



# FLORIDA INTERNATIONAL UNIVERSITY

## BOARD OF TRUSTEES

### AUDIT AND COMPLIANCE COMMITTEE

Wednesday, June 19, 2019  
8:00 am  
Florida International University  
Modesto A. Maidique Campus  
Graham Center Ballrooms

#### Committee Membership:

Gerald C. Grant, Jr, *Chair*; Natasha Lowell, *Vice Chair*; Leonard Boord; Michael G. Joseph; Joerg Reinhold; Sabrina L. Rosell

## AGENDA

1. Call to Order and Chair's Remarks Gerald C. Grant, Jr.
2. Approval of Minutes Gerald C. Grant, Jr.
3. Action Items
  - AC1. Internal Audit Plan, 2019-20 Trevor L. Williams
  - AC2. University Compliance and Ethics Work Plan, 2019-20 Jennifer LaPorta
4. Discussion Items (*No Action Required*)
  - 4.1 Office of Internal Audit University Risk Assessment Trevor L. Williams
  - 4.2 Office of Internal Audit Status Report Trevor L. Williams
  - 4.3 University Compliance and Ethics Quarterly Report Jennifer LaPorta
  - 4.4 Review of Audit and Compliance Committee Charter Liz Marston
5. Report (*For Information Only*)
  - 5.1 Athletics Compliance Report Jessica L. Reo
6. New Business Gerald C. Grant, Jr.
  - 6.1 Senior Management Discussion of Audit Processes
7. Concluding Remarks and Adjournment Gerald C. Grant, Jr.

*The next Audit and Compliance Committee Meeting is scheduled for September 5, 2019*

This page intentionally left blank

**THE FLORIDA INTERNATIONAL UNIVERSITY**  
**BOARD OF TRUSTEES**  
**Audit and Compliance Committee**

June 19, 2019

**Subject: Approval of Minutes of Meeting held March 4, 2019**

---

**Proposed Committee Action:**

Approval of Minutes of the Audit and Compliance Committee meeting held on Monday, March 4, 2019 at the FIU, Modesto A. Maidique Campus, MARC 290, Earlene and Albert Dotson Pavilion.

---

**Background Information:**

Committee members will review and approve the Minutes of the Audit and Compliance Committee meeting held on Monday, March 4, 2019 at the FIU, Modesto A. Maidique Campus, MARC 290, Earlene and Albert Dotson Pavilion.

---

**Supporting Documentation:** Minutes: Audit and Compliance Committee Meeting,  
March 4, 2019

**Facilitator/Presenter:** Gerald C. Grant, Jr., *Audit and Compliance Committee Chair*

This page intentionally left blank



**FLORIDA INTERNATIONAL UNIVERSITY  
BOARD OF TRUSTEES  
AUDIT AND COMPLIANCE COMMITTEE  
MINUTES  
MARCH 4, 2019**

**1. Call to Order and Chair's Remarks**

The Florida International University Board of Trustees' Audit and Compliance Committee meeting was called to order by Committee Chair Gerald C. Grant, Jr. at 8:02 am on Monday, March 4, 2019 at the FIU, Modesto A. Maidique Campus, MARC 290, Earlene and Albert Dotson Pavilion.

Committee Chair Grant welcomed all Trustees and University faculty and staff to the meeting.

General Counsel Carlos B. Castillo conducted roll call of the Audit and Compliance Committee members and verified a quorum. Present were Trustees Gerald C. Grant, Jr., *Chair*; Natasha Lowell, *Vice Chair*; Leonard Boord; Michael G. Joseph; Joerg Reinhold; and Sabrina L. Rosell.

Board Chair Claudia Puig and Trustees Dean C. Colson, Marc D. Sarnoff, and Roger Tovar and University President Mark B. Rosenberg also were in attendance.

**2. Approval of Minutes**

Committee Chair Grant asked that the Committee approve the Minutes of the meeting held on December 5, 2018. A motion was made and unanimously passed to approve the Minutes of the Audit and Compliance Committee Meeting held on Wednesday, December 5, 2018.

**3. Action Items**

**AC1. Performance Based Funding Metrics**

**A. Performance Based Funding – Data Integrity Certification**

**B. Audit of Performance Based Funding Metrics Data Integrity**

Chief Audit Executive Trevor L. Williams explained that, as part of an annual request, the State University System of Florida Board of Governors (BOG) requires the Chief Audit Executive to audit Performance Based Funding-related controls, processes, and data submissions. He indicated that the Chair of the FIU Board of Trustees (BOT) and the President of the University are required to execute a BOG-furnished Data Integrity Certification. Mr. Williams stated that while the audit report and executed Data Integrity Certification were due for submission to the BOG by no later than March 1, 2019, the Chair of the BOG approved an extension of time. Mr. Williams explained that the draft audit report was provided to the BOG by the March 1, 2019 deadline and that once the BOT approved the audit report and the Data Integrity Certification was executed (both of which were expected to occur later in the day), the referenced documents would then be submitted to the BOG.

Mr. Williams presented the Data Integrity Certification and the results of the fifth audit of performance Based Funding Metrics for Committee review. He presented the audit findings and recommendations, stating that the current audit confirms the results of past audits that FIU continues to have process controls for maintaining and reporting performance metrics data. Mr. Williams further indicated that the results of the current audit provide assurances to the President and Board of Trustees that data submitted to the BOG is accurate and reliable.

A motion was made and unanimously passed that the FIU Board of Trustees Audit and Compliance Committee recommend that the FIU Board of Trustees:

1. Approve the Performance Based Funding – Data Integrity Certification to be signed by the Chair of the FIU Board of Trustees and the University President; and
2. Approve the Audit Report - Audit of the Performance Based Funding Metrics Data Integrity

#### **4. Discussion Items**

##### **4.1 Office of Internal Audit Status Report**

Mr. Williams presented the Internal Audit Status Report, providing updates on recently completed audits. He reported on the findings pertaining to the follow-up audit of the FIU Health Care Network's billing, collections, and electronic medical record systems. He explained that 18 of the 30 prior recommendations were fully implemented, 11 were partially implemented, and one was not implemented. He indicated that the follow-up audit resulted in six additional recommendations that related to billing and coding, HIPAA and security awareness trainings, asset management, breach notification policies, facility access logs, and the business continuity plan. In terms of the certified audit of FIU Football attendance for the 2018 season, Mr. Williams reported that the football attendance data reported to the NCAA on the 2018 Football Paid Attendance Summary sheets were supported by sufficient, relevant, and competent records.

Mr. Williams stated that while the Division of Information Technology's established controls and procedures for administering the University's Technology Fee were generally adequate, the audit of the Student Technology Fees resulted in 10 recommendations. He explained that the function could benefit from identifying expenditures incurred by each project in PantherSoft and better allocating Technology Fee funding of expenditures to align with the intended purpose of the fee. He indicated that the recommendations noted the need for a final reconciliation of project costs and that better documentation of the Technology Fee Advisory Council's methodology for reviewing and recommending project proposals, as well as obtaining the Provost and CIO's final approvals for all proposals, would strengthen the process.

In terms of the audit of the Student Technology Fees and in response to Trustee Roger Tovar's inquiry, Vice President of Information Technology Robert Grillo explained that the necessary adjustments and reallocations were completed and that processes have been centralized in order to mitigate moving forward. Also, in response to a request from Trustee Tovar, VP Grillo indicated that he would review possible options with the Office of Internal Audit in terms of including post-audit corrective actions as part of the audit report.

Mr. Williams also reported that reviews were completed for two institutions who are sub-recipients under FIU grants and that the purpose of these reviews is to ensure that sub-recipients are compliant with the financial reporting requirements. He indicated that eight audits are in various stages of completion. He stated that the reported rate of fully implemented recommendations due for implementation was 75%, which he noted has increased by 21% from the rate of six months prior and 39% from the rate of approximately one year prior.

University President Mark B. Rosenberg indicated that in order to facilitate a generalized sense of understanding that can also help to reduce the instances of audit findings being repeated by other units, a review of all audits is now part of University leadership meetings, namely, Vice Presidents and Deans.

In response to President Rosenberg's inquiry regarding the Board's position on requiring timely responses, Committee Chair Grant explained that issues can arise which ultimately delay the completion of audit recommendations. Committee Chair Grant indicated that the University is acting in a proactive manner by sharing the audits across the University. He added that a dashboard would also be a beneficial resource in helping to ensure the avoidance of repeat findings and contributing towards timely responses. Trustee Leonard Boord noted that while a 75% implementation rate is acceptable given the operational challenges that may be present when implementing audit recommendations, he recommended a smaller variance between the new and original implementation target dates. Trustee Michael G. Joseph added that if audit recommendations are not fully implemented within the quarter, an action plan be developed in order to delineate the issues hindering implementation along with an expected completion date. Trustee Tovar stated that independent of an implementation timeline, an understanding of how risks are being mitigated is critical.

#### **4.2 University Compliance and Ethics Quarterly Report**

Chief Compliance and Privacy Officer Jennifer LaPorta provided a status update on the 2018-19 Compliance Work Plan, noting that the referenced key action items have either been fully implemented or are on target with good progress. She explained that 44 policy and training campaigns have either been completed or are scheduled to be completed. Ms. LaPorta provided updates on the recruitment activities of the Compliance office, noting that the Coordinator position has been filled and will have added responsibilities for project management and that Mr. Julian Dakkak is now serving as the Director for Compliance and Privacy for Health Affairs.

Ms. LaPorta reported that the HIPAA assessment is in the final stages and explained that 18 of the 19 required State University System checklist components are in place, adding that the remaining component, which pertains to an external assessment of the University's Compliance program, is also in progress. She described University-wide training and partnership initiatives that are aimed at operationalizing regulations and fostering a culture of compliance.

In terms of the University Compliance Work Plan Status Update report, Trustee Boord requested that target dates and percentage of completion achieved be included for the key action items listed as in progress

## **5. Report**

There were no questions from the Committee members in regards to the Athletics Compliance Report.

## **6. New Business**

### **6.1 Office of Internal Audit Discussion of Audit Processes**

Committee Chair Grant noted that as is stipulated in the Audit and Compliance Committee Charter, the Committee must meet with the Chief Audit Executive without the presence of Senior Management. He further noted that as a meeting conducted in the Sunshine, no one present was required to leave during the discussion with the Chief Audit Executive, adding that this was strictly voluntary. The Committee met with the Chief Audit Executive and inquired whether he is experiencing any challenges, including the lack of management's cooperation, which would hinder the staff of the Office of Internal Audit from performing their function. Mr. Williams assured the Committee that he has received full cooperation from the University President Mark B. Rosenberg and his Executive Team and that they have provided their support in addressing audit concerns. Board Chair Claudia Puig commented that the 75% implementation rate for prior audit recommendations is remarkable and one that had not been seen before. Committee Chair Grant stated that a monitoring model that includes an escalation component may prove effective, to which Trustee Natasha Lowell concurred and described her experience using such a model. Additionally, the Committee noted that the reduction in the Office personnel is significant, and they are concerned about how this might impact the Office's ability to effectively perform its function. The Committee asked Mr. Williams if an augmentation of resources is needed. Mr. Williams replied that the ongoing efforts to fill the recently vacated positions and to reorganize the structure of the Office is the strategic model he is currently employing. Finally, Trustee Lowell commended Mr. Williams and his staff for their remarkable work, especially during a period of transition.

## **7. Concluding Remarks and Adjournment**

With no other business, Committee Chair Gerald C. Grant, Jr. adjourned the meeting of the Florida International University Board of Trustees Audit and Compliance Committee on Monday, March 4, 2019 at 9:01 a.m.

### *Trustee Request:*

*In terms of the University Compliance Work Plan Status Update report, Trustee Boord requested that target dates and percentage of completion achieved be included for the key action items listed as in progress.*

**THE FLORIDA INTERNATIONAL UNIVERSITY**  
**BOARD OF TRUSTEES**  
**Audit and Compliance Committee**  
June 19, 2019

**Subject: Internal Audit Plan, 2019-20**

---

**Proposed Committee Action:**

Approve the University Internal Audit Plan for Fiscal Year 2019-20.

---

**Background Information:**

The Florida International University Board of Trustees Audit and Compliance Committee Charter mandates approval of the audit plan for the upcoming fiscal year.

The Audit and Compliance Committee Charter, Roles and Responsibilities, section 4.31, states, in relevant part, that:

The Audit and Compliance Committee shall... Review the proposed internal audit plan for the coming year [or the multi-year plan] and ensure that it addresses key areas of risk and that there is appropriate coordination with the external auditor.

Florida Board of Governors Regulation 4.002 State University System Chief Audit Executives (3)(g) states, in relevant part, that the chief audit executive shall communicate to the president and the board of trustees, at least annually, the office's plans and resource requirements, including significant changes, and the impact of resource limitations.

---

**Supporting Documentation:** Internal Audit Plan, 2019-20

**Facilitator/Presenter:** Trevor L. Williams

This page intentionally left blank

**M E M O R A N D U M**

**Date:** June 7, 2019

**To:** Chairman and Members of the Audit and Compliance Committee

**From:** Trevor L. Williams, Chief Audit Executive

**Subject:** Internal Audit Plan for Fiscal Year 2020

---

I am pleased to present FIU's Office of Internal Audit (OIA) proposed audit plan for fiscal year 2020 for your review and approval. The plan was developed using a systematic risk-based approach to help us determine which audits to perform. This approach fulfills our goal of allocating internal audit resources effectively and focused on the imminent risks to the University's operations. Although the plan is presented by us, it came to life through the collaboration of University administration and the OIA.

**Risk Assessment:**

In developing this year's audit plan, we initiated a University-wide risk assessment. We began the process by first identifying each operational unit within the University and the respective unit head, in collaboration with a small, core group of Senior Management. Each unit head was surveyed about common risks that impact his/her operations and asked to rate their likely occurrence and potential impact. The survey recipients were asked to consider all relevant risk factors, including operational, safety, financial, regulatory, and reputational risks. Thereafter, we spent an extensive amount of time meeting with each unit head and discussing the unit and University's risk profile, as well as the areas of greater risk sensitivity.

Our risk assessment methodology also incorporated the results of the University's last Enterprise Risk Management (ERM) evaluation, previous risk assessments completed by the OIA, and other factors, such as materiality and past audit coverage. Using all of the information gathered through this process, each identified risk received a final rating. A compilation of the risks and their relative rating, based on the established rating criteria, is presented in the Risk Assessment Heat Map on the following page.

## FLORIDA INTERNATIONAL UNIVERSITY THE OFFICE OF INTERNAL AUDIT UNIVERSITY RISK ASSESSMENT HEAT MAP

|               |  |             |                            |                                  |                                   |                            |
|---------------|--|-------------|----------------------------|----------------------------------|-----------------------------------|----------------------------|
| <b>IMPACT</b> | Lasting damage to reputation, operations & funding.        | Severe      | 40                         | 25                               | 8                                 | 9                          |
|               | Disrupts operations over months; up to \$1M at risk.       | Significant | 109                        | 128                              | 30                                | 6                          |
|               | Short-term negative effects/press; up to \$250K at risk.   | Moderate    | 112                        | 154                              | 30                                | 1                          |
|               | Minor regulatory or reputational effects; < \$25K at risk. | Negligible  | 168                        | 43                               | 4                                 | 1                          |
|               |  |             | Remote                     | Less than likely                 | Likely                            | Very likely                |
|               |  |             | Chance of occurrence < 10% | Chance of occurrence = 10% - 30% | Chance of occurrence = 30% to 75% | Chance of occurrence > 75% |
|               |  |             | <b>LIKELIHOOD</b>          |                                  |                                   |                            |

To achieve the best added value to the University, the deployment of audit resources is determined by the relative rating of the identified risk, with the top 79 risks (those falling within the red section on the heat map) receiving targeted audits and frequent monitoring. The other categories of risks will receive periodic audit coverage and/or monitoring. Attached to this memo is a combined Risk Assessment/Five Year Plan.

The risk assessment tool provides an additional valuable information source for enterprise-wide compliance and risk management. We will continue our collaboration with the Office of University Compliance and Integrity in this respect, ensuring that significant risks are evaluated and mitigated.

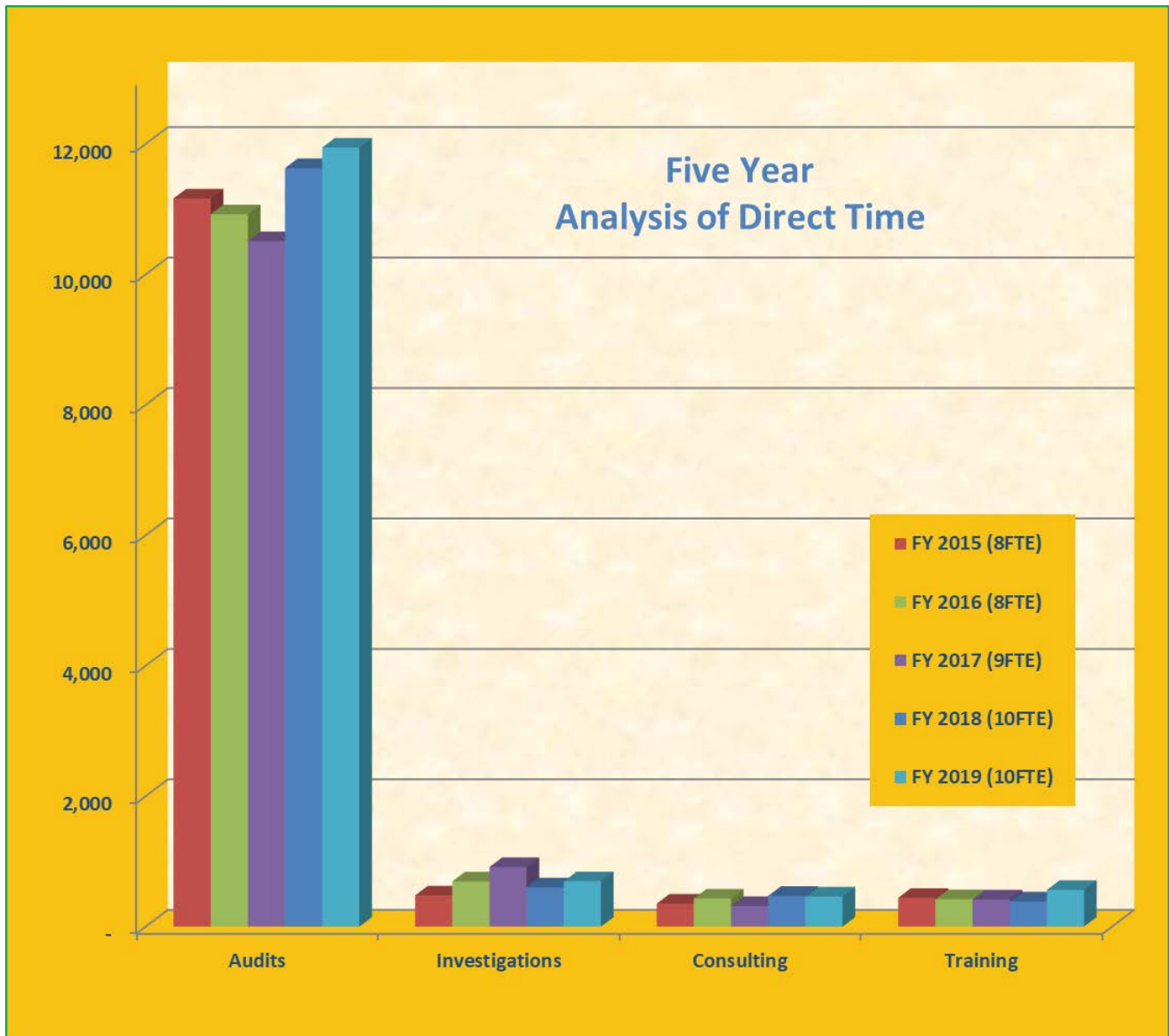
**Internal Audit Resources:**

Included in the responsibilities of the Audit and Compliance Committee is to review the resources of the Office of Internal Audit annually.<sup>1</sup> The composition of our Office currently includes ten professional auditor positions (six of which are filled), an administrative services coordinator, and three student interns (two of which are filled). The resource challenges for the 2020 fiscal year include planned maternity leave for two professional auditors. We will continue our recruitment efforts with the aim of having a full complement of professional staff by the second half of the fiscal year.

---

<sup>1</sup> FIU Board of Trustees Audit and Compliance Committee Charter, §4.31 on page 6.

The following graph reflects how the Office of Internal Audit's direct staff time was spent during the past five fiscal years:



Note: FY 2019 data was annualized.

As depicted, our workload is often difficult to predict as investigations and other unplanned work affect our progress towards completion of all of the planned audit projects. Nevertheless, we have continued to ensure that an appropriate balance was maintained between audit, investigative, and other accountability activities such as following up on the implementation status of past recommendations.

**Audit Plan:**

The following table outlines our proposed audit plan for FY 2020:

| <b>Carryover Audits:</b>                   |   |
|--|---|
| College of Nursing and Health Sciences     |   |
| Treasury Management                        |   |
| Construction - Recreation Center Expansion |   |
| Accounts Receivable                        |   |
| <b>Proposed New Audits:</b>                |   |
| Unit/Department                            | Area of Focus   |
| Analysis and Information Management        | Performance Based Funding Metrics Data Integrity                    |
| Athletics                                  | Health Services Billing and Coding Process and Contract Performance |
| Athletics                                  | NCAA Football Attendance Certification                              |
| Financial Management                       | Procurement and Bidding Procedures •                                |
| FIU Foundation                             | Compliance with Donor Confidentiality and Intent •                  |
| Human Resources                            | New Employee Document Verification Process •                        |
| Payroll                                    | Payroll Irregularities and Fraud Controls •                         |
| College of Medicine                        | Affiliated Agreement for Student Placement/Rotation •               |
| Research and Economic Development          | Grants (Sub-recipient Monitoring)                                   |
| University-wide                            | Grant Accounting - Auxiliary and Foundation Funded •                |
| University-wide                            | FERPA Compliance •  |
| University-wide                            | Conflict of Interest/Related Party Transactions •                   |
| University-wide                            | Lab Safety •  |

**Conclusion:**

The risk-based approach used in analyzing the University activities/programs and assessing the respective risks with senior management input enabled our collective knowledge to identify potential areas for audit and to develop the proposed audits for the 2020 fiscal year that will optimize our resources and capitalize on our audit staff's individual strengths. In addition, to a large extent, it serves as the framework for identifying the planned audits for the next five years as depicted on the following page.

# Internal Audit Plan for FY 2020

June 7, 2019

Page 7 of 7

| Florida International University Office of Internal Audit<br>Risk-Based Five-Year Audit Plan |  |            |                     |      |      |      |                        |      |      |      |      |
|--|--|------------|---------------------|------|------|------|------------------------|------|------|------|------|
| Operational Unit/Area  | General Subject Matter                                     | Risk Index | Past Audit Coverage |      |      |      | Planned Audit Coverage |      |      |      |      |
|  |  |            | Prior               | 2017 | 2018 | 2019 | 2020                   | 2021 | 2022 | 2023 | 2024 |
| Academic Affairs   | Student Health Center                                      | (2/4)      | x                   |      | x    |      |                        | ✓    |      |      |      |
| Academic Affairs   | Applied Research Center                                    | (3/3)      |                     |      |      |      |                        |      |      |      | ✓    |
| Academic Affairs   | Food Network South Beach Wine & Food Festival              | (2/4)      | x                   |      |      | x    |                        |      | ✓    |      |      |
| Analysis & Information Management  | Performance Based Funding Metrics                          | (2/2)      | x                   | x    | x    | x    | ✓                      | ✓    | ✓    | ✓    | ✓    |
| Athletics  | Major NCAA Violations                                      | 2/3        |                     |      |      |      |                        | ✓    |      | ✓    |      |
| Athletics  | Title IX Violations  | 3/2        |                     |      |      |      |                        |      |      | ✓    |      |
| Athletics  | Health Services Billing & Coding Process                   | (2/4)      |                     |      |      |      | ✓                      |      |      |      |      |
| Athletics  | NCAA Football Attendance Certification                     | (2/3)      | x                   | x    | x    | x    | ✓                      | ✓    | ✓    | ✓    | ✓    |
| Capital Construction   | Project Administration & Funding                           | (2/4)      | x                   |      |      |      |                        |      | ✓    |      |      |
| College of Arts & Science  | Information Technology Controls                            | (3/3)      | x                   |      |      |      |                        | ✓    |      |      |      |
| College of Medicine  | Affiliated Agreements For Student Placement & Rotation     | 3/4        | x                   |      |      |      | ✓                      |      |      |      |      |
| College of Medicine  | Human Research Controls                                    | 4/4        | x                   |      |      |      |                        | ✓    |      |      |      |
| Enrollment Services  | Motor Vehicle Internal Controls & Data Integrity           | (4/1)      |                     | x    |      | x    |                        |      | ✓    |      |      |
| Environmental Health & Safety  | Lab Safety   | 3/4        | x                   |      |      |      | ✓                      |      |      |      |      |
| Environmental Health & Safety  | Hazardous Wastes & Materials Management                    | 2/4        | x                   |      |      |      |                        | ✓    |      |      |      |
| Environmental Health & Safety  | Regulatory & Code Compliance                               | 2/3        | x                   |      |      |      |                        |      |      | ✓    |      |
| External Relations, Communications, & Marketing  | Comprehensive/Coordinated Content Driven Solutions         | 4/3        |                     |      |      |      |                        |      | ✓    |      |      |
| External Relations, Communications, & Marketing  | Brand Alignment and Affinity Management                    | 4/4        |                     |      |      |      |                        |      |      |      | ✓    |
| External Relations, Communications, & Marketing  | Digital/Web Communication Standards Compliance             | 4/4        |                     |      |      |      |                        | ✓    |      |      |      |
| Financial Management   | Purchasing & Competitive Bidding Process                   | 2/3        | x                   | x    | x    | x    | ✓                      |      |      |      |      |
| FIU Foundation   | Donor Intent/Confidentiality                               | 2/3        | x                   |      |      |      | ✓                      |      |      |      |      |
| Housing & Residential Life   | Student Housing  | 4/2        |                     | x    |      |      |                        |      |      | ✓    |      |
| Human Resources  | New Employee Document Verification Process                 | 4/3        |                     |      |      |      | ✓                      |      |      |      |      |
| Human Resources  | Payroll  | (4/3)      | x                   |      |      | x    |                        |      |      | ✓    |      |
| Human Resources  | Overpayment of Terminated Employees                        | (3/2)      | x                   |      |      | x    |                        |      | ✓    |      |      |
| Information Technology   | Data Breach of Protected Information                       | 3/4        | x                   | x    | x    | x    |                        | ✓    |      |      |      |
| Information Technology   | IT Physical Controls                                       | 3/3        | x                   | x    | x    |      |                        |      | ✓    |      |      |
| Information Technology   | Panther Tech   | (3/3)      |                     |      |      |      |                        |      | ✓    |      |      |
| Information Technology   | Data Loss Prevention Controls                              | (3/2)      | x                   | x    | x    | x    |                        |      | ✓    |      |      |
| Information Technology   | Vendor Management  | (3/3)      | x                   | x    | x    |      |                        |      |      | ✓    |      |
| Information Technology   | Physician Assistant Program – IT Controls                  | (3/2)      |                     |      |      |      |                        | ✓    |      |      |      |
| Information Technology   | Media Sanitation Guidelines & Controls                     | (3/3)      |                     |      |      |      |                        | ✓    |      |      |      |
| Instruction & Academic Support   | Grading Integrity Management                               | 4/3        |                     |      |      |      |                        |      |      |      | ✓    |
| Parking & Transportation   | Motor Vehicle Internal Controls & Data Integrity           | (4/1)      |                     | x    |      | x    |                        |      | ✓    |      |      |
| Plant Operations & Maintenance   | Motor Pool   | 4/4        | x                   |      |      |      |                        |      |      |      | ✓    |
| Plant Operations & Maintenance   | Access Controls – Secure Locations                         | 3/3        | x                   |      |      |      |                        |      | ✓    |      |      |
| Plant Operations & Maintenance   | Facilities Inspections & Deferred Maintenance              | 3/3        | x                   |      |      |      |                        |      |      |      | ✓    |
| Plant Operations & Maintenance   | Construction Accident Reporting                            | 2/4        |                     |      |      |      |                        |      |      |      | ✓    |
| Plant Operations & Maintenance   | Student Safety – Safety Athletic & Recreational Facilities | 2/3        | x                   |      |      |      |                        |      | ✓    |      |      |
| Police Department  | Jeanne Clery Act Compliance                                | (2/4)      | x                   |      |      |      |                        |      |      |      | ✓    |
| Research & Development   | Research Training & Policy Compliance                      | 3/3        | x                   |      |      |      |                        | ✓    |      |      |      |
| Research & Development   | Biohazards Response Management                             | 2/3        | x                   |      |      |      |                        |      |      |      | ✓    |
| Research & Development   | Information Technology Controls                            | (3/4)      |                     |      |      |      |                        |      |      |      | ✓    |
| Research & Development And College of Medicine   | Plagiarism & Research Misconduct Management & Controls     | 3/3        |                     |      |      |      |                        |      | ✓    |      |      |
| Student Affairs  | Children's Creative Learning Center                        | (3/3)      | x                   |      |      |      |                        |      |      | ✓    |      |
| University-wide  | Conflict of Interest & Related Party Transactions          | 3/3        | x                   |      |      |      | ✓                      |      |      |      |      |
| University-wide  | Export/Import Controls                                     | 4/4        |                     |      |      |      |                        | ✓    |      |      |      |
| University-wide  | Payroll Irregularities and Fraud Controls                  | 3/3        |                     |      |      |      | ✓                      |      |      |      |      |
| University-wide  | Grant Accounting – Auxiliary & Foundation Funded           | 4/4        |                     |      |      |      | ✓                      |      |      |      |      |
| University-wide  | FERPA Compliance   | 3/3        | x                   |      | x    |      | ✓                      |      |      |      |      |
| University-wide  | Natural Disaster Preparedness & Response                   | 3/4        |                     |      |      |      |                        |      | ✓    |      |      |
| University-wide  | Use of Student Fees  | 2/3        | x                   |      |      | x    |                        |      |      |      | ✓    |
| University-wide  | Grant Expenditure Controls                                 | 2/3        | x                   |      |      |      |                        |      |      | ✓    |      |
| University-wide  | General Data Protection Regulation Controls                | (3/4)      |                     |      |      |      |                        | ✓    |      |      |      |
| University-wide  | Background Check – Volunteers & Third Parties              | (4/3)      | x                   | x    | x    | x    |                        |      |      | ✓    |      |
| University-wide  | Student Safety – Hazing & Alcohol Abuse Prevention         | (3/4)      |                     |      |      |      |                        | ✓    |      |      |      |
| University-wide  | Admissions Policy Compliance                               | (3/4)      |                     |      |      |      |                        |      |      |      | ✓    |

**Note:** The Risk Index represents the coordinates of the X and Y axes as plotted on the Risk Assessment Heat Map. Parenthetic Risk Index is assigned by OIA to specific audit project identified through analyses other than the risk assessment survey tool.

This page intentionally left blank

**THE FLORIDA INTERNATIONAL UNIVERSITY**  
**BOARD OF TRUSTEES**  
**Audit and Compliance Committee**  
June 19, 2019

**Subject: University Compliance and Ethics Work Plan, 2019-20**

---

**Proposed Committee Action:**

Approve the University Compliance and Ethics Work Plan for Fiscal Year 2019-20.

---

**Background Information:**

The Florida International University Board of Trustees Audit and Compliance Committee Charter mandates approval of the compliance and ethics work plan for the upcoming fiscal year.

The Audit and Compliance Committee Charter, Authority, section 2.15, states, in relevant part, that:

The Audit and Compliance Committee shall... Review and approve the Office of Compliance & Integrity's annual compliance plan (and any subsequent changes thereto), considering the University-wide risk assessment.

Florida Board of Governors Regulation 4.003 State University System Compliance and Ethics Programs (7)(g) states, in relevant part, that the chief compliance officer shall: 1. Have the independence and objectivity to perform the responsibilities of the chief compliance officer function; 2. Have adequate resources and appropriate authority; 3. Communicate routinely to the president and board of trustees regarding Program activities.

---

**Supporting Documentation:** University Compliance and Ethics Work Plan, 2019-20

**Facilitator/Presenter:** Jennifer LaPorta

This page intentionally left blank



**COMPLIANCE AND ETHICS WORK PLAN  
2019-2020**

**FLORIDA INTERNATIONAL UNIVERSITY**

## **TABLE OF CONTENTS**

|  |              |
|--|--------------|
| <b>PURPOSE AND SCOPE</b>                         | <b>1</b>     |
| <b>PROGRAM DESIGN</b>                            | <b>1</b>     |
| <b>PROGRAM STRUCTURE AND OVERSIGHT</b>           | <b>3-4</b>   |
| <b>STANDARDS OF CONDUCT AND POLICIES</b>         | <b>5-6</b>   |
| <b>TRAINING, EDUCATION, AND COMMUNICATIONS</b>   | <b>6-7</b>   |
| <b>MEASUREMENT AND MONITORING</b>                | <b>7-8</b>   |
| <b>INVESTIGATION, DISCIPLINE, AND INCENTIVES</b> | <b>8-9</b>   |
| <b>CORRECTIVE ACTION</b>                         | <b>10-10</b> |
| <b>RISK MANAGEMENT</b>                           | <b>10</b>    |

**FLORIDA INTERNATIONAL UNIVERSITY  
COMPLIANCE AND ETHICS  
2019-2020 Annual Work Plan**

**PURPOSE AND SCOPE**

The purpose of the Florida International University (“University”) institutional Compliance and Ethics Program (“Program”) is to promote and support a working environment which reflects the University’s commitment to operating with the highest level of integrity while maintaining compliance with applicable laws, regulations, and policies. The Program applies to all University campuses, facilities, and operations, and to the senior leaders, management, faculty, and staff (“Employees”), and where appropriate, the Board of Trustees members, vendors, volunteers, donors and contractors (collectively, “Community Members”). The Program includes structural components, systems, and practices designed to nurture and preserve a culture of truth, freedom, respect, responsibility and excellence while building ethics and compliance into the daily activities of Community Members.

**2019 Goals and Key Action Items**

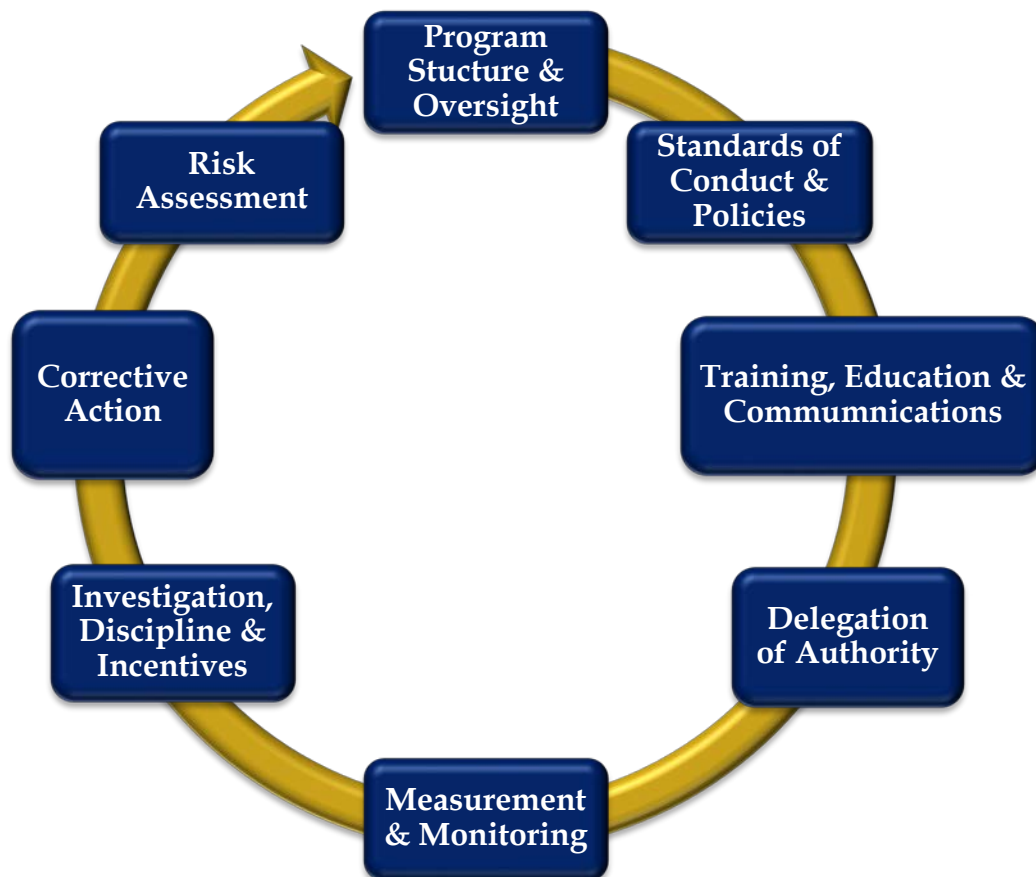
This document outlines the 2019-2020 goals and objectives of the Program (“Annual Work Plan”). Goals and objectives include key action items that support the achievement of each goal.

**PROGRAM DESIGN**

The Program is designed and administered, recognizing that building and maintaining a culture of ethics and compliance are shared responsibilities and requires a commitment from all Community Members. The Program is also designed to prevent, detect, and correct misconduct within the University in reasonable satisfaction of the requirements of Chapter 8 of the U.S. Federal Sentencing Guidelines and Florida Board of Governors Regulation 4.003. The guidelines and regulation set forth the requirements of an “effective ethics and compliance program.”

**Elements of an effective compliance program**  
(based on Chapter 8 of the U.S. Federal Sentencing Guidelines)

- Effective program structure and oversight to ensure compliance with the governing body
- Documented compliance and ethics standards of conduct and policies
- Effective training, education, and communication to the governing body and employees
- Exercise of due diligence in hiring and assignment of delegation of authority and responsibility
- Measurement and monitoring to ensure that the compliance and ethics program is followed
- Promotion of the program and consistent investigation, discipline and incentives
- Corrective action is taken in response to identified weakness or compliance failures
- Development of an effective compliance risk assessment and management review and response process



## PROGRAM STRUCTURE AND OVERSIGHT

### Standard

Organizations are expected to have high-level oversight and adequate resources and authority given to those responsible for the program. Programs may designate compliance officers for various program areas throughout the university based on an assessment of risk in any program or area. If so designated, the individual shall coordinate and communicate with the Chief Compliance Officer (“CCO”) on matters relating to the program.

The Office of University Compliance and Integrity (the “Compliance Office”) serves as a point for coordination of and responsibility for activities that promote an organizational culture that encourages ethical conduct and a commitment to compliance with applicable federal, state, and local laws, as well as regulations, rules, policies, and procedures.

### 2019 - 2020 Work Plan – Program Structure and Oversight

The 2019-2020 Annual Work Plan includes enhancements to the Compliance Liaison structure. Enhancements will include the implementation of the following:

- The Compliance Office will continue to consult with the University President and FIU Board of Trustees, to encourage a culture of compliance and ethics.
- **Compliance Liaison Scorecard** - The Compliance Liaison Scorecard will continue to be used to track the level of involvement with the Program for each Compliance Liaison. The Compliance Liaison Scorecard will include participation in group initiatives like meetings and assignments. It will also include participation in regular one-on-one meetings with the CCO, which are scheduled monthly to ensure regular discussion regarding risk management within each liaison’s respective area. The scorecard will be made available to the Division of Human Resources and the supervisor of the Compliance Liaison. We will continue to add initiatives to the score card as the role and activities of the Liaison evolves.
- **Policy Working Group Member Scorecard** - The Policy Working Group Member Scorecard will be used to track the level of involvement with the Program for each Policy Working Group Member. The Policy Working Group Member Scorecard will include participation in group initiatives like meetings and assignments. The scorecard will be made available to executive leadership through the Monthly Compliance Report.
- **Enterprise Risk Management Advisory Committee** - Compliance Liaisons will continue to serve as the Enterprise Risk Management (“ERM”) Advisory

Committee and will receive training regarding the University's Risk Management Program as it evolves in partnership with The Office of Internal Audit.

The ERM Advisory Committee work shall include:

- Updating support and guidance to the University's Executive Committee ("EC").
- Identifying risks and opportunities, using a variety of appropriate techniques (e.g., assisting with interviews of senior management; strengths, weaknesses, opportunities, and threats (SWOT) analysis; brainstorming, etc.).
- Reviewing and validating or revising selected risk assessments prepared by Risk Owners.
- Updating the University risk register and facilitating discussions regarding the risks' and opportunities' impact and likelihood with the EC.
- Facilitating discussions to assess and develop recommendations for newly identified risks, opportunities, or initiatives as requested by the EC.
- Assisting Risk Owners with tracking and monitoring risk responses and educating Risk Owners regarding best practices.
- Assisting Risk Owners with developing and updating risk mitigation measures and controls.
- Acting as a resource of subject matter experts, participating in education, training, communication, and awareness building of ERM.
- Supporting the process for continuous improvement of risk management.
- Assisting in addressing functional, cultural, and departmental barriers to managing risks.

The 2019-2020 Annual Work Plan also includes the formation, development and support of an **International Activities Task Force** with oversight of and emphasis on foreign influence concerns. As FIU increases its fundamental and restricted (export controlled) research portfolio engaged in critical emerging technologies, and as it strengthens its presence internationally (including but not limited to existing and future relationships in the People's Republic of China), FIU operates at a higher risk of being targeted by individuals/entities of concern to the U.S. Government who would seek to leverage FIU as a platform for unauthorized activity. In response to these concerns the Foreign Influence Task Force will comprehensively and proactively identify measures in a well-targeted, strategic manner, intended to minimize foreign influence risk in the overall context of FIUs international academic and research mission.

## STANDARDS OF CONDUCT AND POLICIES

### Standard

Any well-designed compliance program entails policies and procedures that give both content and effect to ethical norms and that address and aim to reduce risks identified by the Organization.

### 2019 – 2020 Work Plan – Policies and Procedures

The Compliance Office will continue to provide support to the division/department responsible for developing and enforcing University policies and procedures. During the 2018-2019 Annual Work Plan year, the University's Principles and Standards ("Principles") were finalized and communicated to key campus constituents. During the 2019-2020 Annual Work Plan year, the Principles will be highlighted and communicated University-wide through various methods. The University Policy Framework and Template will be revised, and all University Policies will be reviewed in accordance with the recent guidance issued by the U.S. Department of Justice. Also, the following policies are projected to be distributed:

- Annual Policy Campaigns
  - Gift Policy
  - Health Insurance Portability and Accountability Act Policy
  - Payment Card Industry Data Security Standards Policy
  - Preventing identity theft on covered accounts offered or maintained by FIU (Red Flags) Policy
  - Family Education Rights and Privacy Act (FERPA) Regulation
  - Adding and Dropping of Courses Policy (includes Adding and Dropping of Courses policy and the Adding or Registering After the First Week of Classes procedure)
  - Fraud Prevention and Mitigation Policy
  - Conflict of Interest
  - Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Policy
  - Incident Response Plan
- 2019-2020 Scheduled Policy Campaigns
  - Authorization and Modification of Courses
  - Courtesy Appointment
  - Credit used to Accelerate Undergraduate Time-to-Degree Upon Admission
  - Missed Class related to Authorized University Events
  - Spouses and Relatives as Students
  - Verification of Credentials for Faculty

- Acquisition, Assignment and Use of University Vehicles
- Access Control for University Buildings and Facilities
- Service and Emotional Support Animals on Campus
- Environmental Management Policy
- Security in Laboratories with Special Hazards
- Export Controls
- Firearms and Dangerous Weapons
- Nepotism
- Support and Resource the University Policy Working Group
  - Convene the Policy Workgroup at regular intervals to provide oversight and assistance to the University Policy and Procedures Program
  - Sponsor and support the Policy Working Group with respect to implementation, awareness, review and continuous improvement of the University Policy Framework
  - Address, with the support of the University Policy Working Group, policy design, comprehensiveness, accessibility, responsibility for operational integration and policy owner training

## TRAINING, EDUCATION, AND COMMUNICATIONS

### Standard

A hall mark of a well-designed compliance program is appropriately tailored training and communications. Organizations are expected to take reasonable steps to communicate periodically and in a practical manner, its standards and procedures, and other aspects of the compliance and ethics program to members of the governing authority, high-level personnel, substantial authority personnel, the organization's employees, and, as appropriate, the organization's agents. The organization should deliver effective training programs and otherwise disseminate information appropriate to such individuals' respective roles and responsibilities.

The FIU Board of Trustees and University employees will receive training regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures.

### 2019 - 2020 Work Plan - Training, Education and Communication

The Compliance Office will continue to collaborate with the department/division responsible for the administrative oversight of compliance education and training by supporting in-person compliance training efforts and leveraging technology to enhance awareness of important laws, regulation, and policies, and to document training completions. Infographics, short videos, compliance checklists and other tools will be

developed by the Compliance Office and used to reinforce ethics and compliance messaging. To reinforce enterprise-wide culture-building efforts, the Compliance Office will partner with the Division of Human Resources to provide managers with additional training on communicating and modeling ethical decision making. During the 2019-2020 Annual Work Plan year, the Compliance Office will provide the following training, education, and communication:

- 2019 - 2020 Annual Training, Education, and Communication
  - Annual Security and Fire Report
  - Clery Act
  - Family Education Rights and Privacy Act (FERPA)
  - Gift Policy
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Payment Card Industry Data Security Standards (PCI-DSS Compliance)
  - Preventing identity theft on covered accounts offered or maintained by FIU (Red Flags)
- 2019 - 2020 Scheduled Training, Education, and Communication
  - Access Control for University Buildings and Facilities
  - Service and Emotional Support Animals on Campus
  - Firearms and Dangerous Weapons
  - Training, education, and additional communication will accompany each of the Policy Campaigns referenced in the Work Plan
- Development of University Compliance and Integrity Newsletter
- Development of Comprehensive, Interactive Ethics Training Program
- Execution of University Mandatory Training Inventory and Support Project
  - Develop Mandatory Training Work Group to assist in ongoing support and resourcing of University mandatory training efforts

## MEASUREMENT AND MONITORING

### Standard

Organizations are expected to ensure that the organization's compliance and ethics program is followed, including monitoring and auditing to detect criminal conduct.

### 2019 - 2020 Work Plan - Measurement and Monitoring

The compliance monitoring plan is typically determined by the evolving risks, new laws and regulations as well as trends identified by the Compliance Office in Partnership with other Divisions (e.g., OGC, Human Resources). In addition to monitoring, compliance risk reviews are also conducted at the department/division level to assess subject-specific risks. During the 2019-2020 Annual Work Plan year,

compliance reviews, assessments and monitoring are scheduled to be conducted for the following areas:

- **Health Insurance Portability and Accountability Act (HIPAA)** – University-wide HIPAA re-assessment
- **Policy Program** – Survey to Community assessing University Policy Program
- **University Compliance Culture** – Follow up survey to Principles and Standards Rollout
- **Inventory, Monitor and Support Mandatory Training Initiative**
- **Support and resource risk owners in addressing the Office of Internal Audit recommendation findings**
- **Access Controls** – Access to FIU laboratories by foreign nationals
- **Nepotism Policy** – Review of controls once system enhancements are complete
- **Compliance Calendar Items**

Additional reviews and assessments will be scheduled as risks evolve and are identified as needing fuller measurement and monitoring.

## **INVESTIGATIONS, DISCIPLINE, AND INCENTIVES**

### **Standard**

A hallmark of a well-designed compliance program is the existence of an efficient and trusted mechanism by which employees can anonymously or confidentially report allegations of a breach of the company's code of conduct, company policies, or suspected or actual misconduct.

Organizations are expected to have and publicize a system, which may include mechanisms that allow for anonymity or confidentiality, whereby the organization's employees and agents may report or seek guidance regarding potential or actual criminal conduct without fear of retaliation.

Organizations are expected to promote and enforce consistency throughout the organization, appropriate incentives to perform in accordance with the compliance and ethics program, and appropriate disciplinary measures for engaging in criminal conduct and for failing to take reasonable steps to prevent or detect criminal conduct.

The Compliance Office will continue to initiate, conduct, supervise, coordinate, or refer to other appropriate offices, such inquiries, investigations, or reviews as deemed appropriate and in accordance with University regulations and policies, submit final reports to appropriate action officials; work with senior leaders to take reasonable steps to prevent further similar behavior when non-compliance, unethical behavior, or criminal conduct has been detected, and make necessary modifications to prevent further behavior.

## 2019 – 2020 Work Plan – Investigations, Discipline, and Incentives

During the 2019-2020 Annual Work Plan year, training and communication will take place regarding the Investigation Guidelines developed in the 2018-2019 Annual Work Plan year. This will ensure consistent follow through for all matters raised through the Compliance Reporting mechanism (currently Convercent).

The Compliance Office will collaborate with the Office of the General Counsel, the Division of Human Resources and the Office of Internal Audit to review and update materials related to rights and protections of reporters of misconduct, to even further develop the University's efforts to identify and support whistleblowers, and to create a meaningful communications campaign around this issue.

During the 2017-2018 Annual Work Plan year, the Compliance Office developed an executive scorecard that highlights policy review and training requirements completed by the leadership team. This practice will be applied to the FIU Policy Working Group for 2019-2020. It and the executive scorecard will be forwarded to the President and members of the leadership team every month.

## CORRECTIVE ACTION

### Standard

The Compliance Office, in consultation with the University President and FIU Board of Trustees and in partnership with Human Resources, will promote and enforce the Program, consistently through appropriate incentives and disciplinary measures. Failures in compliance or ethics will be addressed through appropriate measures, including education and/or corrective action. A hallmark of an effective compliance program is the extent to which an organization is able to conduct a thoughtful root cause analysis of misconduct and timely and appropriately remediate to address the root causes.

**Reward and Recognition Programs:** These programs are key mechanisms to motivate employees to act in accordance with the organization's culture and values. Will continue to work with Human Resources to identify opportunities to recognize those who personify FIU's core values. A key example is effective use of the HR Newsletter and development of a Compliance Newsletter to highlight Compliance successes and champions.

**Performance Management Programs:** Employees who understand the mission and share organizational values tend to outperform those in environments that lack cohesiveness and common purpose. Performance Management programs can greatly affect culture by clearly outlining what is expected from employees as well as by

providing a feedback tool that informs employees about community standards. Will continue to work with Human Resources to identify opportunities to recognize those who personify FIU's core values.

**Root Cause Analysis:** During the 2019-2020 Annual Work Plan year, Compliance will continue to work with key campus constituents and partners to assist in performing a thoughtful root cause analysis of misconduct including identifying any systematic issues, prior weaknesses, what processes could have prevented the misconduct in question or detected it earlier, remediation and accountability.

## **RISK MANAGEMENT**

### **Standard**

Organizations are expected to periodically review whether the Program is within substantial compliance with legal, regulatory, and policy requirements, and identify areas of compliance risk for further auditing and/or monitoring. A well designed compliance program must continuously identify, assess and define its risk profile to inform decisions regarding the appropriation of scrutiny and resources.

### **2019 - 2020 Work Plan - Risk Management**

During the 2019-2020 Annual Work Plan year, the Compliance Office will continue to work with internal and external stakeholders to execute the ERM framework by:

- Collaborating with the Office of Internal Audit to coordinate efforts and appropriately allocate compliance resources to supporting the mitigation of identified risks
- Aligning compliance resources and activities with identified risks and internal audit findings
- Educating Risk Owners regarding risk management principles
- Reviewing emerging risks
- Updating the risk registry
- Assisting Risk Owners in determining the most appropriate business response to each risk
- Providing resources for reporting updates
- Evaluating and reporting on mitigation measure progress



# **Office of Internal Audit University Risk Assessment**

This page intentionally left blank

**FLORIDA INTERNATIONAL UNIVERSITY**  
**THE OFFICE OF INTERNAL AUDIT PREPARED UNIVERSITY RISK ASSESSMENT HEAT MAP**

|               |  |             |                            |                                  |                                   |                            |
|---------------|--|-------------|----------------------------|----------------------------------|-----------------------------------|----------------------------|
| <b>IMPACT</b> | Lasting damage to reputation, operations & funding.        | Severe      | 40                         | 25                               | 8                                 | 9                          |
|               | Disrupts operations over months; up to \$1M at risk.       | Significant | 109                        | 128                              | 30                                | 6                          |
|               | Short-term negative effects/press; up to \$250K at risk.   | Moderate    | 112                        | 154                              | 30                                | 1                          |
|               | Minor regulatory or reputational effects; < \$25K at risk. | Negligible  | 168                        | 43                               | 4                                 | 1                          |
|               |  |             | Remote                     | Less than likely                 | Likely                            | Very likely                |
|               |  |             | Chance of occurrence < 10% | Chance of occurrence = 10% - 30% | Chance of occurrence = 30% to 75% | Chance of occurrence > 75% |
|               |  |             | <b>LIKELIHOOD</b>          |                                  |                                   |                            |

This page intentionally left blank

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                       |   |   |
|---|---------------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>           | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 1   | Social Media                          | Limited resources/personnel for the size of the University  | 4/4                                       |
| 2   | International Affairs                 | Confusing international laws  | 4/4                                       |
| 3   | International Affairs                 | Failure to maintain security of students and faculty abroad   | 4/4                                       |
| 4   | Brand Marketing                       | Affinity to the FIU Brand   | 4/4                                       |
| 5   | Digital Communications                | Entities building solutions on their own without content strategy, branding or compliance to standards                | 4/4                                       |
| 6   | Motor Pool                            | Poor vehicle conditions impacting safety, effectiveness and employee morale   | 4/4                                       |
| 7   | Grant Accounting                      | Inadequate controls of auxiliary and Foundation funds that are used for projects that involve FIU faculty             | 4/4                                       |
| 8   | Human Subjects Research               | Non-compliance with human subjects requirements in projects funded through auxiliary accounts and Foundation accounts | 4/4                                       |
| 9   | International Affairs                 | Impact of import/export controls  | 4/4                                       |
| 10  | Digital Communications                | Lack of importance of "content driven" solutions across the institution   | 4/3                                       |
| 11  | Academic Support                      | Grade inflation   | 4/3                                       |
| 12  | News & Communications                 | Urgency in project timelines  | 4/3                                       |
| 13  | News & Communications                 | Limited resources to increase print run of FIU magazine to keep pace with a growing alumni base                       | 4/3                                       |
| 14  | Design Services                       | Departments/entities that do not have the budget to work with us produce pieces that are below University standards   | 4/3                                       |
| 15  | Human Resources                       | Alien employees   | 4/3                                       |
| 16  | Housing                               | Insufficient student housing  | 4/2                                       |
| 17  | Athletic Centers - Buildings & Fields | Facilities become deteriorated and inoperable   | 3/4                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                       |   |   |
|---|---------------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>           | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 18  | Athletic Centers - Buildings & Fields | Unsafe facilities   | 3/4                                       |
| 19  | Export Controls                       | Lack of awareness of export control regulations   | 3/4                                       |
| 20  | Marketing                             | Lack of brand alignment across units  | 3/4                                       |
| 21  | Media Relations                       | Natural Disasters: weather, hurricanes, etc.  | 3/4                                       |
| 22  | IT Compliance                         | Data breach/leak of protected information   | 3/4                                       |
| 23  | Patient Care (SM)                     | Potential increase of sites requiring payment per student rotations   | 3/4                                       |
| 24  | Safety--Research                      | Improper storage and/or disposal of laboratory materials  | 3/4                                       |
| 25  | Expenses                              | Related party transactions (fraud)  | 3/3                                       |
| 26  | Building Maintenance                  | Secure locations compromised (labs with hazardous materials, executive offices, financial facilities)   | 3/3                                       |
| 27  | Community Relations                   | Difficulty in coordinating events with other departments that lack experience in event planning   | 3/3                                       |
| 28  | Export Controls                       | A visitor from a restricted entity is allowed to access export controlled equipment or technology on campus   | 3/3                                       |
| 29  | Export Controls                       | A faculty member or PI shares controlled technology via email or phone conversations with a potential visitor or foreign collaborator prior to initiating the export control review process (by routing a proposal, visa request, etc.) | 3/3                                       |
| 30  | Export Controls                       | Faculty member travels to embargoed destination during the summer and collaborates on research that is export-controlled or performs some other controlled activity (training, etc.)  | 3/3                                       |
| 31  | IT Daily Operations                   | Lack of a process for managing facilities to provide a suitable physical surrounding which protects the IT equipment and people against man-made and natural disasters  | 3/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |  |   |
|---|-----------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 32  | Grant Accounting                  | Inadequate training of new faculty and junior faculty  | 3/3                                       |
| 33  | Research Quality                  | Research plagiarism  | 3/3                                       |
| 34  | Academic Administration           | Allocation of resources among academic programs and budgeting does not reflect institution's priorities and is not equitable | 3/3                                       |
| 35  | Instruction                       | Poor instruction   | 3/3                                       |
| 36  | Major Repair & Renovation         | Failure to perform deferred maintenance on facilities  | 3/3                                       |
| 37  | Financial Fraud--Research         | Conflict of interest   | 3/3                                       |
| 38  | IT Compliance                     | Failure to secure protected health information (failure to comply with HIPAA)  | 3/3                                       |
| 39  | Student Centers & Activities      | Inequitable funding among various campus organizations   | 3/3                                       |
| 40  | Payroll                           | Failure to identify fictitious/ghost employees   | 3/3                                       |
| 41  | International Affairs             | Failure to maintain appropriate immigration status for faculty, scholars & staff   | 3/3                                       |
| 42  | Media Relations                   | Traditional newsrooms continue to shrink and competition from peer institutions  | 3/3                                       |
| 43  | Community Relations               | Challenge of attending all events hosted in the community due to a limited budget  | 3/3                                       |
| 44  | Accounting                        | Funds are expended that are incompatible with missions, objectives, and available resources                                  | 3/3                                       |
| 45  | Academic Administration           | Lack of effective monitoring of productivity   | 3/3                                       |
| 46  | Academic Administration           | Guidelines/support for academic administrators implementing new priorities and policies are ill-defined or absent            | 3/3                                       |
| 47  | Academic Personnel Administration | Lack of competitive salary structure   | 3/3                                       |
| 48  | Instruction                       | Failure to maintain reasonable class size  | 3/3                                       |
| 49  | Research Administration           | Insufficient staffing  | 3/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |  |   |
|---|-------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 50  | Financial Aid                 | Failure to reconcile fiscal and financial aid records                  | 3/3                                       |
| 51  | Student Centers & Activities  | Student fees do not cover operations sufficiently                      | 3/3                                       |
| 52  | International Affairs         | Failure to comply with federal rules regarding taxation of income      | 3/3                                       |
| 53  | International Affairs         | Employee/institutional liability                                       | 3/3                                       |
| 54  | Dining                        | Failure to maintain clean, safe, and functional facilities             | 3/3                                       |
| 55  | Environmental Health & Safety | Failure to adequately secure hazardous materials (not select agents)   | 2/4                                       |
| 56  | Environmental Health & Safety | Exposure of individuals to unhealthy contaminants or physical harm     | 2/4                                       |
| 57  | Research                      | Research misconduct  | 2/4                                       |
| 58  | Research Quality              | Falsification of research data or misreporting results                 | 2/4                                       |
| 59  | Research                      | Failure to comply with applicable human subject protection regulations | 2/4                                       |
| 60  | Research Administration       | Inadequate policies and training                                       | 2/4                                       |
| 61  | Research                      | Failure to comply with applicable animal care regulations              | 2/4                                       |
| 62  | Major Repair & Renovation     | Construction accidents   | 2/4                                       |
| 63  | Health Services               | Violations of HIPAA  | 2/4                                       |
| 64  | Patient Care (SM)             | Alienation of partner hospitals  | 2/4                                       |
| 65  | Safety--Research              | Untimely or inappropriate response to accidents and other incidents    | 2/4                                       |
| 66  | Security--Research            | Natural disaster   | 2/4                                       |
| 67  | Research                      | Lack of adequate monitoring of research activities                     | 2/4                                       |
| 68  | Research                      | Lack of adequate review of research design by the IRB                  | 2/4                                       |
| 69  | Athletics (NCAA)              | Deterioration of facilities  | 2/4                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 70  | Accounting                        | Electronic financial management system failure  | 2/4                                       |
| 71  | Revenue                           | Credit Card information not properly safeguarded  | 2/4                                       |
| 72  | Research Administration           | Insufficient post-award monitoring  | 2/4                                       |
| 73  | Health Services                   | Incorrect diagnosis   | 2/4                                       |
| 74  | Health Services                   | Improper diagnosis  | 2/4                                       |
| 75  | Governance                        | Inability to meet financial obligations (bonds)   | 2/4                                       |
| 76  | Governance                        | Ineffective resource allocations  | 2/4                                       |
| 77  | Human Resources                   | Benefits are too costly for institution   | 2/4                                       |
| 78  | Human Resources                   | Discrimination in workplace   | 2/4                                       |
| 79  | Dining                            | Inadequate back-up power supply   | 2/4                                       |
| 80  | Athletics (NCAA)                  | Injuries to student athletes  | 4/1                                       |
| 81  | Media Relations                   | Technological & web Issues  | 3/2                                       |
| 82  | Athletics (NCAA)                  | Title IX violation  | 3/2                                       |
| 83  | Academic Personnel Administration | Conflicting roles and expectations for teaching faculty   | 3/2                                       |
| 84  | Housing                           | Breach of contract  | 3/2                                       |
| 85  | Institutional Compliance          | Lack of a well-defined operational structure that outlines, documents, and supports the University's compliance efforts | 3/2                                       |
| 86  | Purchasing                        | Vendor contracts are not properly administered  | 3/2                                       |
| 87  | Academic Support                  | Poor scheduling practices leading to sub-optimal use of classrooms, etc.  | 3/2                                       |
| 88  | Instruction                       | Ineffective interdisciplinary or interdepartmental working relationships  | 3/2                                       |
| 89  | Student Services Administration   | Student services are not profitable   | 3/2                                       |
| 90  | Payroll                           | Incorrect amounts disbursed to employees  | 3/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                 |   |   |
|---|---------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>     | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 91  | Athletics (NCAA)                | Severe weather threat during athletic event   | 3/2                                       |
| 92  | Accounting                      | Inadequate records management (includes retention)  | 3/2                                       |
| 93  | Financial Reporting             | Accountability over recorded transactions may not be maintained   | 3/2                                       |
| 94  | Financial Reporting             | Inadequate record maintenance   | 3/2                                       |
| 95  | Revenue                         | Lack of timely and accurate reconciliation of revenue   | 3/2                                       |
| 96  | Revenue                         | Unrecorded or incorrectly recorded revenue  | 3/2                                       |
| 97  | IT Customer Service             | Failure to maintain the staffing levels or skill sets needed for alignment with the business                                | 3/2                                       |
| 98  | IT Customer Service             | Lack of a process for ensuring achievement of IT performance objectives   | 3/2                                       |
| 99  | IT Customer Service             | Lack of clearly defined and properly managed service levels to meet the needs of the business                               | 3/2                                       |
| 100   | IT Daily Operations             | Lack of a process for ensuring the achievement of performance objectives set for IT processes                               | 3/2                                       |
| 101   | IT Strat Planning & Governance  | Failure to document infrastructure architecture   | 3/2                                       |
| 102   | IT Strat Planning & Governance  | Failure to maintain a motivated and competent workforce   | 3/2                                       |
| 103   | Academic Administration         | Failure to communicate effectively  | 3/2                                       |
| 104   | Academic Administration         | Failure to train faculty and staff for academic administration  | 3/2                                       |
| 105   | Instruction                     | Unanticipated changes in enrollment patterns  | 3/2                                       |
| 106   | Grants Accounting               | Allocation of resources among academic programs and budgeting do not reflect institution's priorities and are not equitable | 3/2                                       |
| 107   | Student Services Administration | Student fees insufficient to cover operations   | 3/2                                       |
| 108   | Student Services Administration | Insufficient opportunities for student activities   | 3/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                 |  |   |
|---|---------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>     | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 109   | Student Services Administration | Failure to market student services effectively   | 3/2                                       |
| 110   | Physical Plant Administration   | Exceeding scheduled completion date  | 3/2                                       |
| 111   | Accounting                      | Failure to comply with institutional and/or state purchasing requirements  | 2/3                                       |
| 112   | Accounts Payable                | Competitive bids are not part of the purchasing process  | 2/3                                       |
| 113   | Endowment & Development         | Breach of donor confidentiality  | 2/3                                       |
| 114   | Environmental Health & Safety   | Unsafe lab conditions  | 2/3                                       |
| 115   | Expenses                        | Inadequate bidding procedures  | 2/3                                       |
| 116   | Environmental Health & Safety   | Failure to comply with regulatory requirements   | 2/3                                       |
| 117   | Export Controls                 | Laptops, PDAs, or other computing devices transported to a foreign country without review for potential export issues and license requirements   | 2/3                                       |
| 118   | Environmental Health & Safety   | Failure to follow safety procedures when using equipment   | 2/3                                       |
| 119   | Export Controls                 | Violating OFAC or other sanctions and embargoes by hiring an employee or contracting with a vendor who appears on one of the export control or other governmental list of restricted parties | 2/3                                       |
| 120   | Environmental Health & Safety   | Failure to prevent life safety code violations   | 2/3                                       |
| 121   | Export Controls                 | Violating OFAC or other sanctions and embargoes by processing a financial transaction with an OFAC country and/or Specially Designated Nationals (SDN)                                       | 2/3                                       |
| 122   | Export Controls                 | Violating OFAC or other sanctions and embargoes by providing services, goods, or anything else of value to countries and/or persons on OFAC country and/or Specially Designated Nationals    | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
|   |                             | (SDN) lists without license from appropriate agency   |   |
| 123   | Export Controls             | Foreign students participating in or given access to controlled research or labs containing controlled equipment/defense items without obtaining export license   | 2/3                                       |
| 124   | Compliance--Research        | Unallowable costs charged to grant  | 2/3                                       |
| 125   | Export Controls             | A foreign visitor is allowed to conduct research in a lab without export control review   | 2/3                                       |
| 126   | Export Controls             | Controlled items are exported without license, including items/technologies provided or disclosed to a foreign national either in the U.S. (deemed export) or outside the U.S.  | 2/3                                       |
| 127   | Athletics (NCAA)            | Major NCAA violation  | 2/3                                       |
| 128   | Athletics (NCAA)            | Athletes receiving money illegally  | 2/3                                       |
| 129   | Grants Accounting           | Lack of training/inadequate training for PI and support staff on requirements of specific grants  | 2/3                                       |
| 130   | Export Controls             | Faculty, staff, or students email controlled technology (software source code, plans or schematics, unpublished controlled research) to a colleague out of the country or disclose such technology over the phone without export control review | 2/3                                       |
| 131   | Export Controls             | Controlled items Federal Regulations are exported without license, including items/technologies shipped or carried (even temporarily) outside the U.S.  | 2/3                                       |
| 132   | Export Controls             | Controlled items are exported without license, including items/technologies used or applied on behalf of or for the benefit of any foreign entity or person anywhere  | 2/3                                       |
| 133   | Export Controls             | Faculty, staff, or students ship lab materials, prototypes, or other controlled technologies to a   | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
|   |                             | foreign collaborator or colleague without export control review   |   |
| 134   | Safety--Research            | Accident involving biohazards or other hazardous materials  | 2/3                                       |
| 135   | Export Controls             | Faculty, staff, or students travel abroad with University property and do not contact ORI for export control review of those items                        | 2/3                                       |
| 136   | Export Controls             | A PI begins work on a contract with controlled technologies or export control restrictions prior to the contract being executed by the University         | 2/3                                       |
| 137   | Export Controls             | Export-controlled equipment is purchased and shipped for research being conducted abroad without export control review                                    | 2/3                                       |
| 138   | Export Controls             | Export-controlled equipment is purchased without export control review resulting in controlled equipment in a lab without appropriate safeguards in place | 2/3                                       |
| 139   | Export Controls             | Export-controlled equipment is purchased from a foreign vendor causing an export-control concern if the item needed to be returned for repairs, etc.      | 2/3                                       |
| 140   | Export Controls             | Faculty or staff collaborate with a foreign colleague from an embargoed country and provide export-controlled information or training to them             | 2/3                                       |
| 141   | Export Controls             | Items improperly classified as not being deemed exports   | 2/3                                       |
| 142   | Export Controls             | Failing to maintain proper documentation when traveling with or exporting University property under a license exception                                   | 2/3                                       |
| 143   | Export Controls             | Violating the Anti-Boycott provisions of the EAR by providing information in response to an unsanctioned boycott  | 2/3                                       |
| 144   | Export Controls             | Failing to comply with the reporting provisions if information or certification of our compliance with an illegal boycott is requested                    | 2/3                                       |
| 145   | Export Controls             | Shipment of export controlled technology and/or information outside the U.S. without a license  | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 146   | IT Compliance                     | Unauthorized use and disclosure of protected health information   | 2/3                                       |
| 147   | Student Centers & Activities      | Poor campus safety  | 2/3                                       |
| 148   | Student Services Administration   | Improper use of student fees  | 2/3                                       |
| 149   | Institutional Compliance          | Important regulatory updates (statutes, regulations, and rules) are not known, monitored, or disseminated appropriately | 2/3                                       |
| 150   | Human Resources                   | Employees that separate from the institution retain access to systems   | 2/3                                       |
| 151   | Purchasing                        | Employees with purchasing authority have a perceived or actual conflict of interest                                     | 2/3                                       |
| 152   | Purchasing                        | Failure to select qualified bidder  | 2/3                                       |
| 153   | Purchasing                        | Procurement cards are misused   | 2/3                                       |
| 154   | Purchasing                        | Purchases are not competitively bid   | 2/3                                       |
| 155   | Purchasing                        | Purchasing technology is not adequate to meet the needs of the purchasing function                                      | 2/3                                       |
| 156   | Housing                           | Major building damage   | 2/3                                       |
| 157   | Recreation & Athletic Centers     | Facilities become deteriorated and unusable   | 2/3                                       |
| 158   | Social Media                      | Miscommunication with other departments in times of an emergency  | 2/3                                       |
| 159   | Academic Personnel Administration | Inadequate planning for faculty replacement (aging faculty)   | 2/3                                       |
| 160   | Academic Personnel Administration | Incompetent faculty   | 2/3                                       |
| 161   | Course & Curriculum Development   | Poor course availability for academic progress  | 2/3                                       |
| 162   | Instruction                       | Failure to adequately prepare students for licensing/certifications exams   | 2/3                                       |
| 163   | Instruction                       | Students not graduating/not graduating timely   | 2/3                                       |
| 164   | Medical Faculty & Staff           | Impaired faculty and staff (EAP)  | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |   |   |
|---|-------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 165   | Building Maintenance          | Failure to maintain Building component (HVAC, elevator, etc.)   | 2/3                                       |
| 166   | Physical Plant Administration | Failure to have enough student housing  | 2/3                                       |
| 167   | Financial Fraud--Research     | Fraudulent expenditures on research grants  | 2/3                                       |
| 168   | Research Quality              | Inadequate documentation of research  | 2/3                                       |
| 169   | Export Controls               | Controlled exports accepted by University personnel without appropriate documentation and approvals             | 2/3                                       |
| 170   | Export Controls               | Violations of Federal rules and regulations due to lack of documentation or improperly maintained documentation | 2/3                                       |
| 171   | Export Controls               | Not identifying export controlled research  | 2/3                                       |
| 172   | Medical Education             | Failure to attract and maintain quality faculty (recruitment)   | 2/3                                       |
| 173   | Counseling Services           | Inadequate counseling and advisory services   | 2/3                                       |
| 174   | Counseling Services           | Inadequate crisis management  | 2/3                                       |
| 175   | Counseling Services           | Failure to identify a high risk student   | 2/3                                       |
| 176   | Financial Aid                 | Scholarships awarded to relatives (nepotism)  | 2/3                                       |
| 177   | Governance                    | Noncompliance with laws and regulations   | 2/3                                       |
| 178   | Institutional Compliance      | Clery Act; Title IX; HIPAA; NCAA, etc., - institution lacks required policies per act/rule                      | 2/3                                       |
| 179   | Institutional Compliance      | Owner of areas of significant regulations not up-to-date with standards   | 2/3                                       |
| 180   | Institutional Compliance      | No mitigation plan is in place to address significant risks identified  | 2/3                                       |
| 181   | Human Resources               | Employees are not aware of the procedures to initiate a grievance   | 2/3                                       |
| 182   | Human Resources               | Hiring an unqualified individual or an individual that is not a good match for the organization                 | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 183   | Human Resources             | The classification system for employees is not an accurate and complete reflection of the duties and responsibilities needed   | 2/3                                       |
| 184   | Human Resources             | Inequitable pay across similar positions   | 2/3                                       |
| 185   | Purchasing                  | Inefficient and ineffective purchasing function  | 2/3                                       |
| 186   | Dining                      | Failure to meet student expectations   | 2/3                                       |
| 187   | Emergency Preparedness      | Natural disaster destroys major portion of campus  | 2/3                                       |
| 188   | Athletics (NCAA)            | Consistently losing records in major revenue sports  | 2/3                                       |
| 189   | Athletics (NCAA)            | Depressed ticket sales   | 2/3                                       |
| 190   | Athletics (NCAA)            | Stagnant or decreasing booster contributions   | 2/3                                       |
| 191   | Stakeholder Relations       | Unfavorable relations with specific industries   | 2/3                                       |
| 192   | Accounting                  | Complex financial information system   | 2/3                                       |
| 193   | IT Compliance               | Failure to comply with PCIDSS  | 2/3                                       |
| 194   | IT Customer Service         | Failure to plan, implement, or maintain quality management standards and systems that provide for distinct development phases, clear deliverables, and explicit responsibilities | 2/3                                       |
| 195   | IT Customer Service         | Inadequate information security incident or event response   | 2/3                                       |
| 196   | IT Daily Operations         | Data is not available when needed  | 2/3                                       |
| 197   | IT Daily Operations         | Unauthorized or inappropriate access to core systems   | 2/3                                       |
| 198   | IT Daily Operations         | Unavailability of systems  | 2/3                                       |
| 199   | IT Development & Research   | Lack of adequate staffing levels   | 2/3                                       |
| 200   | Academic Administration     | Fund use not aligned with institutional goals and objectives   | 2/3                                       |
| 201   | Academic Administration     | Poor academic administrator quality  | 2/3                                       |
| 202   | Academic Administration     | Poorly implemented pay plans   | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                 |   |   |
|---|---------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>     | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 203   | Academic Reporting              | Biased grading practices  | 2/3                                       |
| 204   | Academic Support                | Lack of adequate library services and resources to support the needs of the institutional community               | 2/3                                       |
| 205   | Course & Curriculum Development | Failure to establish degree programs and courses of study relevant to societal needs and institutional strategies | 2/3                                       |
| 206   | Course & Curriculum Development | Failure to maintain appropriate levels of semester credit hours taught  | 2/3                                       |
| 207   | Course & Curriculum Development | Rigid and maladapted curriculum   | 2/3                                       |
| 208   | Instruction                     | Inadequate resources for graduate education   | 2/3                                       |
| 209   | Instruction                     | Real or perceived inconsistencies related to the University's code of ethics                                      | 2/3                                       |
| 210   | Major Repair & Renovation       | Substantial heating or cooling loss due to infrastructure failure   | 2/3                                       |
| 211   | Physical Plant Administration   | Poorly defined project scope  | 2/3                                       |
| 212   | Physical Plant Administration   | Time and budget overruns on projects  | 2/3                                       |
| 213   | Grants Accounting               | Failure to request sponsor approval for a reduction in effort of greater than or equal to 25%                     | 2/3                                       |
| 214   | Grants Accounting               | Having payroll charges in excess of documented effort for the applicable contract or grant                        | 2/3                                       |
| 215   | Enrollment Management           | Inadequate departmental funding and staff   | 2/3                                       |
| 216   | Financial Aid                   | Failure to award aid timely   | 2/3                                       |
| 217   | Financial Aid                   | Ineffective aid packaging system  | 2/3                                       |
| 218   | Student Services Administration | Failure to investigate and resolve all complaints   | 2/3                                       |
| 219   | Governance                      | Lack of appropriate director's insurance  | 2/3                                       |
| 220   | Legal                           | Failure to reduce risk of lawsuits  | 2/3                                       |
| 221   | Human Resources                 | Benefits are not competitive with market  | 2/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |   |   |
|---|-------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 222   | Human Resources               | No clear direction for the HR function  | 2/3                                       |
| 223   | Human Resources               | A rapidly changing external human resource environment  | 2/3                                       |
| 224   | Human Resources               | Fraud or misrepresentation on employment application  | 2/3                                       |
| 225   | Human Resources               | Inaccurate HR information such as leave & vacation balances, eligibility, service dates, etc. | 2/3                                       |
| 226   | Human Resources               | Inappropriate allocation of resources   | 2/3                                       |
| 227   | Human Resources               | The workforce is not diverse  | 2/3                                       |
| 228   | Human Resources               | Salaries and wage pay scales are not competitive to attract qualified employees               | 2/3                                       |
| 229   | Motor Pool                    | Fire danger in fuel and repair areas  | 2/3                                       |
| 230   | Motor Pool                    | Incorrect storage of gasoline, diesel fuel and heating fuel leads to spill                    | 2/3                                       |
| 231   | Physical Plant Administration | Contract Default  | 2/3                                       |
| 232   | Purchasing                    | Policies and procedures do not exist for all areas of the purchasing process                  | 2/3                                       |
| 233   | Dining                        | POS system inoperable during business hours   | 2/3                                       |
| 234   | Dining                        | Failure to comply with health codes   | 2/3                                       |
| 235   | Dining                        | Inadequate food inventory   | 2/3                                       |
| 236   | Dining                        | Loss or theft of food inventory   | 2/3                                       |
| 237   | Dining                        | Inadequate staffing to serve students   | 2/3                                       |
| 238   | Dining                        | Poor decision to outsource food service   | 2/3                                       |
| 239   | Environmental Health & Safety | Failure of fire suppression system  | 1/4                                       |
| 240   | Environmental Health & Safety | Failure to adequately secure select agents (hazardous materials)                              | 1/4                                       |
| 241   | Athletics (NCAA)              | Abuse of athletes by coaching staff   | 1/4                                       |
| 242   | Recreation & Athletic Centers | Sabotage or terrorism   | 1/4                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |   |   |
|---|-------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 243   | Media Relations               | Adverse events: Terrorist attacks/Mass casualty/Data or Cyber Attacks                   | 1/4                                       |
| 244   | Accounting                    | Inappropriate release of confidential information                                       | 1/4                                       |
| 245   | Closing Process               | Posting of fraudulent journal entries   | 1/4                                       |
| 246   | Closing Process               | Unauthorized access to system results in data being intentionally altered or deleted    | 1/4                                       |
| 247   | Human Resources               | Confidential personnel information is exposed (confidentiality)                         | 1/4                                       |
| 248   | Human Resources               | Inadequate funding of pension plans   | 1/4                                       |
| 249   | Human Resources               | Individuals are hired who have been involved in unethical or illegal acts in their past | 1/4                                       |
| 250   | Human Resources               | Sexual harassment is a common practice at the institution                               | 1/4                                       |
| 251   | Human Resources               | Hiring practices are unfair and the best employees are not hired                        | 1/4                                       |
| 252   | Human Resources               | Counselors are unqualified to provide Employee Assistance Programs (EAP service)        | 1/4                                       |
| 253   | Human Resources               | Violation of federal & state laws   | 1/4                                       |
| 254   | Human Resources               | Improper handling and investigation of employee grievances and complaints               | 1/4                                       |
| 255   | Major Repair & Renovation     | Failure of structural integrity of buildings  | 1/4                                       |
| 256   | Motor Pool                    | Building condition  | 1/4                                       |
| 257   | Physical Plant Administration | Buildings do not meet user needs  | 1/4                                       |
| 258   | Physical Plant Administration | Campus is rundown and unattractive  | 1/4                                       |
| 259   | Physical Plant Administration | Failure to align campus master plan with institution's goals and objectives             | 1/4                                       |
| 260   | Physical Plant Administration | Failure to comply with construction statutes (local, state & federal)                   | 1/4                                       |
| 261   | Physical Plant Administration | Incorrect disposal of dangerous chemicals   | 1/4                                       |
| 262   | Compliance--Research          | Inadequate documentation to support charges to grant                                    | 1/4                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                 |  |   |
|---|---------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>     | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 263   | Compliance--Research            | Lack of compliance oversight function  | 1/4                                       |
| 264   | Human Subjects Research         | Non-compliance with Health Insurance Portability and Accountability Act (HIPAA)        | 1/4                                       |
| 265   | Research Administration         | Retaliation against whistle-blowers  | 1/4                                       |
| 266   | Research Financial              | Inadequate financial reporting system  | 1/4                                       |
| 267   | Research Financial              | Poor cash management, including insufficient/excessive drawdowns                       | 1/4                                       |
| 268   | Security--Research              | Attacks or vandalism of research facilities  | 1/4                                       |
| 269   | Security--Research              | Failure to control laboratory access   | 1/4                                       |
| 270   | Security--Research              | Inadequate physical security for research facility                                     | 1/4                                       |
| 271   | Security--Research              | Non-compliance with export control laws  | 1/4                                       |
| 272   | Patient Care (SM)               | Failure to supervise and assess students/residents                                     | 1/4                                       |
| 273   | Medical Education               | Failure to maintain accreditation  | 1/4                                       |
| 274   | Medical Education               | Failure to maintain state/federal funding  | 1/4                                       |
| 275   | Medical Education               | Failure to maintain adequate faculty/student/support ratios                            | 1/4                                       |
| 276   | Financial Aid                   | Non-compliance with federal or state regulations                                       | 1/4                                       |
| 277   | Health Services                 | Failure to properly control infectious disease potential (blood borne pathogens, etc.) | 1/4                                       |
| 278   | Student Services Administration | Failure to achieve accreditation   | 1/4                                       |
| 279   | Housing                         | Illegal downloads by students of copyrighted material using University network         | 3/1                                       |
| 280   | Athletics (NCAA)                | Unacceptable athlete conduct "off the field"   | 3/1                                       |
| 281   | IT Customer Service             | Failure to deliver agreed upon services  | 3/1                                       |
| 282   | Motor Pool                      | Hazardous working conditions in repair centers   | 3/1                                       |
| 283   | Athletics (NCAA)                | Clery Act violations   | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 284   | Housing                           | Inadequate security/unsafe environment/unauthorized access  | 2/2                                       |
| 285   | Housing                           | Unhealthy environment   | 2/2                                       |
| 286   | Police                            | Poor recordkeeping (daily activity logs, information on crimes reported)  | 2/2                                       |
| 287   | Police                            | Failure to safeguard confidential information   | 2/2                                       |
| 288   | Police                            | Poor security over confiscated assets   | 2/2                                       |
| 289   | Athletic Centers - Bldg. & Fields | Inadequate insurance coverage   | 2/2                                       |
| 290   | Athletic Centers - Bldg. & Fields | Poor equipment maintenance  | 2/2                                       |
| 291   | Special Events Center             | Failure to attract revenue producing events   | 2/2                                       |
| 292   | Special Events Center             | Failure to ensure crowd safety  | 2/2                                       |
| 293   | Media Relations                   | Limited resources for individual/personal outreach to media.  | 2/2                                       |
| 294   | Brand Marketing                   | Misuse of brand and merchandise by external constituents  | 2/2                                       |
| 295   | Stakeholder Relations             | Negative impact on surrounding community  | 2/2                                       |
| 296   | Accounting                        | Errors in the accounting system are not detected in a timely manner   | 2/2                                       |
| 297   | Accounting                        | Inaccurate coding of accounting transactions  | 2/2                                       |
| 298   | Accounting                        | Inadequate training and information dissemination in accounting, purchasing and purchasing cards                    | 2/2                                       |
| 299   | Accounting                        | Investment strategies and practices do not maximize return on investment or adhere to established policies and laws | 2/2                                       |
| 300   | Accounts Receivable               | Data is improperly created, altered or deleted due to processing error  | 2/2                                       |
| 301   | Accounts Receivable               | Failure to accurately and timely bill external revenue sources  | 2/2                                       |
| 302   | Accounts Receivable               | Improper cutoff   | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 303   | Accounts Receivable         | Lapping of accounts receivable payments   | 2/2                                       |
| 304   | Accounts Receivable         | Revenue not received due to inadequate collection process   | 2/2                                       |
| 305   | Accounts Receivable         | Unrecorded receivables  | 2/2                                       |
| 306   | Accounts Payable            | Inappropriate relationship between employee and vendor  | 2/2                                       |
| 307   | Accounts Payable            | Management use of authority to override controls  | 2/2                                       |
| 308   | Accounts Payable            | Temporary/permanent loss of data maintained in electronic financial systems, buildings and/or records | 2/2                                       |
| 309   | Accounts Payable            | Untimely payment or failure to pay vendors  | 2/2                                       |
| 310   | Capital Asset Depreciation  | Equipment is improperly removed from campus   | 2/2                                       |
| 311   | Capital Asset Depreciation  | Improper recording of sale of asset   | 2/2                                       |
| 312   | Capital Asset Depreciation  | Improper safeguarding of capital assets   | 2/2                                       |
| 313   | Capital Asset Depreciation  | Improper transfer of assets between departments or to another entity                                  | 2/2                                       |
| 314   | Cash Handling               | Cash is not adequately safeguarded  | 2/2                                       |
| 315   | Cash Handling               | Cash is not deposited in a timely manner  | 2/2                                       |
| 316   | Cash Handling               | Cash receipts are misplaced, lost or mishandled   | 2/2                                       |
| 317   | Cash Handling               | Inadequate segregation of duties within the cash handling process                                     | 2/2                                       |
| 318   | Cash Handling               | Lack of or inadequate security of facility and safety of personnel                                    | 2/2                                       |
| 319   | Cash Management             | Inaccurate or untimely investment and cash reporting  | 2/2                                       |
| 320   | Cash Management             | Misuse or diversion of funds  | 2/2                                       |
| 321   | Expenses                    | Duplicate payments  | 2/2                                       |
| 322   | Expenses                    | Expenses not recorded or classified according to applicable accounting standards                      | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 323   | Expenses                    | Improper use of cash and/or blank/voided checks  | 2/2                                       |
| 324   | Payroll                     | Improper recording of PTO (vacation/sick leave paid/disability)  | 2/2                                       |
| 325   | Revenue                     | Failure to log checks as they are received   | 2/2                                       |
| 326   | Revenue                     | Financial records may be inaccurate/amounts could be deposited to the wrong funds  | 2/2                                       |
| 327   | Revenue                     | Funds may be diverted for personal use   | 2/2                                       |
| 328   | Revenue                     | Misappropriated recorded cash receipts   | 2/2                                       |
| 329   | Governance                  | Institutional policies and procedures are not current and/or easily assessable and understood by faculty and staff                     | 2/2                                       |
| 330   | Governance                  | Lack of a risk management process to identify risks impacting the successful achievement of mission                                    | 2/2                                       |
| 331   | Governance                  | Lack of effective organization-wide communications   | 2/2                                       |
| 332   | Governance                  | Organizational goals and objectives are not developed, communicated, and/or monitored for achievement                                  | 2/2                                       |
| 333   | Governance                  | Unaware of institutional conflict of interests   | 2/2                                       |
| 334   | Legal                       | Contracts executed by unauthorized individuals or for unauthorized activities  | 2/2                                       |
| 335   | Legal                       | Failure to meet ethical obligations (conflict of interest)   | 2/2                                       |
| 336   | Legal                       | Legal services not cost-effective  | 2/2                                       |
| 337   | Legal                       | Inaccurate consumption data  | 2/2                                       |
| 338   | Institutional Compliance    | Required emergency notifications and warnings are not communicated timely  | 2/2                                       |
| 339   | Institutional Compliance    | Lack of an established process for assessing and coordinating University-wide compliance efforts                                       | 2/2                                       |
| 340   | Institutional Compliance    | Sufficient and adequate support, training, and educational resources pertaining to complying with University policies are not provided | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 341   | Institutional Compliance    | New and updated University policies are not communicated effectively  | 2/2                                       |
| 342   | Institutional Compliance    | Insufficient or inaccurate information used to support reported statistics  | 2/2                                       |
| 343   | Human Resources             | Employees do not receive an appropriate orientation and job training  | 2/2                                       |
| 344   | IT Customer Service         | Failure to provide continuous service   | 2/2                                       |
| 345   | IT Daily Operations         | Failure to comply with funding requirements   | 2/2                                       |
| 346   | IT Daily Operations         | Failure to perform important IT support functions regularly   | 2/2                                       |
| 347   | IT Daily Operations         | Lack of a process for educating and training users, thereby, not meeting the needs of the business  | 2/2                                       |
| 348   | IT Daily Operations         | Lack of a process for ensuring data remains complete, accurate, and valid during its input, update and storage  | 2/2                                       |
| 349   | IT Daily Operations         | Lack of a process for managing changes to systems or technology that minimizes disruptions, unauthorized alterations, and errors  | 2/2                                       |
| 350   | IT Daily Operations         | Lack of a process for managing performance and ensuring adequate capacity is available and optimally used to meet user needs  | 2/2                                       |
| 351   | IT Daily Operations         | Lack of a process for managing problems to ensure they are adequately resolved and the cause investigated to prevent any recurrence   | 2/2                                       |
| 352   | IT Daily Operations         | Lack of a process for managing the configurations to account for all IT components, prevent unauthorized alternations, verify physical existence, and provide a basis for sound change management | 2/2                                       |
| 353   | IT Development & Research   | Failure to comply with budget requirements  | 2/2                                       |
| 354   | IT Development & Research   | Failure to engage in IT risk identification and impact analysis involving multi-disciplinary functions  | 2/2                                       |
| 355   | IT Development & Research   | Priority of projects is not determined  | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 356   | IT Strat Planning & Governance    | Failure to implement software upgrades timely   | 2/2                                       |
| 357   | IT Strat Planning & Governance    | Failure to integrate technology across the institution  | 2/2                                       |
| 358   | IT Strat Planning & Governance    | Lack of a process for acquiring and maintaining application software that effectively supports business processes                               | 2/2                                       |
| 359   | IT Strat Planning & Governance    | Lack of a process for acquiring and maintaining technology infrastructure to provide appropriate platforms for supporting business applications | 2/2                                       |
| 360   | IT Strat Planning & Governance    | Lack of a process for ensuring the achievement of internal control objectives set for IT processes  | 2/2                                       |
| 361   | IT Strat Planning & Governance    | Lack of a process for objectively and clearly identifying and analyzing alternative solutions for satisfying user requirements                  | 2/2                                       |
| 362   | IT Admin Support                  | Failure to retain key employees   | 2/2                                       |
| 363   | Academic Administration           | Failure to include faculty in the development of priorities and policies  | 2/2                                       |
| 364   | Academic Administration           | Inappropriate/inequitable workload definition   | 2/2                                       |
| 365   | Academic Administration           | Lack of effective oversight of faculty recruitment, retention, development and turnover   | 2/2                                       |
| 366   | Academic Administration           | Programs not developed and evaluated for effectiveness, continued demand, and institutional priorities  | 2/2                                       |
| 367   | Academic IT                       | Failure to maintain controls over files transferred to mobile devices   | 2/2                                       |
| 368   | Academic IT                       | Ineffective use of technology in instruction and instructional support  | 2/2                                       |
| 369   | Academic Personnel Administration | Failure to recruit quality faculty and staff to match institutional needs   | 2/2                                       |
| 370   | Academic Personnel Administration | Inadequate faculty size   | 2/2                                       |
| 371   | Academic Personnel Administration | Insufficient recognition of or incentives for instructional quality   | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |  |   |
|---|-----------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 372   | Academic Personnel Administration | Lack of emphasis on instruction in setting goals and objectives for faculty                                | 2/2                                       |
| 373   | Academic Personnel Administration | Overreliance on part-time faculty  | 2/2                                       |
| 374   | Academic Reporting                | Inaccurate/untimely reports  | 2/2                                       |
| 375   | Academic Support                  | Failure to fund proper levels of academic support  | 2/2                                       |
| 376   | Academic Support                  | Inadequate lab processes and practices for the promotion of Environment, Health and Safety (EH&S)          | 2/2                                       |
| 377   | Academic Support                  | Inadequate or lacking academic advising  | 2/2                                       |
| 378   | Academic Support                  | Inadequately equipped classrooms and labs  | 2/2                                       |
| 379   | Academic Support                  | Inequitable admissions practices   | 2/2                                       |
| 380   | Academic Support                  | K-16 initiatives are not clearly articulated and are not integrated with the objectives of the institution | 2/2                                       |
| 381   | Academic Support                  | Lack of facilities (classroom/lab/other)   | 2/2                                       |
| 382   | Course & Curriculum Development   | Failure to offer the core curriculum   | 2/2                                       |
| 383   | Instruction                       | Failure to effectively market graduate studies programs  | 2/2                                       |
| 384   | Instruction                       | Failure to have and communicate the University's code of ethics  | 2/2                                       |
| 385   | Instruction                       | Failure to meet University's academic standards and goals  | 2/2                                       |
| 386   | Instruction                       | Failure to meet University's goals related to national rankings  | 2/2                                       |
| 387   | Instruction                       | Inability to admit most qualified students due to legislatively restrictive requirements                   | 2/2                                       |
| 388   | Instruction                       | Inadequate teaching assistant support  | 2/2                                       |
| 389   | Instruction                       | Poor student retention practices   | 2/2                                       |
| 390   | Instruction                       | Programs for students with special needs are not being adequately maintained                               | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |   |  |   |
|---|---|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>               | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 391   | Medical Faculty & Staff                   | Failure to ensure that annual Conflict of Interest (COI) forms are completed                               | 2/2                                       |
| 392   | Building Maintenance                      | Failure to perform preventive maintenance  | 2/2                                       |
| 393   | Custodial Services                        | Exposure to hazardous chemicals  | 2/2                                       |
| 394   | Custodial Services                        | Falls and slips  | 2/2                                       |
| 395   | Landscape & Grounds                       | Chemical hazards to health   | 2/2                                       |
| 396   | Landscape & Grounds                       | Failure to follow standard safety procedures   | 2/2                                       |
| 397   | Major Repair & Renovation                 | Failure to perform scheduled maintenance   | 2/2                                       |
| 398   | Utilities                                 | Interruption or degradation of service   | 2/2                                       |
| 399   | Purchasing                                | Purchases, including individual and standing purchase orders, do not follow established approval processes | 2/2                                       |
| 400   | Compliance--Research                      | Grant funds used to purchase assets for other grants or non-grant work                                     | 2/2                                       |
| 401   | Grants Accounting                         | Billing rates not based on actual costs/inconsistent billings  | 2/2                                       |
| 402   | Grants Accounting                         | Ineffective reconciliation procedures (untimely or improperly completed)                                   | 2/2                                       |
| 403   | Grants Accounting                         | Program measures not met, but funds used   | 2/2                                       |
| 404   | Grants Accounting                         | Unused grant funds   | 2/2                                       |
| 405   | Intellectual Property/Technology Transfer | Insufficient efforts in licensing and technology transfer  | 2/2                                       |
| 406   | Pre-award & Award Acceptance              | Inadequate proposal review   | 2/2                                       |
| 407   | Pre-award & Award Acceptance              | Inadequate support/assistance to faculty in developing proposals   | 2/2                                       |
| 408   | Pre-award & Award Acceptance              | Insufficient effort to attract research funding  | 2/2                                       |
| 409   | Research Quality                          | Failure to produce deliverables  | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 410   | Safety--Research            | Inadequate training and safety procedures for laboratories                           | 2/2                                       |
| 411   | Safety--Research            | Insufficient laboratory oversight  | 2/2                                       |
| 412   | Safety--Research            | Unsafe condition of laboratories and equipment                                       | 2/2                                       |
| 413   | Research                    | Conflicts of interest (faculty research)   | 2/2                                       |
| 414   | Admissions                  | Ineffective marketing/public relations   | 2/2                                       |
| 415   | Admissions                  | Ineffective recruiting techniques  | 2/2                                       |
| 416   | Admissions                  | Inefficient travel management  | 2/2                                       |
| 417   | Admissions                  | Lost campus visitors   | 2/2                                       |
| 418   | Admissions                  | Poor communications with institution's colleges/schools                              | 2/2                                       |
| 419   | Admissions                  | Poor transfer rate from community colleges   | 2/2                                       |
| 420   | Dining                      | Failure to be competitive with local vendors   | 2/2                                       |
| 421   | Dining                      | Inadequate meal plan offerings   | 2/2                                       |
| 422   | Financial Aid               | Awards to ineligible students  | 2/2                                       |
| 423   | Financial Aid               | Data entry errors  | 2/2                                       |
| 424   | Financial Aid               | Failure to provide accurate and timely information to students                       | 2/2                                       |
| 425   | Financial Aid               | Inefficient or ineffective system interfaces   | 2/2                                       |
| 426   | Financial Aid               | Over or under award of institution-wide funding due to uncertainty of funding levels | 2/2                                       |
| 427   | Financial Aid               | Incorrect aid amount awarded   | 2/2                                       |
| 428   | Financial Aid               | Scholarships awarded to ineligible students  | 2/2                                       |
| 429   | Health Services             | Failure to communicate health services information                                   | 2/2                                       |
| 430   | Health Services             | Insufficient staffing levels   | 2/2                                       |
| 431   | Health Services             | Lack of an effective triage process  | 2/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                 |   |   |
|---|---------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>     | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 432   | Registration                    | Lack of funding initiatives for students who are about to be dropped for non-enrollment       | 2/2                                       |
| 433   | Student Centers & Activities    | Failure to address the needs of a diverse student population                                  | 2/2                                       |
| 434   | Student Centers & Activities    | Inadequate space for student activities   | 2/2                                       |
| 435   | Student Services Administration | Insufficient resources  | 2/2                                       |
| 436   | Student Services Administration | Failure to support academic endeavors   | 2/2                                       |
| 437   | Endowment & Development         | Failure to exercise due care in investment of funds   | 1/3                                       |
| 438   | Endowment & Development         | Provide return on investments   | 1/3                                       |
| 439   | Endowment & Development         | Inability to attract new donors and raise funds   | 1/3                                       |
| 440   | Endowment & Development         | Negative perception by public/donors  | 1/3                                       |
| 441   | Endowment & Development         | Noncompliance with donor terms  | 1/3                                       |
| 442   | Environmental Health & Safety   | Failure to inform workers of hazmats in workplace   | 1/3                                       |
| 443   | Environmental Health & Safety   | Lack of timely emergency response   | 1/3                                       |
| 444   | Housing                         | Inadequate disaster recovery planning   | 1/3                                       |
| 445   | Housing                         | Poor emergency response   | 1/3                                       |
| 446   | Housing                         | Declining occupancy   | 1/3                                       |
| 447   | Accounting                      | Failure to comply with state & federal financial reporting requirements                       | 1/3                                       |
| 448   | Accounting                      | Inadequate disaster recovery and business continuity plans                                    | 1/3                                       |
| 449   | Accounts Receivable             | Improper valuation of allowance for doubtful accounts and/or inappropriate account write-offs | 1/3                                       |
| 450   | Legal                           | Failure to stay current on legal issues, legislation, and practices                           | 1/3                                       |
| 451   | Legal                           | Ineffective communication with customers  | 1/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |   |   |
|---|-------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 452   | Human Resources               | Benefits do not meet employee needs   | 1/3                                       |
| 453   | Human Resources               | Employees that separate from the institution are not handled consistently   | 1/3                                       |
| 454   | Human Resources               | Productive employees leave the institution due a poor recognition and reward system   | 1/3                                       |
| 455   | Human Resources               | Inaccurate and/or untimely data capture and reporting   | 1/3                                       |
| 456   | Human Resources               | Employee are retaliated against for bringing forward allegations of violation of laws, rules, and policies or improper activities     | 1/3                                       |
| 457   | Human Resources               | The performance appraisal process is ineffective in providing employees with appropriate feedback to motivate and improve performance | 1/3                                       |
| 458   | Human Resources               | Job descriptions do not accurately reflect the duties of employees  | 1/3                                       |
| 459   | Academic IT                   | Failure to maintain security  | 1/3                                       |
| 460   | Academic Records Mgmt.        | Loss of applications/exam results/transcripts   | 1/3                                       |
| 461   | Academic Records Mgmt.        | Transcript and academic credential inaccuracies/fraud   | 1/3                                       |
| 462   | International Affairs         | Failure to comply with the Patriot Act  | 1/3                                       |
| 463   | International Affairs         | Failure to comply with Student and Exchange Visitor Information System (SEVIS)  | 1/3                                       |
| 464   | Physical Plant Administration | Buildings do not meet specifications/code   | 1/3                                       |
| 465   | Physical Plant Administration | Failure to follow policies and procedures   | 1/3                                       |
| 466   | Physical Plant Administration | Failure to monitor contractors and sub-contractors  | 1/3                                       |
| 467   | Physical Plant Administration | Failure to prevent donor or outside party interference in projects  | 1/3                                       |
| 468   | Physical Plant Administration | Poor building or space design   | 1/3                                       |
| 469   | Physical Plant Administration | Regulatory non compliance   | 1/3                                       |
| 470   | Animal Research               | Inadequate or no review by animal care and use committee  | 1/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                  |  |   |
|---|----------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>      | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 471   | Animal Research                  | Non-compliance with federal regulations on animal research   | 1/3                                       |
| 472   | Animal Research                  | Improper access to vivarium  | 1/3                                       |
| 473   | Animal Research                  | Research involving animals does not have IACUC approval  | 1/3                                       |
| 474   | Compliance--Research             | Inaccurate or insufficient effort reporting  | 1/3                                       |
| 475   | Compliance--Research             | Incorrect or inappropriate cost transfers  | 1/3                                       |
| 476   | Compliance--Research             | Non-compliance with A-21 and other regulations and laws  | 1/3                                       |
| 477   | Facilities & Equipment--Research | Inadequate system for tracking property  | 1/3                                       |
| 478   | Facilities & Equipment--Research | Outdated or inadequate facilities or equipment   | 1/3                                       |
| 479   | Financial Fraud--Research        | Overbilling federal agency   | 1/3                                       |
| 480   | Financial Fraud--Research        | Payments or subcontracts to own business   | 1/3                                       |
| 481   | Grants Accounting                | Accountability over recorded transactions may not be maintained  | 1/3                                       |
| 482   | Grants Accounting                | Appropriate approvals are not documented for grant/contract purchases  | 1/3                                       |
| 483   | Grants Accounting                | Cost sharing contributions are included as contributions for more than one federal project   | 1/3                                       |
| 484   | Grants Accounting                | Documentation inadequate to demonstrate personnel effort on a project (no effort report produced/effort report not timely)                             | 1/3                                       |
| 485   | Grants Accounting                | Effort not signed/certified by a responsible person with direct knowledge of the work  | 1/3                                       |
| 486   | Grants Accounting                | Expenditure information not provided timely  | 1/3                                       |
| 487   | Grants Accounting                | Financial reports are inaccurate/contain invalid data/not submitted on time/inability to produce reports directly from the financial accounting system | 1/3                                       |
| 488   | Grants Accounting                | Having multiple sponsored projects whose commitment exceeds 100%   | 1/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 489   | Grants Accounting           | Important contractual documents may be lost   | 1/3                                       |
| 490   | Grants Accounting           | Noncompliance with A-21 and other regulations   | 1/3                                       |
| 491   | Grants Accounting           | Non-compliance with grant requirements  | 1/3                                       |
| 492   | Grants Accounting           | Total documented effort for sponsored projects and institutional (state funded) responsibilities exceeds 100%   | 1/3                                       |
| 493   | Human Subjects Research     | Non-compliance with federal regulations on human subjects   | 1/3                                       |
| 494   | Human Subjects Research     | Improper conduct of human subjects research or unethical experimentation  | 1/3                                       |
| 495   | Human Subjects Research     | Inadequate or no review by Institutional Review Board (IRB)   | 1/3                                       |
| 496   | Research Financial          | Failure to bill all costs timely  | 1/3                                       |
| 497   | Research Financial          | Inaccurate grant accounting   | 1/3                                       |
| 498   | Research Financial          | Incorrect calculation of facilities and administrative rate   | 1/3                                       |
| 499   | Research Financial          | Not collecting all billed revenues  | 1/3                                       |
| 500   | Research Financial          | Not including all costs in closeout   | 1/3                                       |
| 501   | Research Financial          | Overspending grant budget   | 1/3                                       |
| 502   | Research Quality            | Inadequate efforts to hire and retain quality researchers   | 1/3                                       |
| 503   | Security--Research          | Inadequate control of pharmaceuticals   | 1/3                                       |
| 504   | Security--Research          | Inappropriate disclosure of sensitive or confidential data  | 1/3                                       |
| 505   | Security--Research          | Intrusion of computer systems used in research  | 1/3                                       |
| 506   | Export Controls             | Conducting research under sponsor agreement which removes the fundamental research exclusion without review for potential export control issues and license requirements and creating a technology control plan | 1/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 507   | Export Controls             | A proposal is submitted for a project that involves controlled technologies or fails to assert the FRE without export control review, resulting in an award that has export control requirements that were not identified | 1/3                                       |
| 508   | Export Controls             | Sponsored project administration staff fail to identify export control issues in an RFP, proposal, award, or contract, resulting in a lack of export control review   | 1/3                                       |
| 509   | Export Controls             | A sub-award/sub-contract is received without reviewing the prime award/contract, resulting in a failure to identify the project as export-controlled  | 1/3                                       |
| 510   | Export Controls             | Export restrictions not identified and addressed due to a failure to forward contracts with export-related items to the ORI for review  | 1/3                                       |
| 511   | Medical Education           | Failure to apply tenure requirements consistently   | 1/3                                       |
| 512   | Medical Education           | Failure to maintain Medical Board pass rates  | 1/3                                       |
| 513   | Medical Education           | Failure to define faculty criteria for teaching, research, and clinical practice activities   | 1/3                                       |
| 514   | Clinical Revenue            | Inaccurate coding of medical charges  | 1/3                                       |
| 515   | Clinical Revenue            | Inaccurate coding of medical charges  | 1/3                                       |
| 516   | Clinical Revenue            | Failure to collect co-pays and balances due from patients   | 1/3                                       |
| 517   | Admissions                  | Failure to maintain entrance quality standards  | 1/3                                       |
| 518   | Admissions                  | Failure to maintain reputation  | 1/3                                       |
| 519   | Admissions                  | Failure to offer a quality academic program   | 1/3                                       |
| 520   | Admissions                  | Management override of admission policy   | 1/3                                       |
| 521   | Admissions                  | Sexual harassment of potential students   | 1/3                                       |
| 522   | Admissions                  | Failure to maintain data integrity resulting from manual data entry and third party imports   | 1/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 523   | Counseling Services         | Failure to intervene when a high-risk student is identified      | 1/3                                       |
| 524   | Counseling Services         | Inappropriate exposure of confidential student records           | 1/3                                       |
| 525   | Dining                      | Failure of vendors to deliver food products needed               | 1/3                                       |
| 526   | Dining                      | Failure to hire/retain competent staff                           | 1/3                                       |
| 527   | Enrollment Management       | Failure to retain students                                       | 1/3                                       |
| 528   | Enrollment Management       | Inappropriate release of student information                     | 1/3                                       |
| 529   | Enrollment Management       | Intentional misstatement enrollment data                         | 1/3                                       |
| 530   | Financial Aid               | Failure to manage default rate                                   | 1/3                                       |
| 531   | Financial Aid               | Fraudulent student loans   | 1/3                                       |
| 532   | Financial Aid               | Ineffective monitoring of non-institutional aid                  | 1/3                                       |
| 533   | Financial Aid               | Required verification of financial aid information not performed | 1/3                                       |
| 534   | Health Services             | Malpractice suit   | 1/3                                       |
| 535   | Health Services             | Failure to respond adequately to a campus emergency              | 1/3                                       |
| 536   | Health Services             | Unethical behavior   | 1/3                                       |
| 537   | Health Services             | Failure to maintain a safe and secure environment                | 1/3                                       |
| 538   | Health Services             | Failure to maintain equipment and facilities                     | 1/3                                       |
| 539   | Health Services             | Failure to obtain proper licensing and accreditation             | 1/3                                       |
| 540   | Health Services             | Non-compliance with various health codes                         | 1/3                                       |
| 541   | Student Judicial Affairs    | Violation of academic integrity policies                         | 1/3                                       |
| 542   | Student Judicial Affairs    | Failure to follow student disciplinary procedures                | 1/3                                       |
| 543   | Student Judicial Affairs    | Discrimination in application of disciplinary procedures         | 1/3                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |  |   |
|---|-------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 544   | Student Judicial Affairs      | Ineffective student judicial process   | 1/3                                       |
| 545   | Student Judicial Affairs      | Inadequate security of student records   | 1/3                                       |
| 546   | Athletics (NCAA)              | Below average student-athlete graduation rates   | 2/1                                       |
| 547   | Athletics (NCAA)              | Noncompliance with Payment Card Industry standards (PCI DSS)   | 2/1                                       |
| 548   | Athletics (NCAA)              | Poor customer relations  | 2/1                                       |
| 549   | Athletics (NCAA)              | NCAA minor violations  | 2/1                                       |
| 550   | Athletics (NCAA)              | NCAA sanctions   | 2/1                                       |
| 551   | Athletics (NCAA)              | Inadequate information systems and IT support to meet business needs (information relating to student athletes, revenues, expenses, NCAA compliance, etc.) | 2/1                                       |
| 552   | Recreation & Athletic Centers | Failure to manage partnerships to provide recreational and athletic opportunities for students   | 2/1                                       |
| 553   | Marketing                     | Lack of brand alignment across units   | 2/1                                       |
| 554   | Accounting                    | Inadequate knowledge base to effectively use accounting system   | 2/1                                       |
| 555   | Accounts Payable              | Improper classification or recording in accordance with accounting standards   | 2/1                                       |
| 556   | Accounts Payable              | Inappropriate reimbursements and/or payments   | 2/1                                       |
| 557   | Capital Asset Depreciation    | Improper disposal of property  | 2/1                                       |
| 558   | Cash Management               | Improper management of Club Accounts   | 2/1                                       |
| 559   | Cash Management               | Untimely bank account reconciliations  | 2/1                                       |
| 560   | Governance                    | Lack of adequate information technology resources for employees to effectively achieve objectives  | 2/1                                       |
| 561   | Institutional Compliance      | A comprehensive University-wide compliance risk assessment is not performed or is rarely performed   | 2/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                |  |   |
|---|--------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>    | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 562   | IT Customer Service            | Failure to market technology initiatives   | 2/1                                       |
| 563   | IT Development & Research      | Failure to effectively communicate IT management aim and direction to critical user areas  | 2/1                                       |
| 564   | IT Development & Research      | Failure to set project priorities and deliver systems on time and within budget  | 2/1                                       |
| 565   | IT Development & Research      | Integration/implementation of new systems fails  | 2/1                                       |
| 566   | IT Development & Research      | Lack of a process for installing and accrediting systems to verify and confirm that the solution is appropriate for the intended purpose | 2/1                                       |
| 567   | IT Development & Research      | Work starts before project approval  | 2/1                                       |
| 568   | IT Strat Planning & Governance | Business requirements and information technology opportunities are not adequately considered   | 2/1                                       |
| 569   | IT Strat Planning & Governance | Failure to license technologies/software   | 2/1                                       |
| 570   | IT Strat Planning & Governance | Failure to retain key suppliers  | 2/1                                       |
| 571   | Building Maintenance           | Labor hours and materials entered into the system incorrectly for billing purposes   | 2/1                                       |
| 572   | Building Maintenance           | Personnel spending excessive amounts of time on maintenance projects   | 2/1                                       |
| 573   | Building Maintenance           | Low customer satisfaction (slow response time, failure to anticipate needs)  | 2/1                                       |
| 574   | Building Maintenance           | Poor workmanship, leading to rework and potential injuries   | 2/1                                       |
| 575   | Custodial Services             | Back strain  | 2/1                                       |
| 576   | Landscape & Grounds            | Poor oversight and accountability over tools and inventory   | 2/1                                       |
| 577   | Motor Pool                     | Inadequate billing rates   | 2/1                                       |
| 578   | Motor Pool                     | Inadequate staff technical training  | 2/1                                       |
| 579   | Motor Pool                     | Poor accountability over fuel, lubricant and parts   | 2/1                                       |
| 580   | Motor Pool                     | Poor fleet management practices  | 2/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |   |  |   |
|---|---|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>               | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 581   | Physical Plant Administration             | Low customer satisfaction  | 2/1                                       |
| 582   | Animal Research                           | Overpopulation of animals  | 2/1                                       |
| 583   | Compliance--Research                      | Violation of salary cap limitations                              | 2/1                                       |
| 584   | Intellectual Property/Technology Transfer | Failure to properly define ownership rights                      | 2/1                                       |
| 585   | Intellectual Property/Technology Transfer | Failure to pursue copyrights or patents                          | 2/1                                       |
| 586   | Intellectual Property/Technology Transfer | Loss or theft of intellectual property                           | 2/1                                       |
| 587   | Pre-award & Award Acceptance              | Research interests that do not match funding availability        | 2/1                                       |
| 588   | Registration                              | Bureaucratic enrollment process                                  | 2/1                                       |
| 589   | Endowment & Development                   | Failure to collect pledges                                       | 1/2                                       |
| 590   | Endowment & Development                   | Misappropriation of funds  | 1/2                                       |
| 591   | Environmental Health & Safety             | Failure to conduct follow-up lab inspections                     | 1/2                                       |
| 592   | Environmental Health & Safety             | Inadequate hazardous waste management                            | 1/2                                       |
| 593   | Athletics (NCAA)                          | Failure to safeguard confidential information                    | 1/2                                       |
| 594   | Housing                                   | Failure to be ADA compliant                                      | 1/2                                       |
| 595   | Housing                                   | Unrestricted access to housing                                   | 1/2                                       |
| 596   | Housing                                   | Failure to meet code requirements                                | 1/2                                       |
| 597   | Housing                                   | Failure to provide training to residents in emergency procedures | 1/2                                       |
| 598   | Housing                                   | Insufficient capital budget                                      | 1/2                                       |
| 599   | Housing                                   | Inadequate control over keys                                     | 1/2                                       |
| 600   | Housing                                   | Lack of strategic planning for housing needs                     | 1/2                                       |
| 601   | Recreation & Athletic Centers             | Unsafe facilities  | 1/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |   |   |
|---|-------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 602   | Recreation & Athletic Centers | Failure to train staff in emergency procedures  | 1/2                                       |
| 603   | Recreation & Athletic Centers | Inadequate insurance coverage   | 1/2                                       |
| 604   | Recreation & Athletic Centers | Poor equipment maintenance  | 1/2                                       |
| 605   | Special Events Center         | Failure to limit liability with external parties  | 1/2                                       |
| 606   | Special Events Center         | Failure to maintain a positive financial position   | 1/2                                       |
| 607   | Stakeholder Relations         | Lack of effective marketing   | 1/2                                       |
| 608   | Accounting                    | Department funds are used for personal purposes or business related transactions that are inappropriate   | 1/2                                       |
| 609   | Accounting                    | Improper/illegal use of management override in accounting systems   | 1/2                                       |
| 610   | Cash Management               | Failure to comply with investment laws, regulations, policies and procedures                              | 1/2                                       |
| 611   | Cash Management               | Failure to manage or misuse of float  | 1/2                                       |
| 612   | Cash Management               | Inaccurate coding of accounting transactions relating to cash or cash equivalents                         | 1/2                                       |
| 613   | Cash Management               | Cash and cash equivalents are not managed to maximize return and ensure integrity and liquidity of assets | 1/2                                       |
| 614   | Closing Process               | Closing entries not recorded or classified in accordance with applicable accounting standards             | 1/2                                       |
| 615   | Closing Process               | Critical data is improperly altered or deleted due to processing error                                    | 1/2                                       |
| 616   | Closing Process               | Failure to post all necessary journal entries   | 1/2                                       |
| 617   | Expenses                      | Expenditures not authorized   | 1/2                                       |
| 618   | Financial Reporting           | Inaccurate or untimely financial reports (IRS, Federal, State, GASB, etc.)                                | 1/2                                       |
| 619   | Payroll                       | Failure to reconcile payroll bank statements and/or accounts  | 1/2                                       |
| 620   | Governance                    | No code of conduct or ethics  | 1/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                               |   |   |
|---|-------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>   | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 621   | Legal                         | Failure to provide input on board policy  | 1/2                                       |
| 622   | Legal                         | Ineffective communication with governing board                                  | 1/2                                       |
| 623   | Institutional Compliance      | Required annual or interim reports not completed or distributed appropriately   | 1/2                                       |
| 624   | Human Resources               | Inability to attract qualified candidates                                       | 1/2                                       |
| 625   | Human Resources               | Non-performing employees are allowed to continue employment                     | 1/2                                       |
| 626   | Human Resources               | Employee tracking is not tracked and documented                                 | 1/2                                       |
| 627   | IT Customer Service           | Lack of a process for educating and training users                              | 1/2                                       |
| 628   | IT Customer Service           | Lack of a process for managing users' help requests                             | 1/2                                       |
| 629   | IT Customer Service           | Lack of a process for timely dissemination of information to users              | 1/2                                       |
| 630   | IT Daily Operations           | Inappropriate destruction or retention of data                                  | 1/2                                       |
| 631   | IT Development & Research     | Technology is not leading edge and is, therefore, outdated                      | 1/2                                       |
| 632   | Academic IT                   | Failure to maintain confidentiality of information                              | 1/2                                       |
| 633   | Academic IT                   | Failure to maintain data integrity  | 1/2                                       |
| 634   | Academic IT                   | Failure to properly license software  | 1/2                                       |
| 635   | Building Maintenance          | Failure to manage outsourced services   | 1/2                                       |
| 636   | Custodial Services            | Unsupervised access to restricted facilities/information/resources              | 1/2                                       |
| 637   | Landscape & Grounds           | Failure to wear protective gear   | 1/2                                       |
| 638   | Landscape & Grounds           | Campus grounds unattractive   | 1/2                                       |
| 639   | Physical Plant Administration | Failure to charge costs to the right project                                    | 1/2                                       |
| 640   | Physical Plant Administration | Failure to use buildings and classrooms effectively and efficiently             | 1/2                                       |
| 641   | Conflict of Interest          | Failure to ensure that study specific COI forms are completed for each protocol | 1/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                  |  |   |
|---|----------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>      | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 642   | Conflict of Interest             | Failure to implement a conflict management plan when appropriate                           | 1/2                                       |
| 643   | Conflict of Interest             | Failure to implement a conflict management plan when appropriate                           | 1/2                                       |
| 644   | Conflict of Interest             | Failure to ensure that specific COI forms are completed for each protocol                  | 1/2                                       |
| 645   | Animal Research                  | Improper conduct of animal research or inappropriate use of animal subjects                | 1/2                                       |
| 646   | Animal Research                  | Inadequate environmental conditions and animal housing in laboratories                     | 1/2                                       |
| 647   | Animal Research                  | Lack of institutional policies and guidance on animal research                             | 1/2                                       |
| 648   | Animal Research                  | Purchasing of animals without IACUC approved protocol                                      | 1/2                                       |
| 649   | Animal Research                  | Research is not conducted according to the approved protocol                               | 1/2                                       |
| 650   | Animal Research                  | Students conducting research with animals have not completed training                      | 1/2                                       |
| 651   | Compliance--Research             | Failure to obtain Cost Accounting Standards (CAS) exception approval                       | 1/2                                       |
| 652   | Facilities & Equipment--Research | Property not appropriately tagged  | 1/2                                       |
| 653   | Financial Fraud--Research        | Use of labs, materials, or research assistants for personal business                       | 1/2                                       |
| 654   | Grants Accounting                | Billing rates include unallowable/buried costs   | 1/2                                       |
| 655   | Grants Accounting                | Charges are outside the performance period   | 1/2                                       |
| 656   | Grants Accounting                | Cost sharing contributions are not verifiable or properly documented                       | 1/2                                       |
| 657   | Grants Accounting                | Cost transfers do not benefit the project being charged                                    | 1/2                                       |
| 658   | Grants Accounting                | Failure to adequately monitor sub recipient expenditures versus the sub recipient's budget | 1/2                                       |
| 659   | Grants Accounting                | Failure to deposit grant funds promptly  | 1/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 660   | Grants Accounting           | Failure to obtain a reasonable assurance that the sub recipient achieved performance goals | 1/2                                       |
| 661   | Grants Accounting           | Failure to obtain sub recipient audit report or audit certification form                   | 1/2                                       |
| 662   | Grants Accounting           | Lack of formal grants proposal process/inability to enforce grant policies and procedures  | 1/2                                       |
| 663   | Grants Accounting           | Receivables are not adequately monitored to insure prompt payment                          | 1/2                                       |
| 664   | Human Subjects Research     | Conducting experimental medical procedures or drug studies                                 | 1/2                                       |
| 665   | Human Subjects Research     | Lack of institutional policies and guidance on human subjects                              | 1/2                                       |
| 666   | Research Administration     | Inadequate grants information system   | 1/2                                       |
| 667   | Safety--Research            | Unrestricted access to biohazards and other hazardous materials                            | 1/2                                       |
| 668   | Export Controls             | Collaborations with colleagues or sub-contractors on federal debarment lists               | 1/2                                       |
| 669   | Medical Education           | Failure to adequately monitor and document residency programs                              | 1/2                                       |
| 670   | Medical Education           | Lack of adequate faculty grievance system  | 1/2                                       |
| 671   | Medical Education           | Lack of faculty disciplinary program   | 1/2                                       |
| 672   | Clinical Revenue            | Failure to capture charges - pro fees  | 1/2                                       |
| 673   | Clinical Revenue            | Inadequate documentation of charges - pro fees   | 1/2                                       |
| 674   | Admissions                  | Failure to meet deadlines  | 1/2                                       |
| 675   | Admissions                  | Inefficient admissions process   | 1/2                                       |
| 676   | Admissions                  | Poor communications with prospective student/parents                                       | 1/2                                       |
| 677   | Admissions                  | Lack of current and/or useful enrollment data for management decisions                     | 1/2                                       |
| 678   | Admissions                  | Untimely admission decisions   | 1/2                                       |
| 679   | Counseling Services         | Failure to communicate accessibility to counseling   | 1/2                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                 |   |   |
|---|---------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>     | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 680   | Counseling Services             | Failure to communicate services available                         | 1/2                                       |
| 681   | Counseling Services             | Failure to obtain necessary licensing                             | 1/2                                       |
| 682   | Enrollment Management           | Failure to comply with changing regulatory requirements           | 1/2                                       |
| 683   | Enrollment Management           | Failure to maintain an acceptable graduation rate                 | 1/2                                       |
| 684   | Enrollment Management           | Failure to meet enrollment goals                                  | 1/2                                       |
| 685   | Enrollment Management           | Inaccurate reporting/coding of data                               | 1/2                                       |
| 686   | Enrollment Management           | Inadequate or lack of a business continuity plan                  | 1/2                                       |
| 687   | Enrollment Management           | Inadequate training of personnel                                  | 1/2                                       |
| 688   | Financial Aid                   | Failure to maximize available funds                               | 1/2                                       |
| 689   | Financial Aid                   | Improper professional judgment decisions                          | 1/2                                       |
| 690   | Financial Aid                   | Insufficient documentation in student files                       | 1/2                                       |
| 691   | Financial Aid                   | Amounts owed/returned to government or entity are incorrect       | 1/2                                       |
| 692   | Health Services                 | Hours of operation do not meet student needs                      | 1/2                                       |
| 693   | Registration                    | Inconsistent application of rules and regulations                 | 1/2                                       |
| 694   | Registration                    | Incorrect calculation of tuition and fees                         | 1/2                                       |
| 695   | Student Centers & Activities    | Failure to provide a user friendly student service infrastructure | 1/2                                       |
| 696   | Student Centers & Activities    | Ineffective governance of student associations                    | 1/2                                       |
| 697   | Student Centers & Activities    | Events hosted in the Graham Center                                | 1/2                                       |
| 698   | Student Judicial Affairs        | Ineffective student grievance process                             | 1/2                                       |
| 699   | Student Judicial Affairs        | Declining student ethical environment                             | 1/2                                       |
| 700   | Student Services Administration | Failure to be competitive with external businesses                | 1/2                                       |
| 701   | Emergency Preparedness          | Failure to communicate emergency procedures                       | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 702   | Emergency Preparedness      | Failure to test emergency response plans   | 1/1                                       |
| 703   | Emergency Preparedness      | No emergency response plans for major disasters or other significant interruptions         | 1/1                                       |
| 704   | Emergency Preparedness      | Lack of budgeting for utility services   | 1/1                                       |
| 705   | Emergency Preparedness      | Emergency response plans are not followed in case of an actual emergency                   | 1/1                                       |
| 706   | Athletics (NCAA)            | Extreme incidents of poor athlete sportsmanship  | 1/1                                       |
| 707   | Athletics (NCAA)            | Inadequate security at events  | 1/1                                       |
| 708   | Athletics (NCAA)            | Misuse of travel money for athletes  | 1/1                                       |
| 709   | Athletics (NCAA)            | Terrorist threat during athletic event   | 1/1                                       |
| 710   | Athletics (NCAA)            | Ticket fraud   | 1/1                                       |
| 711   | Athletics (NCAA)            | Unruly fans during athletic event  | 1/1                                       |
| 712   | Athletics (NCAA)            | Violation of conference rules  | 1/1                                       |
| 713   | Athletics (NCAA)            | Failure to meet federal, state, and local tax laws, including IRS and sales tax compliance | 1/1                                       |
| 714   | Athletics (NCAA)            | Ineffective cash management including cash, checks, and payment cards                      | 1/1                                       |
| 715   | Housing                     | Failure to meet student needs  | 1/1                                       |
| 716   | Housing                     | Failure to provide a supportive academic learning environment                              | 1/1                                       |
| 717   | Housing                     | Fair market value rent of housing not properly calculated                                  | 1/1                                       |
| 718   | Housing                     | Inadequate training of resident assistants   | 1/1                                       |
| 719   | Housing                     | Overpayment of utility bills   | 1/1                                       |
| 720   | Housing                     | Unaffordable housing plan  | 1/1                                       |
| 721   | Police                      | Citations not properly accounted for   | 1/1                                       |
| 722   | Police                      | Failure to control crowds at events  | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                   |  |   |
|---|-----------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>       | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 723   | Police                            | Failure to maintain a safe campus  | 1/1                                       |
| 724   | Police                            | Failure to properly process cash receipts for citations                          | 1/1                                       |
| 725   | Police                            | Failure to respond timely and correctly  | 1/1                                       |
| 726   | Police                            | Inadequate education of campus community on safe practices                       | 1/1                                       |
| 727   | Police                            | Police abuse of power  | 1/1                                       |
| 728   | Police                            | Poor coordination with other law enforcement agencies                            | 1/1                                       |
| 729   | Police                            | Poorly maintained/outdated equipment   | 1/1                                       |
| 730   | Athletic Centers - Bldg. & Fields | Failure to properly manage interactions between staff and participants or public | 1/1                                       |
| 731   | Athletic Centers - Bldg. & Fields | Failure to provide adequate security at facilities and events                    | 1/1                                       |
| 732   | Athletic Centers - Bldg. & Fields | Failure to train staff in emergency procedures                                   | 1/1                                       |
| 733   | Athletic Centers - Bldg. & Fields | Inadequate monitoring of access to events/activities                             | 1/1                                       |
| 734   | Athletic Centers - Bldg. & Fields | Sabotage or terrorism  | 1/1                                       |
| 735   | Recreation & Athletic Centers     | Failure to properly manage interactions between staff and participants or public | 1/1                                       |
| 736   | Recreation & Athletic Centers     | Failure to provide adequate security at facilities and events                    | 1/1                                       |
| 737   | Recreation & Athletic Centers     | Inadequate monitoring of access to events/activities                             | 1/1                                       |
| 738   | Recreation & Athletic Centers     | Inadequate training of camp staff  | 1/1                                       |
| 739   | Special Events Center             | Noncompliance with Payment Card Industry standards                               | 1/1                                       |
| 740   | Special Events Center             | Failure to comply with statutory and rule requirements                           | 1/1                                       |
| 741   | Special Events Center             | Failure to maintain a safe and clean facility                                    | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 742   | Special Events Center       | Ineffective cash management including cash, checks, and payment cards  | 1/1                                       |
| 743   | Special Events Center       | Failure to protect equipment   | 1/1                                       |
| 744   | Registration                | Issues with multiple POD's (Dynamic course) enrollment and drop  | 1/1                                       |
| 745   | Stakeholder Relations       | Community and alumni relationships do not maximize parent, community, business, alumni, and foundation involvement | 1/1                                       |
| 746   | Stakeholder Relations       | Hostile city council   | 1/1                                       |
| 747   | Brand Marketing             | Threat of external agencies/vendors that offer competitive rates and quick turnaround                              | 1/1                                       |
| 748   | Accounting                  | Lack of current and/or useful financial information for management decisions                                       | 1/1                                       |
| 749   | Accounting                  | Lack of or untimely performance of reconciliations between two or more items (deposit slip to bank statement)      | 1/1                                       |
| 750   | Accounts Receivable         | Equipment failure  | 1/1                                       |
| 751   | Accounts Payable            | Data is improperly created, altered or deleted   | 1/1                                       |
| 752   | Accounts Payable            | Improper use of direct pays  | 1/1                                       |
| 753   | Accounts Payable            | Ineffective management of 1099 reportable payments such as stipends/scholarships                                   | 1/1                                       |
| 754   | Accounts Payable            | Inefficient management of payment such as: actual amount payable, purchase discounts, sales tax, credits, etc.     | 1/1                                       |
| 755   | Accounts Payable            | Lack of proper approval for payment  | 1/1                                       |
| 756   | Accounts Payable            | Legal obligation to pay does not exist   | 1/1                                       |
| 757   | Accounts Payable            | Payment of duplicate and/or wrong invoices   | 1/1                                       |
| 758   | Accounts Payable            | Payments to ghost vendors  | 1/1                                       |
| 759   | Accounts Payable            | Supporting documentation does not exist or is inadequate   | 1/1                                       |
| 760   | Capital Asset Depreciation  | Asset is not owned by the University   | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |   |   |
|---|-----------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 761   | Capital Asset Depreciation  | Assets do not exist/overstated assets   | 1/1                                       |
| 762   | Capital Asset Depreciation  | Capital assets/controlled items are not recorded in the University's inventory system       | 1/1                                       |
| 763   | Capital Asset Depreciation  | Departments do not timely report capital assets/controlled items that are missing or stolen | 1/1                                       |
| 764   | Capital Asset Depreciation  | Fiscal controls are not adequate to ensure the safeguarding of assets                       | 1/1                                       |
| 765   | Capital Asset Depreciation  | Improper valuation  | 1/1                                       |
| 766   | Capital Asset Depreciation  | Improper write-off  | 1/1                                       |
| 767   | Capital Asset Depreciation  | Improper handling of surplus inventory  | 1/1                                       |
| 768   | Capital Asset Depreciation  | Inventory is not adequately monitored, and tracking and disposal of assets is not adequate  | 1/1                                       |
| 769   | Capital Asset Depreciation  | Lack of documentation to support capitalization   | 1/1                                       |
| 770   | Capital Asset Depreciation  | Loss of system, building and/or records   | 1/1                                       |
| 771   | Capital Asset Depreciation  | Missing equipment found but not reported  | 1/1                                       |
| 772   | Capital Asset Depreciation  | Misuse of asset   | 1/1                                       |
| 773   | Capital Asset Depreciation  | Significant discrepancies between inventory records and State Property Accounting records   | 1/1                                       |
| 774   | Cash Handling               | Cashiers not knowledgeable of proper cash handling  | 1/1                                       |
| 775   | Cash Handling               | Controls over wire transfers are not adequate   | 1/1                                       |
| 776   | Cash Handling               | Data relating to cash transactions is improperly created, altered or deleted                | 1/1                                       |
| 777   | Cash Management             | Inadequate insurance coverage of bank deposits  | 1/1                                       |
| 778   | Cash Management             | Petty cash accounts not managed adequately  | 1/1                                       |
| 779   | Cash Management             | Theft of cash   | 1/1                                       |
| 780   | Cash Management             | Failure to meet insurer, environmental, or other regulatory agency requirements             | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                             |  |   |
|---|-----------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b> | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 781   | Expenses                    | Goods and services may be ordered/received but not paid for or reported  | 1/1                                       |
| 782   | Financial Reporting         | Delayed income reporting to departments  | 1/1                                       |
| 783   | Financial Reporting         | Inefficient transaction reporting systems  | 1/1                                       |
| 784   | Financial Reporting         | Journal entries may be incorrectly prepared, duplicated, omitted, or made for the purposes of misstating account balances to conceal irregularities or shortages | 1/1                                       |
| 785   | Payroll                     | Failure to file W-2 form   | 1/1                                       |
| 786   | Payroll                     | Failure to identify unclaimed wages  | 1/1                                       |
| 787   | Payroll                     | Failure to make accurate and prompt payments to retirement and insurance vendors and other outside entities  | 1/1                                       |
| 788   | Payroll                     | Failure to report payroll deductions and fringe benefits to agencies (other than the IRS)  | 1/1                                       |
| 789   | Payroll                     | Failure to report taxable income to the IRS  | 1/1                                       |
| 790   | Payroll                     | Failure to report wages to Social Security Administration  | 1/1                                       |
| 791   | Payroll                     | Failure to secure confidential payroll information   | 1/1                                       |
| 792   | Payroll                     | Failure to withhold and deposit required payroll taxes   | 1/1                                       |
| 793   | Payroll                     | Falsified time reports   | 1/1                                       |
| 794   | Payroll                     | Inaccurate or invalid deductions   | 1/1                                       |
| 795   | Payroll                     | Inaccurate payroll registries  | 1/1                                       |
| 796   | Payroll                     | Misappropriation of payroll checks   | 1/1                                       |
| 797   | Payroll                     | Non-compliance with payroll laws (fair labor standards, IRS deposits, etc.)  | 1/1                                       |
| 798   | Payroll                     | Untimely payroll disbursements   | 1/1                                       |
| 799   | Revenue                     | Breach of student confidentiality laws   | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                |  |   |
|---|--------------------------------|--|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>    | <b>Risk</b>  | <b>Relative Ranking (X/Y Axes Points)</b> |
| 800   | Revenue                        | Computer downtime  | 1/1                                       |
| 801   | Revenue                        | Credit card activity not recorded timely and accurately  | 1/1                                       |
| 802   | Revenue                        | Failure to ensure physical security of business office operations  | 1/1                                       |
| 803   | Revenue                        | Inadequate web security  | 1/1                                       |
| 804   | Revenue                        | Misappropriated investments  | 1/1                                       |
| 805   | Legal                          | Breach of confidentiality  | 1/1                                       |
| 806   | IT Customer Service            | Failure to manage third party service relationships  | 1/1                                       |
| 807   | IT Development & Research      | Failure to obtain best value   | 1/1                                       |
| 808   | IT Development & Research      | Failure to specify all contract or project requirements  | 1/1                                       |
| 809   | IT Strat Planning & Governance | Lack of a process for obtaining independent assurance to increase confidence and trust among customers and third-party providers | 1/1                                       |
| 810   | IT Strat Planning & Governance | Technology is obsolete   | 1/1                                       |
| 811   | IT Admin Support               | Failed or insufficient employee training   | 1/1                                       |
| 812   | IT Admin Support               | Failure to follow contracted-services procurement process  | 1/1                                       |
| 813   | IT Admin Support               | Lack of a process for identifying and allocating costs attributable to IT services   | 1/1                                       |
| 814   | IT Admin Support               | Lack of adequate financial controls related to IT expenditures   | 1/1                                       |
| 815   | IT Admin Support               | Lack of qualified employees to do the work   | 1/1                                       |
| 816   | IT Admin Support               | No monitoring of contractor performance  | 1/1                                       |
| 817   | International Affairs          | Federal regulations that restrict study abroad and exchange programs   | 1/1                                       |
| 818   | International Affairs          | Fluctuating monetary exchange rates  | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                                  |   |   |
|---|----------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>      | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 819   | Patient Information (MC)         | Lack of sanctions policy for violators of the rule (HIPAA)  | 1/1                                       |
| 820   | Medical Center General           | Expenditures are improperly paid  | 1/1                                       |
| 821   | Building Maintenance             | Damage to movable equipment   | 1/1                                       |
| 822   | Building Maintenance             | Failure to determine staffing requirements  | 1/1                                       |
| 823   | Building Maintenance             | Hazardous working conditions  | 1/1                                       |
| 824   | Building Maintenance             | Maintenance projects which are unnecessary or projects for which there is no budget being performed | 1/1                                       |
| 825   | Building Maintenance             | Theft of materials requisitioned for maintenance projects   | 1/1                                       |
| 826   | Custodial Services               | Equipment damage  | 1/1                                       |
| 827   | Custodial Services               | Failure to provide a safe and sanitary environment  | 1/1                                       |
| 828   | Custodial Services               | Theft of supplies and equipment   | 1/1                                       |
| 829   | Landscape & Grounds              | Damage to buildings or equipment  | 1/1                                       |
| 830   | Landscape & Grounds              | Poor work force scheduling  | 1/1                                       |
| 831   | Landscape & Grounds              | Unsafe conditions (snow, ice, tripping hazards)   | 1/1                                       |
| 832   | Major Repair & Renovation        | Failure to oversee in-house construction projects   | 1/1                                       |
| 833   | Major Repair & Renovation        | Failure to provide services at a competitive cost   | 1/1                                       |
| 834   | Physical Plant Administration    | Failure to explore outsourcing options  | 1/1                                       |
| 835   | Utilities                        | Lack of capacity to handle demand   | 1/1                                       |
| 836   | Purchasing                       | Physical safeguarding of stock and storerooms is inadequate   | 1/1                                       |
| 837   | Compliance--Research             | Untimely deliverables   | 1/1                                       |
| 838   | Compliance--Research             | Operator error  | 1/1                                       |
| 839   | Facilities & Equipment--Research | Theft or loss of equipment  | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |   |   |   |
|---|---|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>               | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 840   | Grants Accounting                         | All financial commitments not included and documented in budget process                                     | 1/1                                       |
| 841   | Grants Accounting                         | Failure to monitor joint appointments between institutions  | 1/1                                       |
| 842   | Grants Accounting                         | Failure to properly account for a cost transfer in a timely manner  | 1/1                                       |
| 843   | Grants Accounting                         | Miscoding with untimely correction  | 1/1                                       |
| 844   | Intellectual Property/Technology Transfer | Infringement on others' intellectual property   | 1/1                                       |
| 845   | Intellectual Property/Technology Transfer | Lack of policies and training on intellectual property or technology transfer                               | 1/1                                       |
| 846   | Intellectual Property/Technology Transfer | Product liability   | 1/1                                       |
| 847   | Pre-award & Award Acceptance              | Accepting grants that require more resources than available, such as matching                               | 1/1                                       |
| 848   | Pre-award & Award Acceptance              | Over-commitment of principal investigator   | 1/1                                       |
| 849   | Pre-award & Award Acceptance              | Proposals with poorly developed cost budget or not including facilities and administrative (indirect) costs | 1/1                                       |
| 850   | Research Financial                        | Extensive unexpended funds on a grant   | 1/1                                       |
| 851   | Research Quality                          | Research that lacks merit   | 1/1                                       |
| 852   | Security--Research                        | Inadequate screening of research personnel  | 1/1                                       |
| 853   | Medical Education                         | Improper management of cadavers in Willed Body Programs   | 1/1                                       |
| 854   | Clinical Revenue                          | Incorrect payment of revenue to physicians, depts., etc.  | 1/1                                       |
| 855   | Admissions                                | Pressure to meet overly ambitious growth goals  | 1/1                                       |
| 856   | Admissions                                | Strategic plans fail to adequately address student growth   | 1/1                                       |
| 857   | Admissions                                | Inaccurate automated admission processes  | 1/1                                       |
| 858   | Counseling Services                       | Supplier or contractor fails to comply with service contract terms and conditions                           | 1/1                                       |

| <b>RISK ASSESSMENT – LIST OF HIGH AND SIGNIFICANT RISKS</b> |                              |   |   |
|---|------------------------------|---|---|
| <b>No.</b>  | <b>Unit/Department/Area</b>  | <b>Risk</b>   | <b>Relative Ranking (X/Y Axes Points)</b> |
| 859   | Financial Aid                | Identity theft  | 1/1                                       |
| 860   | Financial Aid                | Violation of off-campus Federal Work-Study regulations                                  | 1/1                                       |
| 861   | Financial Aid                | Violation of on-campus Federal Work-Study regulations                                   | 1/1                                       |
| 862   | Financial Aid                | Inaccurate information on the Free Application for Federal Student Aid (FAFSA) form     | 1/1                                       |
| 863   | Health Services              | Failure of Electronic Medical Records systems   | 1/1                                       |
| 864   | Health Services              | Power outage affecting facility   | 1/1                                       |
| 865   | Registration                 | Insufficient class offerings  | 1/1                                       |
| 866   | Registration                 | Issues with Dynamic courses being dropped once second non-enrollment batch is processed | 1/1                                       |
| 867   | Student Centers & Activities | Failure to align student union operations with institution goals                        | 1/1                                       |
| 868   | Student Centers & Activities | Failure to provide a supportive social environment                                      | 1/1                                       |

This page intentionally left blank



# **Office of Internal Audit Status Report**

**BOARD OF TRUSTEES**

**June 19, 2019**

**Date:** June 19, 2019

**To:** Board of Trustees Audit and Compliance Committee Members

**From:** Trevor L. Williams, Chief Audit Executive

**Subject:** OFFICE OF INTERNAL AUDIT STATUS REPORT

---

I am pleased to provide you with our quarterly update on the status of our office's activities. Since our last update to the Board of Trustees Audit and Compliance Committee on March 4, 2019, the following projects were completed:

**Internal Control and Data Security Audit over Personal Data Pursuant to Florida Department of Highway Safety and Motor Vehicles Contract Number HSMV-0512-18**

We performed an audit of the Department of Parking, Sustainability & Transportation's ("Parking") internal controls and data security governing the use and dissemination of personal data pursuant to the requirements of the Florida Department of Highway Safety and Motor Vehicles (DHSMV) Contract Number HSMV-0512-18 ("MOU"). Through the agreement, Parking is permitted electronic access to driver license and motor vehicle data to be used to verify vehicle registration and ownership information for the purpose of issuing University parking permits and collecting fines related to citations.

Although we have completed past audits related to FIU's access to the DHSMV's driver license and motor vehicle data to complete that agency's required attestation, this is our initial audit based on an expanded scope, which included a cybersecurity component, as required by the MOU. The objectives of the audit were to determine whether the Department has policies and procedures in place to prevent unauthorized access, distribution, use, modification, or disclosure of the personal data that is provided/received pursuant to the MOU and whether a Risk Management IT Security Professional has approved those data security policies and procedures.

The audit concluded that, in all material respects, the internal controls and data security governing the Department's use and dissemination of personal data pursuant to the MOU and applicable laws, which if operating effectively, were those necessary to provide reasonable assurance that personal data is protected from unauthorized access, distribution, use, modification, or disclosure. Our audit also confirmed that a Risk Management IT Security Professional has approved the Department's data security policies and procedures,

and verified that management has corrected the deficiencies found during the audit and has implemented measures to prevent recurrence.

### **Procurement Process at the Chaplin School of Hospitality and Tourism Management**

On September 27, 2018, the Office of Internal Audit completed an investigation of suspicious financial transactions occurring at the Chaplin School of Hospitality and Tourism Management (“the School”) involving the former Lab Manager’s use of a blanket purchase order issued for laundry services. Our investigation concluded that segregation of duties related to the specific blanket purchase order was lacking and that the University paid \$4,136 in unallowable expenses accruing to the personal benefit of the former Lab Manager. In light of the findings, and at the request of the School’s Interim Dean, we conducted an audit of the School’s procurement processes and practices for the period of July 2016 to January 2019. The audit principally focused on determining if the School had controls in place to prevent or detect errors or irregularities and their operating effectiveness.

Our audit found some aspects of the procurement process at the School, specifically its use of unencumbered and smart billing payments and supplier selection, to be operating effectively and compliant with established University policies and procedures. However, the audit also identified opportunities to improve internal controls particularly pertaining to: the segregation of incompatible duties performed when executing purchase orders for the procurement of goods or services; the lack of independent verification of purchases; and the inappropriate use of funds. Additionally, greater operational and budgetary efficiencies could be achieved through fuller utilization of donated products.

### **College of Business**

Florida International University College of Business is fully accredited by the Association to Advance Collegiate Schools of Business (AACSB) and hosts the Chapman Graduate School of Business (“the School”). The School, with total enrollment of 2,556 for the 2017-2018 academic year, brings together all of the graduate and executive education programs the College offers. It consists of multiple MBA programs, specialized master’s degree, and PhD programs, which are continuing education programs classified as either market rate, self-support, or tuition-plus graduate programs. The operations of these programs are accounted for in the Auxiliary Fund.

The primary objectives of the audit were to determine if the established controls and procedures were: (a) adequate and effective; (b) being adhered to; and (c) in accordance with established University policies and procedures, and applicable laws, rules, and regulations. The audit focused on transactions during the period July 1, 2017, through September 30, 2018, and the School’s current practices through January 2019. Overall, our audit concluded that the School’s financial controls included within the prior audit of the College have improved and those unique to the School were adequate. Revenues were properly accounted for and managed in accordance with established policies and procedures. Nevertheless,

opportunities for improvement exist in the following areas: (1) fund balance accumulation; (2) payroll overload expenditures; (3) controls over expenditures; (4) attractive property; and (5) control environment.

### **Patricia and Phillip Frost Art Museum**

Located on the Modesto A. Maidique Campus of Florida International University, The Patricia & Phillip Frost Art Museum ("Museum") is a 46,000-square-foot facility. The Museum is an independent unit under the direct authority of the Provost. Its mission is to provide transformative experiences through art; collect, exhibit, and interpret art across cultures; and advance FIU's stature as a top tier research university.

The audit covered the Museum's operations during the period July 1, 2017, through February 28, 2019, and focused on whether procedures and practices for the recordkeeping, safeguarding, and maintaining of the Museum's collection/inventory are adequate; payroll and other expenditures are appropriate and adhere to University policies and procedures, and applicable laws, rules, and regulations; and applicable information technology risks are mitigated. Based on our audit, we noted improvement in controls over the Museum's Collection records from our previous audit. However, opportunities for improvement exist over operational and expenditure controls related to the Collection's safeguarding, payroll and personnel administration, expenditures, and deaccessioning of assets. We also identified areas related to information technology that need attention, particularly identifying and mitigating risk, disabling local generically named administrator accounts, and removing inactive firewall rules that are no longer needed.

### **Sub-recipient Monitoring (Division of Research)**

We reviewed sub-recipients' annual financial report submissions pursuant to the Federal and the State of Florida's respective single audit acts. The purpose of these reviews is to ensure that sub-recipients are compliant with the financial reporting requirements under the respective acts, that their reports reflect that they are fiscally responsible and are free of, or have adequately addressed significant or material findings reported by their independent auditors. We completed reviews of four institutions who are sub-recipients under FIU grants:

|  |
|--|
| American University of Beirut and Subsidiary |
| McGuire Research Institute, Inc.             |
| Nevada System of Higher Education            |
| Public Health Research Institute of India    |

## Work in Progress

The following ongoing audits are in various stages of completion:

| <i>Audits</i>  | <i>Status</i>         |
|--|-----------------------|
| Nicole Wertheim College of Nursing and Health Sciences   | Fieldwork in Progress |
| Student Activity and Service Fee   | Fieldwork in Progress |
| Facilities Management Data Systems Controls  | Fieldwork in Progress |
| Internal Control Review over Personal Data Pursuant to Florida Department of Highway Safety and Motor Vehicles Contract Number HSMV-0910-16 (Enrollment Processing Services) | Fieldwork in Progress |
| Treasury Management  | Fieldwork in Progress |
| Accounts Receivable  | Planning              |

## Other Matters

Mrs. Vivian Gonzalez, who has been a professional staff member with the Office of Internal Audit for approximately nine years was selected to fill the Assistant Audit Director position vacated by the retirement of Mr. Pyong Cho. The selection was through an open competitive process involving 24 applicants from within and outside of the University. Through a similar open competitive process, we have selected Ms. Joan Lieuw to fill the vacated Coordinator of Administrative Service position in the Office of Internal Audit. Ms. Lieuw comes to us directly from the University of Miami. Regrettably, Mrs. Veretas Fernandes, Audit Project Manager, who had been a valuable, experienced professional auditor of the Office for approximately ten years has separated from FIU to continue her professional career at Miami-Dade County. Her knowledge, experience, and professionalism will be sorely missed. The filling of all currently vacant positions in the Office is of the utmost urgency.

The Chief Audit Executive attended a State University Audit Council (SUAC) meeting of fellow CAE's, hosted at the University of South Florida in Tampa, on May 20 - 21, 2019. The Council members discussed various audit related topics, including the Florida Board of Governor (BOG) and universities' efforts to train Board of Trustees' members, changes to the BOG Performance Based Funding metrics, the BOG's system-wide review of university internal controls, and whistle-blower developments.

## **Professional Development**

The Office is committed to maintaining a competent, professional staff. To that end, the audit staff continue to take advantage of available professional development opportunities. Recently, two staff members attended the Association of Inspectors General 2019 Winter Inspector General Institute and received the designation of Certified Inspector General Auditor, upon completion of the requisite course. In addition, two other staff members attended the 2019 Audit Interactive Conference sponsored by the Association of College and University Auditors.



**FLORIDA  
INTERNATIONAL  
UNIVERSITY**

**THE FLORIDA INTERNATIONAL UNIVERSITY**

**BOARD OF TRUSTEES**

**Audit and Compliance Committee**

**June 19, 2019**

**UNIVERSITY COMPLIANCE QUARTERLY REPORT**

## **2018-2019 Compliance Work Plan Status Update**

The Office of University Compliance and Integrity is pleased to present the status update for the 2018 – 2019 Compliance Work Plan. The information reflects progress on the key action items and other compliance activities for the third and fourth quarters of fiscal year 2018-2019 (January – June).

| <b>Completed</b>   | <b>In Process</b>  |  |                           | <b>Not Begun</b> |
|--|--|--|---------------------------|------------------|
| <b>Fully Implemented</b>   | <b>Good Progress</b>   | <b>Slow Progress</b>   | <b>Poor Progress</b>      | <b>Not Begun</b> |
| ✓  | ●  | ●  | ●                         | N/B              |
| <b>Program Structure and Oversight</b>   |  |  |                           |                  |
| Organizations are expected to have high-level oversight and adequate resources and authority given to those responsible for the program.   |  |  |                           |                  |
| <b>Compliance Program Objective</b>  | <b>Key Action Items</b>  | <b>Summary</b>   | <b>Progress Indicator</b> |                  |
| Serves as a point for coordination of and responsibility for activities that promote an organizational culture that encourages ethical conduct and a commitment to compliance with applicable federal, state, and local laws, as well as regulations, rules, policies, and procedures. | Develop the Compliance Liaison scorecard to track Compliance Liaison participation and engagement.   | This compliance program objective ("Program Objective") has been fully executed. | ✓                         |                  |
|  | Leverage existing infrastructure by integrating Enterprise Risk Management ("ERM") Advisory Committee responsibilities into the responsibilities of the Compliance Liaisons. | This Program Objective has been fully executed.                                  | ✓                         |                  |

| Policies and Procedures   |   |  |                    |
|---|---|--|--------------------|
| Organizations are expected to have standards reasonably capable of preventing and detecting misconduct. |   |  |                    |
| Compliance Program Objective  | Key Action Items  | Summary  | Progress Indicator |
| Provide support for the development and enforcement of University policies and procedures.              | Distribute the Principles and Standards (University Code of Conduct).   | Principles and Standards finalized and rolled out to key campus constituents. Continued Campaign initiatives, University-wide distribution and training planned throughout the 2019-20 Plan Year.  | ✓                  |
|   | Conduct the following policy campaigns:   | This Program Objective has been fully executed for the 2018-19 work plan year. Four policies identified by the 2018-19 Work Plan were withdrawn by the policy owner for additional discussion and consideration or moved by the policy owner to a later campaign date. | ✓                  |
|   | <ul style="list-style-type: none"> <li>• Adding and dropping of courses (policy campaign completed)</li> <li>• Clery Act training and Campus Fire and Safety report (campaign completed)</li> <li>• Ethics in purchasing policy (policy campaign completed)</li> <li>• Gift policy (policy and training campaign completed)</li> <li>• Family Education Rights and Privacy Act (FERPA) (policy and training campaign completed)</li> <li>• Fraud Prevention and Mitigation Policy (policy and training campaign completed)</li> <li>• Health Insurance Portability and Accountability Act (HIPAA) (policy and training campaign completed)</li> </ul> |  |                    |

|  |  |  |  |
|--|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Mandatory Reporting of Child Abuse (policy and training campaign completed)</li> <li>• Military Leave (policy and training campaign completed)</li> <li>• Observance of Religious Holy Days (policy and training campaign completed)</li> <li>• Payment Card Industry Data Security Standards (PCI-DSS compliance) (policy and training campaign completed)</li> <li>• Preventing identity theft on covered accounts offered or maintained by FIU (Red Flags) (policy and training campaign completed)</li> <li>• Five FIU research-related policies (2370.070, 2370.005, 2320.060, 2320.001 and 2320.070l) Campaign (policy campaign completed)</li> <li>• FIU-113 Smoke and Tobacco-Free Campus Regulation Campaign (regulation campaign completed)</li> <li>• Information Technology and Data Stewardship Policies Campaign (policy campaign completed)</li> <li>• FIU Athletics Compliance Major Advisors PTD Rules Education (policy campaign completed)</li> <li>• Political Activity Policy Campaign (policy and training campaign completed)</li> </ul> | -Employment of foreign national in visa categories |  |
|--|--|--|--|

|  |   |  |
|--|---|--|
|  | <ul style="list-style-type: none"> <li>Political Participation Policy Campaign (policy and training campaign completed)</li> <li>Anti-retaliation and University Responsibility Campaign (policy and training campaign completed)</li> <li>Four FIU admissions-related policies (1310.005, 1310.010, 1310.015, and 340.030) Campaign (policy campaign completed)</li> </ul> <p>NCAA Compliance FIU September 2018 Athletics All Staff Meeting Campaign (policy and training campaign completed)</p> |  |
|--|---|--|

### Training and Education

Organizations are expected to take reasonable steps to communicate periodically and in a practical manner, its standards and procedures, and other aspects of the compliance and ethics program to members of the governing authority, high-level personnel, substantial authority personnel, the organization's employees, and, as appropriate, the organization's agents. The organization should deliver effective training programs and otherwise disseminate information appropriate to such individuals' respective roles and responsibilities.

| Compliance Program Objective  | Key Action Items  | Summary  | Progress Indicator |
|---|---|--|--------------------|
| Support compliance education and training efforts and leverage technology to enhance awareness of important laws, regulation, and policies, and to document training completions. | <p>Provide training and communication support for the following compliance topics:</p> <ul style="list-style-type: none"> <li>Policy Library info-graphic (released)</li> <li>Policy Development Timeline (released)</li> <li>Political Activity and Participation short training video (released)</li> <li>Anti-retaliation training video (released)</li> <li>Military Leave training video (released)</li> </ul> | This Program Objective has been fully implemented for the 2018-19 work plan year. Two training topics identified by the 2018-19 Work Plan were withdrawn by the policy owner as they related to a withdrawn policy campaign. | ✓                  |

|  |  |   |  |
|--|--|---|--|
|  |  | -Animals in the Workplace training video and info-graphic<br>-Conflict of Interest training |  |
|  | <ul style="list-style-type: none"> <li>• Observance of religious Holy Days training video (released)</li> <li>• Clery Act training video (released)</li> <li>• Ethics in Purchasing (released)</li> <li>• Gift policy and training (released)</li> <li>• FERPA training video (released)</li> <li>• FIU-105 Sexual Misconduct (Title IX) (released)</li> <li>• FIU-106 Nondiscrimination, Harassment and Retaliation (Title VII) (released)</li> <li>• FIU-113 Smoke and Tobacco-Free Campus campaign (released)</li> <li>• Fraud Prevention and Mitigation Policy live training (released)</li> <li>• HIPAA training video (released)</li> <li>• Mandatory Reporting of Child Abuse video training (released)</li> <li>• PCI-DSS compliance video training (released)</li> <li>• Preventing identity theft on covered accounts offered or maintained by FIU (Red Flags) video training (released)</li> <li>• Approvals required on Electronic Proposal Routing Approval Form prior to proposal submission (released)</li> <li>• Research misconduct (released)</li> </ul> |   |  |

|  |   |  |   |
|--|---|--|---|
|  | <ul style="list-style-type: none"> <li>• Nepotism in research (released)</li> <li>• Conflict of Interest in research (released)</li> <li>• Office of Research and Economic Development prior approval of sponsored project proposals (released)</li> <li>• NCAA Compliance FIU September 2018 Athletics All Staff Meeting Campaign (released)</li> <li>• FIU Athletics Compliance Major Advisors PTD Rules Education (released)</li> </ul> <p>Partner with the Division of Human Resources to identify, schedule, coordinate, support and resource enterprise-wide legally required mandatory training across the University.</p> | <p>This Program Objective has been met for the 2018-19 work plan year. Mandatory training workgroup has been convened and mandatory training inventory developed and disseminated. Further program objectives are continuing and scheduled for the 2019-2020 work plan year.</p> | ✓ |
|--|---|--|---|

| Measurement and Monitoring  |   |  |                    |
|---|---|--|--------------------|
| Organizations are expected to ensure that the organization's compliance and ethics program is followed, including monitoring and auditing to detect criminal conduct. |   |  |                    |
| Compliance Program Objective  | Key Action Items  | Summary  | Progress Indicator |
| Report matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred.                             | Conduct compliance reviews for the following areas: <ul style="list-style-type: none"> <li>• Cynergistek               <ul style="list-style-type: none"> <li>○ Information Security Program Assessment Department Review</li> <li>○ Risk Analysis</li> <li>○ Research Assessment Privacy Assessment</li> <li>○ HIPAA Hybrid Entity Assessment</li> </ul> </li> </ul> | This Program Objective has been met for the 2018-19 work plan year. Second round of Assessments scheduled for the 2019-20 work plan year.  | ✓                  |
|   | <ul style="list-style-type: none"> <li>• Ethisphere - Compliance Program Assessment (in progress)</li> </ul>  | This Program Objective is in process. Assessment was moved to the 2019-20 Work Plan year pending guidance regarding the Board of Governors' expectations for the external review of university centralized compliance programs as required in Board of Governors Regulation 4.003(7)(c). Guidance finally issued March 19, 2019. | ●                  |

| Allegation Reporting and Investigations  |  |  |                    |
|--|--|--|--------------------|
| Organizations are expected to have and publicize a system, which may include mechanisms that allow for anonymity or confidentiality, whereby the organization's employees and agents may report or seek guidance regarding potential or actual criminal conduct without fear of retaliation. |  |  |                    |
| Compliance Program Objective   | Key Action Items   | Summary  | Progress Indicator |
| Initiate, conduct, supervise, coordinate, or refer to other appropriate offices, such inquiries, investigations, or reviews as deemed appropriate and in accordance with University regulations and policies.  | <ul style="list-style-type: none"> <li>Development of guidelines for handling and reporting significant compliance matters ("Escalation Guidelines")</li> </ul>  | Guidelines have been developed for discussion and consideration by the OGC, HR and Internal Audit.   | ✓                  |
|  | <ul style="list-style-type: none"> <li>Investigation Guidelines</li> </ul>   | This Program Objective has been met for the 2018-19 work plan year as guidelines have been developed. Further objectives related to training are scheduled for the 2019-20 work plan year.   | ✓                  |
|  | <ul style="list-style-type: none"> <li>Work with the Division of Human Resources and the Office of Internal Audit to review and update materials related to rights and protections of reporters of misconduct</li> </ul> | This Program Objective has been met for the 2018-19 work plan year as strategic meetings and discussion among Compliance, HR, OGC and Internal Audit have occurred. Further related objectives will be scheduled for the 2019-20 work plan year. | ✓                  |

| Discipline and Incentives   |   |   |                    |
|---|---|---|--------------------|
| Organizations are expected to promote and enforce consistency throughout the organization, appropriate incentives to perform in accordance with the compliance and ethics program, and appropriate disciplinary measures for engaging in criminal conduct and for failing to take reasonable steps to prevent or detect criminal conduct. |   |   |                    |
| Compliance Program Objective  | Key Action Items  | Summary   | Progress Indicator |
| Support the process to address compliance failure in compliance or ethics through appropriate measures, including education or disciplinary action.   | Develop an executive scorecard that highlights policy review and training requirements completed by the University President's Leadership Team. | This Program Objective has been met for the 2018-19 work plan year.   | ✓                  |
| Enterprise Risk Management  |   |   |                    |
| Organizations are expected to periodically assess the risk of criminal conduct and shall take appropriate steps to design, implement, or modify each requirement.   |   |   |                    |
| Compliance Program Objective  | Key Action Items  | Summary   | Progress Indicator |
| Support the University-wide effort to develop an ERM program.   | Execute the ERM framework by working with the assigned Risk Owners to identify controls and monitoring efforts.                                 | This Program Objective has been met for the 2018-19 work plan year. The policy statement, process, framework and risk owners have been identified and mitigation planning meetings have occurred. Further objectives related to ERM are planned for the 2019-20 work plan year. | ✓                  |

| Organization Culture   |   |  |                    |
|--|---|--|--------------------|
| Organizations are expected to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law. |   |  |                    |
| Compliance Program Objective   | Key Action Items  | Summary  | Progress Indicator |
| Consult with the Board of Trustees and the President to encourage a culture of compliance and ethics.  | Communicate the results of the 2016 culture survey and further develop metrics on how to assess progress. | This Program Objective has been met for the 2018-19 work plan year as the results of the culture survey were communicated to the University's Operations Committee and the Deans Advisory Council. Survey results will be further used to benchmark additional culture survey tools following the Principles and Standards campaign. | ✓                  |

**THE FLORIDA INTERNATIONAL UNIVERSITY  
BOARD OF TRUSTEES**

**AUDIT AND COMPLIANCE COMMITTEE CHARTER**

**1. Overall Purpose/Objectives**

The Audit and Compliance Committee (“Committee”) is appointed by the Florida International University Board of Trustees (“Board”) to assist it in discharging its oversight responsibilities, including but not limited to, reviewing procedures in place to assess and minimize significant risks, overseeing the quality and integrity of financial reporting practices (including the underlying system of internal controls, policies and procedures, regulatory compliance programs, and ethical code of conduct), and overseeing the overall audit process.

The Committee will oversee the financial operations and reporting process for both the University and its direct support organizations (“DSO”). The committee will review: 1) the University’s internal financial controls and processes; 2) the internal audit function; 3) the independent audit process, including the appointment and assessment of the external auditors for the University; and 4) the DSO and University processes for monitoring compliance with applicable laws and regulations, meeting regulatory requirements and promoting ethical conduct.

**2. Authority**

The Board authorizes the Committee to:

2.1 Perform activities within the capacity of its charter.

2.2 Evaluate the Office of Internal Audit's role and scope of activities.

2.3 Participate, through the Chair, in the process of the appointment and dismissal of the Chief Audit Executive.

2.4 Engage independent counsel and other advisers as it deems necessary to carry out its duties.

2.5 Have unrestricted access to management, faculty and employees of the University and its DSOs, as well as to all books, records, and facilities thereof.

2.6 Develop and review procedures for the receipt, retention and treatment of complaints received from employees regarding financial or operational matters.

2.7 Review and approve the Office of Internal Audit’s annual audit plan (and any subsequent changes thereto), considering the University-wide risk assessment and the degree of coordination with the Auditor General's Office for an effective, efficient, non-redundant use of audit resources.

- 2.8 Review and discuss with management and the Office of Internal Audit (1) significant findings and recommendations, including management's response and timeframe for corrective action; (2) the degree of implementation of past audit recommendations; and (3) any difficulties encountered in the course of the audit activities such as restrictions on the scope of work or access to information.
- 2.9 Assess the staffing of the Office of Internal Audit, including the annual budget.
- 2.10 Review and approve modifications to the Office of Internal Audit.
- 2.11 Review the organizational reporting lines related to the Office of Internal Audit, particularly related to confirming and assuring the continued independence of the Office of Internal Audit and its staff.
- 2.12 Review the work of the external auditors for the University and DSOs.
- 2.13 Evaluate the effectiveness of the University's compliance program by (1) reviewing the results of the program effectiveness evaluation; (2) assessing the staffing of the Office of Compliance & Integrity, including the annual budget; (3) reviewing major modifications to the University's compliance program; and (4) reviewing compliance-related training topics for the Board.
- 2.14 Participate, through the Chair, in the process of the appointment and dismissal of the Assistant Vice President, Chief Compliance and Privacy Officer.
- 2.15 Review and approve the Office of Compliance & Integrity's annual compliance plan (and any subsequent changes thereto), considering the University-wide risk assessment.
- 2.16 Review and approve modifications to the Office of Compliance & Integrity.
- 2.17 Review the organizational reporting lines related to the Office of Compliance & Integrity, particularly related to confirming and assuring the continued independence of the Office of Compliance & Integrity and its staff.

### **3. Organization**

#### **Membership**

- 3.1 The Chair of the Board of Trustees will appoint the chair and members of the Committee.
- 3.2 The Committee consists of at least five (5) members, all of whom are voting Trustees of the University.
- 3.3 A majority of Committee members, if not all, shall possess general accounting, business and financial knowledge, including the ability to read and understand fundamental financial statements.

3.3.1 If possible the Committee will include at least one member who is a "accounting or financial expert"; a person who has an understanding of generally accepted accounting principles and financial statements; the ability to assess the application of these principles in connection with accounting for estimates, accruals and reserves; an understanding of committee functions; experience preparing, auditing, analyzing or evaluating financial statements, or experience actively supervising persons engaged in such activities; and an understanding of internal controls and procedures for financial reporting. The person must have acquired these attributes through one or more of the following: education or experience actually doing these functions or similar ones; actively supervising someone who is performing these functions or similar ones; experience overseeing or assessing the performance of companies or public accountants who are preparing, auditing or evaluating financial statements; or other relevant experience.

3.4 Members shall be independent and objective in the discharge of their responsibilities. They are to be free of any financial, family, or other material personal relationship, including relationships with members of University management, University auditors and other professional consultants

3.5 Members will serve on the Committee until their resignation or replacement by the Chair of the Board.

#### **Meetings**

3.6 A simple majority of the members of the Committee will constitute a quorum for the transaction of business.

3.7 Meetings shall be held not less than four (4) times per year and shall correspond with the University's financial reporting cycle.

3.8 The Committee shall maintain written minutes of its meetings, and for the Committee Chair to approve each meeting's agenda.

3.9 The Committee shall meet with the General Counsel, Chief Audit Executive, and Assistant Vice President, Chief Compliance and Privacy Officer on a regular basis.

3.10 The Committee may request special reports from University or DSO management on topics that may enhance their understanding of their activities and operations.

#### **4. Roles and Responsibilities**

The Committee shall:

4.1 Provide the Board with regular updates of Committee activities and make recommendations to the Board for matters within the Committee's area of responsibility.

- 4.2 Meet separately with the Office of Internal Audit and Senior Management, separately, in order to discuss any matters the Committee or these individuals believe should be discussed privately. This should be performed at least two (2) times annually, at the conclusion of a regularly scheduled Committee meeting.
- 4.3 Affirm that the Chief Audit Executive and Assistant Vice President, Chief Compliance and Privacy Officer are ultimately responsible to the Committee and the Board and they should communicate directly with the Committee Chair when deemed prudent and necessary. Said Chief Audit Executive and Assistant Vice President, Chief Compliance and Privacy Officer, in consultation with the General Counsel, will regularly meet and correspond with the Chair of the Committee, advise and keep informed, as needed, both the President and the Chair of the Board on a regular basis regarding matters brought before and actions taken by the Committee, and in further consultation with the Chair, prepare the agenda for meetings of the Committee.
- 4.4 Have the authority to conduct investigations into any matters within the Committee's scope of responsibilities as set forth herein. The Committee shall have unrestricted access to the University's independent auditors and anyone employed by the University, and to all relevant information in order to conduct such investigations. The Committee may retain, at the University's expense, independent counsel, accountants and other professional consultants to assist with such investigations. The results of any such investigations must be reported to the Board by the Committee Chair.

With regard to each topic listed below, the Committee shall:

### **Internal Controls**

- 4.5 Consider and review the effectiveness of the University's process for identifying significant financial, operational, reputational, strategic and regulatory risks or exposures and management's plans and efforts to monitor and control such risks.
- 4.6 Evaluate the overall effectiveness of the internal control framework and consider whether recommendations made by the internal and external auditors have been implemented by management, including but not limited to the status and adequacy of information systems and security, for purposes of meeting expectations of the U.S. Sentencing Guidelines, personnel systems internal controls, and other relevant matters.
- 4.7 Understand the internal control systems implemented by management of the University and each DSO for the approval of transactions and the recording and processing of financial data.

### **Risk Management**

- 4.8 Evaluate the overall effectiveness of the risk management process.
- 4.9 Evaluate the University's oversight and monitoring of its affiliated organizations, and the University's insurance coverage and the process used to manage any uninsured

risks.

### **Financial Reporting and Disclosures**

- 4.10 Review the adequacy of accounting, management, and financial processes of the University and its DSOs.
- 4.11 Review the financial reporting process implemented by management of the University and its DSOs.
- 4.12 Review as applicable for the University and its DSOs: 1) interim financial statements, 2) annual financial statements, 3) the annual report, and 4) the audit report on federal awards that is required under Office of Management and Budget (OMB) Circular A-133.
- 4.13 Review University and DSO management processes for ensuring the transparency of the financial statements and the completeness and clarity of the disclosures.
- 4.14 Meet with University management and the external auditors to review the financial statements, the key accounting policies, the reasonableness of significant judgments, and the results of the audit.

### **Compliance with Laws, Regulations, Policies and Standards**

- 4.15 Review the independence, qualifications, activities, resources, and structure of the compliance function and ensure no unjustified restrictions or limitations are made.
- 4.16 Review and discuss any significant results of compliance audits; any significant matters of litigation or contingencies that may materially affect the University's financial statements; and any legal, tax or regulatory matters that may have a material impact on University operations, financial statements, policies and programs.
- 4.17 Ensure that significant findings and recommendations made by the university compliance officer are received, discussed, and appropriately acted on.
- 4.18 Review the effectiveness of the system for monitoring compliance with laws and regulations and management's investigation and follow-up (including disciplinary action) of any wrongful acts or non-compliance.
- 4.19 Ascertain whether the University has an effective process for determining risks and exposure from asserted and unasserted litigation and other claims of noncompliance with laws and regulations.
- 4.20 Receive information and training regarding specific elements of the University's compliance program.
- 4.21 Obtain reports concerning financial fraud resulting in losses in excess of \$10,000 or involving a member of senior management.

- 4.22 Obtain regular updates from the University Compliance Officer regarding compliance matters that may have a material impact on the organization's financial statements or compliance policies.
- 4.23 Review the University's monitoring of compliance with University policies, including (but not limited to) policies regarding the conduct of research, including the results of the University's monitoring and enforcement of compliance with University standards of ethical conduct and conflict of interest policies.
- 4.24 Review the findings of any examinations or investigations by regulatory bodies.

### **Working with Auditors**

#### **Independent External Audit**

- 4.25 Review the professional qualifications of all external auditors, and when determined by the committee, require such auditor to be hired by and report directly to the Committee.
- 4.26 Review on an annual basis the performance of all external auditors and make recommendations to the appropriate Board for their appointment, reappointment or termination.
- 4.27 Ensure that significant findings and recommendations made by the independent auditors for both the University and any DSO, and management's proposed response thereto, are received, discussed and appropriately acted upon.

#### **Internal Audit**

- 4.28 Review the independence, qualifications, activities, resources and structure of the internal audit function and ensure no unjustified restrictions or limitations are made.
- 4.29 Review the effectiveness of the internal audit function and ensure that it has appropriate standing within the University.
- 4.30 Ensure that significant findings and recommendations made by the internal auditors and management's proposed response are received, discussed and appropriately acted on.
- 4.31 Review the proposed internal audit plan for the coming year [or the multi-year plan] and ensure that it addresses key areas of risk and that there is appropriate coordination with the external auditor.

### **Complaints and Ethics**

- 4.32 Ensure procedures for the receipt, retention and treatment of complaints concerning financial, internal accounting controls or auditing matters.

- 4.33 Review the University and DSO conflicts of interest policies to ensure that: 1) the term "conflict of interest" is clearly defined, 2) guidelines are comprehensive, 3) annual signoff is required, and 4) potential conflicts are adequately resolved and documented.

### **Reporting Responsibilities**

- 4.34 Regularly update the Board about Committee activities and make appropriate recommendations.
- 4.35 Ensure the Board is aware of matters that may significantly impact the financial condition or affairs of the University or its DSOs.
- 4.36 Receive prior to each meeting a summary of findings from completed internal audits and the status of implementing related recommendations.

### **Evaluating Performance**

- 4.37 Evaluate the Committee's own performance, both of individual members and collectively, on a regular basis.
- 4.38 Assess the achievement of duties specified in the charter and report findings to the board.
- 4.39 Review the Committee charter, at least every two (2) years, and discuss any required changes with the board.
- 4.40 Ensure that the charter is approved or reapproved by the Board, after each update.

This page intentionally left blank

#### **4.002 State University System Chief Audit Executives**

- (1) Each university shall have an office of chief audit executive as a point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in the operations of the university.
- (2) Each board of trustees shall establish a committee responsible for addressing audit, financial- and fraud-related compliance, controls, and investigative matters. For purposes of this regulation, this committee will be referred to as the audit and compliance committee. This committee shall have a charter approved by the board of trustees and reviewed at least every three (3) years for consistency with applicable Board of Governors and university regulations, professional standards, and best practices. A copy of the approved charter and any subsequent changes shall be provided to the Board of Governors.
- (3) Each board of trustees shall adopt a charter which defines the duties and responsibilities of the office of chief audit executive. The charter shall be reviewed at least every three (3) years for consistency with applicable Board of Governors and university regulations, professional standards, and best practices. A copy of the approved charter and any subsequent changes shall be provided to the Board of Governors. At a minimum, the charter shall specify that the chief audit executive:
  - (a) Provide direction for, supervise, and coordinate audits and investigations which promote economy, efficiency, and effectiveness in the administration of university programs and operations including, but not limited to, auxiliary facilities and services, direct support organizations, and other component units.
  - (b) Conduct, supervise, or coordinate activities for the purpose of preventing and detecting fraud and abuse within university programs and operations including, but not limited to, auxiliary facilities and services, direct support organizations, and other component units.
  - (c) Address significant and credible allegations relating to waste, fraud, or financial mismanagement as provided in Board of Governors Regulation 4.001.
  - (d) Keep the president and board of trustees informed concerning significant and credible allegations and known occurrences of waste, fraud, mismanagement, abuses, and deficiencies relating to university programs and operations; recommend corrective actions; and report on the progress made in implementing corrective actions.
  - (e) Promote, in collaboration with other appropriate university officials, effective coordination between the university and the Florida Auditor General, federal auditors, accrediting bodies, and other governmental or oversight bodies.
  - (f) Review and make recommendations, as appropriate, concerning policies and regulations related to the university's programs and operations including, but not limited to, auxiliary facilities and services, direct support organizations, and other component units.

- (g) Communicate to the president and the board of trustees, at least annually, the office's plans and resource requirements, including significant changes, and the impact of resource limitations.
  - (h) Provide training and outreach, to the extent practicable, designed to promote accountability and address topics such as fraud awareness, risk management, controls, and other related subject matter.
  - (i) Coordinate or request audit, financial- and fraud-related compliance, controls, and investigative information or assistance as may be necessary from any university, federal, state, or local government entity.
  - (j) Develop and maintain a quality assurance and improvement program for the office of chief audit executive.
  - (k) Establish policies which articulate the steps for reporting and escalating matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred.
  - (l) Inform the board of trustees when contracting for specific instances of audit or investigative assistance.
- (4) The board of trustees must obtain Board of Governors' approval before outsourcing the chief audit executive's entire audit or investigative function.
- (5) Each board of trustees shall ensure that the university chief audit executive is organizationally independent and objective to perform the responsibilities of the position. The chief audit executive shall:
- (a) Report functionally to the board of trustees and administratively to the president.
  - (b) Report routinely to the board of trustees on matters including significant risk exposures, control issues, fraud risks, governance issues, and other matters requested by the president and the board of trustees.
  - (c) Conduct and report on audits, investigations, and other inquiries free of actual or perceived impairment to the independence of the chief audit executive's office.
  - (d) Have timely access to any records, data, and other information in possession or control of the university including information reported to the university's hotline/helpline.
  - (e) Notify the chair of the board of trustees' audit committee or the president, as appropriate, of any unresolved restriction or barrier imposed by any individual on the scope of an inquiry, or the failure to provide access to necessary information or people for the purposes of such inquiry. The chief audit executive shall work with the board of trustees and university management to remedy scope or access limitations. If the university is not able to remedy such limitations, the chief audit executive shall timely notify the Board of Governors, through the OIGC, of any such restriction, barrier, or limitation.

- (6) In carrying out the auditing duties and responsibilities set forth in this regulation, each chief audit executive shall review and evaluate controls necessary to enhance and promote the accountability of the university. The chief audit executive shall perform or supervise audits and prepare reports of their findings, recommendations, and opinions. The scope and assignment of the audits shall be determined by the chief audit executive; however, the president and board of trustees may request the chief audit executive direct, perform, or supervise audit engagements.
- (a) Audit engagements shall be performed in accordance with the *International Professional Practices Framework*, published by the Institute of Internal Auditors, Inc.; the *Government Auditing Standards*, published by the United States Government Accountability Office; and/or the *Information Systems Auditing Standards* published by ISACA. All audit reports shall describe the extent to which standards were followed.
  - (b) At the conclusion of each audit engagement, the chief audit executive shall prepare a report to communicate the audit results and action plans to the board of trustees and university management. A copy of the final audit report will be provided to the Board of Governors consistent with Board of Governors Regulation 1.001(6)(g).
  - (c) The chief audit executive shall monitor the disposition of results communicated to university management and determine whether corrective actions have been effectively implemented or that senior management or the board of trustees, as appropriate, has accepted the risk of not taking corrective action. If, in the chief audit executive's judgment, senior management or the board of trustees has chosen not to take corrective actions to address substantiated instances of waste, fraud, or financial mismanagement, then the chief audit executive shall timely notify the Board of Governors, through the OIGC.
  - (d) The chief audit executive shall develop audit plans based on the results of periodic risk assessments. The plans shall be submitted to the board of trustees for approval. A copy of approved audit plans will be provided to appropriate university management and the Board of Governors.
  - (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.
- (7) Each chief audit executive shall initiate, conduct, supervise, or coordinate investigations that fall within the purview of the chief audit executive's office and be designated by their board of trustees as the employee to review statutory whistleblower information and coordinate all activities of the university as required by the Florida Whistle-blower's Act. Investigative assignments shall be performed in

accordance with professional standards issued for the State University System. All final investigative reports shall be submitted to the appropriate action officials, board of trustees, and the Board of Governors if, in the chief audit executive's judgment, the allegations are determined to be significant and credible. Such reports shall be redacted to protect confidential information and the identity of individuals, when provided for by law.

- (8) By September 30<sup>th</sup> of each year, the chief audit executive shall prepare a report summarizing the activities of the office for the preceding fiscal year. The report shall be provided to the president, board of trustees, and the Board of Governors.

Authority: Section 7(d), Art. IX, Fla. Const.; History: New 11-3-16.

#### **4.003 State University System Compliance and Ethics Programs**

- (1) Each board of trustees shall implement a university-wide compliance and ethics program (Program) as a point for coordination of and responsibility for activities that promote ethical conduct and maximize compliance with applicable laws, regulations, rules, policies, and procedures.
- (2) The Program shall be:
  - (a) Reasonably designed to optimize its effectiveness in preventing or detecting non-compliance, unethical behavior, and criminal conduct, as appropriate to the institution's mission, size, activities, and unique risk profile;
  - (b) Developed consistent with the Code of Ethics for Public Officers and Employees contained in Part III, Chapter 112, Florida Statutes; other applicable codes of ethics; and the Federal Sentencing Guidelines Manual, Chapter 8, Part B, Section 2.1(b); and
  - (c) Implemented within two (2) years of the effective date of this regulation.
- (3) Each board of trustees shall assign responsibility for providing governance oversight of the Program to the committee of the board responsible for audit and compliance. The charter required by Board of Governors Regulation 4.002(2) shall address governance oversight for the Program.
- (4) Each university, in coordination with its board of trustees, shall designate a senior-level administrator as the chief compliance officer. The chief compliance officer is the individual responsible for managing or coordinating the Program. Universities may have multiple compliance officers; however, the highest ranking compliance officer shall be designated the chief compliance officer. Nothing in this regulation shall be construed to conflict with the General Counsel's responsibility to provide legal advice on ethics laws. The chief compliance officer shall not be the same individual as the chief audit executive with the exception of New College of Florida and Florida Polytechnic University who may, due to fiscal and workload considerations, name the same individual as both chief audit executive and chief compliance officer.
- (5) The chief compliance officer shall report functionally to the board of trustees and administratively to the president. If the university has an established compliance program in which the chief compliance officer reports either administratively or functionally to the chief audit executive, then the university shall have five (5) years from the effective date of this regulation to transition the reporting relationship of the chief compliance officer to report functionally to the board of trustees and administratively to the president.

- (6) The office of the chief compliance officer shall be governed by a charter approved by the board of trustees and reviewed at least every three (3) years for consistency with applicable Board of Governors and university regulations, professional standards, and best practices. A copy of the approved charter and any subsequent changes shall be provided to the Board of Governors.
- (7) The Program shall address the following components:
- (a) The president and board of trustees shall be knowledgeable about the Program and shall exercise oversight with respect to its implementation and effectiveness. The board of trustees shall approve a Program plan and any subsequent changes. A copy of the approved plan shall be provided to the Board of Governors.
  - (b) University employees and board of trustees' members shall receive training regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures. The Program plan shall specify when and how often this training shall occur.
  - (c) At least once every five (5) years, the president and board of trustees shall be provided with an external review of the Program's design and effectiveness and any recommendations for improvement, as appropriate. The first external review shall be initiated within five (5) years from the effective date of this regulation. The assessment shall be approved by the board of trustees and a copy provided to the Board of Governors.
  - (d) The Program may designate compliance officers for various program areas throughout the university based on an assessment of risk in any particular program or area. If so designated, the individual shall coordinate and communicate with the chief compliance officer on matters relating to the Program.
  - (e) The Program shall require the university, in a manner which promotes visibility, to publicize a mechanism for individuals to report potential or actual misconduct and violations of university policy, regulations, or law, and to ensure that no individual faces retaliation for reporting a potential or actual violation when such report is made in good faith. If the chief compliance officer determines the reporting process is being abused by an individual, he or she may recommend actions to prevent such abuse.
  - (f) The Program shall articulate the steps for reporting and escalating matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred.
  - (g) The chief compliance officer shall:
    - 1. Have the independence and objectivity to perform the responsibilities of the chief compliance officer function;
    - 2. Have adequate resources and appropriate authority;
    - 3. Communicate routinely to the president and board of trustees regarding Program activities;

4. Conduct and report on compliance and ethics activities and inquiries free of actual or perceived impairment to the independence of the chief compliance officer;
  5. Have timely access to any records, data, and other information in possession or control of the university, including information reported to the university's hotline/helpline;
  6. Coordinate or request compliance activity information or assistance as may be necessary from any university, federal, state, or local government entity;
  7. Notify the president, or the administrative supervisor of the chief compliance officer, of any unresolved restriction or barrier imposed by any individual on the scope of any inquiry, or the failure to provide access to necessary information or people for the purposes of such inquiry. In such circumstances, the chief compliance officer shall request the president remedy the restrictions. If unresolved by the president or if the president is imposing the inappropriate restrictions, the chief compliance officer shall notify the chair of the board of trustees committee charged with governance oversight of the Program. If the matter is not resolved by the board of trustees, the chief compliance officer shall notify the Board of Governors through the Office of Inspector General and Director of Compliance (OIGC);
  8. Report at least annually on the effectiveness of the Program. Any Program plan revisions, based on the chief compliance officer's report shall be approved by the board of trustees. A copy of the report and revised plan shall be provided to the Board of Governors;
  9. Promote and enforce the Program, in consultation with the president and board of trustees, consistently through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics. Failures in compliance or ethics shall be addressed through appropriate measures, including education or disciplinary action;
  10. Initiate, conduct, supervise, coordinate, or refer to other appropriate offices (such as human resources, audit, Title IX, or general counsel) such inquiries, investigations, or reviews as deemed appropriate and in accordance with university regulations and policies; and
  11. Submit final reports to appropriate action officials.
- (h) When non-compliance, unethical behavior, or criminal conduct has been detected, the university shall take reasonable steps to prevent further similar behavior, including making any necessary modifications to the Program.
- (8) The university shall use reasonable efforts not to include within the university and its affiliated organizations individuals whom it knew, or should have known (through the exercise of due diligence), to have engaged in conduct not consistent with an effective Program.

Authority: Section 7(d), Art. IX, Fla. Const.; History: New 11-3-16.

This page intentionally left blank



**FLORIDA  
INTERNATIONAL  
UNIVERSITY**

**THE FLORIDA INTERNATIONAL UNIVERSITY**

**BOARD OF TRUSTEES**

**Audit and Compliance Committee**

**June 19, 2019**

**2018-19 ATHLETICS COMPLIANCE QUARTERLY REPORT**

## **2018-2019 Athletics Compliance Work Plan Status Update**

The Senior Associate Athletics Director of Compliance and Special Projects (“ACO”) is pleased to present to the Florida International University Board of Trustees Audit and Compliance Committee the Athletics Compliance Report for the third and fourth quarter of fiscal year 2018-19 (January – June).

The purpose of the athletics compliance program (“Program”) at Florida International University (“FIU”) is to advance a culture of ethics, integrity, and compliance with National Collegiate Athletics Association (“NCAA”) Bylaws, Conference USA (“CUSA”) policies, regulations and procedures, and institutional regulations and policies, which govern institutions who are members of the NCAA. The FIU Board of Trustees maintains ultimate oversight responsibility of the Program while the Chief Compliance Officer (“CCO”) is responsible for oversight of the department. The ACO is responsible for maintaining day-to-day oversight of NCAA athletics compliance.

| <b>Progress Indicators</b>  |  |   |                           |                  |
|---|--|---|---------------------------|------------------|
| <b>Completed</b>  | <b>In Process</b>  |   |                           | <b>Not Begun</b> |
| <b>Fully Implemented</b>  | <b>Good Progress</b>   | <b>Slow Progress</b>  | <b>Poor Progress</b>      | <b>Not Begun</b> |
| ✓   | ●  | ●   | ●                         | N/B              |
| <b>Program Structure and Oversight</b>  |  |   |                           |                  |
| Organizations are expected to have high-level oversight and adequate resources and authority given to those responsible for the program.  |  |   |                           |                  |
| <b>Compliance Program Objective</b>   | <b>Key Action Items</b>  | <b>Summary</b>  | <b>Progress Indicator</b> |                  |
| Serve as a point for coordination of and responsibility for activities that promote an organizational culture that encourages ethical conduct and a commitment to compliance with applicable federal, state, and local laws, as well as regulations, rules, policies, and procedures. | Continue to deliver monthly compliance reports to the University President’s Chief of Staff, General Counsel, and the CCO. | This compliance program objective (“Program Objective”) has been met for 2018-2019. | ✓                         |                  |

## Policies and Procedures

Organizations are expected to have standards reasonably capable of preventing and detecting misconduct.

|  |   |  |   |
|--|---|--|---|
| Provide support for the development and enforcement of University policies and procedures. | Continue to update the NCAA Athletics Compliance Manual and distribute to all athletics staff.  | All activities related to this Program Objective have been met for 2018-19 and the Compliance Manual is available to all staff through a shared drive. Compliance Manual is subject to ongoing updates as needed.  | ✓ |
|  | Administer the NCAA recruiting test each year to all coaches to ensure accountability to NCAA rules.  | All scheduled activities related to this compliance program objective have been met for 2018-19. Further Program Objectives are scheduled for 2019-20 as key action items are ongoing. Coaches are expected to take the exam no later than July 31, 2019 for the 2019-20 recruiting year. All coaches have currently taken the test and as new coaches are hired, we require proof of their score from a previous institution or they will take the test under our guidelines. | ✓ |
|  | Ensure communication efforts are appropriate for reporting of NCAA violations and violations of institutional policies and procedures.                              | All activities related to this compliance program objective have been met for 2018-19. We will continue to review our policies and procedures to communicate any updates to coaches and staff.   | ✓ |
|  | Athletics Compliance Staff should regularly attend practice of teams to ensure that practice times being reported are accurately reflected in the practice reports. | All activities related to this Program Objective have been met for 2018-19. For 2018-19, our Athletics Compliance Office increased attendance at practices on a weekly basis. We have a tracking procedure in place and are rotating the sports throughout the office staff to ensure fair and   | ✓ |

|   |  |   |   |
|---|--|---|---|
|   |  | equitable review of the sports' training schedules.   |   |
| <b>Training and Education</b>   |  |   |   |
| Organizations are expected to take reasonable steps to communicate periodically and in a practical manner, its standards and procedures, and other aspects of the compliance and ethics program to members of the governing authority, high-level personnel, substantial authority personnel, the organization's employees, and, as appropriate, the organization's agents. The organization should deliver effective training programs and otherwise disseminate information appropriate to such individuals' respective roles and responsibilities. |  |   |   |
| Report matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred.   | Execute monthly rules education meetings with all coaches.   | All activities related to this Program Objective have been met for 2018-19. We conduct rules education meetings on the second Tuesday of every month (with the exception of June and July). If coaches are unable to attend, we utilize a make-up meeting and/or Convercent to ensure they receive and acknowledge the materials.   | ✓ |
|   | Execute twice-per-year educational meetings with all departments that work with student-athletes and/or have responsibility over executing or monitoring certain areas of NCAA compliance. | All activities related to this Program Objective have been met for 2018-19. During August and September, the Athletics Compliance Office concentrates primarily on sport-specific meetings for rules education of coaches and student-athletes to ensure student-athletes have completed all forms prior to participation. All meetings for internal athletics departments (i.e., ticket office, facilities, etc.) are scheduled for October/November. External departments (i.e., admissions, OneStop, etc.) within the University are scheduled for November. If we require a bi-annual meeting with specific departments, those typically take | ✓ |

|   |  |  |   |
|---|--|--|---|
|   |  | place in March/ April. We continually update our tracking to ensure that we hold these meetings according to our schedule.   |   |
| <b>Measurement and Monitoring</b>   |  |  |   |
| Organizations are expected to ensure that the organization's compliance and ethics program is followed, including monitoring and auditing to detect criminal conduct. |  |  |   |
| Organizations should have in place a system and schedule for routine monitoring and auditing of organizational transactions, business risks, controls and behaviors.  | Monitor phone calls pursuant to NCAA bylaws.                                 | This Program Objective has been in progress due to NCAA legislative changes and the ACO is re-evaluating how most effectively to monitor phone calls between the coaching staff and prospective student-athletes. For 2019-20, we will be implementing a new tracking policy for phone calls. A copy of the policy will be available in our coaches compliance manual and the policy will be implemented beginning August 1, 2019. | ● |
|   | Monitor recruiting contact between coaches and prospective student-athletes. | All activities related to this Program Objective have been met for 2018-19. The ACO is continuing to work with the coaching staff to ensure that coaches are knowledgeable about recruiting rules.   | ✓ |

|   |  |   |   |
|---|--|---|---|
|   | Monitor Time Management Plan Implementation and Documentation.   | All activities related to this Program Objective have been met for 2018-19. The Time Management Plan was implemented for 2018-19. The summary for the 2017-18 was reviewed by the President. As of the conclusion of all sport seasons for 2018-19, a time management plan summary was submitted for the president's review as required by NCAA Bylaws by the May 30 deadline.  | ✓ |
| Initiate, conduct, supervise, coordinate, or refer to other appropriate offices, such inquiries, investigations, or reviews as deemed appropriate and in accordance with University regulations and policies. | Finalize and communicate the NCAA reporting process to all coaches and administrative staff within athletics.  | All activities related to this Program Objective have been met for 2018-19. During the first of the year meeting for 2018-19, this was communicated to all coaches/staff at our All-Staff Meeting.  | ✓ |
|   | Provide opportunities for ACO staff to engage in learning opportunities regarding escalation plans, investigation techniques, and reporting responsibilities.  | All activities related to this Program Objective have been met for 2018-19. The ACO staff attended the NCAA Regional Rules Sessions that address all of the issues indicated.   | ✓ |
| Appropriate compliance and ethics program improvements should be designed to reduce identified risks or compliance violations.  | Execute a targeted compliance risk assessment for two (2) high-risk areas. The assessments will be selected based on internal audit findings or based on assessments of reported NCAA violations in a particular bylaw and/or sport. | All activities related to this Program Objective have been met for 2018-19.<br>1) Assessed full-time student-athlete enrollment anomalies and identified student-athletes who may be dropped from courses for various reasons after drop/add period ends (which could result in NCAA rules violation).<br>2) Conducted an assessment of annual/bi-annual certifications required by the NCAA for specific staff within athletics. | ✓ |

|   |  |   |   |
|---|--|---|---|
|   |  | Designed protocol for regular review.   |   |
| <b>Allegation Reporting and Investigation</b>   |  |   |   |
| Organizations are expected to have and publicize a system, which may include mechanisms that allow for anonymity or confidentiality, whereby the organization's employees and agents may report or seek guidance regarding potential or actual criminal conduct without fear of retaliation.  |  |   |   |
| Initiate, conduct, supervise, coordinate, or refer to other appropriate offices, such inquiries, investigations, or reviews as deemed appropriate and in accordance with University regulations, policies, and NCAA rules.  | Coordinate efforts to investigate allegations of NCAA guidelines and University policy violations. | All activities related to this Program Objective have been met for 2018-19. The ACO continues to monitor potential violations.  | ✓ |
|   | Through monthly rules education, integrate ethics and compliance incentive opportunities.          | All activities related to this Program Objective have been met for 2018-19. During the reporting period, mandatory educational sessions have been conducted for staff and coaches.  | ✓ |
| <b>Discipline and Incentives</b>  |  |   |   |
| Organizations are expected to promote and enforce consistency throughout the organization, appropriate incentives to perform in accordance with the compliance and ethics program, and appropriate disciplinary measures for engaging in criminal conduct and for failing to take reasonable steps to prevent or detect criminal conduct. |  |   |   |
| Support the process to address compliance failure in compliance or ethics through appropriate measures, including education or disciplinary action.   | Coordinate efforts to respond to requests and inquiries from internal and external sources.        | All activities related to this Program Objective have been met for 2018-19. The Athletics Compliance Office continues to identify non-athletic departments on-campus that may have an impact on student-athletes and/or their eligibility. These departments require training regarding knowledge of NCAA rules, procedures, and processes. | ✓ |

## Ongoing Program Improvement

Organizations are expected to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.

|   |   |   |   |
|---|---|---|---|
| Organizations should encourage a “speak up” culture to support reporting instances of misconduct. | Execute a culture survey to coaches, administrators and student-athletes and incorporate the findings into the Athletics Compliance strategy for education, information, and communication. | A culture survey was executed for student-athletes in 2017-18. The culture survey for coaches and administrators is being developed and will be sent for review and editing to University Compliance no later than June 15, 2019. | ● |
|---|---|---|---|

This page intentionally left blank