



Board of Trustees Audit & Compliance Committee

Tuesday, May 25, 2021
9:40 – 10:40am
Microsoft Teams Virtual Meeting

Trustees: Sandra Callahan, Chair; Oscar Horton, Shilen Patel

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 23, 2021 Meeting Notes](#) Chair Callahan
- IV. New Business – Information Items
 - a. [Internal Audit Update](#) Exec Director/Chief Internal Auditor
Virginia Kalil
 - b. [2020 Compliance & Ethics Annual Report](#) Chief Compliance Officer
Caroline Fultz-Carver
 - c. [Compliance Training Initiative](#) Chief Compliance Officer
Caroline Fultz-Carver
- V. Adjournment Chair Callahan



**USF Board of Trustees
Audit & Compliance Committee
NOTES
February 23, 2021
Microsoft Teams Virtual Meeting**

I. Call to Order and Comments

The meeting of the Audit & Compliance Committee was called to order by Chair Sandra Callahan at 11:54am. Chair Callahan asked Dr. Cindy Visot to call roll. Dr. Visot called roll with the following committee members present: Sandra Callahan, Oscar Horton and Shilen Patel. A quorum was established.

II. Public Comments Subject to USF Procedure

No requests for public comments were received.

III. New Business – Action Items

a. Approval of November 10, 2020 Meeting Notes

Upon request and receiving no changes to the meeting notes, Chair Callahan requested a motion for approval, it was seconded and the November 10th meeting notes were unanimously approved as written.

b. Acceptance of Performance-Based Funding and Preeminence Data Integrity Audits & Approval of Data Integrity Certification

Virginia Kalil, Executive Director and Chief Internal Auditor, presented the results of the Performance-Based Funding (PBF) and Preeminence Data Integrity Audits. These audits must be conducted annually pursuant to Board of Governors (BOG) request. Ms. Kalil provided some background on PBF and Preeminence funding and described the annual audit process. This is the seventh year conducting the PBF data integrity audit (the BOG approved the PBF funding model in 2014). The Preeminence audit is newer; this is the second year (USF reached full Preeminence in 2018). The primary audit objectives were to determine whether the processes and internal controls established by the university ensure the completeness, accuracy, and timeliness of data submissions which support PBF; and to provide an objective basis of support for the President and BOT Chair to sign the representations included in the BOG Data Integrity Certification. It is key for the BOG to rely on data submitted by the universities. The audit scope was to identify and evaluate any material changes to the controls and processes, including prior year recommendations, BOG data definition changes, and data element, key personnel, and/or file submission changes; review data resubmissions (why they were resubmitted); update risk assessments, including fraud risks; and verify accuracy, completeness, and consistency with BOG expectations of

data components, data metric methodologies, and data submitted through detailed testing. As required by the BOG, the scope and objectives of both audits were set jointly by the Chief Audit Executive (Ms. Kalil), the Audit & Compliance Committee Chair, the BOT Chair and the President. These audits were performed in accordance with current professional standards. The overall conclusion of the PBF audit was that there was an adequate system of internal controls in place, with no reportable risks identified. Ms. Kalil congratulated the University on these results; this is not an easy task to get all these processes in line with no reportable risks identified. This is the seventh year for this audit and the first time there have been no reportable risks identified.

Before presenting the results of the Preeminence audit, Ms. Kalil reviewed the prior year's results which centered around the inadequate controls associated with the metrics that relied upon data from the National Science Foundation (NSF) Higher Education Research & Development (HERD) survey. Two high risks (inclusion of affiliates expenditures and inadequate data governance structure over the survey) were identified, impacting reported performance, however not impacting the affected performance metrics status (pass/fail). Remediation of the control structure was expected to be a multi-year plan due to the complexities of the changes needing to be made and the timing of the survey submission. The survey is submitted in the spring, following the fiscal year in which the expenditures occurred (the University was working on the next survey when these audit results were released). Some but not all improvements were made for the FY 2019 submission. Progress has been made and improved controls were observed. The overall conclusion of the current year audit (FY 2019 survey) was that there was an adequate system of control over 9 of the 12 metrics and an inadequate system of control over the remaining three metrics which relied upon the HERD Survey. One high risk was identified that still remains, related to the overall control structure. Six recommendations were made which management currently has underway (four of these corrective actions have been completed). Ms. Kalil noted that while one high risk was identified and still remains, it did not impact the overall status of the performance metrics and the University still met Preeminence.

The Data Integrity Certification combines/covers both audits. Chair Callahan noted that all the questions on the certification can be answered in the affirmative for both audits except for questions 1 and 2. Responses to these will need more explanation as we have different answers/responses for each of the audits, due to the deficiencies in the HERD survey. Chair Callahan asked how this will be addressed. President Currall stated that Sr. Vice President David Lechner and Vice President Nick Trivunovich are working on adding additional language to address this; we will submit a bifurcated answer for questions 1 and 2 (respond 'yes' for PBF and 'no' for Preeminence) and a footnote will be added to the certification explaining the improvements that have been made to get the issues resolved so there are no exceptions going forward.

Chair Zimmerman stated that the University is fully committed to developing the processes and systems necessary to provide accurate and complete data for the reporting of research expenditures. He asked if everyone involved continues to actively engage with the audit team as changes are made to improve the internal control structure and its framework. Ms. Kalil responded yes, and that the Office of Research & Innovation is being very proactive in seeking guidance from the Internal Audit department as well as all the other stakeholders that are involved (research gathers and compiles the data, other departments/areas incur these expenses). Chair Zimmerman expressed great confidence in Ms. Kalil and her team. President Currall commended Ms. Kalil on her judgment and performance which allows the University to maintain compliance, not only relating to the HERD survey, but all regulations

surrounding these metrics. This is the kind of relationship we need between Internal Audit and the rest of the University to be effective.

A motion was made to recommend to the BOT acceptance of the Performance-Based Funding (PBF) and Preeminence Data Integrity Audits and approval of the Data Integrity Certification. The motion was seconded and approved by all Committee members present.

A brief, full BOT meeting will be called after this committee meeting to approve this item in order to meet the BOG deadline of March 1.

IV. New Business – Information Items

a. USF/DSO Independent Audit Findings Report

Mr. Trivunovich presented the University and Direct Support Organizations (DSOs) Independent Audit Findings Report which describes audit findings and auditor recommendations, and management's responses and correction status. The University and DSOs will receive 16 audits from independent external auditors for the fiscal year ended June 30, 2020. Since June 30, 2020, 13 audits have been received with the following results: a) no findings in the University or USF Auxiliary June 30, 2020 audited financial statements received to date; b) 1 finding in the 7 DSO June 30, 2020 audited financial statements received to date; and c) no findings in the USF Health and Education International Foundation's (related party of HPCC DSO) or the USF Health Services Support Organization, Inc.'s June 30, 2020 audited financial statements. Three audit reports have not yet been issued for fiscal year 2020: University of South Florida Financial Audit; State of Florida Federal Awards Audit (Formerly A-133); and the audit report for the University Medical Services Association, Inc. (UMSA) and USF Medical Services Support Corporation (MSSC) (combined).

The one audit finding for the DSOs was for the USF Research Foundation related to a new GASB requirement for accounting for fiduciary funds; closed per management. It was determined by the Research Foundation auditors that research foundation funds specifically set aside for fiduciary balances had a deficit of \$113K. These fiduciary balances are all related to the University and the Research Foundation has more than adequate funding to cover all of these funds held in trust, the fiduciary funds were not held in an account specifically set aside for the fiduciary funds. Additional controls and procedures have been put into place to assure this does not occur again in the future. Mr. Trivunovich is confident this finding will not be repeated.

b. Annual Compliance Certifications of DSOs

Fell Stubbs, University Treasurer, presented the Annual Compliance Certifications of DSOs. Each DSO and related entity under the control and direction of the BOT 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. The Compliance Certification process is an important element of DSO oversight and governance.

The University received 8 of 10 Annual Compliance Certification Statements from the DSOs, signed by the DSO Board Chair, CEO and CFO, for the fiscal year ended June 30,

2020, consistent with the Annual Reporting Requirements for DSOs. There were no instances of non-compliance with the 22 requirements from five categories of compliance cited in the Annual DSO Compliance Certification Statements, for the 8 DSOs reporting.

Trustee Seixas asked about compliance training for staff and faculty (code of ethics, gift laws, safety, EHS, etc.) – is training online, how is it tracked. Mr. Trivunovich explained that compliance covers a wide variety of items and we have many kinds of compliance training (we have very robust training in our on-boarding process, as well as some recurring compliance training and are hoping to expand this training). Mr. Trivunovich suggested talking about these different types of training at a future meeting.

V. Adjournment

Having no further business, Chair Callahan adjourned the Audit & Compliance Committee meeting at 12:20pm.

Agenda Item: IVa

**USF Board of Trustees
Audit & Compliance Committee
May 25, 2021**

Issue: USF Office of Internal Audit (IA) Update

Proposed action: Informational

Executive Summary: The USF Board of Trustees Audit and Compliance Committee approved a one-year IA Work Plan for fiscal year 2020-2021 on August 25, 2020. No changes have been made to the work plan; however, progress in completing the work plan has been impacted by limited resources due to unplanned vacancies and a focus on investigations during the plan year.

Below is a status of IA's progress, as of April 30, 2021, in completing the 14 audit and consulting engagements on the approved IA Work Plan:

- 5 engagements were complete,
- 3 engagements were in progress and will be completed by the end of the fiscal year,
- 1 engagement was in progress and will be completed during the first quarter of next fiscal year, and
- 5 engagements have been deferred for completion in fiscal year 2021-2022.

At this time, IA does not recommend any changes to the approved work plan and is actively recruiting for the vacant positions.

Additionally, IA is beginning its triennial strategic planning process. Strategic planning is important in ensuring IA's vision and mission align with the organization's objectives. As part of the strategic planning process, IA will reassess the strengths and opportunities of internal audit resources and activities across the University, including direct support organizations, and identify areas of focus for the new strategic plan.

Financial Impact: N/A

Strategic Goal(s) Item Supports: Goal 4: Sound financial management to establish a strong and sustainable economic base in support of USF's continued academic advancement.

Committee Review Date: 5/25/2021

Supporting Documentation Online (please circle): Yes No

USF Office of Internal Audit Work Plan FY2021 Update

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



Work Plan Fiscal Year 2021

	Status 4/30/2021	Plan Hours
DIRECT SERVICES		
<i>Audit Services</i>		
Core Processes:		
Payroll	Reporting	800
Attractive Assets	TBD	500
Procure to Pay (Jaggaer)	TBD	600
Academic Areas:		
PBF Data Integrity	Complete	300
Preeminence Data Integrity	Complete	500
Research:		
Human Subjects Regulations	Complete	60
Information Technology:		
USFH IT Access Controls	Complete	250
Cloud Computing	Fieldwork	700
USFH IT	TBD	700
COVID-19:		
CARES Act Student Financial Aid	Complete	500
CARES Act Institutional Aid	TBD	500
Emerging Risks:		
Resource Management - Student Success	Fieldwork	600
IT - TBD	TBD	690
<i>Follow-up; Coordinate External Audits</i>		500
<i>Subtotal</i>		7,200
<i>Consulting Services</i>		
USFH Compliance Assessment Validation	Preliminary	600
Other Consulting - compliance, financial, IT		452
<i>Investigations @ 10%</i>		2,080
<i>Contingency @ 7%</i>		1,500
TOTAL DIRECT SUPPORT		11,832

Approved by the USF Board of Trustees Audit and Compliance Committee on August 25, 2020

Agenda Item: IVb

**USF Board of Trustees
Audit & Compliance Committee
May 25, 2021**

Issue: 2020 Compliance & Ethics Annual Report

Proposed action: Informational

Executive Summary:

The 2020 Compliance & Ethics Annual Report summarizes the activities of the the USF Office of Compliance & Ethics from January 1, 2020, to December 31, 2020. 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: 5/25/2021

Supporting Documentation Online (please circle):

Yes

No

Prepared by: Caroline Fultz-Carver, Chief Compliance Officer

2020 Annual Report

Office of Compliance & Ethics

Dr. Caroline Fultz-Carver | May 25, 2021



Highlights: Foreign Influence

- Study Sponsor Disclosures
- Foreign Gifts and Contracts with USF Disclosures
- State Disclosure Requirements for Researchers:
 - Outside Activities related to researchers' expertise
 - Financial Interests

Highlights (continued)

- Higher Education Opportunity Act (HEOA)
- Data Privacy (GDPR, CCPA, etc.)
- eDisclose
- EthicsPoint

Annual FCOE Disclosure



Tampa (Health too)

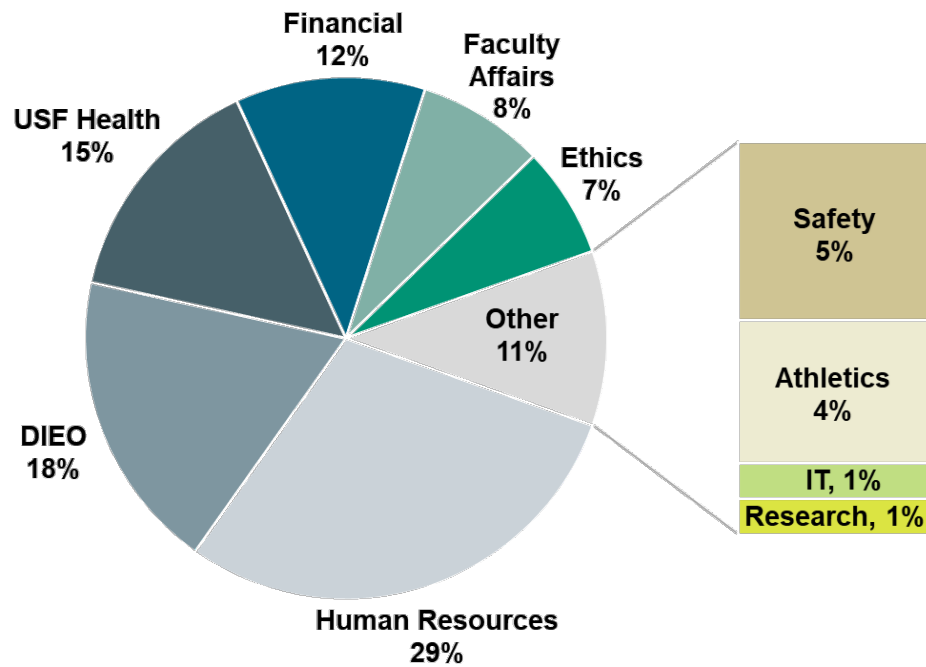


Sarasota-Manatee



St. Petersburg

EthicsPoint Reports



	Substantiated	Unsubstantiated	Referred	Open	Total
Human Resources	4	19	4	3	30
DIO	1	15	1	2	19
USF Health	6	7	0	2	15
Financial	0	7	1	4	12
Faculty Affairs	2	5	0	1	8
Ethics	1	0	5	1	7
Safety	0	4	1	0	5
Athletics	0	4	0	0	4
IT	0	1	0	0	1
Research	0	1	0	0	1
Total Reports:	14	63	12	13	102



2020 ANNUAL REPORT



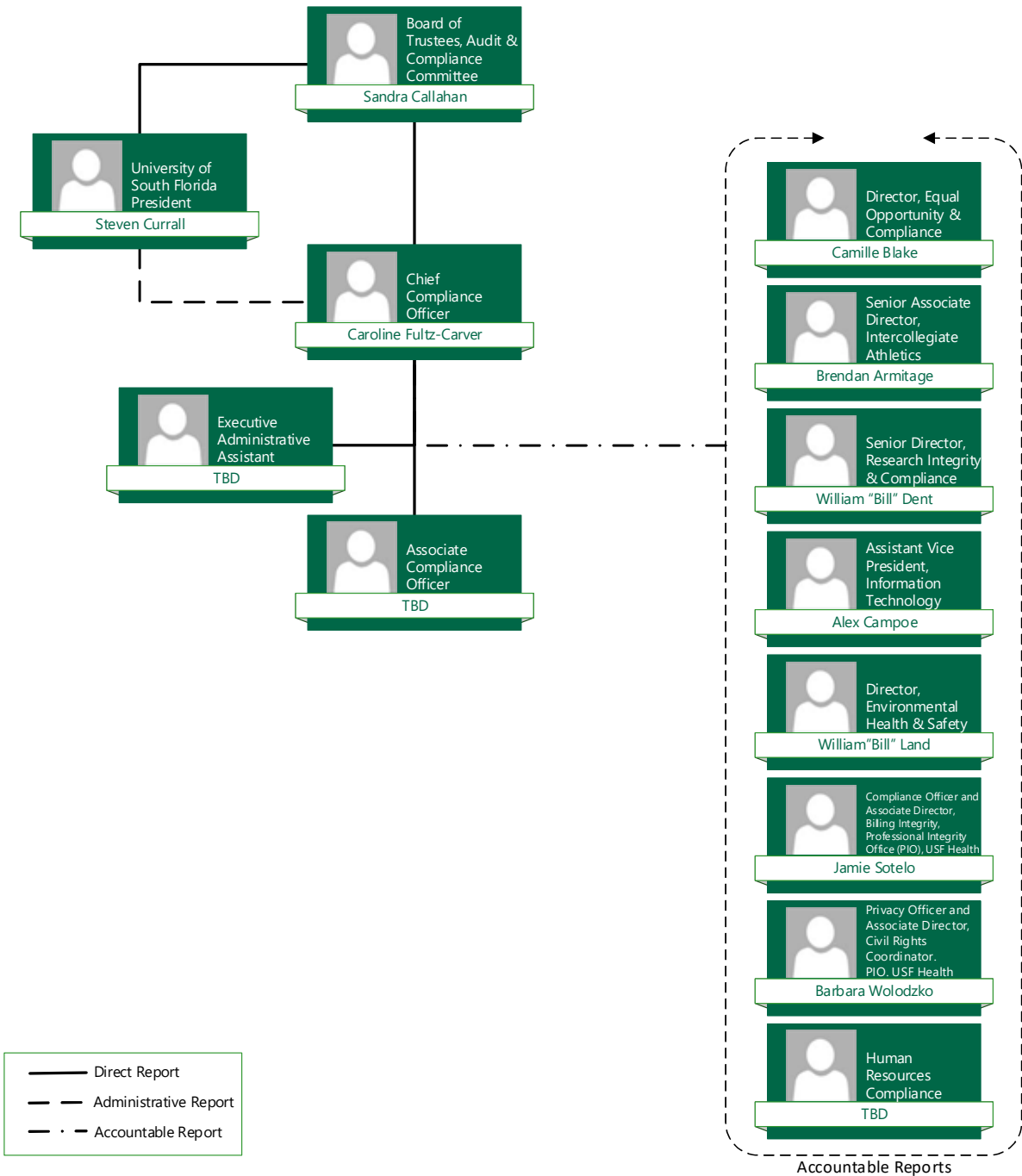
UNIVERSITY of
SOUTH FLORIDA
Office of Compliance & Ethics

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**UNIVERSITY of
SOUTH FLORIDA**
Office of Compliance & Ethics



2020 ANNUAL REPORT

USF Office of Compliance & Ethics

The University of South Florida created a compliance and ethics program in 2007 as a component of University Audit & Compliance (UAC) with the appointment of a Chief Compliance Officer (CCO). 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 and the USF System Compliance & Ethics Program became the Office of Compliance & Ethics (“Compliance & Ethics”).

This annual report summarizes the activities of Compliance & Ethics from January 1, 2020, to December 31, 2020. This report, organized by the “essential elements” for an effective compliance and ethics program as prescribed by the Federal Sentencing Guidelines, fulfills our annual reporting requirements in accordance with BOG Regulation 4.003 and our USF Board of Trustees (BOT)-approved [Program Plan](#).

Element I: Governance & High-Level Oversight

The University of South Florida addresses this element through the BOT Audit and Compliance Committee, the Office of Compliance & Ethics, and the Compliance Officers Workgroup.

A. Board of Trustees Audit and Compliance Committee

In accordance with BOG Regulation 4.003, the BOT Audit and Compliance Committee (the “BOT ACC”) has audit and compliance oversight responsibilities. The [BOT ACC Charter](#) outlines these responsibilities.

B. Office of Compliance & Ethics

The USF Office of Compliance & Ethics (“Compliance & Ethics”) reports functionally to the BOT ACC and administratively to the USF President. This reporting relationship ensures the independence of Compliance & Ethics and assures adequate consideration

of its compliance and ethics recommendations. The purpose, authority, and responsibilities of Compliance & Ethics 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 Compliance & Ethics Program Plan](#) (“Program Plan”) summarizes the current status of our compliance and ethics program

C. Compliance Officers Workgroup

The Compliance Officers Workgroup assists the CCO in maintaining an effective and broad-based program designed to prevent, monitor, and detect areas of non-compliance and, when necessary, to fully meet compliance requirements and recommend corrective actions. This workgroup is comprised of senior compliance officers in the following “high-risk” compliance units within USF.

- Athletics Compliance
- Environmental Health & Safety
- Research Integrity & Compliance
- Diversity Inclusion & Equal Opportunity
- Professional Integrity Program, USF Health
- Information Technology Security

The compliance officers in this workgroup have “accountable reporting” relationships to the Chief Compliance Officer via Presidential memorandum. Brief descriptions of several of the above-listed “high-risk” compliance units and highlights from this reporting period are provided below.

Athletics Compliance

The USF Athletics Compliance Office (Athletics Compliance) ensures compliance with National Collegiate Athletic Association (NCAA) and American Athletic Conference (AAC) rules and associated USF regulations and policies through its education, monitoring and enforcement efforts. During the 2019-20 academic year, Athletics Compliance provided 270 in-person (and virtual) rules educational sessions. These sessions provided athletic compliance education to 750+ athletic employees, student-athletes, on campus constituents and external constituents. In 2019-20, Athletics Compliance drafted and submitted 23 waivers (NCAA and AAC waivers combined). Of the 23 waivers, 19 were approved as submitted, two were approved with conditions, and two were denied, resulting in a 91% waiver approval rate.

Environmental Health and Safety

USF Environmental Health and Safety (EH&S), a department within the Division of Facilities Management, ensures potential safety and environmental hazards are properly mitigated/remediated in accordance with applicable federal, state, and local requirements; USF policies, procedures, guidelines; and industry best practices. EH&S serves as the liaison between the University and external agencies and provides environmental health and safety awareness and compliance training. EH&S administers multiple programs to achieve this end. Some highlights from FY 2019-2020 include:

- Provided safety and compliance training to approximately 6,448 faculty, staff, students, and affiliates via classroom-based and online training courses.
- Conducted approximately 94 emergency evacuation drills and 47,148 fire extinguisher inspections; provided Fire Safety Education and Training sessions for approximately 303 individuals; and, issued 19 hot work permits.
- Performed 279 laboratory safety inspections in research and teaching laboratories, studios, and shops (497 deficiencies; 97% corrected to date).
- Coordinated the compliant management, treatment, and/or disposal of approximately 110,415 pounds of chemical waste and 3,359 containers of biomedical waste for the University.
- Facilitated the following external regulatory agency inspections:
 - 13 inspections by the Florida Department of Health (biomedical waste and drinking water compliance).
 - 1 inspection by the Florida Department of Environmental Protection (industrial wastewater compliance).
 - 11 inspections by the Environmental Protection Commission (regulated storage tanks and industrial wastewater compliance).
 - 260 fire and life safety code inspections by the Office of the State Fire Marshal.
- Evaluated/mitigated approximately 252 Industrial Hygiene/Occupational Safety issues and/or complaints (i.e., asbestos, mold, noise, odor, etc.).

- Provided permitting and code/safety related inspection support for approximately \$66 million in construction-related value for the University.
- Processed/coordinated approximately 336 workers' compensation claims to ensure injured/ill workers receive proper medical treatment, disability leave and supplemental wages, as necessary.
- Executed a safe and regulatory compliant transition of the USF Tampa campus community drinking water system from chlorine gas to sodium hypochlorite disinfection.
- Successfully modified the Industrial Wastewater Permit for the Tampa Campus Central and Northwest Plant cooling tower discharges in order to address documented water quality exceedances.
- Developed the USF Disposal of Hazardous Waste Pharmaceuticals Program In response to Federal/State regulatory changes associated with pharmaceutical waste. This program outlines the responsibilities and compliant, safe procedures for managing hazardous waste pharmaceuticals.
- Successfully permitted and completed construction of a closed-loop wastewater recycle system for the USF Athletics and Recreation & Wellness Departments.

Research Integrity & Compliance

Research Integrity and Compliance, a division within USF Research & Innovation, ensures research performed within USF is safe, ethical, and complies with all applicable regulations, laws, and University policies. Some highlights from FY 2019-2020 include:

- Reviewed 208 project-specific disclosures reporting research-related financial conflicts of interest with 70 (34%) requiring a management plan.
- Reviewed and approved 1,080 initial research study applications (756 Social Behavioral studies and 324 Biomedical studies).
- Reviewed and signed off on 260 applications where USF investigators requested to use an outside IRB.
- Provided live and online human subject research-related training to 1,450 individuals engaged in human subjects' research.
- Conducted six audits of human subject research of which two were for-cause.
- Performed 237 Institutional Animal Care and Use Committee (IACUC) research laboratory inspections of spaces outside the animal facility vivarium.
- Coordinated a successful, unannounced USDA remote site visit for the USF IACUC program.
- The IACUC reviewed and approved 305 new IACUC research projects, including time sensitive COVID rapid response animal research projects.
- Certified 235 new IACUC laboratory animal users.
- Performed post-approval monitoring for IACUC including audits of 18 animal research VA ACORP funded approvals.

- Performed 75 inspections of laboratories using biohazardous agents.
- Provided biosafety training to 1,085 individuals.
- Responded to seven biosafety incident reports.
- Coordinated a successful CDC registration renewal remote site visit for the USF Select Agent program.
- The Institutional Biosafety Committee (IBC) reviewed and approved 68 new research projects and 239 continuing reviews and amendments to approved IBC protocols for the use of biohazardous agents. These reviews included several time-sensitive COVID rapid response projects.
- Scientific Diving-Boating coordinated training, planning, and execution of 77 divers to account for over 960 research dives through the safe passage of over 1,500 miles underway.
- Launched BullsIRB, our new electronic compliance oversight system of human subject research.

Diversity, Inclusion & Equal Opportunity

The Office of Diversity, Inclusion & Equal Opportunity (DIEO) ensures the USF workplace and academic environments are free from discrimination, harassment, and retaliation based on protected categories 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 by law. Some highlights from this reporting period include:

Equal Employment Opportunity

- Received 91 reports of which 29 were investigated. Of those investigated, none were substantiated based on the preponderance of evidence standard.
- Offered six harassment prevention trainings and one Appellate Reviewer Training. Sexual harassment prevention training is now being provided online to USF employees and is mandatory training for all new employees. The completion of the online mandatory training with a test created in 2019 continues to be required of all Equal Opportunity Liaisons (EOLs) in order to become a certified EOL.
- Conducted an audit of the current 78 EOLs to confirm these employees were still serving as EOLs and that the department they were an EOL for is an accurate listing.

Office of Title IX

- Provided 103 trainings, presenting to 3,143 employees, 391 athletes, and 1367 members of Fraternity & Sorority Life.
- Processed 383 reports during calendar year 2020 of which 48 (13%) were in progress from the previous calendar year and 335 (87%) were new submissions.

- Of the 383 reports processed during 2020, 340 (89%) were closed and 43 (11%) remained in process by close of the calendar year.
- The below chart summarizes the closure type for the 340 reports closed during calendar year 2020:

Closure Type	Report Count	Percentage of Closed Reports
Insufficient information	162	48%
Not Title IX jurisdiction/policy definition unmet	56	16%
Complainant requested closure	46	14%
Referred to another USF Unit	31	9%
Implemented Supportive Measures or Informal Remedy	19	6%
Formal Investigation Completed	18	5%
Merged with another report or addressed Externally	8	2%
Total Count Closed Reports:	340	100%

- Of the 18 investigations completed during 2020, 13 (72%) were substantiated and five (28%) were unsubstantiated based on the preponderance of evidence standard.

Professional Integrity Office, USF Health

The USF Health Professional Integrity Office encompasses two programs: the Billing Integrity Program and the HIPAA/Privacy Program. The Billing Integrity Program focuses on compliance with federal, state and insurance-provider regulations and policies governing the provision of and billing for healthcare services provided by USF Health practitioners. The HIPAA/Privacy Program focuses on compliance with the Health Insurance Portability and Accountability Act (HIPAA), federal and state privacy laws, regulations, and internal policies. Below are highlights from 2020 for these programs.

Billing Integrity Program

- Provided 119 individual new provider billing integrity orientations; transitioned this process in April from face to face training to a virtual scheduling, delivery and follow up workflow due to COVID19 mitigation measures;
- Provided 4 specialty group trainings and ongoing individual provider/staff educational sessions as identified/requested;
- Created a workgroup inclusive of clinical systems and revenue cycle to prepare for 2021 outpatient E&M changes; created related educational video/materials,

hosted seven virtual drop in Q&A sessions; provided specialty specific training to three Departments/Divisions; responded to over 100 individual questions;

- Participated as key stakeholder in the USFH development of telehealth workflows, EHR best practices and ongoing support by providing guidance on regulatory coverage policies, documentation and billing;
- Piloted a risk-based provider/service monitoring process with review of over 750 claims and related provider education;
- Collaborated with revenue cycle to validate accuracy of existing and new billing workflows and staff coding;
- Established written policy that clarified expectations of completion and noncompliance for mandatory Compliance Training/Monitoring;
- Established written policy that Prohibits Required or Incentivized Referrals;
- Developed resource library within USF Confluence software for billing integrity and compliance policies and guidance;
- Received and resolved over 350 direct inquiries/reported concerns (email, chat, phone, Helpline);
- Investigated 7 internal reports of noncompliance and facilitated implementation of corrective actions, including refunds as applicable.
- Provided guidance and direction to USF St. Pete Infant Family Center and USF College of Nursing relative to initiation of third party billing;
- Responded timely to 6 external audits, and facilitated related workflow improvements as required by the third party payor; and
- Completed a self-assessment of the Compliance Plan Effectiveness and submitted to USF Audit for review/validation.

HIPAA Privacy Program

- Received and investigated over 1,200 access alerts generated by our FairWarning monitoring software that alleged inappropriate access under HIPAA to determine if the access was appropriate or whether it violated HIPAA;
- Investigated over 120 privacy incidents reported to us directly or entered into our CompliancePro Solutions software and determined whether a reportable breach occurred;
- Monitored and analyzed over 320 deleted communications within Epic to determine whether a breach resulted;
- Audited access by USF researchers to the electronic health record to ensure the researcher was only accessing protect health information authorized under their Institutional Review Board approval;
- Performed analysis of misdirected faxes generated within the electronic health record to determine whether a breach occurred and corrected facsimile information contained within the system;
- Reviewed MyChart proxy access issues for the information technology team to determine whether access should be granted;

- Finalized and distributed an updated Joint Notice of Privacy Practices and Notice of Organized Health Care Arrangement in cooperation with Tampa General Hospital;
- Provided guidance and feedback to our HIPAA Liaisons within our clinical departments to assist them in minimizing risk and avoidance of HIPAA violations;
- Conducted unannounced on-site audits of our clinics and educated them on potential areas of HIPAA risks;
- Provided oversight of reeducation efforts to our workforce members that created overlays within our electronic medical record confirming retraining was completed within 30 days of notice;
- Evaluated contracts to determine if a Business Associate Agreement is required and then drafted and negotiated the terms of Business Associate Agreements;
- Performed annual review and revisions as needed to all of our HIPAA privacy policies and submitted them for review by the Practice Leadership Team;
- Directed the Privacy and Security Advisory Committee quarterly meetings to discuss policies, current HIPAA hot topics, areas of risk and concern, and obtain advisement from the members of the committee;
- Responded to calls and emails from workforce members to assist with all HIPAA related privacy issues and minimize risk to USF Health;
- Managed the Observer Program for students or individuals who requested to shadow a provider;
- Provided “Privacy Tip” emails to USF Health with HIPAA hot topic reminders to all workforce members;
- Saw a reduction in the need for breach notification letters this year due to increased mitigation and education efforts; prepared and mailed breach notification letters and filed breach reports with the Secretary of Health and Human Services when required under HIPAA;
- Responded to patients’ Requests for an Accounting of Disclosures by auditing the patient’s medical record as required under HIPAA; and
- Updated our Professional Integrity Office external facing website.
- Created an internal facing website for our workforce members containing all of our HIPAA privacy policies, contact information for privacy, separate links to CompliancePro Solutions to report a privacy incident/concern or to request review for a business associate agreement; Questions and answers to frequently asked privacy questions; and all previously disseminated Privacy Tips.

Information Technology Security

Information Security ensures the security of USF information systems. Highlights from this reporting period include:

- Worked with External consultants, who were brought in to perform an assessment of the HIPAA environment at USF Physician's Group and Cloud Storage (OneDrive and Box) deployment on campus.
- Contributed to the planning and deployment of the IT resources for the Institute of Applied Technology DSO.
- Participated in externally driven gap analysis of USF compliance with the Cybersecurity Maturity Model Certification (CMMC). CMMC compliance will be required for work with Controlled Unclassified Information and Export Controlled research. The gaps identified were rectified during 2020.
- Participated in multiple incident investigations on behalf of Human Resources, Office of Internal Audit (Internal Audit), General Counsel, and the Professional Integrity Office, determining the severity of the incident and the potential need for breach notification to appropriate state and federal entities.
- Assembled document with lessons learned from all IT departments due to pandemic-related changes in the work environment, both for IT employees and other USF students, faculty, and staff. This document replaced the 2020 IT Disaster Recovery tabletop exercise.
- Reviewed and updated several USF IT processes, policies, and standards, including Vendor Assessment and IT Integration, Secure Computing, and others.
- Secured Box (cloud storage) folders for HIPAA and other high sensitivity data to be stored, controlled, and/or monitored.
- Reviewed Export-Controlled projects for the College of Engineering, multiple contracts, and sponsors.
- The continued move of on-premises servers to the Azure cloud for increased resiliency.
- Participated in several USF audits led by the State Auditor General office and Internal Audit.
- Reviewed more than 300 research contracts and Data Use Agreements. Worked with colleges and departments to identify and implement security control requirements in accordance with applicable Federal and State laws and regulations.
- Created a new process for Managing Dataset Request for I2B2 and TriNetX in a joint collaboration between IRB, OCR, IT Business Intelligence, IT High Performance Computing, and Security Operations.
- Managed 72 rooms specifically identified for physical security needs per research contractual obligations, with more than 300 computers.

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 & Ethics Consortium (Consortium). The Consortium was established on June 27, 2013, to provide an avenue for member universities to discuss the development and improvement of SUS compliance and ethics programs, new federal and state regulations, best practices, and issues they may be facing. In addition, 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 Chief Compliance Officers and representatives from their respective compliance and ethics programs within the SUS; and, as non-voting, ex officio members, the Inspector General and Director of Compliance and his/her representatives from the SUS Florida Board of Governors.

During this reporting period, our inaugural Chief Compliance Officer retired from USF after serving for two years as chair of the consortium. A new consortium chair was elected. The Consortium continued its work to finalize the assessment tool for the 5-year program review of our compliance and ethic program. BOG Regulation 4.003 requires all SUS institutions to begin this review on or before November 3, 2021.

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

Throughout this reporting period, Compliance & Ethics reviewed new USF policies and revisions to existing USF System policies issued by the Office of the General Counsel for comment. Compliance & Ethics provided the Office of the General Counsel, whenever possible, 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. New Outside Activity and Financial Interest Disclosure Statute

A new Florida Statute, §1012.977, went into effect in July 1, 2020, which significantly expanded the outside activity and financial interest disclosure requirements for USF employees. This statute requires all USF employees engaged in the design, conduct, or reporting of research (“Researchers”) to disclose outside activities related to their expertise and financial interests of any value other than that provided directly by USF. These new disclosure requirements significantly expanded the disclosure requirements already in place for all employees for outside activity and financial interests under the Florida Code of Ethics (the “FCOE”) and USF Policy 0-027; and USF Policy 0-309, respectively.

Prior to its implementation, USF employees' outside activity disclosures were limited to outside activities involving any of the following six types of activities:

- 1) More than incidental use of USF facilities, equipment, or services.
- 2) Supervising or evaluating a USF student or employee in an outside activity the disclosing employee also supervises or evaluates as part of their assigned duties for USF.
- 3) Waiving or assigning their or USF's rights to inventions or works.
- 4) Candidacy for or holding public office.
- 5) Compensation.
- 6) Any other activity the employee should reasonably conclude may create a conflict of interest or commitment.

Under these new statutory requirements, USF Researchers must disclose "any outside activity related to their expertise". This new outside activity disclosure requirement represents a significant expansion beyond the six types of activities requiring disclosure under the FCOE and USF Policy 0-027. In addition, USF Researchers must also disclose "any financial interest other than that provided directly by the university". This new financial interest disclosure requirement represents a significant expansion beyond the "significant financial interest" disclosure requirements under federal law and USF Policy 0-309.

Compliance & Ethics continues to partner with Sponsored Research and Research Integrity & Compliance in the Office of Research & Innovation; USF Health Faculty Affairs; and the Office of the General Counsel to implement these new outside activity and financial interest disclosure and review requirements.

There are three separate information systems used by employees to disclose their outside activities and financial interests: eDisclose, ROAD, and eCOI. These systems are administered by Compliance & Ethics, USF Health Faculty Affairs, and the Conflict of Interest Program in Research & Innovation, respectively. All USF employees disclose their outside activities in eDisclose; except for USF Health faculty who disclose their outside activities in ROAD. USF employees engaging in the design, conduct, or reporting of research ("Researcher") disclose financial interests in eCOI.

During 2020, the working group developed new policy language to meet the new statutory requirements and modified how employees disclose their outside activities in eDisclose. The implementation of these new requirements requires modifications to three separate information systems, this work is ongoing.

Given the high-risk nature of this issue and complexities of federal and state laws governing foreign influence, the working group recommended the creation of a Conflict of Interest Officer position housed in Compliance & Ethics. This new position would be responsible for coordinating compliance with all federal and state foreign influence laws.

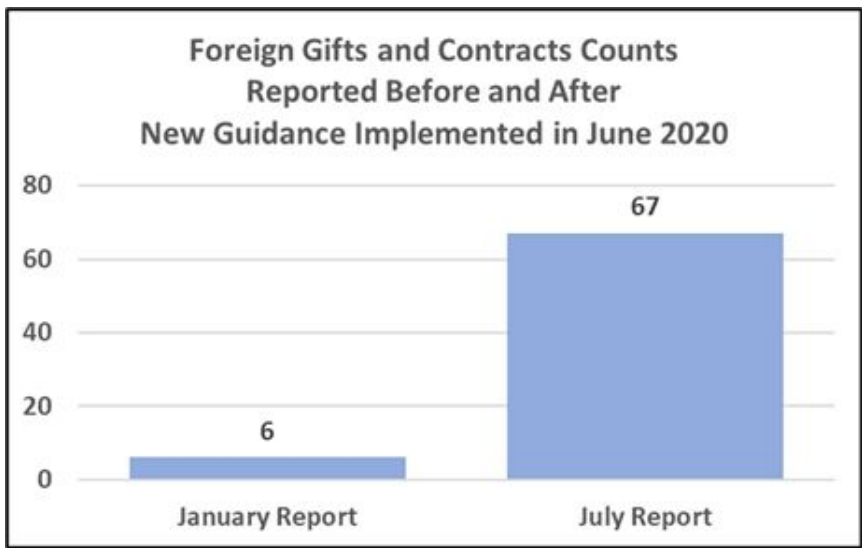
B. Higher Education Act

The Higher Education Act of 1965 (HEA) governs the administration of federal funding for higher education programs. The university must comply with HEA in order 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.

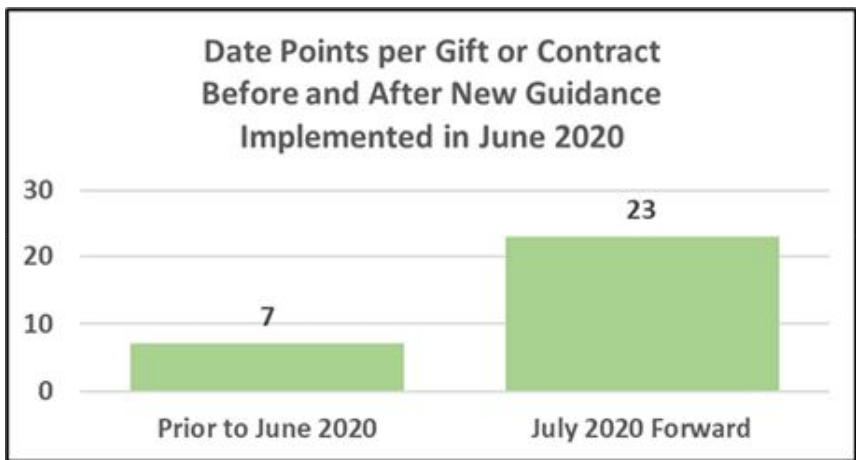
Foreign Gifts to or Contracts with USF

Under Section 117 of HEA, institutions of higher education are required to disclose contracts with or gifts from a foreign source that, alone or combined, have a value of \$250,000 or more for a calendar year. Institutions must disclose these gifts and contracts to the ED on the following January 31st or July 31st, whichever occurs first after the reporting threshold is crossed. Although these requirements have been in place for more than 30 years, the ED never issued regulations. In early 2019, the ED initiated investigations into compliance with Section 117 at least four prominent, research universities. The ED also advised institutions of their intent to modernize their information collection portal. These portal changes will require the disclosure of significantly more information. Using the new portal is voluntary in January 2020 and mandatory thereafter.

On June 22, 2020, the ED issued new foreign gifts or contracts reporting guidance effective for our July 2020 report. Prior to this new guidance, we were required to report gifts and contracts received. Under the new guidance, we must report any gift promised to USF which meets the reporting threshold, regardless of whether USF receives the full value of the promised gift. We must also report the value of any contract meeting the reporting threshold, regardless of whether USF receives all of the payments promised under the contract. The impact of this new guidance resulted in a significant spike in gifts and contracts to which required reporting. In January 2020 we reported six contracts or gifts meeting the reporting criteria. In July 2020, under the new guidance, we reported 67 contracts or gifts. Please see the below chart summarizing these differences.



The ED also increased the number of required data points for each gift or contract meeting the reporting threshold from seven data points to 23. Please see the below chart summarizing these differences. Many of these new data points were particularly labor intensive, because they required review of the terms of each individual contract.



Compliance & Ethic leveraged the existing Foreign Gifts and Contracts Group and included additional units (marked with an asterisk) in order to meet the new ED guidance: USF Foundation, Sponsored Research in USF Research & Innovation (Sponsored Research), Office of Clinical Research at USF Health, Office of Financial Aid, Office of the General Counsel, Athletics, and Controllers Office*.

Units responsible for tracking and identifying foreign contracts and gifts data updated their internal procedures for ensuring accurate, timely provision of this greatly expanded

information to our program. Compliance & Ethics continued its responsibility for coordinating receipt and review of foreign contracts and gifts data prior to submission to the ED. Compliance & Ethics will continue to monitor the foreign gifts and contracts disclosure requirements and associated processes.

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 complicated and often involve cross-jurisdictional compliance risks, e.g., regulatory risks affecting more than one university leadership area and/or more than one campus.

During this reporting period, Compliance & Ethics continued to assist the university in meetings its HEOA compliance responsibilities in accordance with [USF Policy 0-233: Higher Education Opportunity Act Initiative: USF, Portal, and Security & Fire Safety Reporting Compliance](#) (the “HEOA Initiative”) as follows:

- Facilitated 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). ASR production involves compilation of content from multiple authors across 22 separate units, including distribution of these reports to all current USF students and employees and submission of required crime statistics to the U.S. Department of Education.
- Worked with campus Clery Coordinators to implement a new process to produce and publish the ASRs to increase efficiency and lower production costs.
- Confirmed the USF HEOA portal complied with U.S. Department of Education HEOA disclosure requirements for this reporting period.

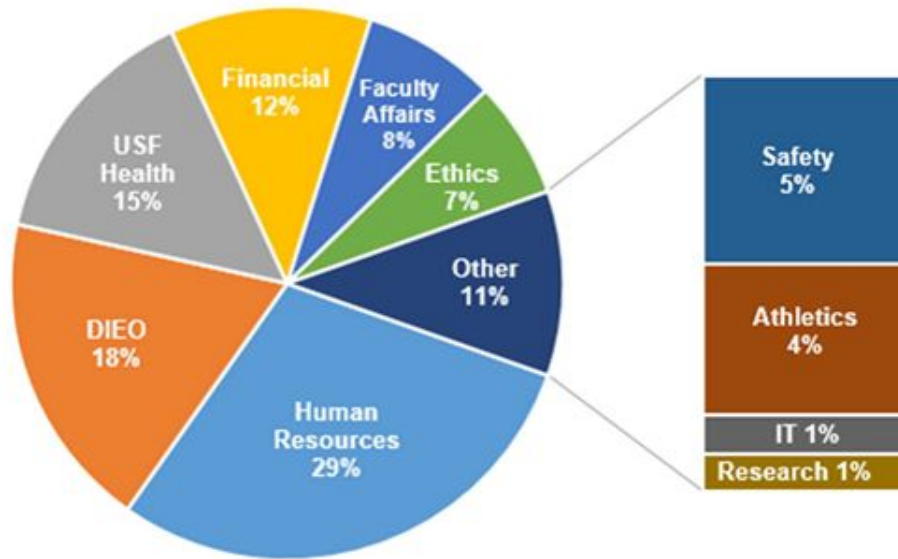
Elements 3 & 4: Create a Fair and Ethical Culture & Open Lines of Communication

Under the provisions of [USF Regulation 5.001: Waste, Fraud, or Financial Mismanagement 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.

EthicsPoint—our third party hosted hotline—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”.

During calendar year 2020, we addressed 102 reports. Of these, 89 (87%) were closed and 13 (13%) remained in process by year end. Of the closed reports, 14 (16%) were substantiated, 63 (71%) were unsubstantiated and 12 (13%) 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
Human Resources	4	19	4	3	30
DIEO	1	15	1	2	19
USF Health	6	7	0	2	15
Financial	0	7	1	4	12
Faculty Affairs	2	5	0	1	8
Ethics	1	0	5	1	7
Safety	0	4	1	0	5
Athletics	0	4	0	0	4
IT	0	1	0	0	1
Research	0	1	0	0	1
Total Reports:	14	63	12	13	102

Element 5: Education and Training

A. Compliance & Ethics Training for New Employees

Our program provides compliance and ethics training or training content to new USF employees 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 the Human Resources. During 2020, 469 new employees completed this training.
- We received no training requests for in-person training during 2020, presumably due to COVID-19 in-person training restrictions.
- One-on-one orientation sessions with new Sarasota-Manatee faculty, administration, and employees, which is provided by their Human Resources representatives, continues to use materials provided by our program.

B. 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, and outside activity 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 2020, 6,598 FCOE disclosures were submitted by current USF faculty, administration, staff, and temporary employees in eDisclose. This translates to 6,210 individual USF employees receiving FCOE, nepotism, and outside training during the 2020 calendar year.

Element 6: Detection, Remediation, and Enforcement

Compliance & Ethics 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

Compliance & Ethics holds university-wide responsibility for ensuring compliance with financial interest disclosures requirements under Florida Statutes, §112.3145 since 2018. Under this statute, USF employees with statutorily defined titles, roles, or spending authority (“Form 1 Filers”) must report their financial interests directly to the Florida Commission on Ethics (COE) using their Form 1-Statement of Financial Interest (Form 1). Such disclosures are required upon becoming a Form 1 Filer, annually thereafter, and when the filer no longer meets the criteria of a Form 1 Filer. In furtherance of this responsibility, a procedure was developed and implemented to define roles and responsibilities for Form 1 disclosure by “specified state employees” (VPs, Deans, etc.), “state officers” (board members), and “purchasing agents”. Effective processes ensuring compliance with these financial interest disclosure requirements for our Board of Trustee members and employees assists them in avoiding fines of \$25 per day for failure to timely file.

During 2020, our current 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 Human Resources, Purchasing, Procurement Card, and Board of Trustees administrative support units, including the campus boards at our St. Petersburg and Sarasota-Manatee campuses.

B. Drug Free Schools and Communities Act

The Drug Free Schools and Communities Act (DFSCA) requires USF to perform a biennial review of its drug and alcohol prevention programs in order to remain eligible for Title IV funding. This review results in a Biennial Drug and Alcohol Prevention Program Report (Biennial AOD Report). During 2020, our program provided guidance, including a reporting template, to the coordinating author of the 2020 Biennial AOD Report to facilitate compliance with the DFSCA and U.S. Department of Education best practices.

Element 7: Risk Assessment, Audit, and Monitoring

Compliance & Ethics is available to perform 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. General Data Protection Regulation

Effective May 25, 2018, the General Data Protection Regulation (GDPR) provides data protection and privacy rights for personal data processing for all individuals located within the European Union (EU) and the European Economic Area (EEA); and all EU citizens regardless of their location when their personal data is processed.

Institutions failing to comply with the GDPR may be subjected to significant fines of up to €10M (\$11.3M) or 2% annual global turnover, whichever is higher. For example, the EU recently fined Google \$56.8M for violating two provisions of the GDPR: lack of transparency and not having the legal basis to process user data for certain personalized advertisements.

USF functions affected by the GDPR include, but are not limited to, Admissions, Office of the Registrar, Study Abroad, Development, and Alumni Relations. Compliance & Ethics continues to partner with the Office of the General Counsel to implement a GDPR education and assessment strategy based on guidance from the National Association of College and University Attorneys (NACUA) and ISACA (a professional association focused on information technology governance). This strategy included the following steps:

1. Identification of applicable requirements;
2. Development of compliance assessment tools;
3. Training unit representatives;
4. Units' self-assessment;
5. Compliance reviews; and
6. Policy and procedure updates.

During 2020, we continued our partnership with the Office of General Counsel to update and ensure the Privacy Policy for all USF websites, including the Additional Privacy Disclosures for users from or located in the EEA, the United Kingdom, and Switzerland complies with the GDPR or the Data Protection Act of 2018. Our program continues to provide compliance guidance and assistance to university units with functions subject to the GDPR. This project is ongoing.

B. Annual FCOE Disclosure Compliance Monitoring

Compliance & Ethics continues to monitor employee compliance with the annual Florida Code of Ethics (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 FCOE Disclosure Compliance Reports (FCOE Reports) identifying all employees under their purview who are required to complete an annual FCOE disclosure and whether or not 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 2020, our monitoring and subsequent follow up by senior managers resulted in an overall FCOE disclosure compliance rate of 92% for USF. The percentage of employees meeting their annual FCOE disclosure requirement is provided by campus below.



C. Annual Sponsored Research Exemption Reporting

The Florida Code of Ethics for Public Officers and Employees (FCOE) prohibits USF employees from having employment or contractual relationships with business entities also doing business with the USF, unless an exemption under §112.313(12)(h) applies. There are multiple exemptions afforded under the FCOE, one of which, the Sponsored Research Exemption (SRE), when approved by the President and Board of Trustees Chair, must be reported to the Florida Governor and Legislature by March 1 each year.

USF employees disclose such relationships as part of their annual FCOE disclosure in eDisclose. Compliance & Ethics is responsible reviewing FCOE disclosures and determining whether or not an SRE applies to the disclosed relationship. Our program, in collaboration with Patents and Licensing and the Office of the General Counsel, utilizes a multi-jurisdictional procedure to ensure transactions eligible for an SRE are identified,

reviewed, approved, and reported pursuant to statutory requirements. During 2020, there were 11 companies with whom USF employees had an employment or contractual relationship eligible for a SRE.

Element 8: Assessment of Effectiveness

Under BOG Regulation 4.003, the CCO is required to provide an Annual USF Compliance & Ethics program report (“Annual Report”) on the effectiveness of our program 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 revised Program Plan are provided to the BOG. This Annual Report fulfills our annual reporting requirement on the effectiveness of the Compliance & Ethics program to the Board. No revisions to our Program Plan, based on this Annual Report, are recommended by Compliance & Ethics at this time.

Agenda Item: IVc

**USF Board of Trustees
Audit & Compliance Committee
May 25, 2021**

Issue: Compliance Training Initiative

Proposed action: Informational

Executive Summary:

The Compliance Training Initiative aims to improve the process by which employees access, complete, and receive notification regarding their required compliance trainings under federal or state law as well as USF regulations and policies. This initiative intends to strengthen regulatory compliance, improve training compliance monitoring, and reduce risk to our university.

Financial Impact: N/A

Strategic Goal(s) Item Supports: N/A

BOT Committee Review Date: 5/25/2021

Supporting Documentation Online (please circle):

Yes

No

Prepared by: Caroline Fultz-Carver, Chief Compliance Officer

Compliance Training Initiative

A Risk-Based Approach

Dr. Caroline Fultz-Carver | May 25, 2021



Compliance Training Initiative Goals

**Improve
regulatory
compliance
and reduce
risk**



- Catalog and meet Federal and State training requirements
- Centralize access to compliance training
- Provide employees with access to trainings based on their role
- Automate training notifications and provide employee support
- Mitigate risk to employees and the university
- Centralize training compliance monitoring
- Reduce administrative headaches

Cataloging Compliance Training Requirements



- Leveraged Accountable Reports in high-risk compliance areas to map employee training requirements
 - Athletics
 - Compliance and Ethics
 - Equal Employment Opportunity
 - Environmental Health & Safety
 - Human Resources
 - Information Technology Security
 - Research
 - Title IX and VAWA

Compliance Training

Mapping Process for Federal and State Training Requirements

Compliance Training	What's driving it? (Federal law, state law, university policy or regulation, etc.)	What specific Federal/State Law, Rule/USF Regulation, or USF Policy	Summary of Fine/Penalty	Summary of Fine/Penalty Against USF	Summary of Fine/Penalty Against USF Employees	Who is responsible for monitoring?	Subject matter expert	Frequency - Once & done, every year again, etc.	Modality - In-person, online, in-class, self-paced, etc.	SCORM Compliant or Not?	How are compliance tracked?	Target Audience	Training Frequency Information	For Faculty (yes or no)?	For Administration (includes Executive Services) (yes or no)?	For Staff (yes or no)?	For Temporary/OPS employees (yes or no)?	For Supervisors (yes or no)?
Preventing Sexual Harassment on Campus (there are 2 separate courses - one for supervisors & one for non-supervisors)	University executive leadership, USFSA	Violence Against Women Act, Sexual Misconduct/ Sexual Harassment USF Policy 40-024 and Diversity & Equal Opportunity, Discrimination & Retention USF Policy 40-087				Central Human Resources	Title IX Office	Once - within 90 days of starting employment	Online in Canvas	SCORM Compliant	Canvas to USFSA interface	All employees and those who are designated as "Responsible Employees" under USF Policy	Yes	Yes	Yes	Yes	Yes	Yes
New Employee Compliance & Ethics Training	Need for awareness of foundational regulations, policies, procedures and expectations for all USF employees	USF Policy 0-007 USF Regulation 1-002 USF Policy 0-007 USF Policy 0-002 USF Policy 0-006 USF Policy 0-024 USF Policy 0-022 USF Regulation 2-025 Just Title IX, 0-003, and HR&A Messages	Fines, e.g. under Policy 0-007, employees violating the Florida Code of Ethics (FCOE) can be fined civil penalties of up to \$250 per violation, forced to forfeit 1/3 of their salary for a 12 month period, and the Florida Commission on Ethics can sue for their termination.	Significant reputational risk	\$25K and 1/3 of salary for a 12 month period per violation, Termination	Central Human Resources	Office of Compliance & Ethics, Diversity Inclusion & Equal Opportunity, Environmental Health & Safety	Once - within 90 days of starting employment	Online in Canvas	Yes	Canvas to USFSA interface	All employees	Yes	Yes	Yes	Yes	Yes	Yes
Managing in USF	Need for awareness of university policies, procedures and expectations for management/supervisors					Central Human Resources	Central Human Resources	Once - within 90 days of starting employment	Online in Canvas	Yes	Canvas to USFSA interface	All management/supervisors with direct reports	Yes	Yes	Yes	Yes	Yes	Yes
USF 0-006 (Sexual Harassment)	Federal law - Title IX, the Education Amendments of 1972	USF Policy 40-024, USF Regulation 1-002, USF Policy 0-007, USF Policy 0-002, USF Policy 0-006, USF Policy 0-024, USF Policy 0-022, USF Regulation 2-025				Central Human Resources	Title IX Office	Once - within 90 days of starting employment	Online in Canvas	Yes	Canvas to USFSA interface	All employees	Yes	Yes	Yes	Yes	Yes	Yes

Compliance Training Requirement

- Driver: Federal or state law, university policy or regulation, etc.
- Driver Specifics

Fines and Penalties for Noncompliance

- Summary
- Levied Against Employees
- Levied Against USF

Responsible Unit

- Subject matter expert
- Frequency
- Modality
- SCORM compliance
- Compliance Monitoring Process

Target Employee By:

- **Position Type**
Faculty, Administration, Staff, or Temporary/OPS
- **Role at USF**
Researchers, Supervisors, Mandatory Reporters under Federal Law, etc.

Next Steps



- Add required Federal and State training content to Canvas Catalog
 - Online training (asynchronous)
 - Live video (synchronous)
 - Classroom in-person
- Code roles identified via our mapping in GEMS to enable role-based delivery of future training
- Build and test compliance monitoring reports
- Develop Employee Communication Plan
- Employees sign up and receive credit upon completion

