Business – Action Items

a. Approval of November 15, 2022 Meeting Notes

Chair Callahan requested a motion to approve the meeting notes. Trustee Horton gave the motion. Trustee Monbarren seconded it; and the November 15, 2022, meeting notes were approved.

Chair Callahan commented that before we can file the data certification for the PBF and for Preeminence to the BOG, the Audit and Compliance Committee need to review, accept and approve the audit report and execution of the certificate.

b. Acceptance of Performance Based Funding (PBF) and Preeminence Data Integrity Audits & Approval of Data Integrity Certification

Executive Director of Internal Audit Virginia Kalil presented. There was a power point provided: *Performance Metrics Data Integrity Audits*.

Performance Based Funding was implemented in 2014 to incentivize universities to strive for excellence and improve their performance in key areas aligned with State University System' strategic plan

Preeminence was established in 2013 to reward high achieving universities based on 12 academic and research related excellence metrics. Universities meeting 11 out of 12 metrics qualify for preeminence status. Those meeting 6 out of 12 metrics qualify emerging preeminence status.

In 2016 USF qualified for emerging preeminence status. In 2018 we reached full preeminence status. The key to both model successes is the ability for the Board of Governors to rely on the information submitted to them by the universities to make funding decisions.

Each year the BOG requests that universities conduct an audit of the processes and data related to both the PBF and Preeminence programs.

This USF's 9th year conducting a Performance Based Funding Data Integrity Audit and our 4th year conducting a Preeminence Data Integrity Audit. The Audit Reports and Data Integrity Certifications are submitted to the BOG every year by March 1ST.

The power point highlighted the following information:

- Performance Metrics Data Integrity Audits.
- Overall Objectives
- Scope
- Performance Based Funding
- Conclusion and Results
- Medium-Priority Risks Identified
- Preeminence
- Conclusion and Results
- Medium Priority Risks Identified
- Summary
- Overall Data Integrity Conclusion

Chair Callahan requested a motion to approve the Acceptance of Performance Based Funding (PBF) and Preeminence Data Integrity Audits & Approval of Data Integrity Certification; which was given by Trustee Monbarren and seconded by Trustee Horton. The motion passed and the Acceptance of Performance Based Funding (PBF) and Preeminence Data Integrity Audits & Data Integrity Certification was approved.

New Business – Information Items

a. USF/DSO Independent Audit Findings Report

University Treasurer Fell Stubbs presented.

The Independent Audit Findings Report describes audit findings and auditor recommendations, and management's responses and correction status.

The University and DSOs received a total of 15 audits from independent auditors for the fiscal year ended June 30, 2022. The reports containing findings include the following:

- 0 Findings in the 5 University or USF Auxiliary June 30, 2022, Audited Financial Statements
- 1 Finding in the University Operational Audit issued November 2022
- 0 Findings in the 8 DSO June 30, 2022, Audited Financial Statements
- 0 Finding in the USF Health Services Support Organization, Inc.'s June 30, 2022, Audited Financial Statements

One audit report for the fiscal year ended June 30, 2022, has not yet been issued:

- State of Florida Federal Awards Audit (Formerly A-133)

b. Annual Compliance Certifications of DSO's

Each Direct Support Organization ("DSO") and related entity under the control and direction of the Board of Trustees of the University of South Florida ("USF") is expected to implement an internal control, reporting and governance structure consistent with best practices of USF, the DSO or related entity, as well as those detailed within National Association of College and University Business Officer's Advisory Report on the Sarbanes-Oxley Act of 2002.

During 2021, the University amended USF Regulation 13.002 to require all DSOs, beginning in FY 2022, to engage the USF Office of Internal Audit to perform independent and objective internal audit and investigative services in accordance with professional standards.

Annually, each DSO must certify to the USF Board of Trustees compliance with the requirements described above. This certification must be completed by (1) the Chair of the Board or like position, (2) the Chief Executive Officer or President, and (3) the Chief Financial Officer or individual with overall responsibility for financial operations.

The University requests, by November 10, 2022, 8 Annual Compliance Certification Statements for the 10 DSOs for the fiscal year ended June 30, 2022 (2 are reported on a consolidated basis). Since June 30, 2022, all 8 Certification Statements have been received.

- No instances of non-compliance with the 23 requirements from five categories of compliance were cited in the 8 Annual Compliance Certification Statements.

Mr. Stubbs commented that this was the best report ever.

Trustee Horton asked if having a perfect report was a first in this area.

Mr. Stubbs replied that this is the best audit finding disclosure in approximately 10 to 15 years.

Having no further business, Chair Callahan adjourned the Audit and Compliance Committee Meeting.

Agenda Item: IVa

**USF Board of Trustees
Audit & Compliance Committee
May 23, 2023**

Issue: 2022 Compliance & Ethics Annual Report

Proposed action: Informational

Executive Summary:

The 2022 Compliance & Ethics Annual Report summarizes the activities of the the USF Office of Compliance & Ethics from January 1, 2022, to December 31, 2022. This report is organized under the “essential elements” of an effective compliance program as prescribed by Federal Sentencing Guidelines and fulfills annual reporting requirements contained in BOG Regulation 4.003 and the USF Office of Compliance & Ethics Program Plan.

Financial Impact: N/A

Strategic Goal(s) Item Supports: N/A

BOT Committee Review Date: 5/23/2023

Supporting Documentation Online (please circle):

Yes

No

USF or Campus specific: USF

Prepared by: Caroline Fultz-Carver, Chief Compliance Officer

2022 Annual Report

Office of Compliance & Ethics

Caroline Fultz-Carver, PhD, CCEP | May 23, 2023



Office of Compliance & Ethics

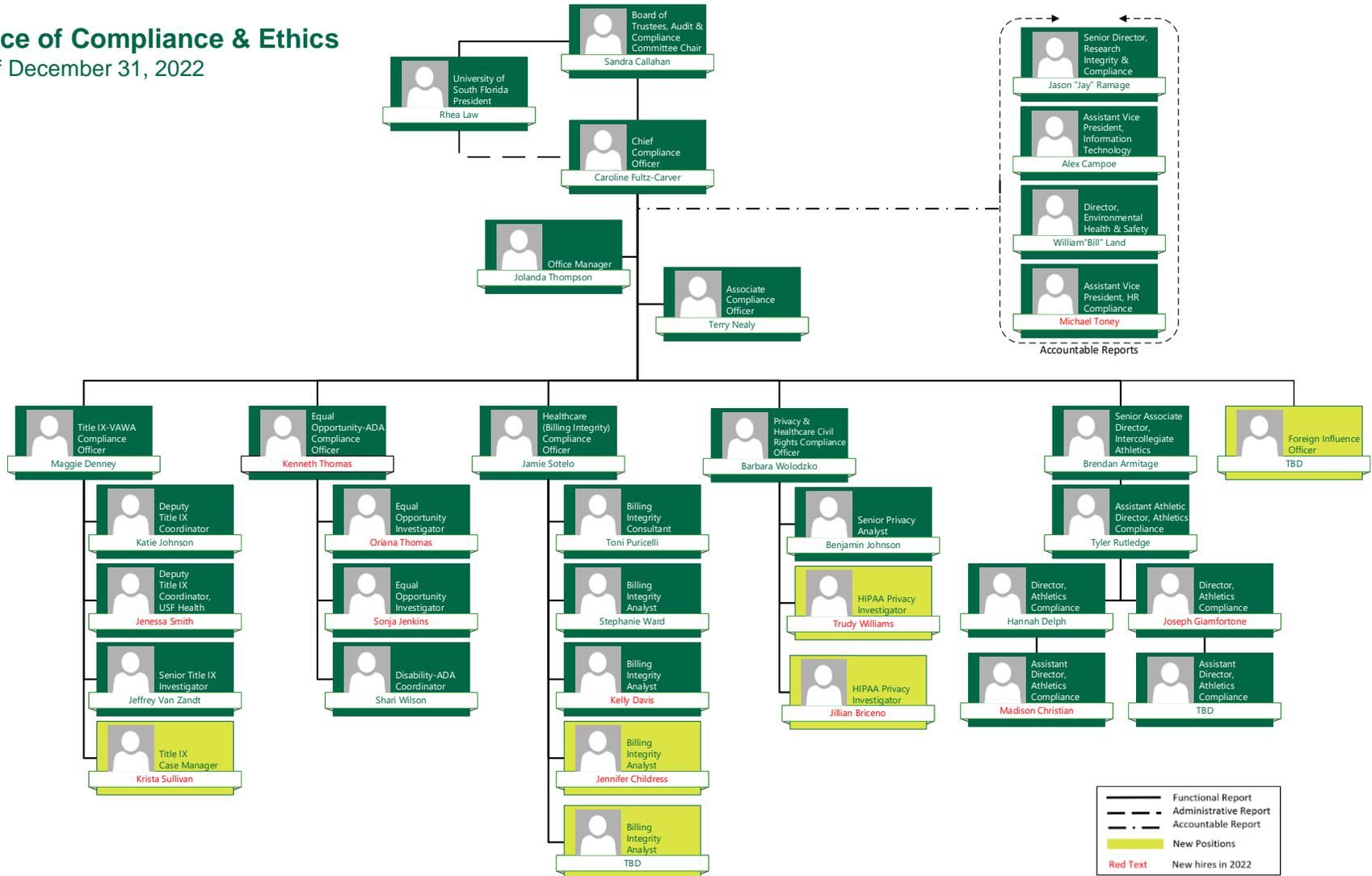


The Chief Compliance Officer shall report at least annually on the effectiveness of the program.

A copy of the annual report shall be provided to the Board of Governors.

*BOG Regulation 4.003 (7)(g)8
State University System Compliance and Ethics Programs*

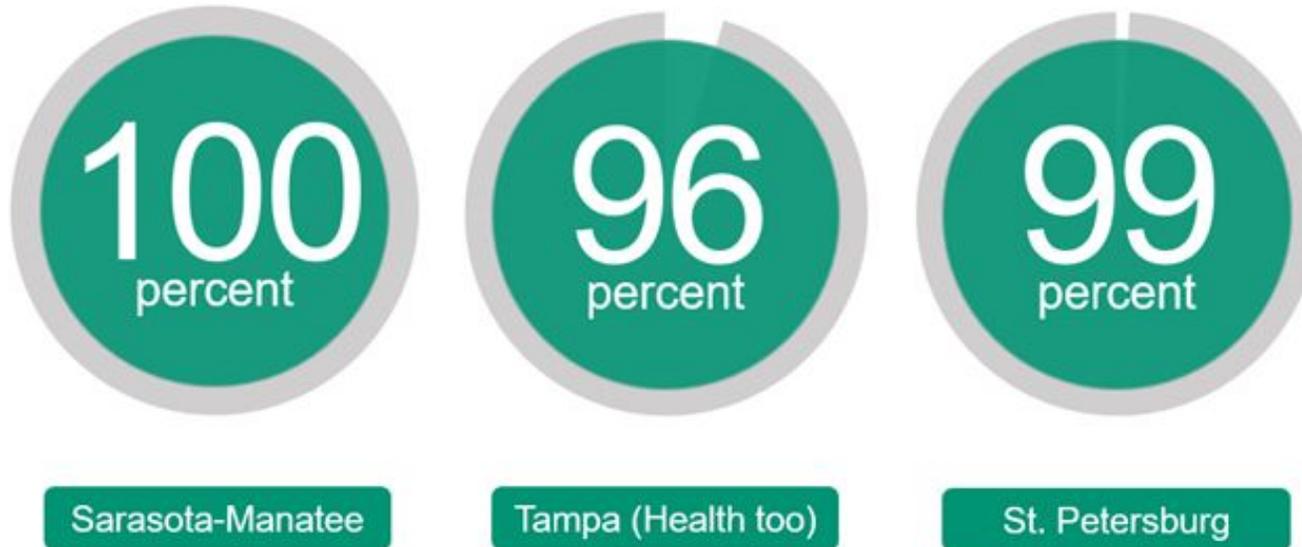
Office of Compliance & Ethics as of December 31, 2022



Highlights

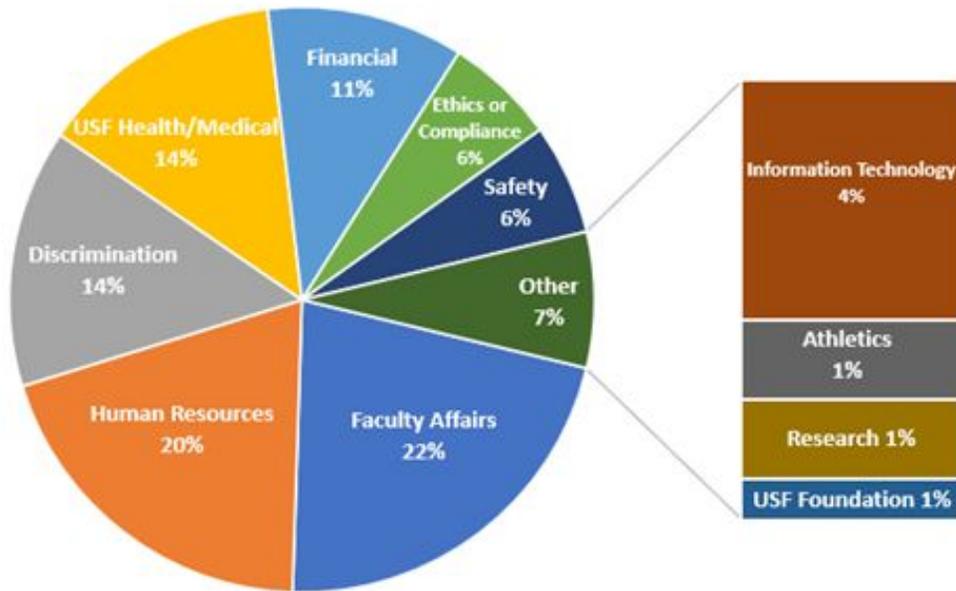
- Foreign Influence Legislation Compliance Certification
- BOG Pilot Audit of Foreign Gifts and Contracts Reporting
- HB7 Review, Procedure Development, and Hold
- 5-Year Program Effectiveness Review
- eDisclose
- EthicsPoint

Annual Florida Code of Ethics Disclosure

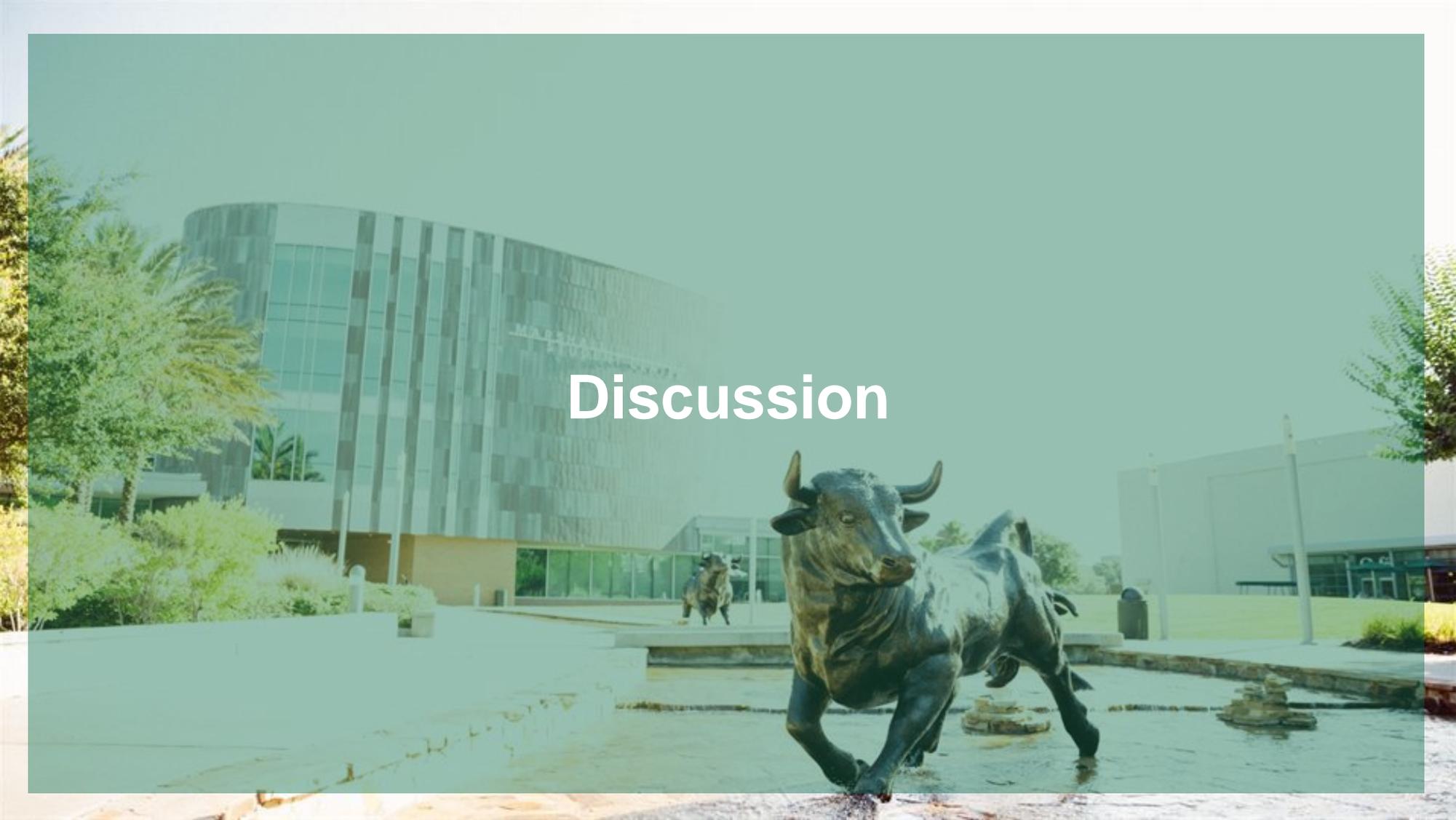


EthicsPoint Reports

EthicsPoint Reports by Primary Issue



	Substantiated	Unsubstantiated	Referred	Open	Total
Faculty Affairs	8	21	3	0	32
Human Resources	4	20	1	4	29
Discrimination	1	14	6	0	21
USF Health/Medical	3	10	4	3	20
Financial	4	9	0	3	16
Ethics or Compliance	3	4	2	0	9
Safety	2	3	4	0	9
Information Technology	2	4	0	0	6
Athletics	1	1	0	0	2
Research	0	1	0	1	2
USF Foundation	0	1	0	0	1
Total	28	88	20	11	147

A photograph of a modern building with a large bronze bull sculpture in the foreground. The word "Discussion" is overlaid in white text. The building has a curved facade with large windows and a sign that reads "MALLA UNIVERSITY". The bull sculpture is in a pool of water, and there are palm trees and other greenery in the background.

Discussion

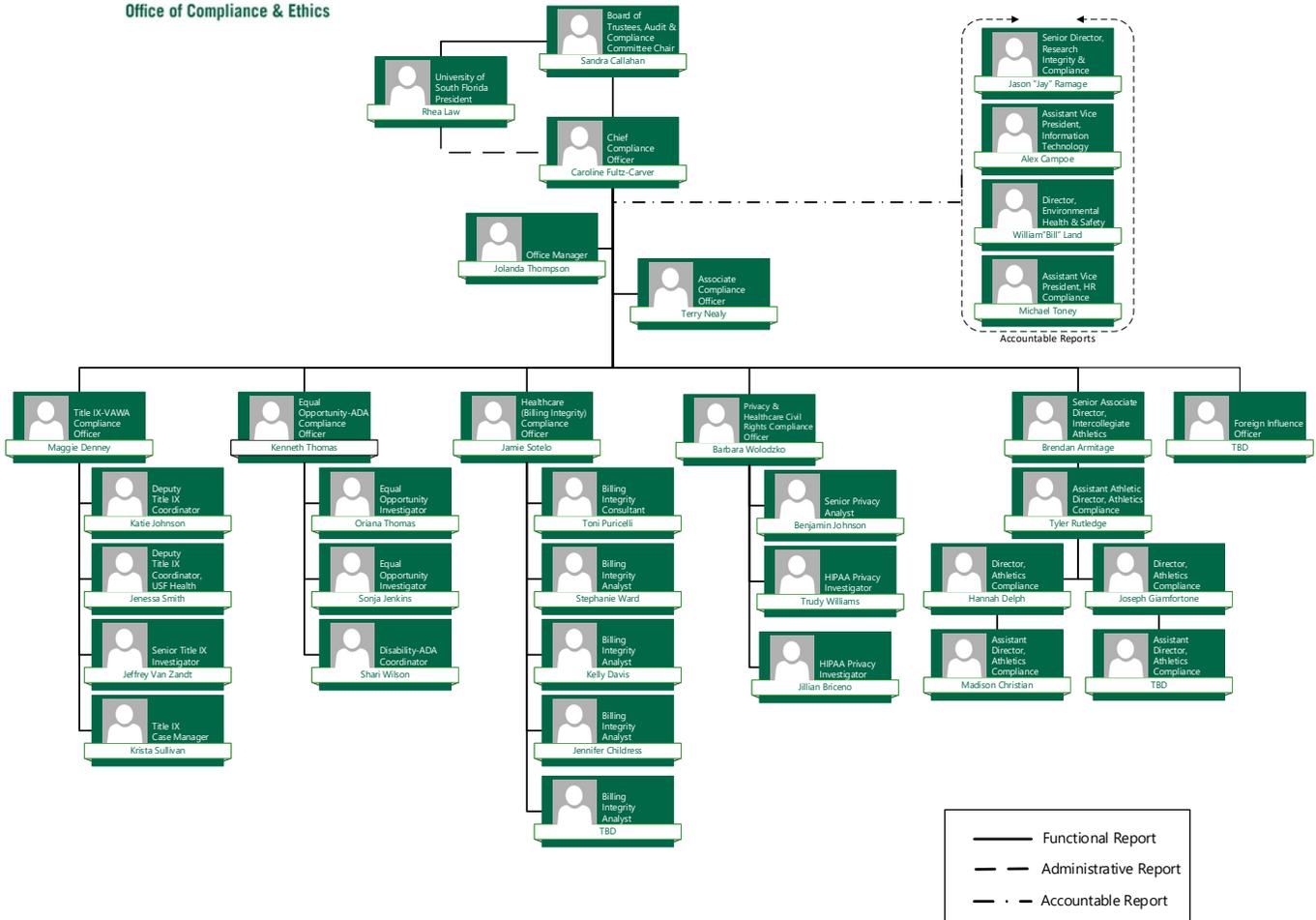
2022 ANNUAL REPORT



OFFICE OF COMPLIANCE AND ETHICS

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As of December 31, 2022

2022 ANNUAL REPORT

USF Office of Compliance & Ethics

The University of South Florida implemented a compliance and ethics program in 2007 as a component of University Audit & Compliance (UAC) with the appointment of a Chief Compliance Officer (CCO). USF was the first institution within the State University System (SUS) to implement a compliance and ethics program. The CCO was charged by the USF President and the USF Board of Trustees (BOT) to create and maintain an effective compliance and ethics program based on best practices to prevent, monitor, detect, and respond to non-compliance; and recommend corrective actions to fully meet regulatory requirements. In 2017, UAC separated into two entities: USF System Audit and the USF System Compliance & Ethics Program. This separation was made in accordance with [Board of Governors \(BOG\) Regulation 4.003](#), a regulation based on [Chapter 8, Part B, Section 2\(b\) of the Federal Sentencing Guidelines](#); the [Florida Code of Ethics for Public Officers and Employees](#); and industry best practices.

With the consolidation of our three separately accredited institutions into one USF in 2020, USF System Audit became the Office of Internal Audit (IA) and the USF System Compliance & Ethics Program became the Office of Compliance & Ethics (OCE). During 2021, the following five high-risk compliance programs joined the OCE when the reporting relationship of their senior compliance officers to the CCO changed from accountable reporting to direct reporting:

- Athletics Compliance
- Equal Employment Opportunity and Americans with Disabilities Act (EO-ADA Compliance)
- Title IX and Violence Against Women Act (Title IX-VAWA Compliance)
- Healthcare Compliance
- Privacy and Healthcare Civil Rights Compliance (Privacy Compliance)

The three remaining high-risk compliance programs retained their accountable reporting relationships to the CCO through their senior compliance officers:

- Environmental Health & Safety (EH&S)
- Information Technology Security (IT Security)
- Research Integrity & Compliance (RIC)

This annual report summarizes the activities of OCE from January 1, 2022, to December 31, 2022. This report fulfills our annual reporting requirements in accordance with BOG Regulation 4.003 and our USF BOT-approved [Program Plan](#) and is organized by the “essential elements” for an effective compliance and ethics program as prescribed by the Federal Sentencing Guidelines.

Element I: Governance & High-Level Oversight

The University of South Florida addresses this element through the BOT Audit and Compliance Committee (BOT-ACC), OCE, and the Compliance Officers Workgroup.

A. Board of Trustees Audit and Compliance Committee

In accordance with BOG Regulation 4.003, the BOT-ACC has audit and compliance oversight responsibilities for the University of South Florida. The [BOT-ACC Charter](#) outlines these responsibilities.

B. Office of Compliance & Ethics

The OCE reports functionally to the BOT-ACC and administratively to the USF President. This reporting relationship ensures the independence of the OCE and assures adequate consideration of its compliance and ethics recommendations. The purpose, authority, and responsibilities of the OCE are set forth in the following policy, charter, and program plan pursuant to Chapter 8, Part B, Section 2(b) of the Federal Sentencing Guidelines and BOG Regulation 4.003:

- [USF Policy 0-026: Office of Compliance & Ethics](#) provides our compliance and ethics program with the authority to coordinate and manage all USF compliance and ethics activities.
- [USF Office of Compliance & Ethics Charter](#) identifies the purpose, authority, and responsibilities of our compliance and ethics program.
- [USF Office of Compliance & Ethics Program Plan](#) (Program Plan) summarizes the current status of our compliance and ethics program

C. Compliance Officers Workgroup

The Compliance Officers Workgroup is comprised of senior compliance officers whose compliance programs report to the CCO either directly or via an accountable reporting relationship via Presential memorandum. This workgroup assists the CCO in maintaining an effective, broad-based compliance program designed to prevent, monitor, and detect areas of non-compliance and developing recommendations for corrective and preventative actions aimed at addressing non-compliance or changes in federal or state compliance requirements.

Brief descriptions of accountable and direct reporting compliance programs and highlights from this reporting period are provided below.

Athletics Compliance

Athletics Compliance ensures compliance with National Collegiate Athletics Association (NCAA) and American Athletic Conference (AAC) rules and associated USF regulations and policies through its education, monitoring, and enforcement efforts. During the 2021-22 academic year, Athletics Compliance provided 215 in-person and virtual rules educational sessions. These sessions educated 700+ athletics employees, student-athletes, on-campus constituents, and external constituents. During this reporting period, Athletics Compliance drafted and submitted nine waivers to the NCAA and AAC, six and three, respectively. Of these nine waivers, six (67%) were approved, one was denied (11%), and two waivers were pending response (22%).

NCAA Negotiated Resolution Agreement Status

On October 29, 2021, the NCAA publicly released its Negotiated Resolution Agreement concluding its major infractions case against the University. The multiple NCAA rules violations cited in this agreement occurred between 2017 and 2020, primarily involving our football and women's basketball programs. Athletics Compliance is responsible for monitoring and reporting on the implementation of the corrective and preventative actions contained in this Negotiated Resolution Agreement, whose requirements must be met by October 29, 2024.

On September 1, 2022, Athletics Compliance submitted the first in a series of three required annual reports to the NCAA (NCAA Annual Reports) to the NCAA Committee on Infractions (COI) as required under our Negotiated Resolution Agreement. The 2022 NCAA Annual Report documented USF Athletics' efforts to prevent future violations in all sports by addressing areas of concern highlighted in the major infractions case. The report included the required rules education material reviewed with all coaches, staff, student-athletes, and on-campus constituents. In October 2022, the NCAA COI officially approved our 2022 NCAA Annual Report and indicated no further clarifications or follow-up actions were necessary to meet our obligations for the 2022 calendar year.

Name, Image, and Likeness Update

Florida Statutes, Section 1006.74, Intercollegiate Athlete Compensation and Rights went into effect on July 1, 2021. This statute made it permissible for current student athletes at any Florida institution to use their name, image, and likeness (NIL) for monetary gain. In addition to this state legislation, the NCAA enacted guidance related to NIL transactions. The core tenants of this guidance are summarized below:

- (1) An institution or athletics representative (booster) shall not provide NIL-related expenses, or the promise of expenses, during the recruiting process in hopes of securing a commitment;
- (2) Internal policies must be in place that prohibit pay-for-play aspects to NIL deals; and

(3) Member institutions or their interested parties cannot facilitate NIL deals for the purpose of retaining a student-athlete (e.g., NIL deals that discourage the student-athlete from entering the transfer portal).

Athletics Compliance is responsible for educating Athletics staff, coaching staff, student-athletes, and third-party entities on NIL legislation and associated NCAA guidance. These responsibilities include updating University NIL-related policies and procedures monitoring as changes in legislation and guidance occur. Athletics contracted with a digital branding company, INFLCR, which leverages a software platform designed to assist student athletes in navigating NIL opportunities.

During calendar year 2022, there were 97 NIL-related transactions using the INFLCR platform. Transaction types included sponsored social media posts, product reviews, private lessons, camps and clinics, apparel endorsements, brand ambassador, and appearance and autograph events. The total reported transactional value for all student athletes during this period was \$29,709. This resulted in a mean transactional value of \$306 per transaction.

Environmental Health and Safety

Environmental Health and Safety (EH&S), a department within the Division of Facilities Management, ensures potential safety and environmental hazards are properly mitigated or remediated in accordance with USF policies, procedures, guidelines, industry best practices, and applicable federal, state, and local requirements. EH&S serves as the liaison between the University and external agencies and provides environmental health and safety awareness and compliance training. EH&S administered multiple programs and activities during the FY2021-2022 period to include:

- Provided safety and compliance training courses to approximately 10,095 faculty, staff, students, and affiliates. Training focused on reducing the risks associated with hazards, the management of hazardous materials, and regulatory compliance.
- Transitioned previous in-person training courses to remote or on-line offerings, where feasible. In the process, the traditional broad scope of a number of safety or compliance courses was reduced to a single topic in order to target specific audiences as opposed to covering multiple topics in a single session. The goal was to increase the effectiveness and efficiency of safety and compliance training by increasing focus on individual topics and training curricula that are tailored to specific job and position function(s).
- Implemented CHEMATIX, a new chemical inventory and waste management system. CHEMATIX is designed to provide real-time chemical inventory information to users and emergency responders, allow the USF community to access important chemical safety information, and facilitate efficient, compliant disposal of chemical waste.
- Performed 295 laboratory and facility safety or compliance related inspections (555 deficiencies; 99% corrected to date). Tested 701 fume hoods and conducted 72 laboratory or research related incident investigations.

- Coordinated the compliant management, treatment, and disposal of approximately 87,095 pounds of chemical waste, 5,692 pounds of hazardous waste pharmaceuticals, and 3,695 containers of biomedical waste for the University.
- Conducted approximately 94 emergency evacuation drills and 44,712 fire extinguisher inspections (3,726 per month); issued four (4) pyrotechnics permits; provided Fire Safety & Extinguisher Training sessions for approximately 137 individuals; and, issued 17 hot work permits.
- Facilitated the following external regulatory agency inspections:
 - 33 inspections by the Florida Department of Health (biomedical waste and drinking water).
 - 9 inspections by the Environmental Protection Commission (regulated storage tanks, air operating permit, and industrial wastewater compliance).
 - 1 inspection by the Southwest Florida Water Management District (Water Use Permit)
 - 288 fire and life safety code inspections by the Office of the State Fire Marshal (2.3 violations per inspection).
- Evaluated or mitigated approximately 211 Industrial Hygiene or Occupational Safety related issues, requests, and complaints (i.e., asbestos, ergonomics, mold, noise, odor, etc.).
- Provided permitting and code or safety-related inspection support for approximately \$99.1 million in construction-related value for the University.
- Reviewed approximately 480 Space Impact Requests and 271 Event Requests for health and safety ramifications and addressed issues as needed.
- Conducted 733 respirator fit tests for graduate medical students, nursing students, other students, faculty, and staff. In addition, an online calendar was created to manage fit testing appointments effectively and efficiently.
- Trained users on best management practices (BMPs) for the closed-loop water recycle system operated by USF Athletics and Recreation Departments on the Tampa campus. The training efforts assists the facility with maintaining compliance with the permit requirements as well as effective operation to minimize pollution potential.
- Assisted with the successful permitting effort to obtain a 20-year Southwest Florida Water Management District (SWFWMD) Water Use Permit (WUP) for the Tampa campus.
- Successfully renewed the Air Operating Permit for the central plant boiler system on the Tampa campus.
- Created a Consolidated Injury and Illness Report Form and used workflows to direct incident reports to relevant departments automatically. Added option to submit supplemental materials.
- Supported the Morsani Ambulatory Surgical Center team by conducting facility walkthroughs and maintenance record reviews with life safety inspectors to ensure continued Agency for Health Care Administration (AHCA) licensure and Accreditation Association for Ambulatory Healthcare (AAAHC) accreditation.

Research Integrity & Compliance

Research Integrity and Compliance (RIC), a division within USF Research & Innovation, ensures research performed within USF is safe, ethical, and complies with all applicable laws, regulations, University policies, and best practices. Highlights from FY2021-2022 include the following, organized by compliance oversight function:

Conflict of Interest in Research

- Reviewed 125 project-specific disclosures reporting research-related financial conflicts of interest. Of these, 95 (76%) required a management plan.
- Conducted 285 ancillary protocol reviews.

Human Subjects Research

- The Institutional Review Boards (IRBs) reviewed and approved 1,101 initial human subjects research study applications (805 Social Behavioral studies and 299 Biomedical studies).
- Reviewed and signed off on 225 human subjects research applications where USF investigators requested to use an external IRB.
- Provided live and online training to 3,267 individuals engaged in human subjects' research.

Animal Care and Use

- The Institutional Animal Care and Use Committee (IACUC) reviewed and approved 301 new projects involving the use of live, vertebrate animals, including time-sensitive projects concerning COVID rapid response; 227 procedural changes; 683 amendments to approved protocols; and conducted 325 continuing reviews of previously approved projects.
- Certified 475 new individuals to work with animals.
- Performed 15 pre-performance reviews with veterinary staff for specialized projects.
- Processed 13 Memoranda of Agreement for inter-institutional collaborations involving live, vertebrate animals.
- Conducted inspections of 513 separate spaces used in animal research projects. Spaces included the central vivarium (housing areas, surgical suites, and procedural areas) and research laboratories where animals are housed and used. Inspections were conducted during semiannual program reviews and inspections; post-approval monitoring; and during the setup of new research spaces.

Biosafety

- Performed 94 inspections of laboratories in which infectious biological agents, biological toxins, select agents and toxins, and recombinant or synthetic nucleic acid molecules are being used.

- Conducted 579 biosafety ancillary reviews of human subjects' research (IRB) and vertebrate animal (IACUC) projects.
- Provided biosafety training to 1,059 individuals.
- Responded to and investigated three biosafety incidents.
- The Institutional Biosafety Committee (IBC) reviewed and approved 73 new research projects; reviewed and approved 237 amendments to existing research protocols; and conducted 110 continuing reviews of ongoing projects.
- Coordinated with the Centers for Disease Control and Prevention (CDC) Division of Select Agents and Toxins (DSAT) on an announced, hybrid inspection of USF's select agent program.

Scientific Diving and Boating Safety

- Coordinated training, planning, and execution of 94 divers to account for over 2,122 research dives; small vessel operations accounted for the safe passage of 900 passengers over 4,461 miles underway.

Equal Employment Opportunity and Americans with Disabilities Act Compliance

Equal Employment Opportunity and Americans with Disabilities Act Compliance (EO-ADA Compliance) is responsible for ensuring USF workplace and academic environments are free from discrimination, harassment, and retaliation based on protected classes of race, color, sex (including sexual harassment), national origin, sexual orientation, religion, age, disability, marital status, gender identity and expression, and veteran's status, as provided under Titles VI, VII, and II. EO-ADA Compliance has jurisdiction to engage in conflict resolution and investigate complaints that fall under the following anti-discrimination policies: [USF Policy 0-007, Diversity and Equal Opportunity: Discrimination and Harassment](#) and [USF Policy 0-108, Disability and Accommodations](#). EO-ADA Compliance is also responsible for preparing the annual Affirmative Action Plan.

During 2002, EO-ADA Compliance experienced staffing changes. The EO-ADA Investigator retired in January. This position was filled by March. A second, new investigator position, was requested and approved during the FY21-22 budget cycle for an additional 1.0 FTE to align staffing with best practices. This new investigator position was filled by March 2022. The EO-ADA Director retired in April. A new Director was recruited, and the position filled by August. During this time of transition, the Title IX Compliance team provided intake and workload coverage by assisting with recruiting, processing EO-ADA complaints, and performing side-by-side investigations with the new EO-ADA investigators guided by established EO-ADA policies and procedures. Some highlights from the 2022 reporting period include:

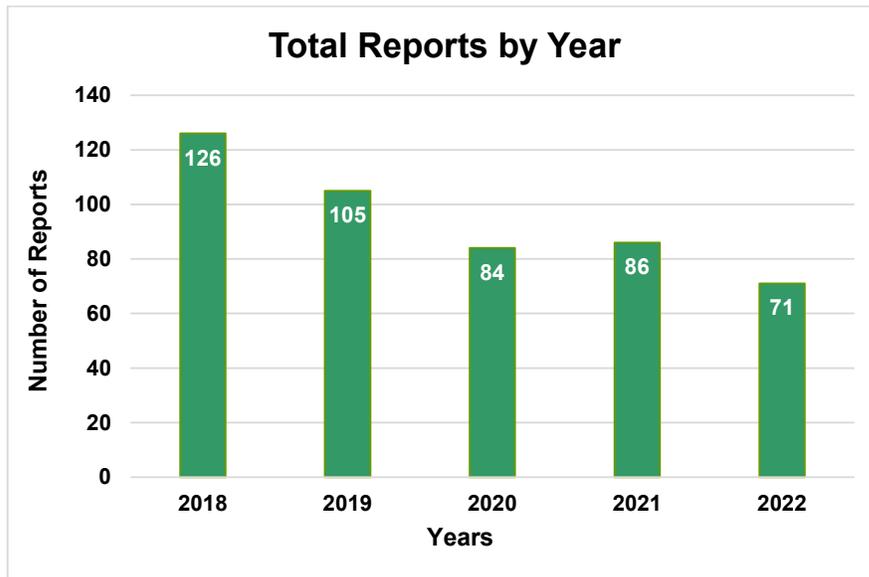
- Processed 74 reports alleging discrimination based on a protected class during calendar year 2022 of which three (4%) were in progress from the previous calendar

year and 71 (96%) were new submissions. Of the 74 reports processed during 2022, 66 (89%) were closed and eight (11%) remained in process by close of the calendar year.

- The below chart summarizes the closure types for the 66 reports closed in 2022.

Closure Type	Report Count	Percentage of Closed Reports
Not EO Jurisdiction or Policy Definition unmet	23	35%
Resolved by Informal Resolution	16	24%
Lack of Response from Complainant	13	20%
Formal Investigation Completed	6	9%
Complainant requested closure	6	9%
Merge with Title IX	1	1.5%
Resolved through Third-party Agency	1	1.5%
Total Count Closed Reports:		66
		100%

- Of the six investigations completed during 2022, all (100%) were unsubstantiated based on the preponderance of evidence standard.
- The below chart summarizes the volume of Title IX reports received each year for the past five calendar years.



- Completed four Civil Rights Form checklists on behalf of USF departments receiving federal grant monies; one checklist for Sponsored Research required by the Florida

Department of Health; three checklists were completed for the Mental Health Law and Policy (MHLP) Department in the USF College of Behavioral and Community Sciences which is required by the Florida Department of Children and Families.

- Collaborated with USF Human Resources, and Berkshire, a third-party consulting firm, to assist in the creation of USF's 2022 Affirmative Action Plans (a federally required report) for all three campuses.
- Substantially revised and improved EO-ADA Compliance policies, procedures, and our website.
- Served on and collaborated with the President's Advisory Committee on Accessibility and the Access and Awareness subcommittee.

Title IX and Violence Against Women Act Compliance

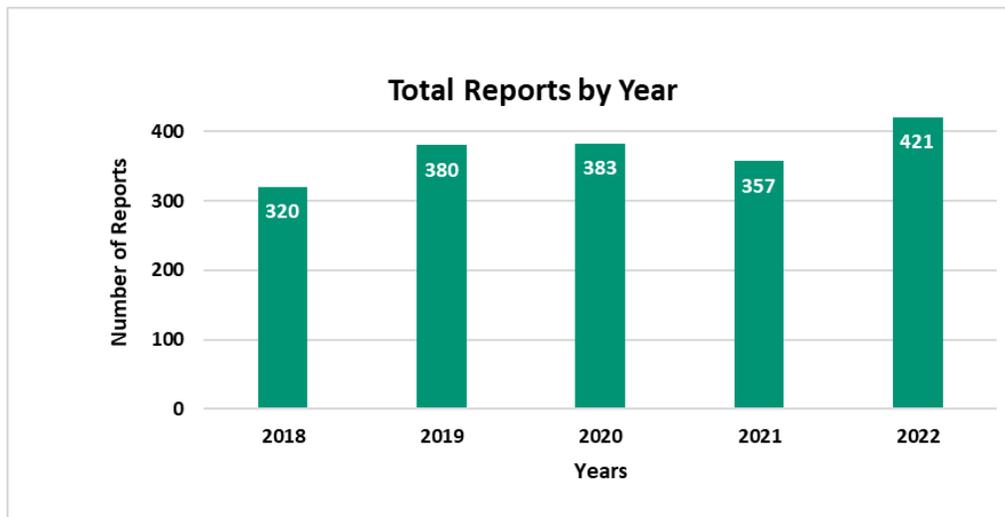
Title IX and Violence Against Women Act Compliance (Title IX-VAWA Compliance) is responsible for ensuring the USF workplace and academic environments are free from discrimination based on sex including sexual harassment, sexual violence, relationship violence, stalking, and discrimination based on pregnancy. Title IX-VAWA Compliance has jurisdiction to investigate and resolve complaints that fall under [USF Policy 0-004 Sexual Misconduct and Sexual Harassment \(Including Sexual Violence\)](#). Some highlights from the 2022 reporting period include:

- Streamlined procedures; reduced average number of days to process a case from 40 to 19 days for the 2022 calendar year, resulting in a 48% reduction in processing time.
- Provided training to 5,266 employees and 1,379 students.
- Implemented a Title IX training program for USF Health, including directed training for first and third-year students and specialized training in professional boundaries.
- Hosted the first legal extern from Stetson University College of Law.
- Reduced liability by incorporating Title IX compliance requirements in all new USF Health affiliate contracts.
- Successfully filled the Case Manager, Assistant Director, Deputy Coordinator of Health, and Sarasota-Manatee Title IX Liaison positions, resulting in the first fully staffed Title IX-VAWA Compliance section.
- The Title IX Coordinator became a Certified Compliance & Ethics Professional (CCEP).
- The Deputy Title IX Coordinator became certified as a Civil Rights Investigator II.
- The Deputy Title IX Coordinator for Health became certified as a Healthcare Practitioner for Title IX and certified as a Civil Rights Investigator I and II.
- The Title IX Investigator became certified as a Civil Rights Investigator III.
- Developed and trained the first panel of hearing administrators for employee cases.
- Increased Title IX presence on campus by partnering with Victim Advocacy & Violence Prevention and Student Conduct to provide programming at seven awareness events.

- Processed 442 reports during calendar year 2022 of which 21 (5%) were in progress from the previous calendar year and 421 (95%) were new submissions. Of these 442 reports processed during 2022, 418 (95%) were closed and 24 (5%) remained in progress by close of the calendar year.
- The below chart summarizes the closure types for the 418 reports closed in 2022.

Closure Type	Report Count	Percentage of Closed Reports
Insufficient information	174	42%
Not Title IX jurisdiction or policy definition unmet	85	20%
Referred to another USF unit	70	17%
Implemented Supportive Measures or Informal Remedy	47	11%
Complainant requested closure	38	9%
Formal Investigation Completed	4	1%
Total Count Closed Reports:	418	100%

- Of the four investigations completed during 2022, all four (100%) were substantiated based on the preponderance of evidence standard.
- The below chart summarizes the volume of Title IX reports received each year for the past five calendar years.



Healthcare Compliance

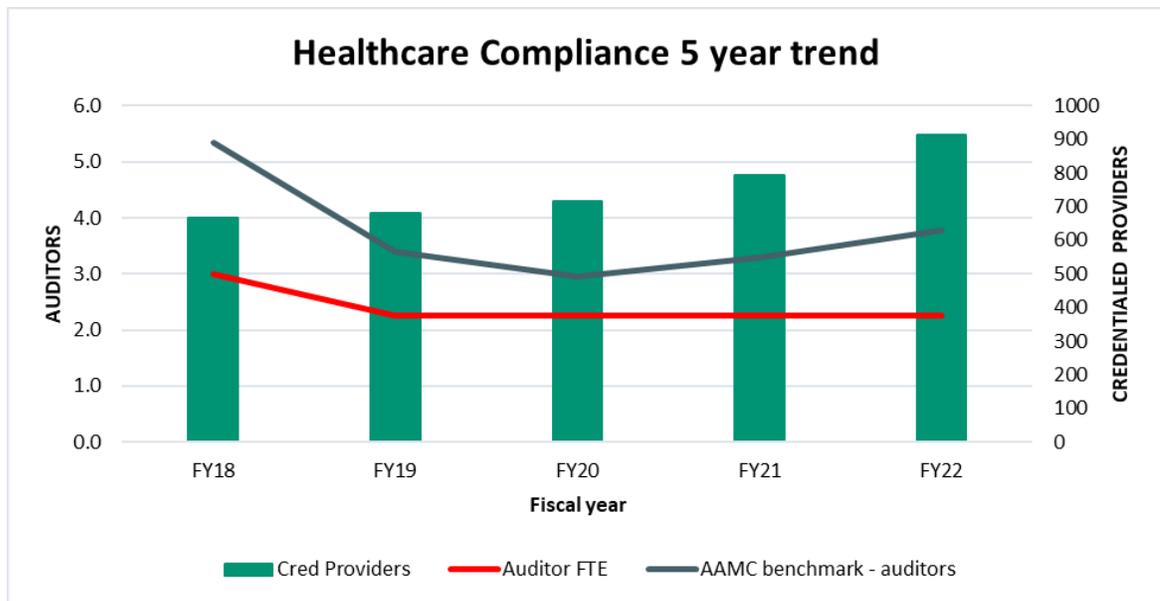
The USF Healthcare Compliance Program (“Healthcare Compliance”) assists and advises the USF healthcare clinical enterprise and its direct service organization, University Medical Service Association, Inc. (UMSA), on policies, standards, and regulations related to USF Health Faculty Practice Plan operations. Healthcare Compliance performs ongoing risk assessments and related monitoring and responds to inquiries and allegations of non-compliance in the healthcare space. Highlights from the 2022 calendar year include:

Program Effectiveness

During 2022, IA validated our Fall 2020 Healthcare Compliance self-assessment. The IA validation determined the Healthcare Compliance Program’s components and identified opportunities or gaps were accurate and supported; and the effectiveness of the program was measured in good faith as recommended by applicable authorities. Internal Audit recommended future assessments include additional steps such as sample testing, surveys, or questionnaires, etc. to determine whether individual program components are functioning as intended.

Right staffing

A gap was identified in Healthcare Compliance staffing when comparing USF’s clinical practice size to national benchmarks of the Association of American Medical Colleges (AAMC). Please see the below chart. In May 2022, additional funding was requested and approved during the FY23 budget cycle for an additional 2.0 FTE to align staffing with these industry standards. Healthcare Compliance now has 5.0 FTE dedicated to auditing and education.



Education

A pillar of our fraud, waste, and abuse prevention efforts includes mandatory 1:1 education with a Program Analyst and a new provider before claims can be submitted. These trainings, referred to as Billing Integrity Orientation (BIO), are tailored to the clinician's specialty and include a review of documentation, supervision, and coding rules and regulations as well as practice plan and USF policies. The growth of USF's clinical enterprise has resulted in a substantial increase in the number of BIOs provided over the past 5 years. Please see the below chart. Each training requires approximately 2.5 hours of FTE time to prepare, educate, and conduct necessary follow-up.

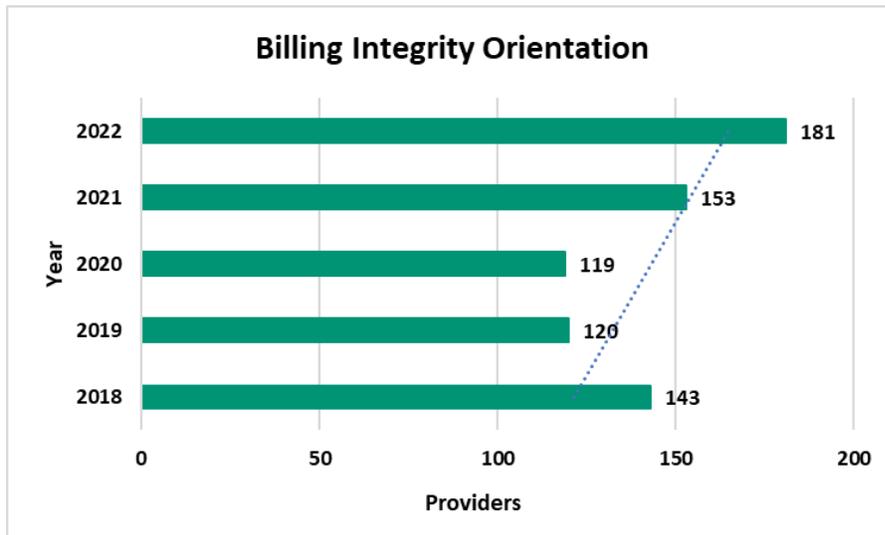


Figure 2

Additionally, Healthcare Compliance continues to respond to direct or internal inquiries received via email, chat, phone, and helpline. The volume of contacts has remained consistent over the past several years; however, the scope of requested assistance or reported concerns demonstrate an increased level of core competence within the practice.

Healthcare Compliance provided 34 clinical specialty focused trainings as well as guest lectures for USF training programs including the Morsani College of Medicine Graduate Medical Education and the Physician Assistant Program.

Monitoring

Healthcare Compliance continues to oversee federal and state sanctions screening prior to hire and monthly thereafter for all clinical practice workforce members.

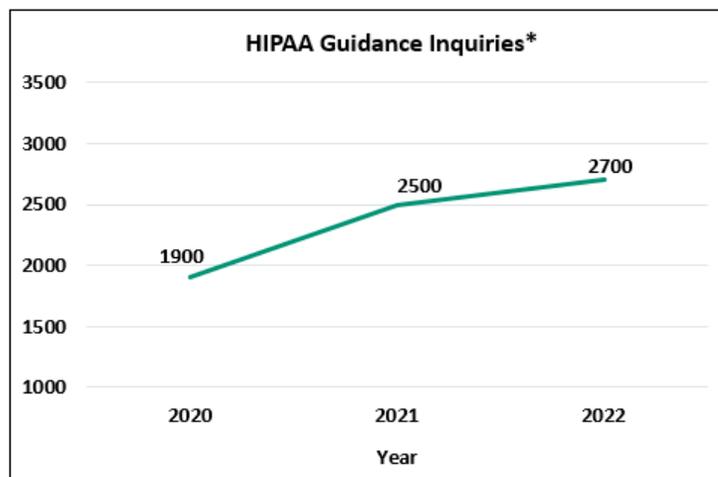
Additionally, Healthcare Compliance’s claims monitoring included 28 provider-focused reviews (>1500 claims) and over 650 claims for focused services of potential high risk for error. Review outcomes are used for identification of documentation and quality improvement; and corrections are made if overpayments are identified.

Healthcare Compliance received five reports of noncompliance. Four reports (three internal and one external) were investigated and closed within 30 days each with implementation of corrective actions, including refunds as applicable. Outcomes included: one unsubstantiated and three resulted in claim corrections with no patterns identified. One additional internal report was received in late 2022 remained under review as of December 31, 2022.

Privacy and Healthcare Civil Rights Compliance

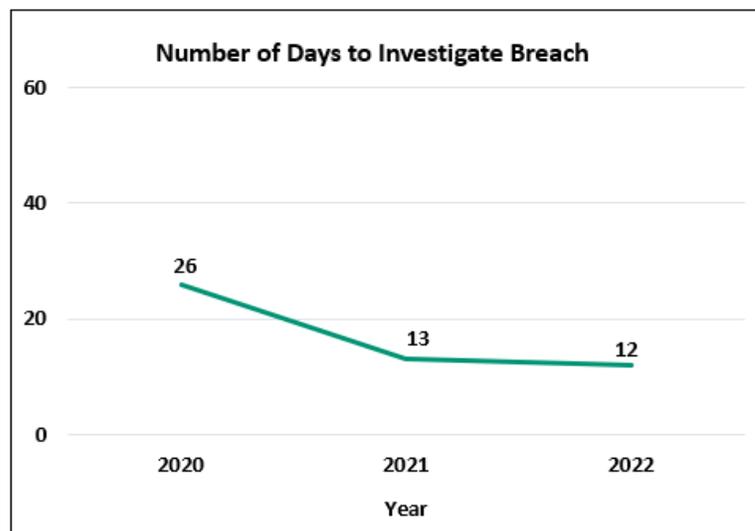
Privacy & Healthcare Civil Rights Compliance (Privacy Compliance) focuses on compliance with the Health Insurance Portability and Accountability Act (HIPAA), federal and state privacy laws, regulations, and internal policies. Highlights from the 2022 reporting period include the following:

The focus of Privacy Compliance on partnering with all our workforce levels to provide privacy guidance, targeted-topic training for core competencies, and practical education resulted in decreased targeted privacy risks and reportable breaches in 2022. Privacy Compliance sustained its commitment to timely answering HIPAA questions received and provided privacy guidance in response to over 2,700 calls and emails this year. This level of responsiveness has increased our year-to-year requests for HIPAA guidance. Please see the below chart of increases in the counts of HIPAA guidance inquiries received for the past three calendar years.



**Email and calls from patients, workforce members, and the general public*

During 2022, Privacy Compliance received 76 reports of potential breaches and privacy concerns (“potential privacy incidents”). This represents a 49% reduction from the 150 reported potential privacy incidents in 2021. Reportable breaches also declined from 14 in 2021 to nine in 2022. These reductions were a result of workforce engagement and the focus on proper mitigation efforts when mistakes occurred. Privacy Compliance also reduced the time to complete investigations and make breach determinations. Privacy Compliance realized a modest reduction in number of days to investigate a breach from 13 days in 2021 to 12 days in 2022, well below HIPAA’s 60-day maximum reporting time requirement.



Privacy Compliance successfully ensured patients’ HIPAA rights were protected. All patient requests for amendments to their medical records were timely completed during 2022. When requested, we also promptly confirmed access to a patient’s medical record was for a proper treatment, payment, or a healthcare operations purpose. Privacy Compliance reviewed and advised on 35 MyChart access requests to determine whether legal authority existed to approve such request. MyChart is the patient portal for Epic, which is USF Health’s medical records system. Such legal authority determinations require the review of powers of attorney; healthcare surrogacy documents; and legal orders related to foster care, adoption, and child custody matters. Privacy Compliance also validated subpoena requests for medical records to confirm legal sufficiency prior to medical records being released.

Privacy Compliance monitored and enforced HIPAA compliant patient records access behavior of our workforce members and business partners. Privacy Compliance actively monitored workforce members’ access to patient records and determined whether the access was permissible under HIPAA in accordance with their job function. Over 700 specific access alerts were investigated including alerts for accessing one’s own medical record if their licensure did not permit self-treatment; accessing the record of a co-worker, supervisor, or family member for snooping; or accessing a high-volume of patient records

indicating possible identity theft or insurance fraud. Privacy Compliance also enforced proper safeguarding of our patient's protected health information (PHI) by drafting and negotiating 38 business associate agreements (BAAs) with each vendor that has access to PHI. Through an executed BAA, the University has legal recourse if the vendor breaches our PHI.

Foreign Influence Compliance

The Office of Compliance and Ethics outlined in its May 2022 budget request the need for a Foreign Influence Officer (FIO) position. This position is responsible for developing and implementing a foreign influence compliance program, which aims to assure USF complies with an increasing number of new state and existing federal laws aimed at mitigating inappropriate foreign influence on institutions of higher education. The FIO will serve as the chair of the Foreign Influence Committee, comprised of USF foreign influence stakeholders. This position will facilitate collaborative relationships across USF in a manner mindful of the university's strategic plan goal of establishing and maintaining a global academic and research footprint. The FIO will be responsible for monitoring and evaluating state and federal foreign influence regulations as well as BOG guidance; and then working with compliance partners to facilitate the effective implementation of foreign influence laws across all campuses.

The FIO will establish a Foreign Influence Compliance program. The program will assess foreign influence-related compliance activities, risks, and implementation requirements; address non-compliance concerns; and recommend compliance mitigation strategies to university management based on current law, guidance, and best practices. The following six foreign influence laws will fall under the coordination purview of the Foreign Influence Compliance Program:

1. Researchers' disclosure of outside activities with their expertise and their financial interests (Section 1012.977, Florida Statutes).
2. Recruitment and screening of prospective employees for research or research-related positions (Section 1010.35, Florida Statutes).
3. Employment-related foreign travel (Section 1010.36, Florida Statutes)
4. Review process for USF entering into international cultural agreements with foreign entities (Section 288.860, Florida Statutes).
5. Reporting foreign gifts to and contracts with USF to the BOG (Section 1010.25, Florida Statutes).
6. Reporting foreign gifts to and contracts with USF to U.S. Department of Education (Sec. 117, Higher Education Act of 1965).

Funding for the FIO position was approved in November 2022. The Office of Compliance and Ethics partnered with colleagues from the Office of the General Counsel and the Department of Research Integrity and Compliance in the Office of Research and Innovation during the recruitment for this position, which will report directly to the CCO. Recruitment for the FIO position was ongoing as of December 31, 2022.

Information Technology Security

Information Technology Security (IT Security) ensures the security of USF information systems. Compliance-related best practices and highlights from the 2022 reporting period include:

- Renewed cyber insurance policy for March 2022 through March 2023, with \$10M coverage and a \$750K retention to help prepare the University in case of cyber breaches or ransomware infections.
- Implemented Privileged Access Management solution to mitigate the risks associated with compromised privileged accounts and deployed better logging and monitoring of the activities performed by those accounts.
- Expanded ongoing access reviews to include Microsoft Azure accounts with administrative privileges to ensure that all users with higher privileges comply with required business needs in order to maintain those privileges.
- Ensured compliance with increased security of USF networks by implementing requirement for Multi-Factor Authentication for remote access using VPN (Virtual Private Network) and Remote Desktop connections so that all methods used to access USF resources now require Multi-Factor Authentication—a compliance approach which improves our institution’s leverage when negotiating cyber insurance policy terms.
- Removed Windows 7 computers from the USF network due to the operating system no longer being supported by Microsoft, which enabled all existing Windows endpoints connected to USF network to continue to be able to receive security updates and patches.
- Developed and deployed security awareness training video for new employees to improve the general security awareness of new employees, as users continue to be the primary attack vector on security incidents.
- Worked with external consultants to perform a high-level risk assessment of USF digital resources to identify general security issues affecting USF digital assets.
- Performed Phishing Test and Social Engineering phone calls as part of the external risk assessment to assess USF users’ compliance with anti-phishing best practices and to determine the level of exposure USF users offer to phishing and social engineering attacks.
- Improved endpoint protection and detection capabilities by moving USF Windows desktops and laptops to the new Enterprise Detection and Response virus protection and configuration management.
- Implemented CIS Level 1 security control baseline on all new server deployments to ensure all servers are properly configured with a base set of protection controls. Started program to deploy baseline on existing server population.
- Participated and complied with several audits led by the State Auditor General’s office and IA.
- Participated in multiple incident investigations on behalf of Human Resources, IA, General Counsel, and Healthcare Compliance, to determine severity of incidents and compliance with breach notifications to appropriate state and federal entities.

- Recurring updates and reviews ensured compliance with several USF IT processes, policies, and standards.
- Secured Box (cloud storage) folders for compliance with HIPAA and other high sensitivity data storage, control, and monitoring requirements.
- Reviewed research contracts and Data Use Agreements.
- Reviewed multiple contracts for export-controlled projects for the College of Engineering, College of Medicine, and College of Arts and Sciences for IT security compliance.
- Worked with Colleges and Departments to identify and implement security control requirements in accordance with applicable federal and state laws and regulations.
- Managed multiple rooms containing more than 250 research computers that were specifically identified for physical security compliance-related requirements mandated by research contractual obligations.

D. State University System of Florida Compliance & Ethics Consortium

In addition to being the first compliance and ethics program at a State University System (SUS) institution and the first SUS institution to fully implement BOG Regulation 4.003, we continued our participation in the SUS Compliance and Ethics Consortium (Consortium). The Consortium was established on June 27, 2013, to provide an avenue for SUS institutions to discuss the development and improvement of their compliance and ethics programs, new federal and state regulations, best practices, and other compliance-related matter. The purpose of the Consortium is to ensure effective communication and collaboration in the development of compliance and ethics programs across the SUS. The Consortium is comprised of CCOs and compliance representatives from SUS institutions; and, as non-voting, ex officio members, the Inspector General and Director of Compliance and his or her representatives from Office of the Inspector General and Director of Compliance for the BOG.

USF participated in virtual consortium meetings throughout 2022. In December 2022, the CCO and Associate Compliance Officer attended the Consortium's first in-person meeting since the COVID-19 pandemic began. The OCE leveraged the Consortium's collaborative process to gain insights and assess the best practices of other SUS institutions while sharing USF's approach to compliance management at an institution whose Office of Compliance & Ethics has the largest compliance portfolio in the state. For example, the CCO shared insights on investigating noncompliance with Florida Statute, Section 1012.977, which governs Researchers' disclosure of all outside activities related to their expertise and all their financial interests not provided by the university. This included a discussion of the practical implications of this relatively new statutory requirement of all SUS institutions.

Element 2: Establish Standards of Conduct, Policies, & Procedures

During the reporting period, the OCE reviewed new USF policies and revisions issued by the Office of the General Counsel for comment. The OCE provided the Office of the General

Counsel, when appropriate, with draft language aimed at harmonizing language with existing policies; reducing or eliminating redundant policy statements with existing policies; and clarifying language to facilitate understanding. Below are highlights from this reporting period:

A. House Bill 7 Implementation and Pause

House Bill 7 (HB7), entitled the Stop Wrongs Against Our Kids and Employees Act, was enacted in 2022 and provided that universities may not subject students or employees to specified, prohibited “concepts” based on race, color, sex, or national origin and that such subjection constitutes discrimination under state law. The Office of Compliance & Ethics partnered with the Office of the General Counsel and the Office of the Provost to assemble USF stakeholders, whose task was to evaluate how HB7 applies to the University and could be operationalized to leverage existing infrastructure. This group determined student or employee discrimination complaints alleging violation of HB7 would be reviewed by EO-ADA Compliance; thereby, leveraging the university’s existing policies and procedures for addressing discrimination complaints involving protected classes.

In September and October 2022, the OCE and the Office of General Counsel crafted an implementation plan as required by HB7 and updated *USF Policy 0-007: Diversity and Equal Opportunity--Discrimination and Harassment*. The updated policy detailed the prohibitions codified in HB7 and the procedures the University intended to follow to remain compliant with the new law.

As challenges to HB7 made their way through the court system, a federal district judge imposed a preliminary injunction blocking the enforcement of the law in November 2022. This injunction prohibited USF and other SUS institutions from enforcing HB7. The State of Florida appealing that decision and requested the Eleventh Circuit Court of Appeals to allow the new law to be enforced. The Eleventh Circuit Court of Appeals denied the state’s request and left in place the federal district judge’s preliminary injunction blocking enforcement of HB7 until the Eleventh Circuit issues a decision on the merits. The OCE and the Office of General Counsel will continue to monitor the status of this law as it makes its way through the legal system.

B. State of Florida Foreign Influence Laws

House Bill 7017 (HB7017) was enacted in 2021 with its first year of full implementation beginning in 2022. This legislation contains four foreign Influence statutes aimed at increased vigilance against inappropriate foreign influence on SUS institutions designated as foreign countries of concern (FCOC). The FCOCs include the following seven countries:

- People's Republic of China;
- Russian Federation;
- Islamic Republic of Iran;
- Democratic People’s Republic of Korea;
- Republic of Cuba;

- Venezuelan regime of Nicolas Maduro;
- Syrian Arab Republic; or
- Any agency of, or any other entity under significant control of any of the above countries.

The four foreign influence statutes under HB7017 require significant review, screening, pre-approval, monitoring, and reporting responsibilities of our university without concomitant state funding to ensure compliance. These laws and their implementation status, whose compliance with state law was confirmed via certification to and audit by the BOG, are summarized in the below chart and discussed in subsequent sections in further detail:

Implementation	Florida Statute	Subject Area
	§1010.25	Foreign Gift Reporting
	§1010.35	Screening Foreign Researchers
	§1010.36	Foreign Travel - Research Institutions
	§288.860	International Cultural Agreements

Certification of USF’s Foreign Influence Legislation Compliance

In November 2022, USF certified to the BOG that it had implemented the following foreign influence regulatory requirements contained in BOG Regulation 9.012, Foreign Influence:

- (1) The university had designated a Research Integrity Office,
- (2) The university had instituted a process for screening foreign applicants for research positions,
- (3) The university had established an international travel approval and monitoring program, and
- (4) The university provided to the Board of Trustees a report of foreign travel to countries of concern

BOG Pilot Audit of Foreign Gifts to and Contracts with USF Reporting

During 2022, auditors from the BOG Office of the Inspector General and Director of Compliance (OIGC) randomly selected USF for a pilot audit of our reporting of foreign gifts to and contracts with USF under Florida Statute, Section §1010.25, Foreign Gift Reporting. Multiple SUS institutions’ foreign gifts and contracts reporting records were selected for this pilot audit, which reviewed and validated each institution’s submission for compliance with statutory requirements and associated BOG guidance. The randomly-selected records from USF’s prior submissions were pharmaceutical research contracts, which had been redacted in accordance with state law and permitted under BOG guidance. The University has an

obligation to protect the confidentiality of the proprietary information contained in such research contracts and faced a dilemma of not providing the requested data for a valid state audit or violating the institution's obligation to protect this sensitive data. The OCE worked with the OIGC, USF General Counsel, the BOG General Counsel, and the Office of Internal Audit (IA) to fashion a solution: IA would review unredacted copies of the contracts and perform the pilot audit utilizing the OIGC Auditors' checklist. This solution protected the confidentiality of proprietary information contained in the contracts while enabling the OIGC to obtain their audit results from an independent, trusted entity. The IA audited USF's foreign gifts and contracts data submissions randomly selected by the BOG using the BOG's checklist and verified the process "Generally Complied" with the reporting requirements of Florida Statutes, Section 1010.25, the highest scoring USF could receive for this review.

Foreign Gifts to and Contracts with USF Reporting (State)

Florida Statutes, Section 1010.25, Foreign Gift Reporting, took effect on July 1, 2021. This new state law required SUS institutions to disclose to the BOG on a semi-annual basis contracts entered into, and gifts received by USF directly or indirectly from any foreign source with a value of \$50,000 or more during a single fiscal year. Under this new law, the term "gift" means any contract, gift, grant, endowment, award, or donations of money or property of any kind, or any combination thereof, including a conditional or an unconditional pledge of such contract, gift, grant, endowment, award, or donation. The new law specifies the type of information which must be disclosed, including, but not limited to, information about the source, value, timing, purpose, and any conditions or restrictions of the gift. Florida Statutes provides SUS institutions with exemptions for disclosure of contract and gifts deemed confidential under Florida Statutes, Sections 1004.22(2) and Section 1004.28(5a), respectively. This statute requires the BOG OIGC to conduct annual audits or inspections to determine SUS institutions' compliance with the new foreign gift reporting requirements beginning July 1, 2022.

Foreign gifts and contracts reporting to the BOG occurs semi-annually, by January 31 and July 31 of each year. The reporting threshold is a gift or contract valued at \$50,000 alone or when aggregated during the reporting period from the same foreign source. The January 31 report captures gifts and contracts from the first half of the fiscal year (July 1 to December 31). The July 31 report captures gifts and contracts from the second half of the fiscal year (January 1 to June 30) as well as any gift and contracts which in aggregate meet the reporting threshold for the fiscal year (July 1 to June 30).

USF leveraged our established federal foreign gifts to and contracts with USF reporting group and compliance review processes to comply with these new state foreign gifts and contracts reporting requirements. The OCE receives reportable data from six units across campus: USF Athletics, USF Foundation, USF Health – Office of Clinical Research, USF Sponsored Research, USF Controller's Office, and USF Procurement Services. The OCE reviews the data provided by the units to ensure compliance with the reporting requirements, including, but not limited to, appropriate redaction. The OCE reviews the foreign sources identified by the contributing unit for all gifts and contracts received during the reporting

period which did not meet the \$50,000 threshold alone. When there is a common foreign source, OCE determines whether the gifts and contracts, when considered in aggregate, meet the reporting threshold and must be reported.

During 2022, USF reported 100 foreign gifts to and contracts with USF to the BOG involving 30 countries with a total value of \$ 21,476,022.08.

Screening Foreign Researchers

Florida Statutes, Section 1010.35, Screening Foreign Researchers, took effect July 1, 2021. This new state law required SUS institutions to establish a screening process by January 1, 2022, to screen the qualifications of certain applicants seeking employment in research or research-related support positions. This new law impacts recruitment for positions or appointments responsible for the design, conduct, or reporting of research (“Researchers”). The positions include, but are not limited to, positions or appointments responsible for accessing unpublished research data, processes, or findings, and includes graduate and undergraduate students seeking such positions, or positions of employment as a visiting professor. These screenings must occur prior to interview or an offer of employment. The BOG requires the USF Chief Audit Executive to perform an operational audit of USF’s compliance with these foreign researcher screening requirements by July 1, 2025.

As Chair of the Foreign Influence Committee (FIC), the OCE leveraged the expertise of the committee to provide strategic guidance in the development and implementation of the university screening procedures. The OCE collaborated with USF stakeholders to convene a subcommittee comprised of university members from the following offices: Office of the General Counsel, Human Resources, USF World, and Export Control. The responsible units on campus that manage the screening process include Central Human Resources and Research Integrity and Compliance (RIC). A comprehensive screening was developed and implemented to ensure screened applicants met the specific screening requirements under this new law, including the screening of prospective employees’ educational, employment, research, publication, and extra-curricular affiliations. The University’s adopted process includes a screening decision from RIC prior to the appropriate Central Human Resources office issuing a final employment offer. The University established an internal database and tracking system to provide a platform to efficiently house the necessary comments and decisions for all screened applicants. In an effort to increase efficiency, Central Human Resources, in conjunction with the Office of General Counsel, discussed the possibility of conducting risk-based screenings based on the applicant’s intended position and the individual’s affiliation history. These discussions are ongoing.

During 2022, USF completed 502 final candidate employment screenings from 70 countries.

Foreign Travel; Research Institutions

Florida Statutes, Section 1010.36, Foreign Travel; Research Universities, took effect July 1, 2021. This new state law required SUS institutions to establish a program to approve and

monitor international travel by January 1, 2022. The international travel program required a Research Integrity Office (RIO), designated by the USF President, to preapprove and screen employment-related foreign travel and employment-related foreign activities by all USF faculty, researchers, and research department staff. The USF President designated RIC to serve as the RIO for the purposes of complying with the RIO requirement, including the new requirement of annually reporting foreign travel to the BOT. The law specified the RIO's preapproval be based on the following:

- Travelers' review and acknowledgment of guidance related to countries under sanctions or other state or federal restrictions ("Travel Guidance"). The statute mandated the content of this Travel Guidance; and
- Travelers' binding commitment or "attestation" to follow USF's travel policy and to provide records related to outside funding for foreign travel.

The FIC provided strategic guidance in how the institution should amend its existing travel authorization process to comply with these new state requirements. The OCE collaborated with USF stakeholders to convene a subcommittee comprised of the following offices: the Office of the General Counsel, USF World, USF Procurement Services – Travel, and Export Control. The University designed and implemented a comprehensive pre-travel screening process which is managed by RIC. The pre-existing international travel process was augmented to include travel attestations and additional details about itinerary, agenda, and expense reports for international travel. An internal database and tracking system were established to provide a platform to efficiently house the necessary comments and decisions for all travel requests screened.

As required by statute, RIC reported to the BOT-ACC in July 2022 that USF completed 771 screenings of employment-related foreign travel to 83 countries.

International Cultural Agreements

Florida Statutes, Section 1010.36, International Cultural Agreements, took effect July 1, 2021. This new law places restrictions on international cultural agreements with FCOCs. The statute states a "state university authorized to expend state-appropriated funds may not participate in any agreement with or accept any grant from a FCOC which: (a) Constrains the freedom of contract of such public entity; (b) Allows the curriculum or values of a program in the state to be directed or controlled by the [FCOC]; or (c) Promotes an agenda detrimental to the safety or security of the United States or its residents. Prior to the execution of any cultural exchange agreement with a FCOC, the substance of the agreement shall be shared with federal agencies concerned with protecting national security or enforcing trade sanctions, embargoes, or other restrictions under federal law. If such federal agency provides information suggesting that such agreement promotes an agenda detrimental to the safety or security of the United States or its residents, the public entity may not enter into the agreement."

An FIC subcommittee, which included representatives from the Office of the General Counsel, USF World, and Export Control, recommended modifications to the previous intercultural agreement process. This process is jointly managed by USF World and the Office of General Counsel and includes a multistep process to ensure compliance with the provisions enumerated in the statute. Reviews of the proposed international cultural agreements are conducted by the Office of the General Counsel, USF World, Export Control, Foreign Influence, and Government Relations.

USF held 199 agreements with 183 different entities in 62 countries during the 2022 reporting period.

C. Higher Education Act

The Higher Education Act of 1965 (HEA) governs the administration of federal funding for higher education programs. The university must comply with HEA to remain eligible for Title IV funding from the U.S. Department of Education (ED) and for funding from other federal agencies sponsoring USF research projects.

Foreign Gifts to or Contracts with USF (Federal Reporting)

Under Section 117 of HEA, institutions of higher education must disclose gifts to and or contracts (“gifts and contracts”) with USF, which alone or combined have a value of \$250,000 or more per calendar year. This HEA section was passed by Congress in 1965 to promote financial transparency between institutions of higher education and foreign sources that have the potential to wield undue foreign influence. The ED defines “contracts” as any agreement for the attainment of property or services for the direct benefit or use of either party; gifts are defined as any gift of money or property. The ED defines “foreign sources” as foreign governments, legal entities, individuals; or persons acting as agents of foreign government, legal entities, or individuals.

Foreign gifts and contracts reporting to the ED occurs semi-annually, by January 31 and July 31 of each year. The reporting period to the ED is based on calendar year. The reporting threshold is a gift or contract valued at \$250,000 alone or when aggregated during the reporting period from the same foreign source. The January 31 report captures gifts and contracts from the second half of the previous calendar year (July 1 to December 31) meeting the reporting threshold as well as any previously not reported gifts and contracts that when aggregated for the previous calendar year (January 1 to December 31) meet the reporting threshold. The July 31 report captures gifts and contracts from the first half of the current calendar year (January 1 to June 30).

In July 2020, the ED provided new guidance to align with the implementation of their new reporting platform. Prior to this, institutions were only required to report contracts and gifts received. Under the new guidance, institutions receiving Title IV funding must report contracts and gifts promised or entered into, regardless of whether the full contract value was disbursed or the entire value of the gift was received.

The OCE receives reportable data on a semiannual basis from six units across campus: USF Athletics, USF Foundation, USF Health – Office of Clinical Research, USF Sponsored Research, USF Controller’s Office, and USF Procurement Services. Our office verifies unit-provided data to ensure it complies with pre-established reporting thresholds and ED criteria. Continuous cross-referencing analysis is conducted amongst the data from the six units to determine if common entities are found whose gifts and contracts, when aggregated, meet the reporting threshold requirements. This review includes the evaluation of previous gifts and contracts submitted during the prior reporting period in the same calendar year to determine if any previously disclosed gifts and contracts meet the minimum reporting threshold. The OCE forwards the data, vetted for compliance, to USF Office of Financial Aid for uploaded into the ED’s reporting platform as they serve as the official reporting office to the ED on behalf of USF.

During the 2022 reporting period, USF reported 52 foreign gifts to or contracts with USF to the ED involving 15 countries, with a total value of \$18,998,514.52.

Higher Education Opportunity Act (HEOA)

The Higher Education Opportunity Act of 2008 (HEOA) amended HEA and includes compliance with the following federal laws:

- Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act (Clery);
- Violence Against Women Act (VAWA) amendments to the Clery Act;
- Equity in Athletics Disclosure Act (EADA);
- Student Right to Know Act; and
- The Drug Free Schools and Communities Act (DFSCA).

For the purposes of this report, the term “HEOA” refers collectively to the above-listed federal laws and their associated regulations. HEOA requirements are complex and often involve cross-jurisdictional compliance risks, e.g., regulatory risks affecting more than one university leadership area or more than one campus. Below is a summary of our 2022 HEOA compliance activities:

Clery Annual Security and Fire Safety Report

The OCE continued to assist the University in meeting its HEOA compliance responsibilities in accordance with [USF Policy 0-233: Higher Education Opportunity Act \(HEOA\) Initiative: USF, Portal, and Security & Fire Safety Reporting Compliance](#). Our office worked closely with the Clery Coordinator at the USF Police Department to facilitate a process for producing Annual Security and Fire Safety Reports (ASRs) for each campus (USF Tampa, USF Health South, USF St. Petersburg, and USF Sarasota-Manatee) as defined by the Clery Act. ASR production by the federally mandated deadline of October 1 each year involves compilation of content from 13 authors across three campuses, and includes data and other crime statistics required by VAWA and reportable to the ED.

In October 2022, USF fulfilled its obligation to publicly disseminate the three campus reports so that USF students and employees had access as required by the Clery Act.

Constitution and Citizenship Day

The OCE continued its compliance oversight activities relating to the Consolidated Appropriations Act of 2005. This federal legislation commemorates the September 17, 1787, signing of the United States Constitution. This legislation requires each educational institution that receives federal funds to hold an educational program on the United States Constitution on September 17th each year in order to remain eligible for Title IV funding. In addition, some research sponsors require evidence of compliance with this requirement for USF to remain eligible for sponsored research funding. On September 8, 2022, OCE contacted Student Success to discuss campus plans for the 2022 Constitution Day observance. The USF Student Government Advisor's Office provided documentation of its advertising outreach to students about a constitution-related interactive activity entitled "Constitution Day Bulls Vote" held in the student center on Friday, September 16, 2022.

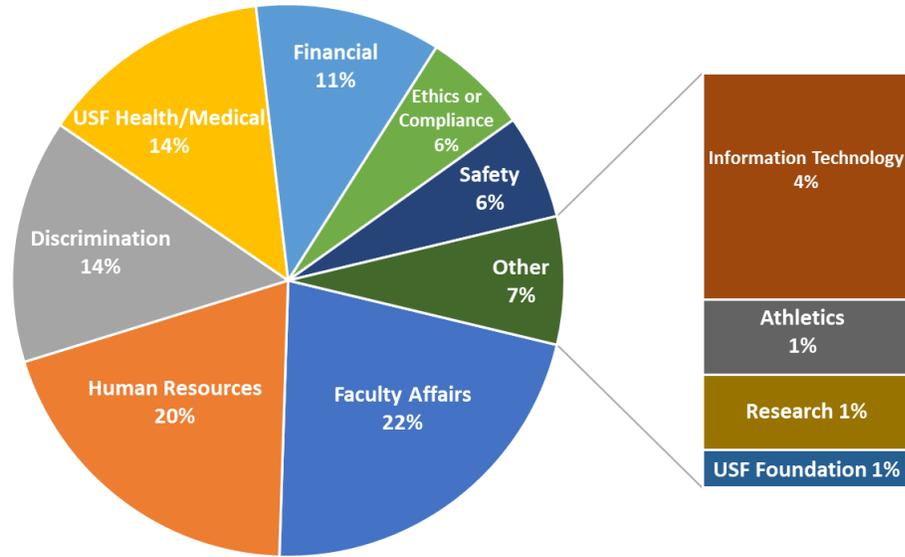
Elements 3 & 4: Create a Fair and Ethical Culture & Open Lines of Communication

Under the provisions of [USF Regulation 5.001: Fraud Prevention and Detection](#), all USF managers and their employees are responsible for preventing, detecting, and reporting waste, fraud, financial mismanagement, or other violations of USF policy or regulation. As part of OCE's New Employee Orientation compliance training, new employees receive training regarding fraud prevention and detection, including how to report fraud, waste, and financial mismanagement to IA or anonymously through EthicsPoint—our third party hosted hotline.

EthicsPoint enables USF employees and other members of the USF community to safely, securely, and anonymously report activities which may involve misconduct, fraud, abuse, and other violations of USF policies. This hotline serves as one of the primary tools assisting USF in our efforts to create and maintain a "culture of compliance." In 2022, the OCE added "retaliation" as additional reporting category. This new category enables the EthicsPoint system to automatically assign reports where the reporter indicated retaliation to EthicsPoint administrators in OCE for review and appropriate assignment.

During calendar year 2022, we addressed 147 EthicsPoint reports. Of these, 136 (93%) were closed and 11 (7%) remained open. Of the closed reports, 28 (20%) were substantiated, 88 (65%) were unsubstantiated, and 20 (15%) were referred. Reports are "referred" when the reported incident falls outside of the scope of EthicsPoint, e.g., academic matters involving faculty or students. Please see the below chart and table for more detailed information by primary issue.

EthicsPoint Reports by Primary Issue



	Substantiated	Unsubstantiated	Referred	Open	Total
Faculty Affairs	8	21	3	0	32
Human Resources	4	20	1	4	29
Discrimination	1	14	6	0	21
USF Health/Medical	3	10	4	3	20
Financial	4	9	0	3	16
Ethics or Compliance	3	4	2	0	9
Safety	2	3	4	0	9
Information Technology	2	4	0	0	6
Athletics	1	1	0	0	2
Research	0	1	0	1	2
USF Foundation	0	1	0	0	1
Total	28	88	20	11	147

Element 5: Education and Training

A. Office of Compliance & Ethics Training for New Employees

The OCE provides compliance and ethics training or training content to new USF employees as part of new employee orientation as follows:

- Online compliance and ethics training required of new administration and staff employees on the Tampa campus as part of new employee orientation, a program administered by Central Human Resources. During 2022, 1,115 new employees completed this training.
- One-on-one orientation sessions with new Sarasota-Manatee faculty, administration, and employees, which is provided by their Human Resources representatives, continued to use materials provided by our program.

B. Office of Compliance & Ethics Training for Current Employees

Certain USF employees are required to complete an annual Florida Code of Ethics (FCOE) disclosure in eDisclose, our online disclosure and review system. This disclosure includes education on current FCOE, nepotism, outside activity, and financial interest prohibitions and restrictions under the FCOE and [USF Policy 0-027](#). The following employee position types must annually complete an FCOE disclosure:

- All Faculty;
- All Administration employees;
- Staff employees issued a procurement card (PCard) or role in FAST (our financial accounting system); and
- Temporary employees issued a PCard or FAST role.

During 2022, 8,327 FCOE disclosures were submitted in eDisclose by USF faculty, administration, staff, and temporary employees. This translated to 7,180 individual USF employees receiving FCOE, nepotism, outside activity, and financial interest disclosure training during calendar year 2022.

Element 6: Detection, Remediation, and Enforcement

The OCE continues to work with compliance units to detect compliance gaps. When such gaps are identified, our program convenes multidisciplinary teams to develop and implement cross-jurisdictional policies and procedures aimed at addressing compliance gaps, including enforcement.

A. Form One Financial Interest Disclosure

Since 2018, the OCE holds university-wide responsibility for ensuring compliance with financial interest disclosure requirements under Florida Statutes, Section 112.3145. Under this statute, USF employees in positions with statutorily defined titles, roles, or spending authority as well as BOT members (“Form 1 Filers”) must disclose their financial interests directly to the Florida Commission on Ethics (the “Commission”) using the Commission’s Form 1-Statement of Financial Interest (Form 1). Such disclosures are required upon becoming a Form 1 Filer, annually thereafter, and upon termination of their Form 1 Filer status. Our office developed and implemented a reminder and monitoring process to ensure Form 1 submission compliance, aimed at facilitating BOT members and employees meeting their submission requirements and, thereby, avoiding potential personal fines and penalties of \$25 per day for failure to timely file with the Commission. During 2020, our method for identifying Form 1 Filers was reviewed in consultation with the Office of the General Counsel to ensure our reporting reflected current statutory criteria for identifying filers. This resulted in an updated procedure, created in collaboration with Central Human Resources, Purchasing, Procurement Card, and BOT administrative support units, including the campus boards at our St. Petersburg and Sarasota-Manatee campuses. During 2021, OCE submitted a proposal to USF IT to develop a technology-based process to streamline and automate the manual Form 1 Filer identification, notification, and reporting process.

During this reporting period, OCE continued to work with USF IT to develop a technology-based process to streamline and automate the manual Form 1 Filer identification, notification, and reporting process.

Element 7: Risk Assessment, Audit, and Monitoring

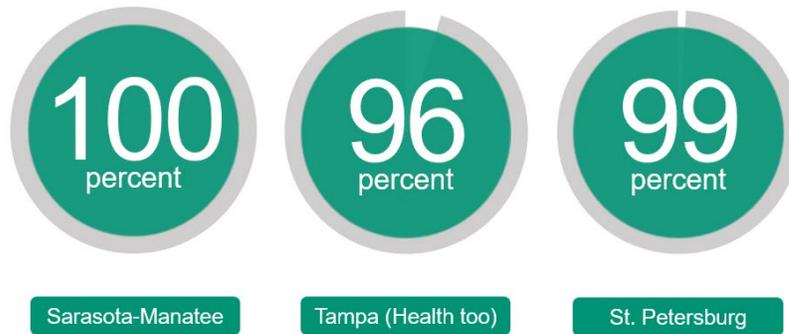
The OCE performs compliance reviews, risk assessments, and other consulting projects for known or suspected compliance gaps. Such compliance gaps can arise when USF has no known internal controls or existing controls are inconsistent with the law or industry best practices. Such reviews, assessments, and projects performed by our office aim to bring the process or unit into compliance and, thereby, mitigate risk to the institution. Below is a discussion of compliance reviews, risk assessments, and other consulting projects performed by our program this reporting period.

A. Annual FCOE Disclosure Compliance Monitoring

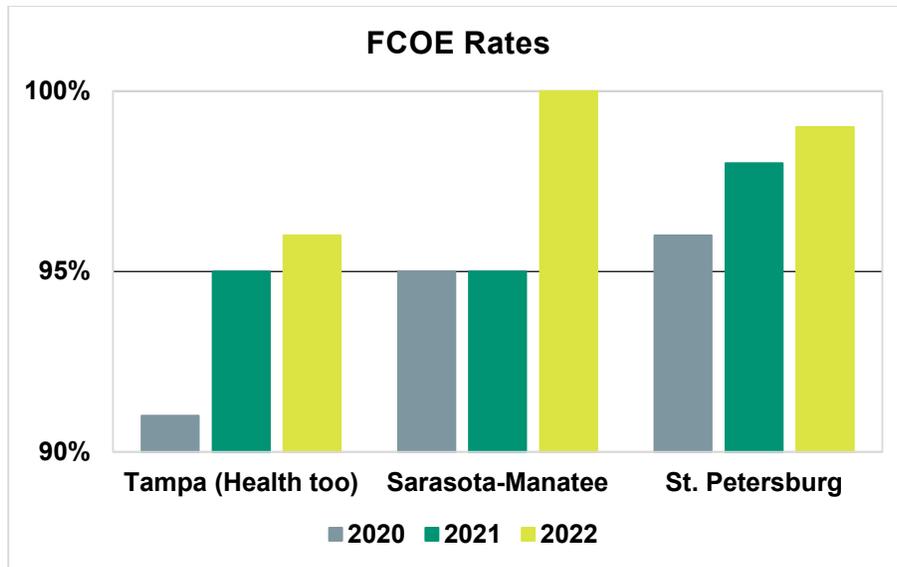
The OCE continued its monitoring of employee compliance with the annual FCOE disclosure requirements as set forth in USF Policy 0-027. New employees must complete an FCOE disclosure within the first 30 days of their employment start date. Employees receive three reminders prior to expiration of their most recent FCOE disclosure. In addition, our program sends senior managers monthly FCOE Disclosure Compliance Reports (FCOE Reports) identifying all employees under their purview who are required to complete an annual FCOE disclosure and whether they have done so within the past 12 months. Senior managers and

their designees then follow up with noncompliant employees to ensure they complete their annual FCOE disclosure in eDisclose.

During 2022, our monitoring and subsequent follow up by senior managers resulted in a 96% overall FCOE disclosure compliance rate for the University. The percentage of employees meeting their annual FCOE disclosure requirement is provided by campus below:



The below chart summarizes trends in FCOE disclosure compliance rates by USF campus for the past three years:



B. Annual Sponsored Research Exemption Reporting

The FCOE, F.S. §112.313, prohibits USF employees from having employment or contractual relationships with business entities also doing business with USF, unless an exemption under F.S. §112.313 (12)(h) applies. There are multiple exemptions afforded under the FCOE, one of which, the Sponsored Research Exemption (SRE), must be approved by the President and Board of Trustees Chair; and reported to the Florida Governor and Legislature by March 1 each year for the prior calendar year. USF employees disclose employment or contractual relationships which may be eligible for an SRE as part of their annual FCOE disclosure in eDisclose. The OCE is responsible for reviewing FCOE disclosures and determining whether an SRE applies to the disclosed relationship. The OCE, in collaboration with Patents and Licensing and the Office of the General Counsel, utilizes a multi-unit procedure to ensure transactions eligible for an SRE are identified, reviewed, approved, and reported by March 31 pursuant to statutory requirements.

In March 2022, we reported nine employment or contractual relationships with USF employees eligible for a sponsored research exemption to the Governor and Legislature.

Element 8: Assessment of Effectiveness

The OCE is responsible for performing effectiveness assessments of our compliance and ethics program via an external, independent 5-year compliance program effectiveness review and annual reporting to the BOT under BOG Regulation 4.003(7)(c) and 4.003(8), respectively.

BOG Regulation 4.003(8) requires OCE to report at least annually on the effectiveness of the Program.

A. 5-Year Compliance Program Effectiveness Review

BOG Regulation 4.003(7)(c) requires at least once every five (5) years, the President and BOT be provided with an external review of our compliance and ethics program's design and effectiveness and any recommendations for improvement, as appropriate.

Independent assessors for SUS institutions performed a 5-Year Independent Peer Review of the USF Compliance and Ethics Program during Spring 2022. The objective of this external, independent peer review was to determine the effectiveness of the program and extent to which the OCE Program adhered to the requirements set forth in BOG Regulation 4.003 for all SUS Compliance and Ethics Programs. The assessment utilized the SUS Compliance and Ethics Consortium Effectiveness Tool (QAR-28) as the basis for the 5-Year Review. The OCE Program was rated "highly effective", which is the highest possible rating for such reviews. This peer review was shared with the BOT-ACC on May 24, 2022, with the BOT on June 15, 2022, and submitted to the BOG in July 2022 as required under BOG 4.003.

B. Annual Report

Under BOG Regulation 4.003(8), the CCO is required to provide an annual report on the effectiveness of our program (“Annual Report”) to the BOT. Any Program Plan revisions based on the CCO’s Annual Report must be approved by the BOT. Copies of this Annual Report and, revisions to our Program Plan based on the Annual Report, must be provided to the BOG.

This 2022 Annual Report fulfills our annual reporting requirement on the effectiveness of the OCE Program pursuant to BOG Regulation 4.003.

Agenda Item: IV.b.

USF Board of Trustees
Audit & Compliance Committee
May 23, 2023

Issue: Antifraud Framework Annual Status

Proposed action: Informational

Executive Summary: In accordance with Board of Governors Regulation 3.003 Fraud Prevention and Detection and USF Regulation 5.001 Fraud Prevention and Detection, a status of the University's antifraud framework, including any necessary revisions to improve the framework, shall be evaluated and reported to the Board of Trustees (BOT) at least annually. This is the first status to be presented to the BOT.

Financial Impact: According to the Association of Certified Fraud Examiner's Occupational Fraud 2022: A Report to the Nations report, organizations lose 5% of revenue to fraud each year. The same report noted the median loss to be \$56K for fraud cases within the Education industry included in their survey.

Strategic Goal(s) Item Supports: To practice continuous visionary planning and sound stewardship throughout USF to ensure a strong and sustainable financial base, and to adapt proactively to emerging opportunities in a dynamic environment.

BOT Committee Review Date: 05/23/2023

Supporting Documentation Online (please circle):

Yes

No

Antifraud Framework Annual Status 05232023 FR.pptx

Prepared by: Virginia Kalil, Executive Director/Chief Internal Auditor, USF Office of Internal Audit

Antifraud Framework Annual Status

Virginia L. Kalil
Executive Director/Chief Internal Auditor

Audit & Compliance Committee | May 23, 2023



Relevant Guidance & Requirements

- Board of Governors Regulation 3.003 Fraud Prevention & Detection
- USF Regulation 5.001 Fraud Prevention & Detection
- USF Policy 0-023 Internal Control

3.003 Fraud Prevention and Detection

- (1) The Board of Governors is committed to creating an organizational culture where risk management structures are established to prevent and detect fraud within each state university.
- (2) Fraud is defined as an intentional misrepresentation or concealment of a material fact for the purpose of obtaining a benefit that would not otherwise be received, or inducement of another to act upon the intentional misrepresentation or concealment to his or her detriment.
- (3) Each university board of trustees shall adopt a regulation establishing criteria related to appropriate institutional controls and risk management framework that provide reasonable assurance that fraudulent activities within the university's areas of responsibility are prevented, detected, reported, and investigated. The regulation should include at a minimum:
- A zero-tolerance statement concerning fraudulent activity;
 - A definition of fraud and a description of what constitutes fraudulent activities;
 - A statement regarding the applicability of the regulation to all members of the university community, including board of trustees members, university employees, entities contracting with or doing business with the university, vendors, volunteers, and students;
 - The identification of a member or unit within management responsible for designing and overseeing the university's antifraud framework/strategies;
 - A delineation of responsibilities for the prevention, detection, reporting, investigation, and remediation of fraud;
 - A mechanism for reporting suspected fraud and a description of the protections afforded to those who make a report in good faith;
 - Actions to be taken when fraud is identified or substantiated, which may include:
 - Appropriate disciplinary action in accordance with any collective bargaining agreements and/or in consultation with appropriate institutional offices;
 - Recovery of assets/losses;
 - Referral to and/or coordination with law enforcement; and
 - Review and remediation of internal control deficiencies.
 - A process for alerting, as appropriate, senior management, the board of trustees, and the Board of Governors about instances of fraud or investigative outcomes concerning fraud; and
 - Periodic evaluation and reporting to the board of trustees, at least annually, of the status of the antifraud framework used and any necessary revisions to improve the framework.

(4) The regulation shall be reviewed at least every five (5) years for currency and consistency with applicable Board of Governors and university regulations.

Authority: Section 7(d), Art. IX, Fla. Const., History – New 3-23-2021.



UNIVERSITY OF SOUTH FLORIDA

REGULATION

Number: USF5.001
 Title: Fraud Prevention and Detection
 Responsible Office: Office of Internal Audit
 Date of Origin: 3-9-17 Date Last Amended: 2-4-22 (revised) Date Last Reviewed: 2-4-22

I. PURPOSE AND INTENT

The University of South Florida (University or USF) is committed to creating an organizational culture where risk management structures are established to prevent and detect waste, fraud, and financial mismanagement within the University. This Regulation establishes criteria related to appropriate institutional controls and risk management framework that provide reasonable assurance that waste, fraud, or financial mismanagement within the University's areas of responsibility are prevented, detected, reported, and investigated.

II. STATEMENT OF REGULATION

USF is committed to the highest standards of ethical conduct, as defined by Chapter 112, Part III, Florida Statutes: Code of Ethics for Public Officers and Employees, and has a zero tolerance for unethical and fraudulent activity. USF strives to identify and promptly investigate any possibility of wasteful, fraudulent or related dishonest activities including financial mismanagement against USF or its students and employees and to take appropriate disciplinary or legal action.

III. APPLICABILITY AND/OR AUTHORITY

Pursuant to Board of Governors Regulations 3.003 Fraud Prevention and Detection and 4.001 University System Processes for Complaints of Waste, Fraud, or Financial Mismanagement, each board of trustees shall adopt a regulation which establishes an antifraud framework including timely notification to the Board of Governors, through the Office of Inspector General and Director of Compliance (OIGC) for the State University System of Florida Board of Governors, of any significant and credible allegation(s) of fraud, waste, mismanagement, misconduct, and other abuses



UNIVERSITY OF SOUTH FLORIDA

POLICY

Number: 0-023
 Title: Internal Control
 Responsible Office: Office of Internal Audit
 Date of Origin: 1-6-17 Date Last Amended: 6-24-22 (revised) Date Last Reviewed: 6-24-22

I. PURPOSE AND INTENT

The purpose of this Policy is to communicate the University of South Florida's (USF or University) internal control objectives as set forth by the USF Board of Trustees. This Policy establishes standards in the design and implementation of the system of internal controls for USF.

These internal controls are put in place in order to reduce USF's exposure to financial, operational, strategic, compliance, and reputational risks. This system of internal controls is designed to promote effectiveness and efficiency in operation, minimize risk of asset loss, help ensure the reliability of financial and operational information, and support compliance with applicable laws, rules, and regulations. Internal controls provide reasonable assurance for mitigating risk; however, no system of control can provide absolute assurance.

USF has adopted the Committee of Sponsoring Organizations of the Treadway Commission (COSO) Control Framework which outlines the key components of Control Environment, Risk Assessment, Control Activities, Information and Communication, and Monitoring activities. All five components must be in place and operating for the system of internal controls to be effective.

II. APPLICABILITY

This Policy applies to all USF Employees and direct service organizations within USF.

III. AUTHORITY AND RESPONSIBILITY

A. The USF Board of Trustees is responsible for setting the expectations for internal

Antifraud Framework

- Tone at the top
- Assessment of risks
- Processes & systems
- Continuous improvement



Antifraud Activities Performed

- Fraud Risk Assessments
 - University Controller’s Office Annual Risk Assessment
 - Office of Internal Audit Annual Fraud Risk Assessment
 - Office of Internal Audit Engagement Fraud Risk Assessment
- University Enterprise Risk Management Process
- EthicsPoint Hotline Investigations
- Office of Internal Audit Recommendations and Follow up
- Project Drive | Oracle Cloud Human Capital Management (HCM)
- Fraud Awareness Initiative

Fraud Awareness Initiatives



On-Demand Presentations

Leadership and Staff

President's Cabinet

University Leadership Council

St. Petersburg Cabinet

Sarasota-Manatee Cabinet

Sarasota-Manatee ChatGPT



Webinar Training

Insider Threat Presentation



163
Webinar
Attendees



November 17, 2022



Flash Reports

Emerging Topics and Trends

January 2023 – Fraud Red Flags

February 2023 – Access Controls

March 2023 – Skimming Fraud

April 2023 – Cash Larceny Schemes

FY23 Summary of Investigations

As of April 30, 2023



43 Total

Source	
EthicsPoint	15
Direct	17
External	11



27 Closed

Resolution	
Unfounded	10
Founded	5
Investigation Support	12

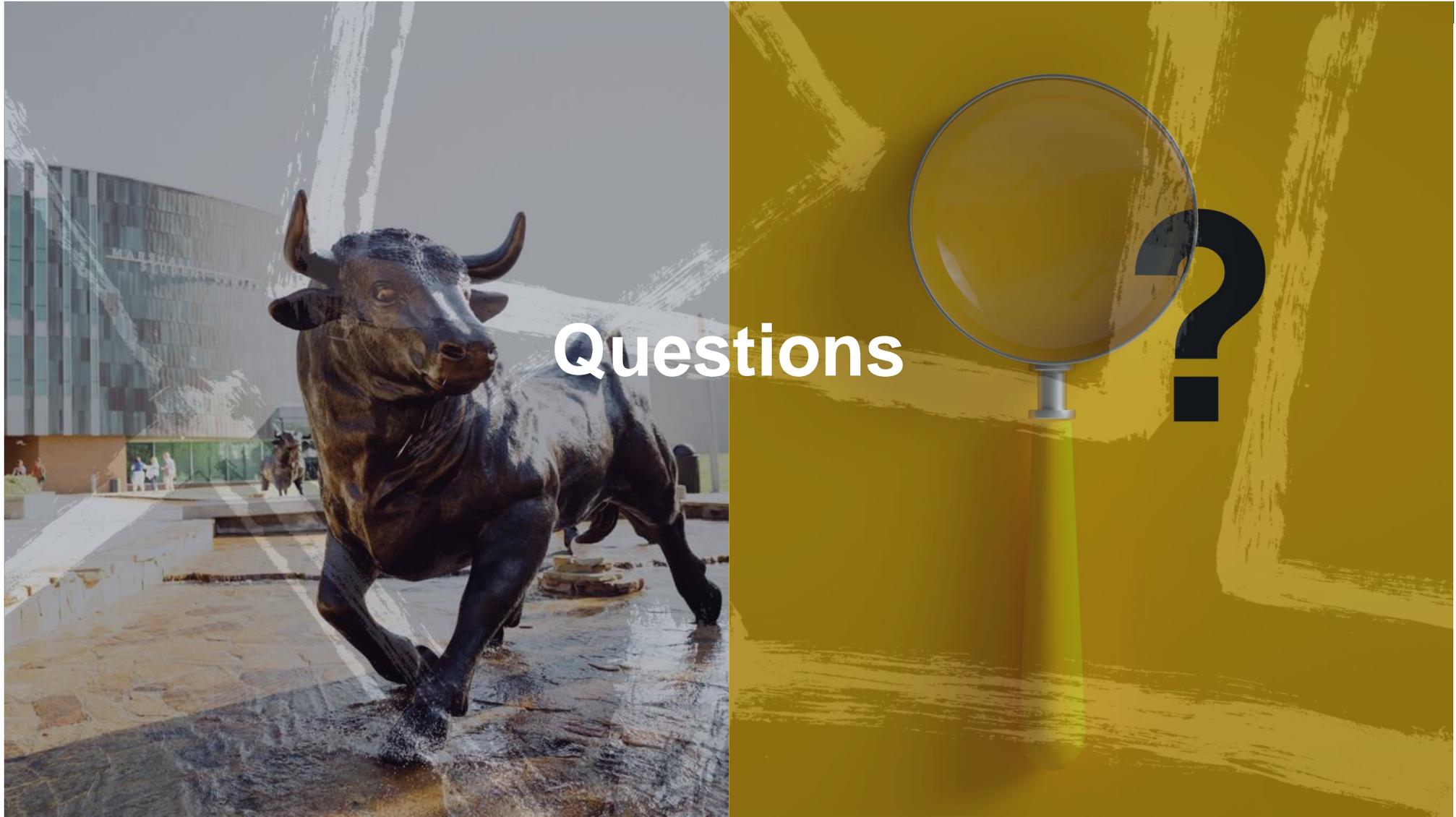


5 Founded

Category	
Misappropriation	4
Conflict of Interest	1

How To Report Fraud

1. EthicsPoint hotline at 1-866-974-8411 or www.ethicspoint.com
2. Report the incident or practice to their supervisor for subsequent reporting to the appropriate management official.
 - a. If the reporter believes their supervisor may be involved, then they employee must report to the next higher level of management or to the Office of Internal Audit.
 - b. If the reporter believes the Office of Internal Audit or the Office of Compliance and Ethics, including the chief audit executive or chief compliance officer, may be involved, then the reporter must report to the Office of the General Counsel.



Agenda Item: IV.c.

USF Board of Trustees
Audit & Compliance Committee Meeting
May 23, 2023

Issue: University and DSO Independent Audit Findings Report

Proposed action: Informational

Executive Summary:

The Independent Audit Findings Report describes audit findings and auditor recommendations, and management's responses and correction status.

The University and DSOs received a total of 16 audits from independent auditors for the fiscal year ended June 30, 2022. The reports containing findings include the following:

- 0 Findings in the 5 University or USF Auxiliary June 30, 2022 Audited Financial Statements
- 1 Finding in the University Operational Audit issued November 2022
 - Closed as of December 31, 2022
- 1 Finding in the State of Florida Federal Awards Audit (Formerly A-133)
- 0 Findings in the 8 DSO June 30, 2022 Audited Financial Statements
- 0 Finding in the USF Health Services Support Organization, Inc.'s June 30, 2022 Audited Financial Statements

Financial Impact:

N/A

Strategic Goal(s) Item Supports: Goal 5: A strong, sustainable and adaptable financial base
BOT Committee Review Date: May 23, 2023
Supporting Documentation Online (please circle): Yes No
Prepared by: Fell L. Stubbs, University Treasurer, (813) 974-3298

UNIVERSITY OF SOUTH FLORIDA and RELATED ENTITIES
Independent Audit Findings
Status Report to the BOT Audit & Compliance Committee – May 23, 2023

NEW FINDINGS

USF Entity and Audit Report	Audit Finding	Auditor Recommendations	Management’s Response to Auditor	Current Status of Finding	Target Completion Date
<p><u>UNIVERSITY OF SOUTH FLORIDA</u></p> <p>2022 State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards</p>	<p><u>Finding 2022-032</u></p> <p>USF expended ESF – HEERF Institutional Portion of funds for an unallowable purpose.</p>	<p>We recommend that the USF consult with the U.S. Department of Education and, as appropriate, seek reimbursement from the DSO for the amount provided to defray the lost revenue.</p>	<p>USF disagrees with the finding and is consulting with the U.S. Department of Education to reverse or modify the finding. USF’s position is that the ESF funds properly supported USF clinical revenues generated by USF clinicians and should not be confused with revenues generated by the DSO. If required, reimbursement will be sought from UMSA and the ESF funds will be used for other allowable university purposes.</p> <p>Responsible Party: Jennifer Condon, Vice President of Business & Finance</p>		<p>JUNE 30, 2023</p>

UNIVERSITY OF SOUTH FLORIDA and RELATED ENTITIES
Independent Audit Findings
Status Report to the BOT Audit & Compliance Committee – May 23, 2023

SUMMARY OF ENTITIES REVIEWED FOR AUDIT FINDINGS

USF Entity	Audit Due Date (Month and Day)	Current Audit Findings	Previous Audit Findings	Audit Firm
University of South Florida	Determined by Auditor General	No Findings	No Findings	State of Florida Auditor General
USF Operational Audit (Schedule Determined by Auditor General)	Determined by Auditor General	1 Finding - Closed	No Report in CY 2020	State of Florida Auditor General
USF Operational Audit – IT (Schedule Determined by Auditor General)	Determined by Auditor General	No Report in CY 2022	2 Findings – 1 REPEAT Closed	State of Florida Auditor General
USF - State of Florida Federal Awards Audit (Formerly A-133)	Determined by Auditor General	1 Finding	No Findings	State of Florida Auditor General
USF Auxiliary - Health Sciences Center Self-Insurance Program (SIP)	December 15	No Findings	No Findings	Crowe LLP
USF Auxiliary - Health Sciences Center Insurance Co., Inc. (CIC)	December 15	No Findings	No Findings	Crowe LLP
USF Auxiliary - Intercollegiate Athletics Program	January 15	No Findings	No Findings	James Moore & Co., P.L.
USF Auxiliary - WUSF-FM, A Public Telecommunications Entity	January 15	No Findings	No Findings	James Moore & Co., P.L.
DSO - USF Foundation, Inc.	October 15	No Findings	1 Finding - Closed	Cherry Bekaert LLP
DSO - USF Alumni Association, Inc.	October 15	No Findings	No Findings	Cherry Bekaert LLP
DSO - USF Financing Corporation and USF Property Corporation	October 15	No Findings	No Findings	KPMG LLP
DSO - University Medical Service Association, Inc. (UMSA) and USF Medical Services Support Corporation (MSSC)	October 15	No Findings	4 Findings - Closed	Warren Averett
DSO - USF Health Professions Conferencing Corporation (HPCC)	October 15	No Findings	No Findings	Mayer Hoffman McCann P.C.
DSO - USF Research Foundation, Inc.	October 15	No Findings	No Findings	Cherry Bekaert LLP
DSO - USF Sun Dome, Inc.	October 15	No Findings	No Findings	James Moore & Co., P.L.
DSO - USF Institute of Applied Engineering, Inc.	October 15	No Findings	No Findings	Warren Averett
HSSO - USF Health Support Services Organization, Inc.	October 15	No Findings	1 Finding - Closed	Warren Averett

Agenda Item: IV.d.

USF Board of Trustees
Audit & Compliance Committee
May 23, 2023

Issue: Office of Internal Audit External Quality Assurance Review

Proposed action: Informational

Executive Summary: In accordance with the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing, Board of Governors Regulations, and the Office of Internal Audit Charter, an external quality assessment must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organization. The chief audit executive must discuss with the board:

- The form and frequency of external assessment.
- The qualifications and independence of the external assessor or assessment team, including any potential conflict of interest.

Financial Impact: NA

Strategic Goal(s) Item Supports: To practice continuous visionary planning and sound stewardship throughout USF to ensure a strong and sustainable financial base, and to adapt proactively to emerging opportunities in a dynamic environment.

BOT Committee Review Date: 05/23/2023

Supporting Documentation Online (please circle):

Yes

No

IA External QAR 05232023 FR.pptx

IA External Quality Assessment Team 05232023 FR.pdf

Prepared by: Virginia Kalil, Executive Director/Chief Internal Auditor, USF Office of Internal Audit

External Quality Assurance Review

Virginia L. Kalil
Executive Director/Chief Internal Auditor

Audit & Compliance Committee | May 23, 2023



Requirements

- Institute of Internal Audit Standard 1312

External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organization. The chief audit executive must discuss with the board:

- The form and frequency of external assessment.
- The qualifications and independence of the external assessor or assessment team, including any potential conflict of interest.

- BOG Regulation 4.002 (6)(e)

The chief audit executive must develop and maintain a quality assurance and improvement program in accordance with professional audit standards. This program must include an external assessment conducted at least once every five (5) years. The external assessment report and any related improvement plans shall be presented to the board of trustees, with a copy provided to the Board of Governors Office, through the Office of the Inspector General and Director of Compliance.

Types of External Assessments

Two types of external assessments include:

- Self-Assessment with Independent External Validation
- Full External Assessment

The external assessor must conclude as to conformance with the Code of Ethics and the Standards; the external assessment may also include operational or strategic comments.

External Assessors



Brian Daniels, CIA, CISA, GCFA
Chief Audit & Compliance Officer
The University of Tennessee
System



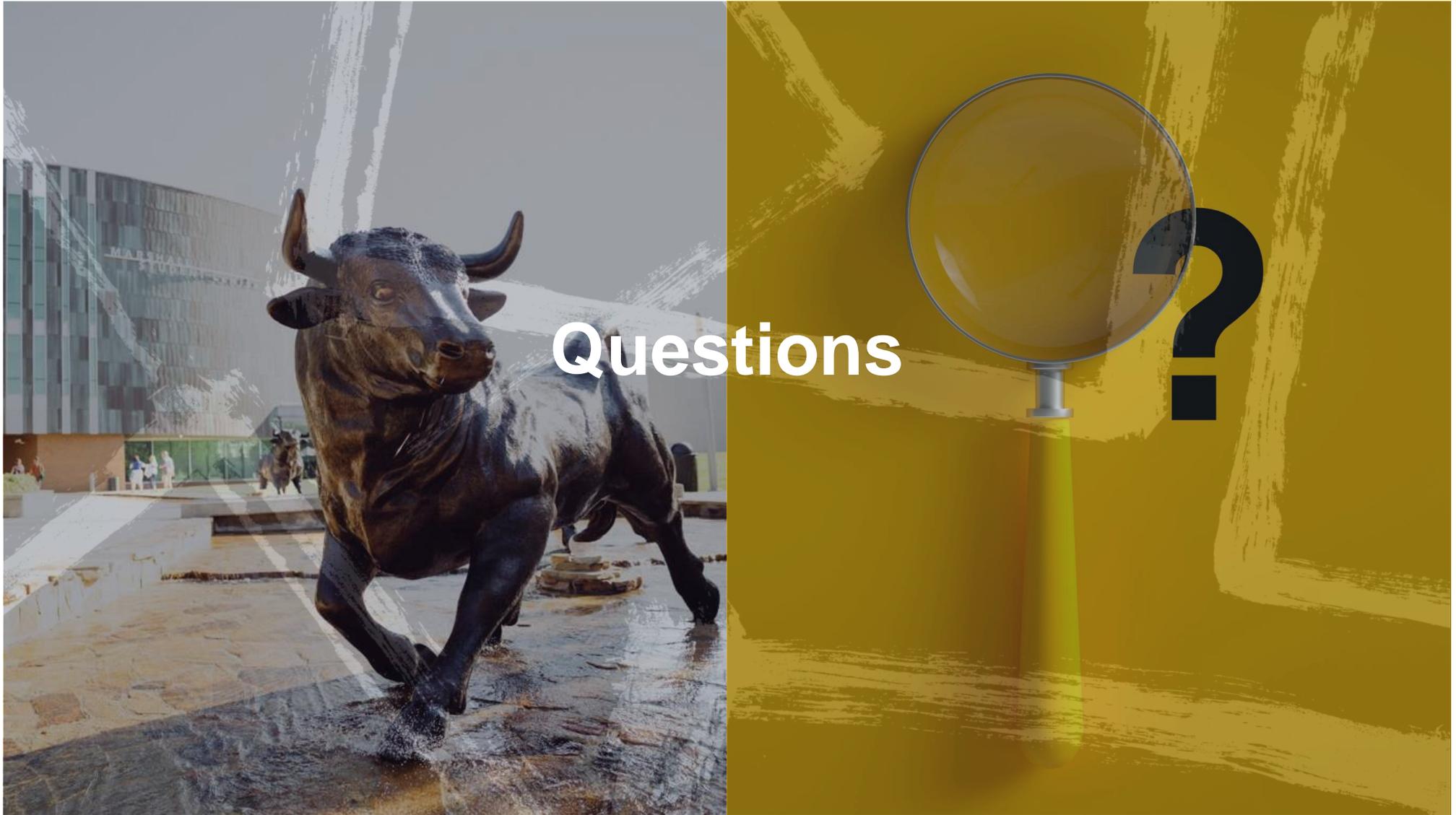
Kimberly "Kim" F. Turner, CPA
Chief Audit Executive
Texas Tech University System



Trevor L. Williams, CPA, CIGA
Chief Audit Executive
Florida International University

Process and Timeline







EXTERNAL QUALITY ASSESSMENT TEAM



Kimberly “Kim” F. Turner, CPA
Chief Audit Executive
Texas Tech University System

Kim Turner, who is a Certified Public Accountant, is the Chief Audit Executive for the Texas Tech University System. Kim leads a staff of 17 auditors in four cities with responsibility for the audit activities of the System, which includes five universities: Texas Tech University, Texas Tech University Health Sciences Center, Angelo State University, Texas Tech University Health Sciences Center El Paso and Midwestern State University.

Kim served as President of the Association of College & University Auditors (ACUA), an international association of 600 higher education institutions from the United States, Canada, and abroad. She has served many roles within ACUA, including being an inaugural Executive Sponsor for ACUA Leads, ACUA’s leadership development program. Kim was the recipient of ACUA’s Excellence in Service award in 2011 for her work on ACUA’s Risk Dictionary. She received ACUA’s Outstanding Professional Contributions award in 2014.

Kim has a long history of service in professional and philanthropic organizations, including serving as a Board Member-at-Large on the state board of the Texas Society of CPAs (TSCPA).

Kim is also one of only 38 Texas CPAs to be named a CPA Ambassador in a program jointly sponsored by TSCPA and the American Institute of CPAs. Closer to home, Kim has served as president or chair of numerous organizations, including South Plains Chapter of TSCPA, City of Lubbock Audit and Investment Committee, Lubbock Meals on Wheels, Texas Tech Federal Credit Union Supervisory Committee, and Lubbock Alumnae Chapter of Kappa Alpha Theta.

Kim has served on a number of peer review teams to assess the performance of internal audit functions both inside and outside of higher education. She also serves as a frequent speaker for ACUA, TSCPA, Society of Corporate Compliance and Ethics, Texas Association of College & University Auditors, and other groups on topics including audit leadership, governance, fraud, and ethics.

After graduating from Texas Tech University with bachelor's and master's degrees in accounting, Kim began her career in Ernst & Young's Dallas office. She has been an internal auditor since 1993, first with a regional restaurant chain, and then since 1997 at Texas Tech. Kim and her husband, Lane Turner, have three children.



Brian Daniels, CIA, CISA, GCFA
Chief Audit & Compliance Officer
The University of Tennessee System

Brian is the Chief Audit and Compliance Officer at The University of Tennessee System with five institutions across the state. Previously, Brian was Director of Internal Audit at Virginia Tech, and served the Assistant Director of IT Audit at the University of Virginia. He holds a bachelor's degree in Business Information Technology from Virginia Tech, and an MBA degree from James Madison University.

Brian currently serves as the Immediate Past President of ACUA, the association of college and university auditors. Brian has participated in a number of QARs for ACUA peers.

Brian is a Certified Internal Auditor, Certified Information Systems Auditor, and holds the designation of Certified Forensic Analyst through SANS. In addition to his formal educational, Brian has completed a number of leadership programs and institutes.



Trevor L. Williams, CPA, CIGA
Chief Audit Executive
Florida International University

Since July 2018, Mr. Trevor L. Williams has served as the chief audit executive of Florida International University's Office of Internal Audit. Mr. Williams has a long and distinguished career spanning over 36 years in accounting and auditing, inclusive of both internal and external auditing. During his 34 years of auditing, he has been involved in performing, coordinating, and directing financial, compliance, and performance audits in a wide variety of areas including construction, transportation, education, direct support organizations, financial services, risk management, pension and health benefit plans, maintenance operations, contracts, and grants.

Before joining the University, he served in various audit capacities:

- Assistant Chief Auditor, Miami Dade County Public Schools
- District Audit Director, Miami Dade County Public Schools
- Executive Director and Director of Construction Audit, Miami Dade County Public Schools
- Auditor, LaPadula & Company, Certified Public Accountants
- Accountant, McGladrey & Pullen, Certified Public Accountants

Mr. Williams graduated with honors from Virginia State University with a Bachelor of Science degree in Business Administration and a minor in Accounting. He also earned a Master of Accounting Degree from Florida International University and is a Certified Public Accountant in Florida and Virginia. Additionally, Mr. Williams is a Certified Inspector General Auditor and is a member of the following professional associations:

- American Institute of Certified Public Accountants (AICPA)
 - Institute of Internal Auditors (IIA)
- Association of College and University Auditors (ACUA)
 - Association of Local Government Auditors (ALGA)
 - Association of Inspectors General (AIG)

In addition, he currently serves on the ALGA's Peer Review Committee and the ACUA's Investment and Finance Committee and chairs that association's Audit Committee. He was a mentor in the 5000 Role Models of Excellence Project and Big Brothers/Big Sisters programs, where he mentored young men in the community. He has also coordinated, led, and participated on numerous external peer reviews of other entities' internal audit function.