



FLORIDA INTERNATIONAL UNIVERSITY

BOARD OF TRUSTEES

AUDIT AND COMPLIANCE COMMITTEE

FIU, Modesto A. Maidique Campus, Graham Center Ballrooms

Livestream: <http://webcast.fiu.edu/>

Wednesday, December 8, 2021
8:30 AM

Chair: Carlos Duarte

Vice Chair: Carlos Trujillo

Members: Natasha Lowell, Joerg Reinhold, Alexander Rubido

AGENDA

1. **Call to Order and Chair's Remarks** **Carlos Duarte**
2. **Approval of Minutes** **Carlos Duarte**
3. **Action Item**
 - AC1. **External Program Review of the Florida International University Compliance Program, 2021** **Jennifer LaPorta**
4. **Discussion Items** (*No Action Required*)
 - 4.1 **Office of Internal Audit Status Report** **Trevor L. Williams**
 - 4.2 **Office of University Compliance and Integrity Quarterly Report** **Jennifer LaPorta**
5. **New Business** **Carlos Duarte**
 - 5.1 **Office of Internal Audit Discussion of Audit Processes**
6. **Concluding Remarks and Adjournment** **Carlos Duarte**

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FIU Board of Trustees Audit and Compliance Committee Meeting

Time: December 08, 2021 8:30 AM - 9:15 AM EST

Location: FIU, Modesto A. Maidique Campus, Graham Center Ballrooms | Livestream:
<http://webcast.fiu.edu/>

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**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**

Audit and Compliance Committee

December 8, 2021

Subject: Approval of Minutes of Meeting held September 14, 2021

Proposed Committee Action:

Approval of Minutes of the Audit and Compliance Committee meeting held on September 14, 2021, at the FIU, Modesto A. Maidique Campus, Graham Center Ballrooms and via Zoom.

Background Information:

Committee members will review and approve the Minutes of the Audit and Compliance Committee meeting held on September 14, 2021, at the FIU, Modesto A. Maidique Campus, Graham Center Ballrooms and via Zoom.

Supporting Documentation:

Minutes: Audit and Compliance Committee meeting,
September 14, 2021

Facilitator/Presenter:

Carlos Duarte, *Audit and Compliance Committee Chair*

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**Audit and Compliance Committee
September 14, 2021**

FIU, Modesto A. Maidique Campus, Graham Center Ballrooms and via Zoom

MINUTES

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 Gene Prescott at 8:08 a.m. on Tuesday, September 14, 2021.

General Counsel Carlos B. Castillo conducted roll call of the Audit and Compliance Committee members and verified a quorum. Present were Trustees Gene Prescott, *Chair*; Natasha Lowell; Joerg Reinhold; Chanel T. Rowe (*via Zoom*); Alexander Rubido; and Carlos Trujillo (*via Zoom; joined after roll call*).

Board Chair Dean C. Colson, Board Vice Chair Roger Tovar, and Trustee Donna J. Hrinak, and University President Mark B. Rosenberg also were in attendance.

Committee Chair Prescott welcomed all Trustees and members of the University administration.

2. Approval of Minutes

Committee Chair Prescott asked that the Committee approve the minutes of the meeting held on June 16, 2021. A motion was made and unanimously passed to approve the minutes of the Audit and Compliance Committee meeting held on June 16, 2021.

3. Discussion Items

3.1 Audit and Compliance Committee Charter

Chief Audit Executive Mr. Trevor L. Williams indicated that, pursuant to the Audit and Compliance Committee Charter, the Charter shall be reviewed every two years. He mentioned that in fulfilling said requirement, the General Counsel, Chief Compliance Officer, and Chief Audit Executive met to discuss the Charter and agreed that no changes to the Charter should be presented at the current meeting for approval. Mr. Williams added that while minor revisions were identified as part of the review process, the identified revisions would be postponed due to a more substantive revision that is anticipated. He pointed out that the University will need to develop its own regulation to address the proposed Board of Governors (BOG) Regulation 3.003, Fraud Prevention and Detection. He explained that once the University regulation has been finalized and adopted, the proposed Charter revisions will be presented to the Board of Trustees for review and approval.

3.2 Office of Internal Audit Status Report

Mr. Williams presented the Internal Audit Status Report, commenting on recently completed audits. He noted that the Audit pertaining to Procurement and Competitive Bidding Procedures concluded

that there are adequate and effective controls in place for the purchase of commodities and contractual services. Mr. Williams added that the informal and formal solicitation processes follow state statutory competitive solicitation and exceptions requirements. He indicated that the Audit identified operational enhancements, specifically performing advanced spend analysis, improving the documentation related to certain activities in the procurement process, and ensuring that prices obtained on blanket purchase orders are adequately verified against the contract. He pointed out that six recommendations were offered at the conclusion of the audit and that management agreed to implement said recommendations.

Mr. Williams remarked on the Audit relating to Media Sanitization Guidelines and Controls, stating that the purpose of the Audit was to ensure that media used at the University are properly sanitized whenever transferred or disposed and said processes are compliant with National Institute of Standards and Technology (NIST) guidelines. He delineated the audit findings to highlight areas where FIU has opportunities to strengthen the media sanitization process, specifically the need to formally document the standardization procedures for media type in an operational manual, improving the recordkeeping pertaining to sanitized devices, implementing procedures for the verification of sanitization results, defining the frequency for testing and calibrating sanitization equipment, and developing training content that is specific to FIU media sanitization protocol. Mr. Williams indicated that 13 recommendations were offered, and that management agreed to implement said recommendations.

Mr. Williams highlighted the eight (8) audits that are in various stages of completion. He commented on the audit recommendation follow-up status report, noting that of the 28 recommendations due for implementation during the past six-month period ending July 31, 2021, 25 or 89% were completed, and three (3) or 11% were partially implemented. He remarked on consulting and advisory services, specifically relating to Higher Education Emergency Relief Fund (HEERF I, II, and III) use guidelines, the draft BOG Regulation on foreign influence, and the proposed University Antifraud Regulation development.

In response to Board Vice Chair Roger Tovar, Mr. Williams indicated that the three (3) pending prior audit recommendations that have not been fully implemented do not present any undue exposure to the University that is unacceptable, adding that while management has taken certain actions to-date, matters relating to timing and extenuating circumstances resulted in the recommendations not being fully implemented. Board Vice Chair Tovar inquired as to the Athletics-related investigation described as part of the Office of Internal Audit Status Report and requested that future investigations and whistleblower complaints include a summary on the conclusion reached. Responding to Board Vice Chair Tovar's inquiry on the Athletics-related investigation, Mr. Williams pointed out that the Office of Internal Audit investigated a series of complaints and of the complaints that were lodged, four (4) were substantiated. He added that the Office of Internal Audit communicated the investigation findings with the Department of Athletics and issued approximately six (6) recommendations aimed at addressing the issues identified as part of the substantiated complaints.

In response to Trustee Natasha Lowell, Mr. Williams pointed out that management has outlined specific guidelines and methodologies in terms of how Coronavirus Aid, Relief, and Economic

Security (CARES) Act and HEERF funds are distributed. Further responding to Trustee Lowell, Senior Vice President for Administration and Chief Financial Officer Kenneth A. Jessell indicated that student funding is direct aid to cover costs associated with COVID-19 and has no associated requirements or repayment obligations.

3.3 Office of University Compliance and Integrity Quarterly Report

Chief Compliance and Privacy Officer Jennifer LaPorta provided work plan updates and highlighted key aspects of the University Compliance and Integrity Annual Report. She commented on initiatives that have positioned the University to comply with the evolving legal and compliance requirements faced in the area of foreign influence and global risk. She provided an overview of HB 7017 and FIU's institutional response, noting that two (2) attorneys from the FIU Office of the General Counsel participated in the BOG taskforce, which developed the BOG Regulation related to HB 7017. Ms. LaPorta added that FIU's Foreign Influence and Global Risk Taskforce participated in a dedicated session and presentation regarding the new Florida Statutes relating to foreign influence. She further added that, as Chair of the Taskforce, she oversees the four distinct subcommittees formed to address the requirements of the five (5) statutes related to HB 7017 and that each subcommittee is resourced with key University relevant stakeholders and tasked with specific responsibilities.

Ms. LaPorta commented on the three-year policy review, noting that a total of 413, or 65%, University policies were substantially reviewed and revised to accommodate an updated Policy template. She pointed out that in the 2019-20 plan year, a 99% completion rate was achieved for mandatory compliance trainings. She mentioned that since the last Audit and Compliance Committee meeting, FIU's official Name, Image, and Likeness Policy was drafted and published, a robust student-athlete communication and education campaign was initiated, and a third-party administrator, INFLCR, was contracted to support student-athletes and manage the disclosure process. Ms. LaPorta mentioned that the Compliance calendar was upgraded, in collaboration with IT, in the 2019-20 plan year to develop an automated, user-friendly process to issue reminders and record verification of compliance obligations. She indicated that the University is currently engaged in the five-year assessment of the Compliance Program, as required by the BOG, noting that the results will be submitted to the BOG and reported to the FIU Board of Trustees Audit and Compliance Committee. She remarked on the Ethical Panther Hotline and Case Management Platform, adding that 35 new cases have been reviewed and tracked since the launch of the new platform in late April.

Trustee Donna J. Hrinak requested that Ms. LaPorta keep the Committee apprised of developments regarding HB 7017, specifically relating to the possible implications on how researchers and other travelers engage with counterparts outside of the United States. Ms. LaPorta mentioned that it is critical that FIU ensures that processes remain efficient and effective in order for the University to continue its work and in terms of attracting researchers, faculty, and students. In response to Trustee Joerg Reinhold, Ms. LaPorta commented that it is too early to know if HB 7017 has impacted the hiring of foreign researchers.

4. Reports

There were no questions from the Committee members in terms of the annual reports.

5. New Business

5.1 Senior Management Discussion of Audit Processes

Committee Chair Prescott noted that, as is stipulated in the Audit and Compliance Committee Charter, the Committee must meet with the Office of Internal Audit and senior management, separately, to discuss the audit process. He further noted that because this meeting is conducted in the Sunshine, no one present or participating via Zoom or accessing the meeting via the webcast was required to exit those platforms during the discussion with senior management, adding that this was strictly voluntary. The Committee met with senior management. Trustee Prescott commended the work of Mr. Williams and Ms. LaPorta. There were no questions or further comments from the Committee members or senior management.

6. Concluding Remarks and Adjournment

With no other business, Committee Chair Gene Prescott adjourned the meeting of the Florida International University Board of Trustees Audit and Compliance Committee on Tuesday, September 14, 2021, at 8:53 a.m.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**

Audit and Compliance Committee

December 8, 2021

Subject: External Program Review of the Florida International University Compliance Program, 2021

Proposed Committee Action:

Recommend that the Florida International University Board of Trustees approve the External Program Review of the Florida International University Compliance Program (the “External Program Review”) and authorize the submission of the External Program Review to the Florida Board of Governors.

Background Information:

Florida Board of Governors Regulation 4.003 State University System Compliance and Ethics Programs (7)(c) states, in relevant part, that at least once every five (5) years, the University 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.

Supporting Documentation: External Program Review of the Florida International University Compliance Program, November 2021

Facilitator/Presenter: Jennifer LaPorta

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External Program Review of the Florida International University Compliance Program

November 18, 2021

EXECUTIVE SUMMARY

As requested by the Florida International University ("FIU") chief compliance officer (CCO), Ethisphere conducted an external quality assessment of the compliance program of FIU. The principle objectives of the program review (PR) were to assess conformance with applicable authoritative sources, specifically, Board of Governors Regulation 4.003 *State University System Compliance and Ethics Programs* of the State University System Board of Governors, and to evaluate the compliance program's effectiveness in carrying out its mission as set forth in its charter and identify opportunities to enhance its management and work processes as well as its value to FIU.

OPINION AS TO CONFORMANCE

It is our overall opinion that the compliance program "**Generally Conforms**" with Board of Governors Regulation 4.003. The PR team identified opportunities for further improvement, details of which are provided in this report.

Ratings Scale - "generally conforms," "partially conforms," and "does not conform."

- "Generally Conforms" means the assessor has concluded that the relevant structures, policies and procedure of the activity, as well as the processes by which they are applied, comply with the requirements of the Board of Governors Regulation 4.003 *State University System Compliance and Ethics Programs* in all material aspects.
- "Partially Conforms" means deficiencies in practice are noted that are judged to deviate from authoritative sources, but these deficiencies did not preclude the compliance activity from performing its responsibilities in an acceptable manner.
- "Does Not Conform" means deficiencies in practice are judged to be so significant as to seriously impair or preclude the compliance activity from performing adequately in all or in significant areas of its responsibilities.

SCOPE AND METHODOLOGY

Before commencement of the work by the PR team in September of 2021, the team leader conducted a preliminary meeting with Jennifer LaPorta, Luz Cabrera Frias, Dayanis Borges, and Lilia Bourzac to gather additional background information. Additionally, a sample of university audit and compliance committee members, university executives and compliance program staff were selected for interview. The compliance program's risk assessment and planning processes, compliance tools and methodologies, engagement, staff management processes, and a representative sample of the compliance program work and reports were also reviewed.

Ethisphere's review of the program elements and functions involved an examination of the program's existing state through use of the Ethics Quotient survey, evaluation of program documentation, and interviews of University compliance staff. Ethisphere's team then compared these elements against the expectations set forth in the Florida Board of Governors Effectiveness Survey Tool along with the data and research elements used in Ethisphere's own program assessment process.

OBSERVATIONS AND POSITIVE ATTRIBUTIONS

The compliance program environment where we performed our review is well structured and progressive where Board of Governors Regulations are understood and management is endeavoring to provide useful tools and implement appropriate practices. Some successful practices observed were:

- Excellent operational documentation of program elements;
- Clear, concise, and consistent reporting to leadership with clear action points;
- Solid working relationships with other University functions leading to positive outcomes;
- Proactive, well-considered, thoroughly planned, and well-engaged initiatives to address emerging risk areas (especially foreign influence);
- Well-executed process for surveying ethical culture at FIU and generating action items based on results – very strong component of the evaluation;
- Staff competencies strategically employed given limited resources.

Consequently our comments and recommendations are intended to build on this foundation already in place in the compliance program.

RECOMMENDATIONS - IF ANY

Recommendations are divided into two groups:

PART I: MATTERS FOR CONSIDERATION FOR EXECUTIVE MANAGEMENT AND BOT AUDIT AND COMPLIANCE COMMITTEE

1. Provide clear direction from the Audit and Compliance Committee around resource allocation for new mandates, such as foreign influence and conflict of interest, to ensure compliance group is not underresourced or overtaxed;
2. Provide written performance review input from the Audit and Compliance Committee, independently from input provided from President, for Chief Compliance and Privacy Officer.

PART II: MATTERS FOR CONSIDERATION FOR CHIEF COMPLIANCE OFFICER

1. Publish and publicize updated Code of Conduct upon finalization;
2. Increase use of targeted communications for staff and use strategically to reach audiences between training sessions;
3. Create a multi-year communications plan;
4. Evaluate where an online, consolidated gift and entertainment tracking tool would be more helpful than current manual tracking methods.

Thank you for the opportunity to be of service to Florida International University. We will be pleased to respond to further questions concerning this report and furnish any desired information.

Respectfully submitted by:



Neal Thurston
Director, Data and Services
Ethisphere

PROJECT TEAM:

This engagement was conducted and supervised by:

- Neal Thurston
- Emme Devonish
- Aimee Lanik



Office of Internal Audit Status Report



BOARD OF TRUSTEES

December 8, 2021



Office of Internal Audit

Date: December 8, 2021

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 September 14, 2021, we have completed the following projects:

Projects Completed

Audit of Laboratory Safety

We have completed an audit of Laboratory Safety for the period July 1, 2019, through December 31, 2020, and have assessed current practices through May 31, 2021. The University's Department of Environmental Health and Safety is responsible for managing lab safety and ensuring compliance with laboratory standards, through training, inspections, and other support.

In summary, we concluded that the University has established robust policies and procedures and effective governance and oversight practices to enforce regulatory compliance over lab safety. However, we have identified gaps in the operations of laboratories—some having a more direct impact on safety, others being operational in nature—that must be addressed. Specifically, the process for managing lab safety inspections could be more efficient, notification and correction of lab deficiencies could be timelier, lab personnel need to ensure all required refresher safety training are current, and controls are needed to ensure controlled substances and other hazardous materials are not improperly purchased with departmental credit cards. In addition, improvements are needed for managing access to labs, whereby such access is timely removed for terminated lab employees once no longer required.

Audit of Healthcare Affiliated Agreements for Student Placement/Rotation

We have completed an audit of Affiliated Healthcare Agreements for Student Rotation and Placement for the period July 1, 2018, through June 30, 2020, and have assessed current practices through June 30, 2021. The Herbert Wertheim College of Medicine (HWCOC) and the Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) both utilize affiliated agreements to afford students the education, training, and clinical experience required by their curricula.

In summary, we concluded that the HWCOC and NWCNHS have appropriate internal controls for some areas of their operations for managing affiliated agreements. The Colleges have established processes in place for the execution of affiliated agreements and student placement in those facilities. Combined, the Colleges have an extensive number of active affiliated agreements, almost 1,200, of which, they utilized approximately 55% (632) during the period audited. HWCOC contract utilization rate was 80% and NWCNHS's was 49%. Additionally, HWCOC appeared to have good controls over the timely and accurate payment for the services provided through the affiliated agreements. NWCNHS agreements are not fee-for-service agreements, as prohibited by Florida Statutes.

Additionally, based on the limited testing we performed, students appeared to be satisfied with their program experience. Of note, the Association of American Medical Colleges' voluntarily end-of-program survey completed by HWCOC students returned an average overall satisfaction rating of 89.6% over the five-year period between 2017 and 2021, with annual ratings ranging from 83.1% to 97%.

Notwithstanding the foregoing, in part, we offered the following recommendations to improve the management of executed affiliated healthcare agreements and general operations: (1) review all contracts that are auto renewed and transition them to contracts with a set term; (2) update the affiliated agreements to include insurance coverage and an indemnification clause and ensure the General Counsel review all contracts for legal sufficiency; (3) consider implementing a universal contract management system; (4) improve controls over use of the Volunteer & Employee Criminal History System by removing access of a former employee and another employee whose duties no longer require access and prohibit employees from sharing user credentials; (5) consider developing an effective quality control review process for validating the background screening results; and (6) ensure appropriate supporting documentation of students' completion of prerequisite requirements are maintained and that all employees complete the Outside Activity/Conflict of Interest Form as required annually and make certain the forms are reviewed and approved by the employees' supervisors.

Work in Progress

The following ongoing audits are in various stages of completion:

| <u>Ongoing Audits</u> | |
|--|-----------------------|
| Audits | Status |
| IT Controls Over Procurement Services | Drafting Report |
| Conflict of Interest and Related Party Transactions | Drafting Report |
| Admissions Policy Compliance | Fieldwork in Progress |
| Cybersecurity Prevention and Detection Controls - Ransomware | Fieldwork in Progress |
| Performance Based Funding Metrics Data Integrity 2021 | Fieldwork in Progress |
| FERPA Compliance | Planning |

Investigation and Consulting Activities

The Office of Internal Audit receives complaints of alleged wrongdoing, including suspected fraud, waste, and abuse. We have evaluated the complaints received and are currently investigating those deemed appropriate for our office to investigate and have referred the others to other appropriate units within the University for investigations. Substantiated allegations that are deemed to be significant and credible will be reported to the University President and Board of Trustees. We have no such results to report currently.

Our office continues to provide support, in collaboration with the Office of the General Counsel and the Office of Compliance and Integrity, with the development of University's Fraud Protection and Detection Regulation.

Professional Development

Mrs. Natalie San Martin, who has been a professional staff member with the OIA for approximately four years, was selected to fill the previously vacant Audit Manager position, through a competitive process. Prior to the selection, Mrs. San Martin served as an Audit Project Manager in the office.

Our staff members continue to take advantage of professional development opportunities that are available to them, including completing courses in applying data analytics in every audit, using Power Business Intelligence, auditing for fraud and forensic accounting, auditing construction contracts, and cybersecurity awareness.

Other Matters

Currently, there are two vacancies in the Office of Internal Audit—one Senior Auditor and one Audit Project Manager. Recruitment for both positions is ongoing. We endeavor to fill these positions with qualified candidates at the earliest date that time and circumstances permit.

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University Compliance and Integrity

FLORIDA INTERNATIONAL UNIVERSITY

Office of University Compliance and Integrity Quarterly Report

First Quarter 2021-2022

December 8, 2021





BOARD OF TRUSTEES
Audit and Compliance Committee
December 8, 2021

Office of University Compliance & Integrity Quarterly Report

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 is designed to prevent, detect, and correct misconduct within the University based on the elements of an effective compliance program as set forth in Chapter 8 of the U.S. Federal Sentencing Guidelines and as required by Florida Board of Governors Regulation 4.003.

The Office of University Compliance and Integrity (the "Compliance Office") is pleased to present the status update for the 2021 – 2022 Compliance Work Plan. The information reflects progress on the key action items and other compliance activities for the first quarter of fiscal year 2021 - 2022 (July 1 – September 30).

1. Provide Program Structure and Oversight of Compliance and Ethics and Related Activities

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.

2. Standards of Conduct and Policies

The Compliance Office oversees the Florida International University Policies and Procedures Library as well as the University-wide policy development and management process. The Compliance Office provides support to the responsible offices charged with developing, updating, administering, communicating, training, monitoring and ensuring compliance with University policy.

3. Training, Education and Communications

The Compliance Office trains, educates, and creates communication pathways to inform the Florida International University Community of its compliance responsibilities, regulatory obligations, and the University compliance and ethics program.

4. Measurement and Monitoring

The Compliance Office identifies and remediates noncompliance through proactive review and monitoring of risk areas. The 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 units. The Compliance Office also measures and evaluates the overall compliance and ethics culture of Florida International University

5. Enforce and Promote Standards through a System of Investigations, Discipline, Incentives and Corrective Actions

The Compliance Office, in consultation with the University President and FIU Board of Trustees and in partnership with Human Resources, promotes and enforces the Program and University regulations, policies and procedures consistently through appropriate incentives and consequences for noncompliance. The Compliance Office conducts timely reviews and coordinates investigations of allegations of noncompliance and misconduct and provides guidance on corrective actions.

6. Risk Management

The Compliance Office partners with the Office of Internal Audit through the Enterprise Risk Assessment to identify areas of compliance risk for further monitoring and to assist risk owners in mitigating and managing risk.

Office of University Compliance & Integrity Quarterly Report

PROGRAM STRUCTURE & OVERSIGHT

The 2021-2022 Annual Work Plan includes continuation of the multitude of Program activities conducted, coordinated, and facilitated by the Compliance Office that promote an organizational culture and that encourage ethical conduct.

Compliance Internal Operating Procedures

- Continue to develop internal operating procedures to document and streamline the various processes, programs, and functions undertaken to effectuate the Program.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for Ethical Panther Hotline iSight Case Management System.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for FIU Compliance Training Reporting.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for Travel Authorization Export Controls Review.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for Compliance Calendar Reminder and Monitoring Platform (tracking University-wide federal and state filings). Finalizing wireframing of IT Platform to automate current workflow before finalizing Internal Operating Procedure.
- Engaged in Process Improvement Assessment and development of Internal Operating Procedure for Visual Compliance Restricted Party Screening.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for Payment Card Industry Data Security Standard (PCI DSS) Training Approval Workflow.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for International Mailing Export Control Approval.
- Completed Process Improvement Assessment and began development of Internal Operating Procedure for Development of Compliance Course Campaign Procedures.
 - Engaged in testing and evaluation for required Compliance Training and Policy Attestation Escalation Process to optimize Internal Operating Procedure.

Foreign Influence and Global Risk Governance Activities

- Continued process improvements and addition of new substantive material for new Export Control Website, exportcontrol.fiu.edu, which incorporates user-friendly interfaces and interactively linked forms, procedural guidance, materials, definitions, trainings, and go-to resources.
- Led the HB7017 Compliance Task Force and Sub-committee meetings:
 - 286.101 - Foreign Gifts and Contracts
 - 288.860 - International Cultural Agreements
 - 1010.25 - Foreign Gift Reporting
 - 1010.35 - Screening foreign researchers
 - 1010.36 - Foreign travel; research institutions
- In cooperation with the Office of Research and Economic Development, the Division of Human Resources, the Office of the General Counsel, and the Office of the Provost, began development of workflows, job postings and screening processes to incorporate mandates of the Florida State Statute regarding foreign influence.
- In cooperation with Global Affairs, the Office of the Controller, the Office of Research and Economic Development, and the Office of General Counsel, began redesign of the Travel Authorization Request (TAR) process to incorporate the mandates of the Florida State Statute regarding foreign influence. Created workflows, screening questionnaire, and post travel information form to effectuate the statutory requirements across all foreign travel destinations.
- In cooperation with Global Affairs, the Office of the General Counsel, and Academic Affairs, developed workflows to assess existing agreements with foreign institutions and establish new agreement process flows to incorporate the mandates of the Florida State Statute regarding foreign influence.
- In cooperation with the Office of General Counsel, began development of new reporting guidelines for gifts and contracts with foreign parties to incorporate the mandates of the Florida State Statute regarding foreign influence.
- Continued assessment activities related to the first three of ten assessment modules to identify measures to minimize foreign influence risk in the overall context of FIU's international academic and research mission including:
 - Foreign Nationals on Campus: Visa-holders and Visitors – assess preventative measures to selectively detect and avoid undue foreign influence where it could potentially arise in the context of foreign nationals on campus
 - Conflicts of Interest and Commitment – assess conflicts of interest and conflicts of commitment policies and processes pertaining to global engagement scenarios
 - Compliance with Export Controls - assess the alignment of export control processes to account for and support foreign influence prevention strategies
- Coordinated FIU's response to foreign source reporting requirement pursuant to Section 117 Higher Education Act. Worked with the Office of the General Counsel to communicate requirements, respond to questions, make process improvements to the

reporting system, and develop guidelines for responsive data for required July 31, 2021, submission. Completed July 31, 2021, submission.

- Participated in regular Travel Committee meetings to review and issue recommendations regarding employee and student petitions for international travel and student mobility programs. Reassessed recommendations to the Provost regarding foreign travel guidelines for University Community.
- Worked with export control consultant to develop three export control training modules.
- Worked with export control consultant to develop and launch a centralized international shipping review process that is designed to systematically and timely address export licensing requirements while ensuring that routine (non-controlled) shipping transactions occur without delay.
- Partnered with FIU Global to ensure that timely export control screenings occur on all institutional international agreements that are to be identified through FIU Global's new agreement intake process.
- Continued to work with Office of Research and Economic Development and the Division of Human Resources to implement an Intellectual Property (IP) protection agreement to ensure that FIU's IP is fully protected with respect to exposure by individuals who (unlike employees) are not otherwise subject to FIU's standard IP ownership policy pursuant to an employment agreement.
- Developed concise "guidance" to define foreign influence and provide clear direction concerning engagement with U.S. government-restricted entities as well as those which fall under a "watch-listed" category.
- Conducted 109 visual compliance research reviews during the reporting period.
- Chaired Foreign Influence and Global Risk Task Force Meeting held on September 24, 2021. After a brief recap of the previous meeting and a summary of the current meeting's agenda, the Office of Government and Community Affairs presented a Foreign Influence Legislative Update to the group.

Following the Legislative Update, each of the four subcommittees reported back to the full Taskforce regarding progress made. The four subcommittees are as follows:

- Screening Foreign Researchers
- International Cultural Agreements
- Foreign Travel; Research Institutions
- Foreign Gifts and Contract Reporting

Each subcommittee is staffed with a member of the Office of University Compliance, the Office of General Counsel, the Office of Research and Economic Development and key relevant University stakeholders, with the Chief Audit Executive acting in an advisory capacity to ultimately review the auditable processes and workflows as they are developed. The subcommittees are tasked with the following objectives:

- Create short-term solutions for compliance with the statutes using current available resources

- Create more automated, auditable processes and workflows to address the requirements of the statute moving forward while leveraging and building upon existing FIU platforms
- Develop the basis for any recommended short term and longer-term additional resources
- Report back at regular full Task Force meetings regarding the status of the work of each subcommittee

Each subcommittee report contained a brief overview of the statutory requirements and a summary of the Institutional Response thus far, with some discussion of additional necessary resources.

FIU's export controls consultant reported on two global risk initiatives: the international shipping process and export control training modules. The next full Task Force meeting is scheduled for December 2021, with significant sub-committee work and ad-hoc meetings, training, and communication with the full Task Force (as necessary and appropriate) occurring in the interim.

Participation in Task Forces, Committees and Other Compliance-Related Initiatives

The Compliance Office continues to lead and/or participate in several task forces, committees and initiatives including, but not limited to:

- Chair of the State University System Compliance Consortium
- Chair of the Global Risk and Foreign Influence Task Force
- Chair of the Policy Committee
- Chair of the Compliance Liaison Committee
- Co-Chair of the Health Insurance Portability and Accountability Act Committee
- Co-Chair of the FERPA Committee
- Co-Chair of the Enterprise Risk Management Group
- Member of the Dean's Advisory Council
- Member of the Operations Committee
- Member of the National Collegiate Athletic Association Oversight Committee
- Member of the International Travel Committee
- Member of the University Building Access Policy Committee
- Member of the National Institute of Standards and Technology Compliance Working Group
- Member of the Drug and Alcohol Task Force
- Member of the Digital Accessibility Working Group
- Member of the Professional Licensure Disclosure Committee

- Member of the Outside Activity/Conflict of Interest Workgroup
- Participant in the Biscayne Bay Leadership Team meetings
- Participant in Emergency Operations Committee COVID-19 Response Planning Briefings
- Participant in the Office of Civil Rights (OCR) Resolution Action Plan Workgroup
- Participant in Information Technology Administrators Committee (ITAC)
- Member of Ethics Policies Working Group
- Compliance Manager is a member of the Presidential Leadership Program
- Compliance Assistant Director is a member of the Leadership Education Advancement Program (LEAP)

Athletics Compliance Oversight and Initiatives

- Led the Name, Image, and Likeness (NIL) Compliance activities including development of NIL policy and training of athletes, coaches, and other athletic support staff.
- Conducted head coaches meeting along with the executive team to review policy changes and new NCAA legislation.
- Conducted meeting with Student Athlete Advisory Committee (SAAC) to review new legislation, rules, etc.
- Met with executive staff to review all new and pending legislation and to determine the potential impact on the Athletics department coaches and teams.
- Met with the Office of Admissions to discuss the admission of scholarships and "preferred" walk on student-athletes.
- Met with the Office of Financial Aid to discuss applicable financial aid legislation and the process of disbursing aid and refunds to student-athletes.
- Met with the Office of the Registrar to review "progress towards degree" legislation and proposals as well as continuous improvement to the certification process.
- Launched and onboarded all student-athletes with INFLCR, an app that allows student-athletes to have access to photos, video, and graphics directly from INFLCR that student-athletes can use on their own social channels, as well as disclose all partnerships, agreements, and transactions students will complete to send to Compliance.
- Reviewed over 30 NIL transactions.
- Conducted head coaches meeting along with the executive team to review NCAA legislation, DI Council Updates, and policies.
- Presented to all coaches with the Office of General Counsel to discuss athletic camp activities and protocols.
- Met with executive staff to review all new and pending legislation and to determine the potential impact on the Athletics department coaches and teams.
- Created the FIU brand name for NIL – ROAR.
- Initiated communications to media teams for NCAA Diversity and Inclusive Social Media Campaign.
- Lead sport specific compliance calls with Men's and Women's Basketball coaches and staff.

Health Affairs Compliance Oversight and Initiatives

- Led HIPAA Privacy discussion as part of the monthly HIPAA committee meeting. Participated in HIPAA committee planning meeting with the Office of the General Counsel, Office of University Compliance, and Information Technology.
- Made adjustments and modifications to address the “minor technical difficulties” identified in the final HIPAA Privacy Assessment (HPA).
- With respect to the one remaining Standard in which the HPA identified “compliance efforts are presently inadequate or otherwise did not appropriately implement regulatory requirements,” the Office of University and Compliance, through its Director of Health Affairs Compliance, and the Office of General Counsel reviewed the Herbert Wertheim College of Medicine’s (HWCOM) Faculty Practice handling and processing of medical records.
 - Pursuant to recommendations from the Health Affairs Compliance Director and The Office of General Counsel, HWCOM has approved and posted the Medical Records Manager position and recruiting process is in progress.
- Led internal discussion regarding patient privacy monitoring services. Worked with our consultant to identify a privacy monitoring/auditing tool which translates across the various Electronic Medical Records applications (EMRs) utilized by FIU.
- Negotiated a one-year contract for the monitoring/auditing tool with an option to enter a multi-year contract at the conclusion of the one-year contract.
- Presented the terms of the monitoring/auditing tool contract, the regulatory basis for recommending the tool, and the pricing to members of upper management from HWCOM, the Center for Children and Families (CCF), and the Group Faculty Practice (The Practice) during numerous meetings.
- Engaged in Development of HIPAA Privacy Rule Training Modules.
- Prepared Compliance updates for October Health Care Network Finance and Audit Committee meeting.

Oversight and Accountability

- Compliance Liaison Dashboard – Met with key liaisons to address compliance related issues and initiatives within their division.
- Executive Dashboard – Presented the Vice President/Dean Executive Scorecard each month at the Operations Committee and Deans Advisory Board Meetings indicating the status of Required Compliance Tasks for University Leadership (Trainings and Policy Attestations).
- Policy Working Group Scorecard – began assessment of Policy Development Framework with planned updates to be reviewed and considered by the Policy Workgroup.

Operationalize FIU’s Core Values

- Prepared Ethical Decision Making presentation for the FIU Foundation leadership meeting.

- Drafted Fall Compliance Newsletter with an emphasis on Ethical Decision Making.
- Launched FIU University Compliance Office Effectiveness Survey with added questions regarding ethical leadership and behavior.

Five Year Review of Compliance Program

- Launched external review process with *Ethisphere* to assess the Compliance Program's design and effectiveness. Review and assessment required pursuant to Florida Board of Governors Regulation 4.003 State University System Compliance and Ethics Programs (7)(c) which requires that at least once every five (5) years, the University 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.
- Responded to extensive questionnaire and document request regarding program elements, platforms, and initiatives.
- Scheduled interviews between Ethisphere and members of the Compliance Office, senior leadership and a member of the Board of Trustees Audit and Compliance Committee.
- External Program Review of the Florida International University Compliance Program has since been completed and submitted to the Audit and Compliance Committee for approval to submit to the BOG.

STANDARDS OF CONDUCT & POLICIES

The 2021-2022 Annual Work Plan includes continuation of the support and resources the Compliance Office provides to Policy Owners in enforcing University policies and procedures, launch of the updated Code of Conduct, oversight of the Policy Working Group and updates to the University Policy Framework and the University's ethics policies related to State Employee responsibilities and obligations.

2021-2022 Policy Development Process

- Managed the Policy Development Process, including ushering new or significantly revised policies through the appropriate review process by the Deans Advisory Council and the Operations Committee prior to posting.
- Consulted with policy owners during various stages of the policy development process.
- Met with our third-party consultant regarding the results of their review and feedback of FIU's Policy Framework process and inventory controls.
- Led by Athletics Compliance, worked with the Office of General Counsel, Athletics, and the Office of the President to develop and launch a policy, training, and operational system to address Name, Image and Likeness Legislation.

- Collaborated with the Office of General Counsel and the Office of Research and Economic Development to finalize a policy and procedures for addressing institutional conflict of interest for University leaders. Addressed feedback from the University President.
- Participated in the development of the UFF-FIU Collective Bargaining Agreement Conflict of Interest Policy and aligned the University Conflict of Interest Policy, integrating it into the updated policy template.
- Worked with the Chief Audit Executive, the General Counsel, and the Senior Vice President for Finance and Administration and Chief Financial Officer to develop FIU - 117 Regulation - Fraud Prevention and Detection.
- Served as a resource for development of the Construction Accounting Policy.
- Met with Finance Administration to discuss updates to the Identity Theft Prevention Program, policy, and training.
- Worked with the Office of General Counsel and the Office of Research and Economic Development to finalize the Inventions and Patents Policy.

FIU Code of Conduct

- Completed final draft of FIU's Code of Conduct.
- Disseminated sections of the Code of Conduct to key stakeholders for review and feedback.
- Began development of comprehensive communications campaign for Code of Conduct launch and rollout.

Risk Management approach to University Policies

- Designed the wireframing of the New FIU Risk Platform to include University policies as a control and mitigation measure.
- Incorporated data analysis from the 2020-2021 University-wide policy review to determine breadth and frequency of individual policy communication campaigns and whether associated training is necessary.
- Identified and coordinated policy campaigns with policy owners using a risk profile lens as new policies are created or substantively updated.

Increase University Policy Awareness

- Continued to work with policy owners to determine the frequency and appropriate audience for policy campaigns.
- Continued to work with policy owners to identify various new methods of communicating policy.
- Continued to work with the Division of Human Resources to utilize its newsletter as a policy communication tool.
- Drafted Fall Compliance Newsletter to include a section highlighting new University policies.

New University Policies Reviewed and Endorsed by the Operations Committee and Deans Advisory Counsel

The Office of University Compliance ushered twelve new policies through the New Policy Framework endorsement process:

- 900.001 - Name, Image and Likeness Policy
- 1660.105 - Class of Workforce Members Policy and Procedure
- 1160.110 - Designated Record Set Policy and Procedure
- 1660.115 - Destruction and Disposal of Protected Health Information Policy and Procedure
- 1660.120 - Minimum Necessary Policy and Procedure
- 1660.125 - Required Disclosures of Protected Health Information Policy and Procedure
- 1660.130 - Uses and Disclosures of PHI for Media, Public, Teaching, Diagnostic, and Emergency Operation Purposes
- 1660.135 - Incidental Disclosure Policy and Procedure
- 1610.005 - Designated Components of the FIU HIPAA Hybrid Covered Entity Policy and Procedure
- 1660.020 - Business Associate Agreements Policy and Procedure
- 1660.140 - De-identification and Re-identification of Protected Health Information Policy and Procedure
- 1710.257 - Background and Criminal History Check Requirements

TRAINING, EDUCATION & COMMUNICATIONS

The 2021-2022 Annual Work Plan includes continuation of robust training, education and communication activities conducted, coordinated, and facilitated by the Compliance Office to increase employee awareness. Efforts include information communicated through mandatory compliance training campaigns, self-enrollment educational opportunities, FIU's Compliance Newsletter, the Compliance and Integrity and Export Control Websites, time-sensitive communications, presentations and compliance updates, and participation in New Employee Orientation.

2021- 2022 Annual and Scheduled Training, Education, and Communication

Designed, developed, and issued seven compliance trainings to University faculty and staff including:

- FERPA Basics (Full campaign scheduled for Spring 2022)
 - 504 employees trained
- FIU Clery Act Basics campaign progress
 - 92.9% campaign completion
 - 497 employees trained
- Health Insurance Portability and Accountability (HIPAA) Act Basics

- rolling enrollment
- employees and students trained: 1622 (CY 2021)
- Payment Card Industry Data Security Standard (PCI-DSS) for Merchants
 - rolling enrollment
 - employees trained: 265 (CY 2020), 213 (CY 2021)
- Payment Card Industry Data Security Standard (PCI-DSS) for IT
 - rolling enrollment
 - employees trained: 51 (CY 2020), 36 (CY 2021)
- Red Flags – Preventing ID Theft with Data Security (Full campaign scheduled for Spring 2022)
- Travel at FIU campaign progress
 - 97.5% campaign completion
 - 589 employees trained

Designed, developed, and issued two policy attestation courses with comprehension quizzes including:

- Digital Accessibility
 - 89% campaign completion
 - 25 employees trained
- Student-Athlete Name, Image, and Likeness
 - 96% campaign completion
 - 27 employees trained
- Conducted the New Employee Experience Compliance and Ethics training (bi-weekly).

Training and Education Program Activities

- Developed schedule for 2021-2022 Policy Acknowledgment and Compliance Training campaigns.
- Continued to work with the Division of Human Resources to utilize the HR Newsletter as a new/updated policy communication tool.
- Met with FERPA Workgroup to discuss automated annual training directly tied to initial and continued *Campus Solutions* access.
- Developed material for next edition of Compliance Matters Newsletter.
- Tracked and disseminated weekly training completion report for all Health Affairs units.
- Health Affairs compliance meetings with affected units to determine role-based trainings. Met with FIU Develop to develop advanced HIPAA training modules.

- Developed three Export Control trainings (Basic Training, Health Science Professionals, Research and Operations Personnel).
- Met with Environmental Health and Safety to identify a plan to streamline lab safety courses with compliance policy acknowledgements.
- Leveraged the improved Escalation Protocol to maximize completion rates for four campaigns.
- For campaigns currently in the escalation process:
 - Communicated with Deans and Vice Presidents regarding individual department completion rates to leverage their assistance with communicating the importance of completing compliance-related tasks to their teams.
 - Coordinated with Employee and Labor Relations to ensure that for those employees who did not complete a required compliance task following the escalation period, a notification was placed in their personnel file which impacts the Performance Excellence Process (PEP) compliance rating for the applicable year.
 - Worked with Employee and Labor Relations to send out final escalation notices for all remaining 2020-2021 campaigns and to effectuate non-compliance memorandum in the individual personnel files. Provided notice to the supervisors of the affected employees.
- Developed and implemented a communications plan for international shipments to comply with export control regulations.

MEASUREMENT & MONITORING

The 2021-2022 Annual Work Plan includes continuation of regular measurement and monitoring program elements in addition to conducting several identified assessments informed by evolving risks, new laws, and regulations, as well as trends identified by the Compliance Office in partnership with other units.

Scheduled Compliance Reviews and Assessments

- Outside Activities/Conflict of Interest Program Assessment - Met weekly with the Outside Activities/Conflict of Interest Workgroup including participation from the Office of General Counsel, the Office of Research and Economic Development, the Division of Human Resources, and the Office of the Provost to assess and make process improvements to conflict of interest workflows, communications and portal questions.
- Full Program Compliance Program Assessment - As required by Board of Governors Regulation 4.003, the University engaged in an external review of the Program's design and effectiveness.
- Employee Excellence Program Assessment Tool - Continued collaboration with the Division of Human Resources to integrate employee appraisal measurements against compliance requirements to allow supervisors to assess compliance and ethics more accurately as a performance metric.

- Compliance and Ethics Program Survey-Based Assessment – Developed and launched voluntary, anonymous annual assessment to University employees with additional questions regarding ethical leadership to gather data to assist with determining compliance and ethics priorities and initiatives. Over 2700 employees completed the assessment.

Ongoing Measurement and Monitoring Program Elements

- Outside Activities/Conflict of Interest Disclosure Process – Continued to work with University partners through this review process to assess risk exposures posed by certain disclosures and take proactive steps to address those risks.
- Ethical Panther Hotline Case Review – Continued to provide administration and oversight of the Ethical Panther Hotline to include review and tracking of all reports submitted.
- Travel Authorization Monitoring – In cooperation with Global Affairs, the Compliance Office monitors and assesses export control and other risks associated with international travel as a member of the International Travel Committee and as an approver for an export control questionnaire for all international travel authorizations. The Compliance Office reviewed and responded to 15 travel authorization export control approvals.
- External Compliance Requests or Investigations – Continued to provide support, coordination, or oversight of external inquiries into compliance with federal and state laws or NCAA requirements.
- Participation in Task Forces, Committees and Other Compliance Initiatives – Continued participation in a wide variety of groups to both contribute compliance guidance into University operations and to monitor operational activities for risk mitigation purposes.
- Partnership and Coordination with Internal Audit – Continued to provide guidance to the Office of Internal Audit regarding compliance-related audits and matters. Based on audit findings, (which are communicated as a matter of course to the CCO), the Compliance Office provides guidance, training, or assists departments with policy and procedure development and other mitigation strategies.
- Risk Assessment – The enterprise risk assessment conducted by the Office of Internal Audit continued to serve as a guide for the Compliance Office's risk-based approach to prioritizing and addressing University policy and other Compliance requirements.
- Payment Card Industry Training and Approval – 92 individuals trained and approved to work as merchants accepting credit cards for payment.
- Export Control Visual Compliance Screenings – Conducted 109 visual compliance research reviews and screening.
- International Travel Committee – Reviewed and provided recommendations for 62 international travel petitions

Compliance Calendar Monitoring

- Administered the Compliance monitoring calendar which includes deadlines for items requested of business partners throughout the campus by regulators and a verification process for required submissions.

- Continued to work with Information Technology to build an automated Compliance Requirements Matrix Platform to support this Compliance monitoring function. Met with the Division of Information Technology to develop system requirements, review platform development status, and provide feedback. Working toward final approval and launch of platform in Spring 2022.
- Communicated with business partners to remind them of deadlines and to seek verification of submissions for the following compliance items within this reporting period:
 - New Hire Report
 - NCAA Sports Sponsorship Demographics Report
 - Florida Bar Membership Dues
 - Social Security Number Verification Report
 - Legal Requirements Relating to Social Security Number (SSN)
 - 2022-23 Legislative Budget Request (LBR) Instructions for Fixed Capital Outlay
 - Tuition and Fee Information
 - Institutional Biosafety Committee (IBC)
 - Office of Federal Affairs Federal Lobbying Disclosure Reports
 - Section 117 - Foreign Source Reporting
 - Patient Protection and Affordable Care Act Requirements
 - Southern Association of Colleges and Schools (SACS) Accreditation Annual Dues
 - Southern Association of Colleges and Schools (SACS) Accreditation Financial Profile and Indicators
 - Federal Tax and FICA Tax Remittance
 - Florida Commission on Ethics Financial Disclosure
 - Voter Registration Provision in Higher Education Amendments of 1998
 - Student Right to Know Act Publication Requirement
 - Quarterly Financial Status Reports [Office of Management and Budget (OMB) Circular A-110 Report]
 - Internal Revenue Code (IRC) Employer's Quarterly Federal Tax Return (Form 941)
 - Annual Report for all J-1 Sponsors for the Exchange Visitor Program
 - Student Assistance Fund (formerly the Special Assistance Fund and Student-Athlete Opportunity Fund) Report
 - NCAA Report of Uses for Revenue Distributions
 - Higher Education Opportunity Act of 2008 Program Participation Agreement
 - Statement of Financial Interests
 - Federal Contractor Veterans Employment Report (VETS-100) (VETS 4212)
 - Annual Benefits Open Enrollment
 - Student and Employee Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Annual Notification
 - NCAA Membership Dues

- 2021 Schedule of Expenditures of Federal Awards (SEFA) Submission
- SUS Year-End Financial Reporting – Universities and Component Units
- Constitution Day
- Fall Johnson Enrollment Verification
- Annual Equity Report
- Higher Education Act: Federal Supplemental Educational Opportunity Grant Program

ENFORCE AND PROMOTE STANDARDS THROUGH A SYSTEM OF INVESTIGATIONS, DISCIPLINE, INCENTIVES AND CORRECTIVE ACTIONS

The 2021-2022 Annual Work Plan includes continuation of the Compliance Office assisting in investigations and reviews, overseeing the Ethical Panther Hotline, making effective use of “Scorecards” to highlight accountability, awarding professional development credits for completion of compliance tasks, and providing oversight and guidance to compliance partners regarding corrective actions.

Align Completion of Compliance Tasks with the Performance Excellence Process (PEP)

- Continued work with the Division of Human Resources to ensure consequences for employees who fail to complete required compliance tasks following the Escalation Protocol.
- Incorporated direct line supervisors into Escalation Protocol to encourage completion and communicate consequences of failure to complete required compliance tasks.
- Continued work with the Division of Human Resources to implement a system to inform supervisors of employees who have not completed compliance tasks for inclusion in the Performance Excellence Process (PEP).

Administer, Support, and Promote the Florida International University Ethical Panther Hotline

- Continued administration of the FIU Ethical Panther Hotline to include assignment, review and tracking of 23 open reports, data compilation, trend review, and reporting.
- Continued to partner with the Division of Human Resources to develop case management workflow.
- Coordinated the triage of reports by the Hotline Reports Review Committee (“Committee”), consisting of the Chief Compliance Officer, the Senior Vice President for Human Resources, and the Chief Audit Executive, tasked with reviewing all reports to determine the University’s immediate and initial response, whistleblower status, and what other University personnel, if any, must be involved in the investigation and the ultimate resolution of each report.
- Responded to each identified reporter to confirm that the report had been received, was being reviewed, and to point the reporter to additional support and resources at FIU that may be relevant given the specific nature of the report.

- Continued regular monitoring of the status of hotline reports and follow up with assigned investigators to ensure reports are assessed and addressed.
- Continued to promote the FIU Ethical Panther Hotline on the Compliance Website, the new Export Control Website, and the Policy Library in various communications.
- Developed form to facilitate the investigation and documentation of resolution by external units who do not have access to the case management system for Ethical Panther Hotline report submissions.
- Reviewed automated weekly reports to monitor progress on investigations stemming from Ethical Panther Hotline cases.

Provide Recommendations for Corrective Actions and Improvement of Ethical Conduct

- Continued providing recommendations for corrective actions and improvements of ethical conduct to the appropriate authorities following investigations or requests for guidance.
- Worked with Human Resources to develop appropriate corrective actions for failure to complete required compliance tasks.
- Met with FERPA Workgroup to investigate and recommend corrective action (if appropriate) for all reported FERPA violations.
- Worked to integrate FERPA complaint management into the new case management system.
- Worked with Associate Athletic Director of University Compliance to ensure compliance with all NCAA regulatory obligations.

RISK MANAGEMENT

The 2021-2022 Annual Work Plan includes continuation of the Compliance Office making effective use of the Enterprise Risk Management Framework, including assisting risk owners in making risk informed decisions and responding to key identified risks by implementing proper controls and mitigating measures and facilitating continuous learning.

Educate Risk Owners Regarding Risk Management Principles

- Continued to meet with the Chief Audit Executive to further develop a process for mitigating identified risk across the enterprise by educating risk owners and risk managers and developing a system of accountability.
- Continued to meet with Internal Audit to discuss development and management of the Panther Enterprise Risk Management Platform.
 - Defined fields for the Panther Risk Management Platform system requirements.
- Continued to review and address emerging risks in partnership with the Office of the General Counsel and other key stakeholders as they occur through new legislative requirements and institutional initiatives and obligations.