FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
AUDIT AND COMPLIANCE COMMITTEE

Florida International University, Modesto A. Maidique Campus
Parking Garage 5 (PG5) Market Station, Room 155
To help prevent the spread of COVID-19, public access via http://webcast.fiu.edu/

Tuesday, June 16, 2020
8:00 a.m.

Chair: Gerald C. Grant, Jr.
Vice Chair: Natasha Lowell
Members: Leonard Boord, Gene Prescott, Joerg Reinhold, Alexandra Valdes

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. **Office of Internal Audit Policy and Charter**   Trevor L. Williams

     AC2. **Compliance and Ethics Charter for the Office of University Compliance and Integrity**   Jennifer LaPorta

     AC3. **Internal Audit Plan, 2020-21**   Trevor L. Williams

     AC4. **University Compliance and Integrity Work Plan, 2020-21**   Jennifer LaPorta

4. **Discussion Items** *(No Action Required)*

     4.1 **Office of Internal Audit Status Report**   Trevor L. Williams

     4.2 **University Compliance and Integrity Quarterly Report**   Jennifer LaPorta

5. **New Business**   Gerald C. Grant, Jr.

     5.1 Senior Management Discussion of Audit Processes

6. **Concluding Remarks and Adjournment**   Gerald C. Grant, Jr.

The next Audit and Compliance Committee Meeting is scheduled for Wednesday, September 9, 2020

This page intentionally left blank

FIU Board of Trustees Audit and Compliance Committee Meeting

Time: June 16, 2020 8:00 AM - 9:00 AM EDT

Location: FIU, Modesto A. Maidique Campus, Parking Garage 5 (PG5) Market Station, Room 155 --- to help prevent the spread of COVID-19, public access via http://webcast.fiu.edu/

Section	Agenda Item	Presenter	Page
6.	Concluding Remarks and Adjournment	Gerald C. Grant, Jr.	

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Audit and Compliance Committee
June 16, 2020

Subject: Approval of Minutes of Meeting held February 26, 2020

Proposed Committee Action:

Approval of Minutes of the Audit and Compliance Committee meeting held on Wednesday, February 26, 2020 at the FIU, Modesto A. Maidique Campus, Graham Center Ballrooms.

Background Information:

Committee members will review and approve the Minutes of the Audit and Compliance Committee meeting held on Wednesday, February 26, 2020, at the FIU, Modesto A. Maidique Campus, Graham Center Ballrooms.

Supporting Documentation: Minutes: Audit and Compliance Committee Meeting, February 26, 2020

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
FEBRUARY 26, 2020

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 8:06 a.m. on Wednesday, February 26, 2020, at the FIU, Modesto A. Maidique Campus, Graham Center Ballrooms.

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; Joerg Reinhold; and Sabrina L. Rosell.

Trustees Cesar L. Alvarez, Donna J. Hrinak, T. Gene Prescott, Marc D. Sarnoff, and Roger Tovar, and University President Mark B. Rosenberg also were in attendance.

Committee Chair Grant welcomed all Trustees and University faculty and staff to the meeting. He introduced and welcomed newly appointed Trustee, Ms. Donna J. Hrinak.

2. **Approval of Minutes**
Committee Chair Grant asked that the Committee approve the Minutes of the meeting held on December 5, 2019. A motion was made and unanimously passed to approve the Minutes of the Audit and Compliance Committee Meeting held on Thursday, December 5, 2019.

3. **Action Items**
AC1. Performance Based Funding and Emerging Preeminence Metrics
  A. **Performance Based Funding and Emerging Preeminence Status – Data Integrity Certification**
  B. **Audit of Performance Based Funding and Emerging Preeminence Metrics Data Integrity**
Chief Audit Executive Trevor L. Williams presented the Data Integrity Certification and the results of the audit of Performance Based Funding and Emerging Preeminence Metrics Data Integrity for the Committee's review. He explained that the Chair of the FIU Board of Trustees (BOT) and the President of the University are required to execute the Florida Board of Governors (BOG)-furnished Data Integrity Certification. He indicated that the primary objectives of the audit were to determine whether University processes ensure the completeness, accuracy and timeliness of data submissions to the BOG and to provide an objective basis of support for the Chair and President to sign the representations made in the Performance Based Funding Data Integrity Certification that

Florida International University   DRAFT
Board of Trustees
Audit and Compliance Committee
Minutes
February 26, 2020
Page | 2

are due to the BOG by March 2, 2020.

Mr. Williams delineated the State University System 2019-20 allocations of performance based funding and described areas of focus from past audits, namely, data administrator authority and responsibility, adequacy of policies and procedures, and system access controls and privileges. He indicated that the areas of focus for the current audit included data process flows, system controls, and data accuracy testing for Performance Base Funding Metrics 7 and 10 and Emerging Preeminence Metrics 7, 9, and 11.

Mr. Williams noted that the audit of Performance Based Funding and Emerging Preeminence Metrics Data Integrity confirmed the results of past audits that FIU continues to have good process controls for maintaining and reporting performance metrics data, in addition to emerging preeminence data. He indicated that the system, in all material respects, continues to function in a reliable manner and that the audit report provides an objective basis of support for the BOT Chair and the University President to sign the representations made in the BOG Performance Based Funding Data Integrity Certification.

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 and Emerging Preeminence Status – 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 and Emerging Preeminence Metrics Data Integrity.

AC2. Office of Internal Audit Quality Assurance Review 2019
Mr. Williams explained that the Office of Internal Audit's activity is subject to a periodic internal assessment and an independent external assessment, to determine conformance with The Institute of Internal Auditors' professional standards, at least every five years. As a follow-up to the Office of Internal Audit Status report at the Committee's December 5, 2019, meeting, Mr. Williams explained that the Office of Internal Audit completed an internal self-assessment and engaged a qualified, independent, external assessor for validation of the Office's self-assessment.

Mr. Williams presented the 2019 Office of Internal Audit quality assurance review for Committee review, noting that the last assessment was completed December 2014. He stated that the qualified and independent assessor, Mr. Robert Berry, completed the external quality assurance review, including the on-site visit and has issued the validation report on the internal self-assessment. Mr. Williams shared Mr. Berry's conclusion that FIU's internal audit department "generally conforms" to the International Standards for the Professional Practice of Internal Auditing. Mr. Williams explained that this opinion is the highest of the three possible ratings that an audit organization can achieve from a quality assurance review.

Mr. Williams stated that action plans have been developed for the areas of partial conformance and operational improvement identified in Mr. Berry's report. Trustee Leonard Boord inquired as to Mr.

Florida International University   DRAFT
Board of Trustees
Audit and Compliance Committee
Minutes
February 26, 2020
Page | 3

Berry's comment that there are several Office of Internal Audit Staff members interested in data analysis in order to enhance the department's data analysis capabilities. Trustee Boord stated that the large volumes of data being examined by the Office of Internal Audit is incompatible with their use of Excel pivot tables to execute audits. In response to Trustees Boord and Roger Tovar, Mr. Williams explained that the process of evaluating options for data analysis is underway. For an upcoming Committee meeting, Trustee Tovar requested an update on the action plan to address the Office of Internal Audit request for data analysis tools.

A motion was made and unanimously passed that the FIU Board of Trustees Audit and Compliance Committee recommend that the FIU Board of Trustees approve the independent assessor's report, Office of Internal Audit Quality Assurance Review 2019.

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. In terms of the audit pertaining to the University's accounts receivable process, he explained that the University's accounts receivable process has adequate and effective controls and procedures in place for those receivables recorded in the University's books. He pointed out that the University could benefit from having an integrated system to capture unrecorded accounts receivable balances not reported in the University's general ledger and that the audit resulted in six recommendations, which management has agreed to implement.

In presenting the results of the Office's certifying audit of FIU's home football game attendance, Mr. Williams indicated that the football attendance data reported to the National Collegiate Athletic Association (NCAA) on the 2019 Football Paid Attendance Summary sheets are supported by sufficient, relevant, and competent records. In terms of the three completed investigations, he stated that of the 10 total allegations, two were deemed as substantiated, while eight were determined to be unsubstantiated. Mr. Williams noted that there are six audits in various stages of completion and provided an update on the launch of the Office of Internal Audit's newsletter, *FIU Office of Internal Audit, Risks ◊ Controls ◊ Compliance Alert*. He explained that the newsletter provides content to inform FIU stakeholders about existing and emerging risks borne out through recent and past audits, as well as other important resources. He indicated that each issue will display two centerpieces: "A Recent Success" and "Getting Ahead of the Curve", where the former will highlight a recent success story in applying good internal controls, and the latter will highlight commonly encountered audit observations and preventive measures to avoid them.

Trustees engaged in a substantive discussion pertaining to the audit of the University accounts receivable process. In terms of Parking and Transportation fees, Trustee Boord commented that while enforcement procedures are in place, enhanced systems integration can provide an opportunity for improvement. He referred to the need for reporting mechanisms in order to capture balances not included in the University's general ledger, namely, the approximately $2M in contracts and grants expenditures that remain unbilled. Trustee Boord voiced a concern with the sampling size utilized for third-party invoices. In response to Trustee Boord, Mr. Williams explained that the objective of the audit was to determine whether there are adequate and effective controls and procedures in place and that the sample selection was tested to ensure that the process followed was

Florida International University   DRAFT
Board of Trustees
Audit and Compliance Committee
Minutes
February 26, 2020
Page | 4

sound. Senior Vice President for Administration and Chief Financial Officer Kenneth A. Jessell explained that the University does utilize all available resources to collect on outstanding debt and that the University works with the Florida Highway Safety and Motor Vehicles in order to collect parking citation debt incurred by University visitors.

Further addressing the issue of Parking and Transportation fees, Vice President for Information Technology Robert Grillo described the process by which holds may be placed on a student's record when there is an outstanding citation balance and pointed out that when payment on an outstanding parking citation is made, those receivables get credited into the general ledger. He explained that Parking's NuPark system is not integrated with PantherSoft's Student Administration System. He indicated that staff with access to PantherSoft may not have the authorization needed to access the NuPark system and that this creates an opportunity to provide greater detail inside a student financials record.

For the next regularly scheduled Committee meeting, Trustee Boord requested an update on the integration status of the units scheduled for a fiscal year 2020 deployment into the Accounts Receivable and Billing Module of PeopleSoft. Trustee Tovar commented on the need for timely billing and that opportunities exist in collecting on balances owed. He noted the value in sharing audit reports University-wide, adding that the audit of the University's accounts receivable process could help to improve financials.

4.2 University Compliance and Ethics Quarterly Report

Chief Compliance and Privacy Officer Jennifer LaPorta provided the University Compliance and Ethics Update. She reported on the launch of Campus Catalogue as FIU's official policy and training distribution platform, indicating that the platform has been met with very positive feedback from the University community. She pointed out that Canvas is a platform that has been used generally throughout higher education for teaching purposes and, therefore, it is a very familiar platform for the University community. She added that planning is underway for the second phase of Campus Catalogue, which will integrate with PantherSoft, enable enhanced reporting, and support employee education and mandatory training.

Ms. LaPorta pointed out that the hotline development and launch is in progress, stating that the hotline will seamlessly integrate with the human resources case management system. She explained that while the newsletter has been drafted, the launch has been moved to March in order to align with the launch of the new hotline platform. She indicated that the Office of Compliance is collaborating with the Office of Internal Audit to develop an automated risk mitigation platform that will promote enhanced reporting and ultimately lead to furthering a risk-based approach in decision-making.

Ms. LaPorta reported that at its first meeting, held on January 27, 2020, the University's Foreign Influence Task Force discussed extensive government and agency dialogue and investigation related to foreign influence concerns. She indicated that the Task Force is undertaking a comprehensive review of several existing policies, protocols, and controls. She pointed out that for its next meeting, the Task Force will review conflict of interest protocols and procedures related to foreign travel all of which have been recently updated to address emerging national risks. She explained that last year

Florida International University   DRAFT
Board of Trustees
Audit and Compliance Committee
Minutes
February 26, 2020
Page | 5

University President Mark B. Rosenberg personally and proactively reached out to the local FBI special agent in charge to discuss the unique risks that are presented to FIU in order to take an intentional approach in developing protocols around risks that are inherent to the University.

Ms. LaPorta pointed out that the launch of the review of all official University policies is scheduled for March and that 10 additional polices are scheduled for a Spring 2020 distribution. In terms of recruiting, Ms. LaPorta indicated that Mr. Kevin Kendrick joined the University in January as the Associate Athletics Director for Compliance, noting that the search for the Assistant Director for Compliance is in process.

In terms of quality assurance, Trustee Tovar recommended that a group of University administrators conduct regular visits to the University's campuses and sites. Committee Chair Grant welcomed and introduced newly appointed Trustee, Mr. Gene Prescott.

4.3 Review of Office of Internal Audit Policy and Charter
4.4 Review of the Compliance and Ethics Charter for the Office of University Compliance and Integrity
Committee Chair Grant explained that the Office of University Compliance and Integrity Charter was first approved on March 2, 2017, and is drafted consistent and in close alignment with BOG Regulation. He pointed out that the Compliance Office conducted an internal review process of their Office Charter and only minor and non-substantive revisions are deemed necessary. He indicated that in order to align the Board's review of the office charters, the proposed revisions to the Compliance Office Charter will be presented at the Committee's next regularly scheduled meeting for ratification along with the proposed changes to the Office of Internal Audit Policy and Charter. Trustee Grant stated that he will be working with the Offices of Internal Audit, Compliance and Integrity, and General Counsel to finalize the Office Charter review process.

5. New Business
5.1 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 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 was required to leave during the discussion with the Office of Internal Audit, adding that this was strictly voluntary. The Committee met with the Chief Audit Executive to discuss the internal audit process. In response to Committee Chair Grant's inquiry, Mr. Williams confirmed that management was cooperating fully with the staff of the Office of Internal Audit to enable them to perform their function without hindrance.

6. 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 Wednesday, February 26, 2020, at 9:07 a.m.

Florida International University   DRAFT
Board of Trustees
Audit and Compliance Committee
Minutes
February 26, 2020
Page | 6

Trustee requests:

1. *Trustee Roger Tovar requested an update on the action plan to address the Office of Internal Audit request for data analysis tools.*

2. *For the next regularly scheduled Committee meeting, Trustee Leonard Boord requested an update on the integration status of the units scheduled for a fiscal year 2020 deployment into the Accounts Receivable and Billing Module of PeopleSoft.*

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Audit and Compliance Committee
June 16, 2020

Subject: Approval of the Office of Internal Audit Policy and Charter

---

Proposed Committee Action:
Recommend to the Florida International University Board of Trustees approval of the proposed revisions to the Office of Internal Audit Policy and Charter.

Background Information:
The Office of Internal Audit Policy and Charter (the Charter) is required by Florida Board of Governors Regulation 4.002 State University System Chief Audit Executives. The Charter is also required by the International Standards for the Professional Practice of Internal Auditing. The Charter is a formal document that defines the internal audit activity's purpose and authority; reporting and independence within the organization; and defines the scope of internal audit duties and responsibilities.

Florida Board of Governors Regulation 4.002 State University System Chief Audit Executives (3) states, in relevant part, that 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.

Supporting Documentation:	Executive Summary
	Office of Internal Audit Policy and Charter (final)
Facilitator/Presenter:	Trevor L. Williams

This page intentionally left blank

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Audit and Compliance Committee
June 16, 2020

<u>Office of Internal Audit Policy and Charter</u>

EXECUTIVE SUMMARY

Predicated by BOG Regulation requirement, the results from an internal quality assessment review completed in December 2019, and the recommendations from the independent, external quality assurance reviewer, the revised Charter addresses the resulting observations and recommendations. In addition, the revised Charter aligns more closely to the model charter framework established by The Institute of Internal Auditors. The proposed revisions to the Charter were discussed with the Audit and Compliance Committee Chair, senior management, and the General Counsel.

The substantive proposed changes to the Charter are as follows:
- Amplify the functional reporting relationship of the Board of Trustees by incorporating the Boards' Audit and Compliance Committee's responsibilities relative to the internal audit function.
- Add the provision to recognize the mandatory guidance (Core Principles of the Professional Practice of Internal Auditing, Code of Ethics, the *Standards*, and Definition of Internal Auditing) of the International Professional Practice Framework.
- Expand the independence clause to describe how the Office of Internal Audit executes its function and its obligation for communicating impairment to independence to the Audit and Compliance Committee.
- Expand the description of the Office's quality assurance and improvement program (QAIP).

The revised Charter is presented to you for your review and approval.

This page intentionally left blank

OFFICE OF INTERNAL AUDIT POLICY & CHARTER # 125.205

INITIAL EFFECTIVE DATE: March 2006	LAST REVISION DATE: July 1, 2020	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT Office of the President Florida International University

POLICY STATEMENT

Purpose and Mission

The purpose of the Office of Internal Audit (OIA) is to provide independent, objective assurance and consulting activity designed to add value and improve Florida International University (FIU) operations. The mission of internal audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. OIA assists FIU in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organization's governance, risk management, and control processes.

Reporting and Authority

The Chief Audit Executive (CAE) shall report functionally to the Board of Trustees, through the Board's Audit and Compliance Committee, and administratively to the University President. To establish, maintain, and assure that the OIA has sufficient authority to fulfill its duties, the Audit and Compliance Committee will:

- Review and approve the OIA's charter.
- Review and approve the risk-based internal audit plan.
- Assess the staffing of the Office of Internal Audit, including the annual budget.
- Review and approve modifications to the Office of Internal Audit.
- Receive communications from the Chief Audit Executive on the OIA's performance relative to its plan and other matters.
- Participate, through the Chair, in the process of the appointment and dismissal of the Chief Audit Executive.
- Make appropriate inquiries of management and the Chief Audit Executive to determine whether there is inappropriate scope or resource limitations.

The CAE will have unrestricted access to, and communicate and interact directly with, the Board of Trustees Audit and Compliance Committee, including communicating freely without management's influence.

The OIA shall have unrestricted and timely access to all records, data, information, and personnel of the University, including information reported to the University's hotline/helpline. However, to ensure objectivity and independence, the OIA has no direct responsibility or authority over the activities it reviews. The OIA is subject to accountability for confidentiality and safeguarding of records and information.

The CAE shall conduct and report on audits, investigations, and other inquiries free of actual or perceived impairment to independence, and shall allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.

Professional Standards

The Office of Internal Audit shall govern itself by adherence to the State University System of Florida Board of Governors (BOG) Regulation 4.002 and the mandatory elements of The Institute of Internal Auditors' (IIA) International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the *International Standards for the Professional Practice of Internal Auditing*, and the Definition of Internal Auditing. In performing its assurance activity, other applicable professional standards and guidelines, including the *Government Auditing Standards*, published by the United States Government Accountability Office; and/or *the Information Systems Auditing Standards* published by ISACA, shall apply, when appropriate. All audit reports shall describe the extent to which standards were followed.

Investigative assignments shall be performed in accordance with active regulations issued for the State University System of Florida and applicable Florida Statutes.

Independence and Objectivity

The CAE will ensure that the OIA remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the CAE determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that does not compromise quality. They do not subordinate their judgment on audit matters to others.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. The OIA may perform advisory and related university service activities, the nature and scope of which will be agreed upon with management, provided the OIA does not assume management responsibility. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment.

The CAE will confirm to the Board of Trustees Audit and Compliance Committee, at least annually, the organizational independence of the OIA, and will disclose to the Audit and Compliance Committee any interference and related implications in determining the scope of internal auditing, performing work, and/or communicating results.

Quality Assurance and Improvement Program

The Office of Internal Audit will maintain a quality assurance and improvement program that covers all aspects of the internal audit activity. The program will include an evaluation of the OIA's conformance with The IIA's Standards and an evaluation of whether internal auditors apply The IIA's Code of Ethics. The program will also assess the efficiency and effectiveness of the OIA's activity and identify opportunities for improvement.

The CAE will communicate to the University President and the Board of Trustees Audit and Compliance Committee on the OIA's quality assurance and improvement program, including results of internal assessments (both ongoing and periodic) and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside FIU.

SCOPE

This policy and charter applies to all active employees of Florida International University, whether full-time or part-time, working in the Office of Internal Audit. In addition, it establishes the scope and authority for the internal audit activity for the University Community (faculty, staff, and students).

REASON FOR POLICY
As required by the State University System of Florida Board of Governors Regulation 4.002, the Florida International University's Office of Internal Audit provides independent and objective appraisals regarding risk management and controls on financial and operational matters within the University that promote accountability, integrity, and efficiency in the operations of the University. This policy codifies the guiding principles and responsibilities of the Office of Internal Audit through the establishment of this Charter.

DEFINITIONS	
TERM	**DEFINITIONS**
Chief Audit Executive (CAE)	The principal director of the University's internal audit function.

ROLES AND RESPONSIBILITIES
The Chief Audit Executive shall:

(1) 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.
(2) 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, and communicate the engagement results with applicable conclusions and recommendations to appropriate parties.
(3) Address significant and credible allegations relating to waste, fraud, or financial mismanagement as provided in Board of Governors Regulation 4.001.
(4) Keep the University President and Board of Trustees informed concerning significant and credible allegations and known occurrences of waste, fraud, mismanagement, abuses, and deficiencies relating to the University's programs and operations; recommend corrective actions; and report on the progress made in implementing corrective actions, including any corrective actions not effectively implemented.
(5) 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. |

(6) 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.

(7) Communicate to the University 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 as follows:

    a) 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 Audit and Compliance Committee for review and approval. A copy of approved audit plans will be provided to appropriate university management and the Board of Governors.

    b) The Chief Audit Executive shall review and adjust the audit plans, as necessary, in response to changes in the University's business, risks, operations, programs, systems, and controls; and communicate to the University President and the Board of Trustees Audit and Compliance Committee any significant interim changes to the audit plans.

(8) By September 30th of each year, the CAE shall prepare a report summarizing the activities of the office for the preceding fiscal year. The report shall be provided to the University President, Board of Trustees, and the Board of Governors.

(9) 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.

(10) 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.

(11) Ensure that the principles of integrity, objectivity, confidentiality, and competency are applied and upheld, and report periodically to the University President and the Board of Trustees Audit and Compliance Committee regarding the office's conformance to The IIA's Code of Ethics and the Standards.

(12) Ensure the OIA collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the internal audit charter and emerging trends and successful practices in internal auditing are considered.

(13) Establish policies and procedures which guide the activities of the OIA and 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.

(14) Ensure adherence to Florida International University's relevant policies and procedures, unless such policies and procedures conflict with this Charter. Any such conflicts will be resolved or otherwise communicated to the University President and the Board of Trustees Audit and Compliance Committee.

(15) Develop and maintain a quality assurance and improvement program for the OIA and communicate to the University President and the Board of Trustees Audit and Compliance Committee on the OIA's quality assurance and improvement program.

FLORIDA
INTERNATIONAL
UNIVERSITY

OFFICIAL
UNIVERSITY
POLICY

(16) Inform the Board of Trustees when contracting for specific instances of audit or investigative assistance.

(17) Review this Charter with the Board of Trustees Audit and Compliance Committee at least every three (3) years for consistency with applicable Board of Governors and University regulations, professional standards, and best practices.

RELATED RESOURCES

BOG Regulations 4.001, *University System Processes for Complaints of Waste, Fraud, or Financial Mismanagement*

BOG Regulations 4.002, *State University System Chief Audit Executives*

The Florida International University Board of Trustees Audit and Compliance Committee Charter

CONTACTS

Trevor L. Williams, Chief Audit Executive
Office of Internal Audit
Florida International University
11200 S.W. 8th Street, CSC 447
Miami, Florida 33199
Telephone: 305-348-2107

HISTORY

Effective Date: March 2006; Revision Date(s): February 5, 2010; June 2, 2017.

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Audit and Compliance Committee
June 16, 2020

Subject: Approval of the Compliance and Ethics Charter for the Office of University Compliance and Integrity

---

Proposed Committee Action:

Recommend to the Florida International University Board of Trustees approval of the proposed revisions to the Compliance and Ethics Charter (the Charter) for the Office of University Compliance and Integrity (the Compliance Office).

Background Information:

The Charter is required by Florida Board of Governors Regulation 4.003. The Charter is a formal document that defines the institutional compliance program's purpose and the Chief Compliance Officer's authority; reporting and independence within the organization; and defines the scope of the duties and responsibilities of the Compliance Office.

Florida Board of Governors Regulation 4.003 State University System Compliance and Ethics Programs (6) states that "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."

Supporting Documentation:	Memo: Office of University Compliance and Integrity Charter Review
	Compliance and Ethics Charter for the Office of University Compliance and Integrity (final)

Facilitator/Presenter: Jennifer LaPorta

This page intentionally left blank

MEMORANDUM

DATE: February 26, 2020

TO: Florida International University Board of Trustees

FROM: Jennifer LaPorta, Chief Compliance and Privacy Officer

SUBJECT: Office of University Compliance & Integrity Charter Review

The Florida Board of Governors Regulation 4.003 (State University System Compliance and Ethics Programs) requires that 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.

The Office of University Compliance & Integrity Charter was first approved on March 2, 2017. Because the Charter is drafted consistent and in close alignment with 4.003, we are not proposing substantive changes that would affect the work of the Office of University Compliance & Integrity. Following our internal review, the three proposed changes to the Charter are as follows:

• Add Board of Trustees approval and review dates at the end of the Charter document to illustrate the history of the Charter.

• Delete a single reference to a vendor we are no longer using for FIU's Hotline Services and replace it with the updated name of FIU's Hotline.

• Change the review period from two to three years in alignment with the Board of Governor's Regulation 4.003(6) and the review period of the Office of Internal Audit Charter).

This page intentionally left blank

FLORIDA INTERNATIONAL UNIVERSITY'S COMPLIANCE AND ETHICS CHARTER

Overall Purpose/Objectives

The purpose of this University Compliance and Ethics Charter (the "Charter") is to define the responsibilities, status, and authority of Florida International University's (the "University" or "University's") institutional compliance and ethics program (the "Program") and to outline the scope and structure of 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 laws, regulations, rules, policies, and procedures.

The objective of the Compliance Office is to collaborate and partner with senior leadership, compliance liaisons, faculty and administrative staff with compliance responsibilities (the "Partners") to embed the University's compliance strategy and framework for an effective compliance program into the foundation of the University. This objective is accomplished by supporting the dissemination and review of effective University-wide policies and procedures, education and training, monitoring, communication, risk assessment, and response to reported issues as required by Chapter 8 of the Federal Sentencing Guidelines and Board of Governors Regulation 4.003. These guidelines and regulation set forth the requirements of an effective compliance and ethics program and require promoting compliance with laws and ethical conduct.

Review and Maintenance of the Charter

This Charter will be reviewed at least every (3) three years for consistency with applicable Board of Governors and University regulations, professional standards, and best practices. Subsequent changes will be submitted to the Board of Trustees for approval. A copy of the Charter and any subsequent changes will be provided to the Board of Governors.

Reporting Structure and Independence of the Chief Compliance Officer

The Chief Compliance Officer is the highest-ranking compliance officer at the University, and reports functionally to the Board of Trustees and administratively to the President.

The Chief Compliance Officer shall have the independence and objectivity to perform the responsibilities of the Chief Compliance Officer function, conduct and report on

1

compliance and ethics activities and inquiries free of actual or perceived impairment to the independence of the Chief Compliance Officer.

Authority

The Program is governed by this Charter, as it may be amended.

Scope of Duties and Responsibilities

The Program includes the implementation, identification, and assessments of activities that fulfill the requirements for an effective compliance and ethics program as required by Chapter 8 of the Federal Sentencing Guidelines and Board of Governors Regulation 4.003.

The Program is designed to optimize its effectiveness in preventing or detecting noncompliance, unethical behavior, and criminal conduct by implementing the following basic elements:

- Oversight of Institutional Compliance and Ethics and Related Activities

- Development of Effective Lines of Communication

- Ensuring that Effective Training and Education is Provided

- Revising and Developing Compliance and Ethics Policies and Procedures

- Performing or Assessing Internal Compliance Monitoring, Investigations, and Reviews

- Responding Promptly to Detected Compliance and Ethics Problems and Recommending Corrective Action

- Promoting Standards through Appropriate Incentives and Disciplinary Guidelines

- Measuring Compliance Program Effectiveness

- Oversight and Coordination of External Inquiries into Compliance with Federal and State Laws and Take Appropriate Steps to Ensure Safe Harbor

The Chief Compliance Officer and staff will:

a) Develop a Program plan based on the requirements for an effective program. The Program plan and subsequent changes will be provided to

2

the Board of Trustees for approval. A copy of the approved plan will be provided to the Board of Governors.

b) Provide training to university employees and Board of Trustees' members regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures. The Program plan will specify when and how often this training will occur.

c) Obtain an external review of the Program's design and effectiveness at least once every five years. The review and any recommendations for improvement will be provided to the President and Board of Trustees. The assessment will be approved by the Board of Trustees and a copy provided to the Board of Governors.

d) Identify and provide oversight and coordination of compliance partners responsible for compliance and ethics related activities across campus and provide communication, training, and guidance on the Program and compliance and ethics related matters.

e) Administer and promote the FIU Ethical Panther Hotline, an anonymous mechanism available for individuals to report potential or actual misconduct and violations of university policy, regulations, or law, and ensure that no individual faces retaliation for reporting a potential or actual violation when such report is made in good faith.

f) Maintain and communicate the University's policy on reporting misconduct and protection from retaliation and ensure the policy articulates 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) Communicate routinely to the President and the Board of Trustees regarding Program activities. Annually report 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 will be provided to the Board of Governors.

h) 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 and ethics will be addressed through appropriate measures, including education or disciplinary action.

3

i) Initiate, conduct, supervise, coordinate, or refer to other appropriate offices such inquiries, investigations, or reviews deemed appropriate in accordance with university regulations and policies, state statutes, and/or federal regulations.

j) Make necessary modification to the Program in response to detected non-compliance, unethical behavior, or criminal conduct and take steps to prevent its occurrence.

k) Assist the University in its responsibility to use reasonable efforts to exclude 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.

l) Coordinate or request compliance activity information or assistance as necessary from any University, federal, state, or local government entity. Oversee and coordinate external inquiries into compliance with federal and state laws and take appropriate steps to ensure safe harbor in instances of non-compliance.

The Compliance Office provides guidance on compliance, ethics, and related matters to the University community. The Compliance Office collaborates with compliance partners and senior leadership to review and resolve compliance and ethics issues and coordinate compliance and ethics activities, accomplish objectives, and facilitate the resolution of problems.

Professional Standards

The Compliance Office adheres to the *Florida Code of Ethics* and the *Code of Professional Ethics for Compliance and Ethics Professionals.*

History:

Approved by the FIU Board of Trustees on March 2, 2017.

Reviewed by the FIU Board of Trustees on June 16, 2020.

4

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Audit and Compliance Committee
June 16, 2020

Subject: Internal Audit Plan, 2020-21

Proposed Committee Action:
Approve the University Internal Audit Plan for Fiscal Year 2020-21.

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, 2020-21

Facilitator/Presenter: Trevor L. Williams

This page intentionally left blank

MEMORANDUM

Date:	May 28, 2020
To:	Chairman and Members of the Audit and Compliance Committee
From:	Trevor L. Williams, Chief Audit Executive
Subject:	**Internal Audit Plan for Fiscal Year 2021**

I am pleased to present FIU's Office of Internal Audit (OIA) proposed audit plan for fiscal year 2021 for your review and approval. The plan was developed in collaboration with University administration 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. While our operations have been much impacted by the COVID-19 pandemic, we have developed this year's plan with the anticipation that a measure of normal operations will resume during the first quarter of the 2020-2021 fiscal year.

Risk Assessment:

This year's audit plan was developed by using the results of the extensive University-wide risk assessment and Five-year Audit Plan we completed last year as baseline. We reviewed the documents and evaluated the risk ratings and areas of audit focus for relevance and timing. In addition, we considered the current and near-term conditions, especially those related to COVID-19, and their potential risks and impact on University operations. Our baseline risks assessment and heat map were adjusted for identified COVID-19-related risks. In evaluating the potential risks related to COVID-19, we considered the typical relevant risk factors, including operational, safety, financial, regulatory, and reputational risks, as well as materiality.

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

IMPACT			Remote	Less than likely	Likely	Very likely
	Lasting damage to reputation, operations and funding.	Severe	40	25	9	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	31	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%

LIKELIHOOD

To achieve the best use of audit resources, we continue to focus our audit coverage to areas of high risks (those falling within the red section on the heat map). We are collaborating with the Office of University Compliance and Integrity in developing a framework and strategy for addressing and mitigating the other identified risks. Attached to this memo is a combined Risk Assessment/Five-Year Audit Plan.

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.[1] The last fiscal year presented a series of challenges for us in terms of executing the audit plan to the extent we would have liked to. Staff turnover, maternity leave for multiple staff members, and the COVID-19 pandemic were all among these challenges. The composition of our Office currently includes ten professional auditor positions (seven of which are filled), an administrative services coordinator, and three student interns. The recruitment process has been ongoing but was paused due to the pandemic. The process was recently restarted and it is our aim to have a full complement of professional staff as soon as possible.

---

[1] 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:

Five Year
Analysis of Direct Time

Legend:
- FY 2016 (8FTE)
- FY 2017 (9FTE)
- FY 2018 (10FTE)
- FY 2019 (10FTE)
- FY 2020 (10FTE)

Categories: Audits, Investigations, Consulting, Training

Note: FY 2020 Consulting efforts include 1,928 hours towards software development by the Office of Internal Audit (OIA) staff for the OIA Panther Audit Platform.
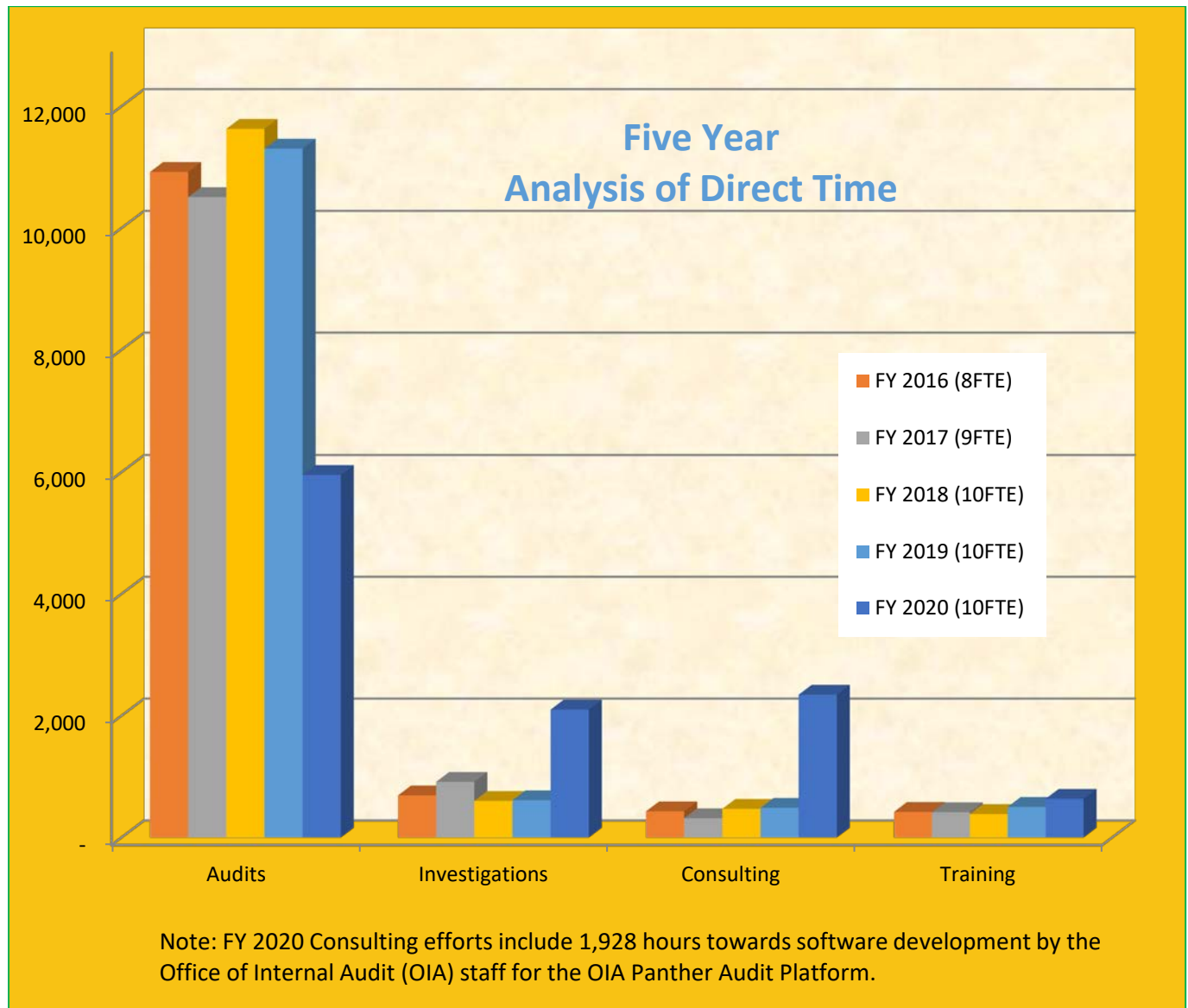
As depicted, our workload is often difficult to predict as investigations and other unplanned work affect our progress towards completion of all the planned audit projects. This dynamic was clearly evident during the last fiscal year as already scarce resources were committed to three major investigations, two of which were referrals from the Governor's Executive Office Chief Inspector General. Although we cannot control such occurrences, we will work to rebalance our audit, investigative, and other accountability activities such as following up on the implementation status of past recommendations.

Audit Plan:

As we re-evaluated the nature and timing of planned audits in concert with available resources, we found it necessary to shift some previously planned audits to a later date. The following table outlines our proposed audit plan for FY 2021:

Carryover Audits:
Affiliated Agreement for Student Placement/Rotation •
Payroll Irregularities and Fraud Controls / New Employee Document Verification •
Conflict of Interest/Related Party Transactions •
Motor Pool (University Fleet Management) •
Grant Accounting - Auxiliary and Foundation Funded •
Lab Safety •
Procurement and Bidding Procedures •
Compliance with Donor Confidentiality and Intent •
Health Services Billing and Coding Process and Contract Performance •

Proposed New Audits:	
Unit/Department	**Area of Focus**
Academic Affairs	COVID-19 Related Student Fee Refund •
Analysis and Information Management	Performance Based Funding Metrics Data Integrity
Athletics	NCAA Football Attendance Certification
Information Technology	Media Sanitation Guidelines and Controls •
Information Technology	Data Breach of Protected Information •
University-wide	COVID-19 Financial Assistance Compliance •

Conclusion:

The risk-based approach used in establishing the baseline risk assessment and evaluating potential COVID-19-related risks connected to University activities and programs incorporated the input from senior management. This enabled our collective knowledge to identify potential areas for audit and to develop the proposed audits for the 2021 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.

Florida International University Office of Internal Audit Risk-Based Five-Year Audit Plan											
Operational Unit/Area	General Subject Matter	Risk Index	Past Audit Coverage				Planned Audit Coverage				
			Prior	2018	2019	2020	2021	2022	2023	2024	2025
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				✓		
Academic Affairs	COVID-19 Related Student Fee Refund	(3/2)					✓				
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						✓		
College of Nursing and Health Sciences	Auxiliary Funded Programs Operations	(3/2)				x				✓	
Enrollment Services	Motor Vehicle Internal Controls & Data Integrity	(4/1)	x	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	✓				
Financial Management	Treasury Management	(1/2)				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		✓				
Information Technology	IT Physical Controls	3/3	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						✓	
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 (University Fleet Management)	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	Accounts Receivable Process	(3/2)				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	COVID-19 Financial Assistance Compliance	3/4					✓				
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				✓		
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 16, 2020

Subject: University Compliance and Integrity Work Plan, 2020-21

Proposed Committee Action:
Approve the University Compliance and Integrity Work Plan for Fiscal Year 2020-21.

Background Information:
The Florida International University Board of Trustees Audit and Compliance Committee Charter mandates approval of the compliance and integrity 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 Integrity Work Plan, 2020-21

Facilitator/Presenter: Jennifer LaPorta

This page intentionally left blank

FIU | University Compliance and Integrity
FLORIDA INTERNATIONAL UNIVERSITY

Annual Work Plan
2020-2021

TABLE OF CONTENTS

FLORIDA INTERNATIONAL UNIVERSITY
OFFICE OF UNIVERSITY COMPLIANCE AND INTEGRITY
2020-2021 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.

2020-2021 Goals and Key Action Items

This document outlines the 2020-2021 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."

Page **1** of **12**

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 & Oversight

Standards of Conduct & Policies

Risk Assessment

Training, Education & Communications

Corrective Action

Delegation of Authority

Investigation, Discipline & Incentives

Measurement & Monitoring

Page **2** of 1**2**

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.

2020 – 2021 Work Plan – Program Structure and Oversight

The 2020-2021 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. Some significant enhancements to the Program's structure will include implementation of the following:

- **Compliance Internal Operating Procedures** - During the 2020-2021 Annual Work Plan year the Compliance Office will develop internal operating procedures to document and streamline the various processes undertaken to effectuate the Program. This will assist with maximizing consistency, efficiency and accountability across the various functions and will serve as a springboard for assessment and continuous improvement of the Program.

- **Operationalize FIU's Core Values** - The Compliance Office will continue to consult with the University President and FIU Board of Trustees, to encourage a culture of compliance and ethics but with a renewed emphasis on FIU's core values as a platform for ethical decision making. This emphasis will include working with University leadership to assist in operationalizing core values into teachable, measurable and observable behaviors that are used to train employees, hold them accountable and set standards of behavior.

- **Compliance Liaison Program** - The Compliance Liaison Scorecard will continue to be used to track the level of involvement with the Program for each Compliance Liaison. The Scorecard includes participation in group initiatives like meetings, assignments and one-on-one meetings with the CCO, which are scheduled to ensure

Page **3** of 1**2**

regular discussion regarding risk management within each liaison's respective area. The Scorecard will continue to be made available to the Division of Human Resources and the supervisor of the Compliance Liaison. While the Compliance Liaisons will continue to serve in the role of the Enterprise Risk Management Advisory Committee and will continue to have governance responsibilities related to the ERM Framework, *the Scorecard will be enhanced* to include the specific and significant role Compliance Liaisons will play in the launch and management of the *Panther Enterprise Risk Management Platform.*

- **Policy Working Group Member Scorecard** - The Policy Working Group Member Scorecard will continue to be used to track the level of involvement with the Compliance Program for each Policy Working Group Member. The Policy Working Group Member Scorecard will include participation in group initiatives like meetings and assignments and will be made available to executive leadership through the Monthly Compliance Report. *The Scorecard will be enhanced* to include the increased role Policy Working Group members will play in the review of University Policies and Procedures. Responsibilities will include feedback to policy owners related to the substance, procedural adherence and clarity of University Policies and Procedures and the scope and frequency of associated Communication Campaigns to the University community.

- **Foreign Influence and Global Risk** – In the 2019-2020 Annual Work Plan year, the Compliance office launched and chaired the Foreign Influence and Global Risk Task Force. During the 2020-2021 Annual Work Plan year the Compliance Office will work with and through the Task Force to identify measures to minimize foreign influence risk in the overall context of FIUs international academic and research mission. This significant enhancement to the program will include implementing a risk-based, comprehensive strategy to identify, assess, mitigate and monitor risk associated with ten universally identified areas of focus related to foreign influence including:

  1. Conflicts of Interest and Commitment - COI/COC policies and processes pertaining to global engagement scenarios.

  2. Foreign Nationals on Campus: Visa-holders and Visitors - Preventative measures to selectively detect and avoid undue foreign influence where it could potentially arise in the context of foreign nationals on campus.

  3. International Collaboration - Concerns triggered by collaboration with international entities in the course of global research and other endeavors.

  4. Sponsored Research - Pre- and post-award processes to account for foreign influence concerns and complex, evolving sponsor notification requirements.

  5. Intellectual Property Transfer/ Commercialization - IP generation and transfer

activities which may inadvertently be vulnerable to inappropriate foreign influence.

6. Gifts and Other Forms of Support - Foreign influence exerted through the provision of gifts and other forms of support from international entities.

7. International Travel - Travel which indicates engagement with individuals, entities, or foreign government agencies of concern.

8. Information Technology - Leveraging and protecting IT systems, teams, and resources from foreign influence intrusion.

9. Compliance with Export Controls - Aligning export control processes to account for and support foreign influence prevention strategies.

10. Biologics and Health Sciences - Addressing security and federal concerns unique to health sciences research.

- **Five Year Review of Compliance Program** -The Board of Governors Regulation 4.003 - *State University System Compliance and Ethics Programs* requires that, 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. During the 2020-2021 Annual Work Plan year, the Compliance Office will complete this external review pursuant to the Board of Governor's Regulation and subsequent guidance.

STANDARDS OF CONDUCT AND POLICIES

Standard

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

2020 – 2021 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 2020-2021 Annual Work Plan year, FIU's Code of Conduct will be highlighted and communicated University-wide through various methods and leveraged to support enhancements in the New Employee Experience and in initiatives related to value-based ethical decision making. The Policy Working Group will be conducting a second-tier review of all University Policies and the Policy Library will be updated to increase functionality and user experience.

- **Annual Policy Campaigns**

  o Gift Policy
  o Health Insurance Portability and Accountability Act Policy
  o Payment Card Industry Data Security Standards Policy
  o Preventing identity theft on covered accounts offered or maintained by FIU (Red Flags) Policy
  o Family Education Rights and Privacy Act (FERPA) Regulation
  o 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)
  o Fraud Prevention and Mitigation Policy
  o Conflict of Interest
  o Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Policy
  o Incident Response Plan

- **2020-2021 Scheduled Policy Campaigns**

  o Emeritus Faculty
  o Development and Issuance of Micro-Credentials
  o Observance of Religious Holy Days
  o Substantive Change Reporting
  o Undergraduate Administrative Organization
  o Undergraduate Student Academic Grievance Definitions and Procedures
  o Sick Leave
  o Vacation Leave
  o FIU Foundation Inc., Accepting Real Property
  o FIU Foundation Inc., Procurement
  o FIU Foundation, Inc. Communications
  o FIU Foundation, Inc. Non-Cash Gifts Policy
  o Joint Venture Policy
  o Digital Communications Standards
  o Automated External Defibrillator (AED)
  o University Golf Cart and Other Motorized Carts Safety Policy
  o Mandatory Reporting of Child Abuse, Abandonment and Neglect
  o Dual employment
  o Background Check Requirements
  o Political Activity

- **Risk Management approach to University Policies** – During the 2020-2021 Annual Work Plan year the Compliance Office will categorize University Policies using a risk-based approach and align University Policies to FIU's risk register as a control and mitigation measure. This risk-based approach will inform the level and

frequency of individual policy review, the breadth and frequency of individual policy communication campaigns and whether any associated training is necessary.

TRAINING, EDUCATION, AND COMMUNICATIONS

Standard

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.

2020 – 2021 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. During the 2020-2021 Annual Work Plan year, the Compliance Office will provide the following training, education, and communication:

- **2020 – 2021 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)

Page **7** of **1**2

- **2020 – 2021 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

- **Enhancement of University Compliance and Integrity Newsletter**
- **Execution of Comprehensive, Interactive Ethics Training Program**
- **Continued Execution of University Mandatory Training Inventory and Support Project**

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.

2020 – 2021 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 units (e.g., OGC, Human Resources, Internal Audit). In addition to monitoring, compliance risk reviews are also conducted at the department/unit level to assess subject-specific risks. During the 2020-2021 Annual Work Plan year, compliance reviews and assessments are scheduled to be conducted for the following areas:

- **University-wide Health Insurance Portability and Accountability Act (HIPAA) Re-Assessment**
- **Policy Program Survey-Based Assessment**
- **Mandatory Training Initiative and Assessment**
- **Nepotism Policy Review of Controls**
- **Compliance Calendar Items**
- **NCAA Compliance Assessment**
- **Comprehensive Assessment of Foreign Influence Controls**
- **Compliance Program Assessment**

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

INVESTIGATIONS, DISCIPLINE, AND INCENTIVES

Standard

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.

2020 – 2021 Work Plan – Investigations, Discipline, and Incentives

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.

The Ethical Panther Hotline is a mechanism that allows members of the University community to raise compliance concerns without having to disclose their name or even department. During the 2019-2020 Work Plan year, the Compliance Office partnered with the Division of Human Resources' Employee and Labor Relations (ELR) and The Office of Inclusion, Diversity, Equity & Access (IDEA) to highly customize the wireframing of a new case management system (powered through *I-Sight*) that will encompass the Ethical Panther Hotline. This integrated Hotline and Case Management system is in complete alignment with FIU's community standards and will enable more sophisticated, in-depth reporting, the alignment of case types across several areas and the ability to better track and respond to trends in reporting and misconduct. Early in the 2020-2021 Work Plan Year we will launch this new Platform and throughout the year will build supporting guidelines, web-page content and reporting protocols.

Since the 2017-2018 Annual Work Plan year, the Compliance Office has implemented an Executive Scorecard that highlights and creates accountability for policy review and training requirements of the leadership team. This practice will be continued, enhanced to include additional key compliance activities. The Scorecard will also be applied to the activities of the FIU Compliance Liaisons and the Policy Working Group for 2020-2021. Scorecards will continue to be shared with the President and members of the leadership team.

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.

2020 – 2021 Work Plan – Corrective Action

Reward and Recognition Programs: These programs are key mechanisms to motivate employees to act in accordance with the organization's culture and values. During the 2020-2021 Annual Work Plan year the Compliance Office will:

- Continue to work with Human Resources to identify opportunities to recognize those who personify FIU's core values and to develop and promote compliance and ethics incentive opportunities. A key example is effective use of the HR Newsletter and Compliance Newsletter to highlight compliance successes and champions.
- Partner with Human Resources to develop Professional Development credits and Incentives tied to compliance-based mandatory and suggested training.
- Continue to create systems of accountability that will lead to consistent and appropriate incentives and disciplinary measures, including education and/or corrective action as evidenced by several new Work Plan Initiatives, including the *Panther Enterprise Risk Management Platform* and the *I-Sight* Integrated Hotline and Case Management System.

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. Such risk management could require corrective action.

2020 – 2021 Work Plan – Risk Management

The University's ERM Framework requires that we understand uncertainties that may impact our objectives. Doing so ensures that we are continuously focused on the most

Page **10** of 12

important risks and opportunities as we allocate our resources and adjust work priorities.

Navigating uncertainty effectively will help to strengthen our institutional performance, creating and preserving value for our stakeholders by ensuring that the way we facilitate program and service delivery is innovative, effective and responsible. Managing risk well ensures that we are both proactive and resilient as we sense and respond to uncertainty internally and externally as well as reduce unwanted or unexpected outcomes and engender the trust and confidence of our many stakeholders.

The Compliance Office will resource and educate FIU's workforce to support decision making informed by an understanding of the uncertainties we face as a University and all applicable laws, regulations, industry codes, and institutional standards. FIU must identify and mitigate any risks that may impact our ability to be regarded by our community as trustworthy and credible. We will continuously seek out those opportunities that can best strengthen our core values.

During the 2020-2021 Annual Work Plan year, the Compliance Office *will continue to* work with The Office of Internal Audit and our many stakeholders to execute the ERM framework by:

- 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

During the 2020-2021 Annual Work Plan year, the Compliance Office *will significantly enhance, mature and elevate FIU's ERM program* by partnering with Internal Audit to develop, launch and manage the *Panther Enterprise Risk Management Platform*. This platform will complement the Office of Internal Audit's Panther Audit Platform as its next iteration, encompassing the risks identified in FIU's Risk Register. The Platform will offer an intuitive, user-friendly, supported risk management application designed to assist Risk Owners in mitigating and managing risk and to create measurable, reviewable and reportable outcomes and metrics. This platform will be the foundational tool for enabling and empowering FIU's workforce to apply the following principles to their work:

- Risk management is part of key decision-making. Risk-informed decisions help us to distinguish among alternative courses of action, applying values and ethics while using the University's common risk process to help us identify, assess,

treat and communicate risk. This includes documenting our rationale in support of accountability as we consider the interests of our students, faculty, staff, donors, alumni, community, business and research partners, creditors, rating agencies, accrediting bodies, and other stakeholders.

- Understanding that risk management adds value to our work by helping us be dynamic and responsive to change. Risk management also adds value by facilitating continuous learning and improving the way we work with each other and our partners as we serve our "students" and safeguard stakeholder interests in the continuous application of the common risk process.
- Risk is managed using the University's common risk process that is focused on our objectives to help us sense and respond proactively, appropriately and effectively to the negative and positive aspects of risk and uncertainty.
- Risk management is tailored and responsive to the University's external and internal context (including interests, priorities, public service ethics and values, our risk culture, stakeholders, and risk management capacity).

Office of Internal Audit
Status Report

BOARD OF TRUSTEES

June 16, 2020

Date: June 16, 2020

To: Board of Trustees Audit and Compliance Committee Members

From: Trevor L. Williams, Chief Audit Executive

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

The current Coronavirus pandemic brought on some impactful changes to our office's activities. Although we were able to transition to working remotely and achieve a measure of normalcy with some aspects of our function, certain other aspects were meaningfully affected. Nevertheless, 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 February 26, 2020.

Work in Progress

The following ongoing audits are in various stages of completion:

Audits	Status
Athletics Health Services Billing and Coding Process and Contract Performance	Fieldwork in Progress
Payroll Irregularities and Fraud Controls / New Employee Document Verification	Fieldwork in Progress
University Fleet Management	Fieldwork in Progress
Compliance with Donor Confidentiality and Intent	Fieldwork in Progress
Procurement and Competitive Bidding Procedures	Fieldwork in Progress

Internal Investigations

Our office has received various complaints alleging wrongdoing perpetrated by University personnel, some of which were referrals from the State University System of Florida Board of Governors' (BOG's) Office of the Inspector General. We have reviewed these complaints, and to the extent possible under the current circumstances, are evaluating them.

(Page **1** of **2**)

Office of Internal Audit Policy and Charter Update

Board of Governor's Regulation 4.002 and the Office of Internal Audit Policy and Charter 125.205 ("Charter") require that the Board of Trustees review and approve the Charter at least every three years. Predicated by this requirement, the results from my internal quality assessment review completed in December 2019, and the recommendations from the independent, external quality assurance reviewer, I have revised the Charter to address the recommendations and to align more closely to the model charter framework established by The Institute of Internal Auditors. The revisions were discussed with the Audit and Compliance Committee Chair, senior management, and General Counsel. The revised Charter has been submitted for FIU Board of Trustees review and approval.

Other Matters

Although the Coronavirus pandemic has disrupted the schedule and timing of the launch of our FIU-bred OIA Panther Audit Platform, I am pleased to report that we have completed testing of the Platform and on May 28, 2020, officially launched it for use by our audit clients for managing the implementation of outstanding audit recommendations. The efforts devoted to this project during the past three months have also moved us well along with the development of Phase II of the project, an interactive, electronic audit working papers and management system.

Continuing our efforts towards incorporating robust data analytics into our audit process, we met with staff from the Division of Information Technology (DoIT) to explore the feasibility of leveraging the Business Intelligence (BI) functionality in the University's Enterprise Resource Planning (ERP) system. DoIT staff facilitated a demonstration of the system's analysis capabilities. We are continuing our evaluation of those capabilities in comparison to other products and our needs.

During the month of February, the office has experienced the separation of Mrs. Lillian Spell, Audit Manager, who relocated to Austin, Texas to join her immediate family. Although the Coronavirus pandemic delayed our recruiting efforts to fill the open positions in our office, we have restarted the recruitment process to fill the two Senior Auditor vacancies.

Professional Development

The audit staff continue to take advantage of available professional development opportunities. Ms. Stephanie Price, Audit Project Manager, acquired her Certified Internal Auditor (CIA) Certification from the Institute of Internal Auditors in February 2020. In addition, Mrs. Vivian Gonzalez obtained her Certified Fraud Examiner (CFE) in April 2020 from the Association of Certified Fraud Examiners. Finally, Mrs. Tranae Rey also acquired her Certified Fraud Examiner (CFE) in May 2020.

(Page **2** of **2**)

This page intentionally left blank

Office of University Compliance and Integrity
Quarterly Report
2019-2020

University Compliance and Integrity

FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Audit and Compliance Committee
June 16, 2020
OFFICE OF UNIVERSITY COMPLIANCE & INTEGRITY QUARTERLY REPORT

2019-2020 Compliance Work Plan Status Update

The Office of University Compliance and Integrity is pleased to present the status update for the 2019 – 2020 Compliance Work Plan. The information reflects progress on the key action items and other compliance activities for the third quarter of fiscal year 2019-2020 (January 1 – March 31).

Completed	In Process	Not Begun
✓	●	N/B
Program Structure and Oversight		
Organizations are expected to have high-level oversight and adequate resources and authority given to those responsible for the program.		

Compliance Program Objective	Key Action Items	Summary	Progress Indicator
Facilitate discussion and support initiatives related to compliance governance.	Privacy Governance Committee	• Drafted Privacy Governance Charter. • Identified key FIU constituents for membership. • Schedule first meeting and develop list of initiatives.	✓ ✓ ●
	Foreign Influence Task Force	• Disseminated Global Risk and Foreign Influence Task Force Charter to group for comment. • Identified, drafted and distributed resource documents to membership. • Agenda and training developed for first meeting. • Meeting held on January 27, 2020 included discussion of extensive Federal dialogue and investigation concerning Foreign	✓ ✓ ✓ ✓

		Influence and Research Security in Higher Education and a presentation educating the task force regarding key definitions, the nature of multiple agency actions, the various avenues of foreign influence and task force objectives.	
		• Meeting held on March 16, 2020 via ZOOM with full task force attendance (first day of remote work). Included a brief recap of the January meeting, a recommendation for addressing agency inquiries, a presentation regarding international travel risks and related FIU controls, and a discussion of go forward Task Force Strategy.	✓
		• Next task Force meeting set for June 19, 2020.	●
Supervisor and manager training in collaboration with Human Resources.	Develop and conduct compliance training.	• Facilitated meetings and ongoing discussions with Human Resources and the Office of the General Counsel (OGC) to identify key training areas.	✓
		• Finalized interactive Compliance and Ethics training materials in collaboration with State University System ("SUS") consortium subcommittee.	✓
		• Meetings with Human Resources and OGC to discuss addition of compliance topics in currently mandated training such as new manager training and faculty orientation.	●

Communicate all major compliance initiatives with senior leadership to coordinate messaging.	Develop and execute communication campaigns for major compliance initiatives.	• Reported status of major initiatives such as the Foreign Influence Task Force, the Policy Framework Project, the Code of Conduct launch, Export Controls program enhancements, etc. to OPS, DAC, and Executive Committee leadership.	●

Compliance Liaison Scorecard	The Compliance Liaison Scorecard will be used to track the level of program participation for each Compliance Liaison.
	
	The scorecard is made available to the Division of Human Resources and the supervisor of the Compliance Liaison.
		• Conducted second quarterly Compliance Liaison meeting in addition to one-on-one meetings between the Chief Compliance Officer ("CCO") and Compliance Liaisons. The Chief Audit Executive was invited to share the new Audit distribution platform. Full discussion of risk assessment and mitigation and the role of the liaison.
		• Conducted third quarterly Compliance Liaison meeting in addition to monthly one-on-one meetings between the Chief Compliance Officer ("CCO") and Compliance Liaisons. The Chief Audit Executive key members of his team attended and provided a full demo of the OIA Audit platform functionality. Began discussion of Panther Enterprise Risk Management Platform.
		• Liaison Scorecard further developed and used to track:
		  - Participation in group initiatives such as quarterly meetings and special assignments.
		  - Participation in one-on-one meetings with the CCO (to ensure regular discussion regarding risk management and compliance challenges within each liaison's respective area).
			✓
			
			✓
			
			●

Policy Working Group Member Scorecard	The Policy Working Group Member Scorecard will be used to track the level of program participation for each member. The Scorecard will include participation in group initiatives and will be made available to executive leadership through the Monthly Compliance Report.	• Implemented Policy Working Group Scorecard. • Included scorecard in the monthly Compliance Reports to DAC and OPS committees. • Held Policy Working Group meeting to discuss the three-year policy review including its history, updates and improvements for the 2020 review, the updated review process, the second-tier review by the work group and areas identified for future review.	✔ ✔ ✔
Enterprise Risk Management Advisory Committee	Compliance Liaisons will serve as the Enterprise Risk Management ("ERM") Advisory Committee and will continue with governance responsibilities related to the ERM.	• Discussed role of compliance liaisons at first quarterly meeting. • Chief Audit Executive presented the enterprise risk "heat map" in second quarterly meeting and the new Audit platform in third quarterly meeting. • Developing Risk Mitigation toolbox and mitigation/control reporting form for enterprise wide risk owners. • Working with Internal Audit to leverage audit platform to develop an automated risk mitigation platform. Met with Office of Internal Audit team twice in third quarter to develop Enterprise Risk Management platform.	✔ ✔ ✔ ●

Standards of Conduct and Policies			
Organizations are expected to have standards reasonably capable of preventing and detecting misconduct.			
Compliance Program Objective	**Key Action Items**	**Summary**	**Progress Indicator**
Leverage the University Policy Workgroup to impact the FIU culture of compliance.	Review and update Policy Framework. Conduct substantive review of all official University policies.	• Met with the Policy Workgroup and updated the official FIU policy template after seeking feedback across campus. • Developed Procedure Template. • Solicited comments and feedback from Policy Workgroup to revise and update the Policy Framework. • Met with OGC to develop process for expedited approval of new, legally required policies or updates. • Reviewed and updated the current policy approval process, distribution audience and review process. • Developed process and scheduled policy owner review of all official University policies for Spring 2020, to include multidisciplinary review by the Policy Workgroup. • Launched three-year policy review process. • Updated escalation process	✔ ✔ ✔ ✔ ✔ ✔ ✔ ✔
Conduct policy campaigns to inform the University community of new and updated policies and core policies in need of regular dissemination.	25 Scheduled Policy Campaigns for 2019-2020.	The following policies were distributed according to schedule: • Gift Policy • 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) • Drug-Free Campus/ Workplace Drug and Alcohol Abuse Prevention Policy • Incident Response Plan	 ✔ ✔ ✔ ✔

		• Authorization and Modification of Courses	✔
		• Missed Class related to Authorized University Events	✔
		• Spouses and Relatives as Students	✔
		• Verification of Credentials for Faculty	✔
		• Service and Emotional Support Animals on Campus	✔
		• University Travel Expense	✔
		• Approvals Required on Electronic Proposal Routing Approval Form Prior to Proposal Submission	✔
		• Research Misconduct	✔
		• Nepotism in Research	✔
		• Conflict of Interest in Research	✔
		• Office of Research and Economic Development Prior Approval of Sponsored Project Proposals	✔
		• Acquisition, Assignment and Use of University Vehicles	✔
		• Fraud Prevention and Mitigation	✔
		• Environmental Management Policy	✔
		• Security in Laboratories with Special Hazards	✔
		• Firearms and weapons	✔
		• Nepotism	✔
		• Export Controls	✔
		• Access Control for University Buildings and Facilities	✔

	Transition the policy distribution, attestation and tracking system to Canvas/Catalog.	• Selected FIU Canvas/Catalog as FIU's official policy platform.	✓
		• Met regularly with transition workgroup to fulfill necessary project management steps to effectuate the transition.	✓
		• Coordinated with current platform (Convercent) representatives to secure necessary FIU historical data.	✓
		• Designed communication campaign for Canvas/Catalog rollout.	✓
		• Rolled out Campus Catalog in January as FIU's official policy and training distribution platform. Has been successfully launched for ongoing HIPPA and Payment Card Industry (PCI) trainings.	✓
		• Met with Human Resources and Information Technology on February 7, 2020 to plan the development of and implementation timeline for phase II of the Canvas Catalog project which will include integration with PantherSoft for reporting purposes.	●

Training, Education and Communication

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	Eleven (11) scheduled training campaigns for FY 2019-20.	The following trainings campaigns took place according to schedule: • FIU Athletics Travel (released)	✓

laws, regulation, and policies, and to document training completions.		• Documenting Travel Expenses and Requesting Reimbursement (released)	✓
		• Allowable Travel Expenses (released)	✓
		• FIU Travel Business Process (released)	✓
		• FIU's Travel Policy Origins (released)	✓
		• Introduction to Travel at FIU (released)	✓
		• FIU Data Breach Prevention Incident Response Plan Info-graphic (released)	✓
		• Family Education Rights and Privacy Act (FERPA) Regulation (released)	✓
		• Clery Act (Released)	✓
		• Health Insurance Portability and Accountability Act (Released)	✓
		• Preventing identity theft on covered accounts offered or maintained by FIU (Red Flags) (Released)	✓
	Development of University Compliance and Integrity Newsletter.	• First quarterly newsletter drafted announcing the roll out of several key compliance initiatives. Distribution pending launch of new Ethical Panther Hotline.	🟢
		• Begin drafting and planning for content of future newsletters.	🟢
		• Collaborate with consultant to develop content for user friendly,	✓

	Development of New Export Control Website.	• enterprise-wide, interactive Export Control Website. • Work with web developers to design website. • Work with campus partners to evaluate and finalize prototype. • Evaluate and finalize content. • Launch Export Control Website.	✔ ✔ ● ●
	Development of updated Office of University Compliance and Integrity Website.	• Partnered with IT to update Compliance Website • Launch updated Website • Perform testing assessment and updates	✔ ✔ ●
	Provide employees with training related to ethical decision making. Provide supervisors and managers with training related to communicating and modeling ethical decision making.	• Developed a comprehensive, interactive Compliance and Ethics Training Program as part of an SUS Consortium sub-committee. • Selected and implemented FIU Canvas/Catalog, EverFi and current vendors (Compliance Wave and Venngage) to provide training platform and content to the University community. • Schedule ethics trainings in late Spring with Compliance Liaisons.	✔ ✔ ●
	Execution of University Mandatory Training Inventory and Support Project.	• Institution-wide survey distributed to identify training efforts throughout the FIU Community. • Create mandatory training inventory and calendar.	✔ ●

Risk Assessment, Measurement and Monitoring			
Organizations should have in place a system and schedule for routine monitoring and auditing of organizational transactions, business risks, controls and behaviors.			
Compliance Program Objective	**Key Action Items**	**Summary**	**Progress Indicator**
Conduct strategic assessments to identify and address compliance and risk.	Ethisphere - Compliance Program Assessment (in progress).	• 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 issued March 19, 2019. As a result, FIU has moved forward with this assessment and is gathering documents and data for the assessment consultant.	●
	CynergisTek HIPAA Compliance Program assessment.	• Meet regularly with HIPAA committee to address findings and recommendations related to HIPAA privacy. • Develop enterprise wide HIPAA privacy policies. • Develop enterprise wide HIPAA training modules for covered units. • Set follow up meeting for April for Cynergistek re-assessment. • Participate in Cynergistek re-assessment (report issued in 6-8 weeks).	● ● ● ✓ ✓

	Develop Compliance Calendar for 2020.	• Compliance Calendar finalized for 2020. • Each month a communication is sent to units with Compliance related filing deadlines and confirmation is received by University Compliance when filings occur.	✔ ●
Support the University-wide effort to develop and implement a comprehensive ERM program.	Educate Risk Owners regarding risk management principles. Assist Risk Owners in determining the most appropriate business response to each risk. Provide resources to Risk Owners for reporting updates related to identified risks.	• Met with 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. • Develop "risk mitigation toolbox" for risk owners, including templates for documenting controls and best practices. • Work with Internal Audit to leverage audit platform to develop an automated risk. mitigation platform for reporting purposes.	✔ ● ●

Investigations, Discipline and Incentives			
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**
Maintain policies and procedures to effectively enforce compliance and	FIU Policy Working Group, Compliance Liaison and Executive Scorecards.	• Documented and shared on schedule.	●

incentivize employees to perform in accordance with the compliance program, including the obligation to report. Take appropriate investigative actions in response to suspected ethics and compliance violations.	Policy and training escalation procedure for compliance.	• Escalation process in place and routinely implemented to achieve maximum campaign completion percentages.	●
	New and Integrated FIU Ethical Panther Hotline and Case Management System.	• Identified a platform which will be used by the Division of Human Resources, the Office of Inclusion Diversity Equity and Access and the Office of University Compliance and Integrity and implementation has begun. • Partnered with Employee and Labor Relations and Inclusion, Diversity, Equity and Access to wireframe and test new hotline and case management system, including developing supporting documents, hotline scripts and webforms.	✓ ✓
	Robust collaboration among Compliance, Internal Audit and Human Resources in evaluating reports of misconduct.	• Collaboration takes place upon receipt of a hotline report to assign the appropriate investigator and degree of urgency to each matter.	●

| | Review and update materials and training related to rights and protections of reporters of misconduct. | • Met with OGC, Human Resources and Internal Audit.
• Reviewed current policies.
• Incorporated discussion of retaliation into regular training and educational sessions (New Employee Orientation and training campaign materials). | ✔

✔

✔ |

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 President and executive leadership to encourage and promote a culture of compliance and ethics.	Utilize culture survey tools and focus groups to determine employee concerns and engagement related to compliance and ethics.	• Embedded culture-related questions in the Policy Program Survey. • Policy Working Group provided observations and identified trends. • Trend results will be used to benchmark additional culture survey tools following the Principles and Standards campaign.	✔ ✔ ●
Promote ethical decision making across the University community.	Conduct trainings and educational opportunities related to ethical decision making.	• Partnered with Human Resources to conduct a Compliance "table talk" small focus group discussion which will be repeated in the Biscayne Bay Campus and with a small group of supervisors. • Developed interactive compliance and ethics training program as part of a SUS Consortium sub-committee. • Present to various departments and groups to discuss ethical decision making and to promote "bystander engagement".	✔ ✔ ●