

SUS Compliance Program Status Checklist Summary

Univ.	University-Wide Compliance Program	Program Plan	BOT Committee	Chief Compliance Officer	External 5-Year Program Review
FAMU	● ● N/BN/B	N/B N/B ● ✓ N/B	● ● N/B N/B	● ● ● N/B N/B	-
FAU	● ✓ ● ✓	● ● ● ✓ ●	● ● ● ●	✓ ✓ ● ✓ ●	-
FGCU	● ● ● ●	● ● ● ✓ N/B	● N/B ● ✓	✓ ● ● ✓ ✓	-
FIU	✓ ✓ ● ✓	● ● ✓ ✓ ●	✓ ● ✓ ✓	● ✓ ● ✓ ✓	-
FPU	● ● ● ●	● ● ● ● ●	● ● ● ●	● ● ● ● ●	-
FSU	● N/B ● ●	N/B ● N/B ● N/B	N/B N/B N/B N/B	N/B N/B N/B N/B N/B	-
NCF	● N/B ✓ ●	● ● ● ● N/B	● ● N/B N/B	● ● ● ● ●	-
UCF	✓ ✓ ✓ ✓	● ● ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	-
UF	● ● ● ●	● ● ● ✓ ●	● ● ● ●	● ● ● ● ●	-
UNF	● ✓ ● ✓	● ● N/B ● N/B	✓ ✓ ✓ ✓	✓ ✓ ● ✓ ●	-
USF	✓ ✓ ✓ ✓	● ● ● ✓ ✓	✓ ● ✓ ●	✓ ● ● ✓ ✓	-
UWF	● ● ✓ ✓	● ● ● ● ●	✓ ✓ ✓ ●	● ● ✓ ● ●	-

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●	Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
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FAMU	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
FAU	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
FGCU	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
FIU	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
FL Poly	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
FSU	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
NCF	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
UCF	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
UF	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
UNF	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
USF	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B
UWF	✓✓✓✓	✓✓✓✓✓	✓✓✓✓	✓✓✓✓✓	N/B

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SUS Compliance Program Status Checklist, November 2018

University Name: **Florida A&M
University**

Prepared by: **Rica Calhoun,
CCEO**

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

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Program Status Summary (November 2018)						
Area	Regulation Components	Completed	In Process			Not Begun
		✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	4	0	0	0	0
B – Program Plan	5	5	0	0	0	0
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	18	0	0	0	0

Legend:

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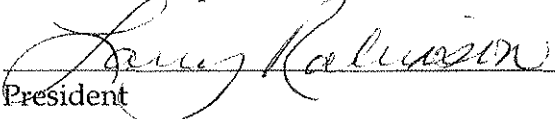
Area A – University-wide Compliance Program		
Standard Compliance	Description	
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	<p>November 2018: These provisions for the Compliance Program have been included in the University Compliance & Ethics Charter, which was approved at the June 8, 2017 Board of Trustees meeting. The program plan has been developed and the CCO continues implementation and monitoring. The CCO presented the program plan for review and approval to the Board of Trustees at the June 7, 2018 meeting.</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓ N/B</p>
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	<p>November 2018: The provision for annual reporting was included in the audit charter which was approved at the June 8, 2017 Board of Trustees meeting. The CCO reported on the status of program implementation and program effectiveness to the BOT at its June 7, 2018 meeting. The CCO continues to provide regular progress reports to the BOT.</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓ N/B</p>
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	<p>November 2018: This provision was included in the Compliance Charter which was approved by the audit committee at its June 8, 2017 meeting. The expectation has also been included in the program plan. The report will be submitted within the 5-year requirement.</p>	<p style="text-align: center;">✓ N/B</p>
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	<p>November 2018: The requirement has been included in the Compliance and Ethics Charter. The framework for detecting and preventing non-compliance, unethical behavior, or criminal conduct has been established and monitoring continues.</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓ N/B</p>
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	<p>November 2018: The University's hiring process for positions of authority includes background checks and an extensive interview process to provide reasonable efforts to not include individuals who have engaged in conduct not consistent with an effective program. This hiring process is outlined in University Regulation 10.105, mandating the verification of educational qualifications and credentials, work experience, background check, fingerprinting and references.</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓ N/B</p>

Area B – Program Plan		
Area B – Program Plan	Area B – Program Plan	Area B – Program Plan
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	<p>November 2018: The CCO began employment with the University on February 28, 2018 and developed the program plan and attendant goals. The CCO presented the program plan to the BOT for review and approval at the June 7, 2018 meeting. The BOT approved the plan at the same meeting.</p> <p style="text-align: center;">✓</p>	<p>✓ ● ● N/B</p>
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	<p>November 2018: The Compliance Charter included these requirements. The CCO has developed the program plan, which provides for compliance training for University employees and BOT members. The University currently has training programs in place for various compliance topics. The CCO has begun conducting ethics trainings, with additional training and platforms in development.</p> <p style="text-align: center;">✓</p>	<p>✓ ● ● N/B</p>
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	<p>November 2018: Designated compliance officers have dotted-line reporting to the Chief Compliance and Ethics Officer.</p> <p style="text-align: center;">✓</p>	<p>✓ ● ● N/B</p>
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	<p>November 2018: The University has a hotline administered by a third-party. The third-party administrator forwards complaints to the Division of Audit & Compliance for review, investigation, and/or referral. Complaints can be made anonymously.</p> <p style="text-align: center;">✓</p>	<p>✓ ● ● N/B</p>
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	<p>November 2018: The requirement for the program to include promotion and enforcement through incentives and disciplinary measures are included in the program plan. Incentives and disciplinary measures include: Awarding compliant and ethical behavior through public recognition based on a nomination process; newsletters; “lunch and learn” events; celebration of Corporate Compliance and Ethics week on November 5-9; and, including specific reference to compliant and ethical behavioral expectations in employment performance evaluations. The CCO has collaborated with the Office of Human Resources to educate the University community regarding these standards and the performance evaluation process. The CCO also works with the President’s Leadership Team to keep them apprised of misconduct to ensure appropriate action and accountability is enforced.</p> <p style="text-align: center;">✓</p>	<p>✓ ● ● N/B</p>

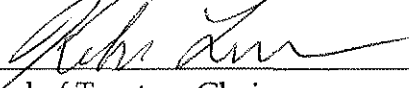
Area C – BOT Committee		
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	November 2018: The Audit & Compliance Committee established a compliance function to which it provides oversight. The approved Compliance Charter provides for Board of Trustees oversight of the compliance function. The Audit Committee's charter will be revised as necessary. ✓	✓ ● ● N/B
C2 – BOT Audit and Compliance Committee Charter (copy to BOG) [4.003(3)]	November 2018: This provision was included in the Compliance Charter approved by the audit committee at its June 2017 meeting. ✓	✓ ● ● N/B
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	November 2018: The CCO has assumed responsibility for meeting with the BOT audit committee from the Chief Audit Executive. Meetings with the BOT audit committee and the CCO continue to be held quarterly, beginning June 2018. The meeting topics will include status updates on compliance issues that were reported in audit and investigative reports. ✓	✓ ● ● N/B
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	November 2018: The CCO meets regularly with the President to discuss compliance matters. Additionally, the CCO is member of the senior leadership team and participates in weekly meetings. Updates on compliance activities are included in the reports to the senior leadership team. ✓	✓ ● ● N/B

Area D – Chief Compliance Officer		
Item	Details	Rating
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	<p>November 2018: A Chief Compliance and Ethics Officer has been appointed.</p> <p>✓</p>	<p>✓ ● ● N/B</p>
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	<p>November 2018: The University elected to initially structure functional and administrative reporting to the Vice President of Audit & Compliance within the existing compliance program pursuant to BOG Regulation Section 4.003. As of June 30, 2018, the reporting structure for the Chief Compliance and Ethics officer was revised to report functionally to the BOT and administratively to the President.</p> <p>✓</p>	<p>✓ ● ● N/B</p>
D3 – Compliance Office Charter (copy to BOG) [4.003(6)]	<p>November 2018: The Compliance Office charter was approved by the BOT at its June 2017 meeting.</p> <p>✓</p>	<p>✓ ● ● N/B</p>
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers) [4.003(7)(g)5 & (7)(g)7]	<p>November 2018: These provisions were incorporated in required elements of the program as outlined in the Compliance Charter approved by the BOT in its June 2018 meeting. The CCO will notify the appropriate divisional Vice President to request remediation of any unresolved restriction or barrier imposed by any individual on the scope of any inquiry, or the failure to provide access to necessary information or people for the purposes of such inquiry. If unresolved by the appropriate Vice President, the CCO will notify the President to assist in remediation.</p> <p>✓</p>	<p>✓ ● ● N/B</p>
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	<p>November 2018: The CCO authority, roles, and responsibilities were outlined in the Compliance charter approved by the BOT at its June 2017 meeting. Resources for the Compliance function are included in the 2017-18 budget for the Division of Audit & Compliance. For 2018-19 year, the Compliance office is staffed by the CCO and a half-time administrative assistant. Budget for training, travel, office equipment, and supplies have been included.</p> <p>✓</p>	<p>✓ ● ● N/B</p>

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11/19/18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11/19/18
Board of Trustees Chair



SUS Compliance Program Status Checklist, November 2018

University Name: Florida Atlantic
University

Prepared by: Elizabeth Rubin,
Chief Compliance &
Ethics Officer

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

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Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	The FAU BOT has approved and implemented its Compliance and Ethics Program (CEP) consistent with the Code of Ethics for Public Officers and Employees and the Federal Sentencing Guidelines. The CEP includes the formation of a University-Wide Compliance and Ethics Committee, with representatives from all areas of the University.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	The CCO participates in quarterly BOT meetings.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	An external review will be completed within 5 years.	✓
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	In addition to reviews and investigations conducted by various areas as well as audits conducted by the OIG, FAU distributes annual stewardship documents where each operational area certifies that they are in compliance with their responsibilities and duties. Additionally, FAU has Silent Owls and other programs with FAUPD (e.g., See Something, Say Something). The Office of Compliance centrally manages or participates in processes that raise non-compliance, unethical behavior or criminal conduct through public website reporting, working groups and other avenues.	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	FAU conducts background and financial checks to screen for individuals that have engaged in conduct inconsistent with its CEP. The CCO and HR consult at appropriate intervals.	✓

Area B – Program Plan		
Regulation Requirement	Description	Program Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	The FAU BOT has approved and implemented its CEP consistent with the Code of Ethics for Public Officers and Employees and the Federal Sentencing Guidelines.	✓
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	FAU provides compliance training to high risk areas and has developed a home-grown compliance and ethics training that has been launched for new employees and for the BOT.	✓
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	The Executive Director of the Office of Equity, Inclusion and Compliance (EIC) is FAU's Title IX Coordinator and reports directly to the CCO. FAU's ADA Coordinator reports through the Executive Director of EIC to the CCO. In addition to FAU's Title IX Coordinator, FAU has five (5) Deputy Title IX Coordinators covering all areas of the University, including faculty, staff, athletics, and students. Effective December 2018, the Associate Athletics Director for Compliance will report directly to the CCO. Other areas of the university have a dotted line relationship (e.g., covered components, research, etc.).	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	The FAU community is able to report potential/actual violations through the OIG website and reporting individuals are provided protection from retaliation. Further, the Office of Compliance and EIC both have public websites where the FAU community may report potential/actual violations. The Dean of Students and FAUPD also provide additional avenues for reporting.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	Through a close working relationship with the Office of Human Resources and General Counsel, the Office of Compliance has been able to promote and enforce incentives and disciplinary measures.	✓


Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	The Audit and Compliance Committee provides oversight to the Compliance & Ethics Program.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	BOT Audit and Compliance Committee Charter approved and adopted on May 16, 2017.	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	The CCO meets quarterly with the BOT Committee on Audit and Compliance matters and agenda items. The CCO confers with the Chair of the BOT Audit and Compliance Committee prior to each meeting and as needed otherwise.	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	The CCO has routine meetings to discuss compliance updates with the President quarterly and as needed otherwise. The CCO also meets with the VP, Administrative Affairs on a monthly basis regarding issues/updates and those matters are passed on, escalated or communicated to the President as appropriate. While the CCO does not participate in the President's regularly held direct report meetings, the CCO is an active participant in various leadership meetings throughout the University.	✓

Area D – Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	FAU appointed its first Chief Compliance Officer in 2015.	✓
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	The CCO reports functionally to the Board and had full unimpeded access to BOT members. The CCO meets administratively with the President on a quarterly basis and with the VP, Administrative Affairs on a monthly basis.	✓
D3 – Compliance Office Charter [4.003(6)]	The Compliance Office Charter was approved by the BOT on February 20, 2018.	✓
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	The CCO has independent access to all operating units and BOT members and provides objective updates to the President on a quarterly basis.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	The CCO is currently a 1-person office. The Executive Director for the Office of Equity, Inclusion and Compliance (EIC) and the Associate Athletics Director for Compliance both report directly to the CCO. There is budget for the CCO salary and the Compliance Office's operating budget is paid for by the Office of the President. The EIC Office and the Associate Athletics Director for Compliance are separately budgeted and funded. The EIC Office and the Office of Administrative Affairs both provide administrative support to the CCO.	✓

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11/27/18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11/27/18
Board of Trustees Chair



SUS Compliance Program Status Checklist, November 2018

University: Florida Gulf Coast University

Prepared by: Precious Green Gunter, Director of Equity, Ethics, & Compliance

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Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	<p>November 2018: *Completed Charter for Compliance and Ethics Office, Charter for Audit and Compliance Committee, Program Plan, Code of Conduct, and Regulation on Ethics. Provided an initial ethics training to President and Cabinet, Deans, Compliance Liaisons, Staff Advisory Council, and Faculty Senate. University Wide ethics trainings to be provided to all employees in December 2018. Annual ethics training is mandatory for all employees and is an included component in their annual evaluations. *Current revisions to both Charters pending BOT approval January 2019.</p>	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	<p>November 2018: Previous Annual Report approved by the Audit and Compliance Committee on 8/17/2017 and the FGCU BOT on 10/10/2017; copy emailed to BOG IG on 11/13/2017. The previous report was prepared based on the fiscal year.</p> <p>After discussion with the President and the Audit and Compliance Committee Chair, the decision was made to produce the annual report based on the calendar year. As a result, the 2018 Annual Report will be prepared in January 2019 and submitted for BOT approval in April 2019.</p>	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	<p>November 2018: In accordance with BOG Regulation 4.003, the initial external review of FGCU's C&E program must be initiated by November 2021, with a subsequent review to occur every five years thereafter. To comply with this measure, FGCU will contract with either a peer institution or an external firm no later than January 2021 for an initial review of the program with anticipated completion by November 2021.</p>	N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	<p>November 2018: Governance and monitoring processes outlined in FGCU Compliance and Ethics Program Plan.</p>	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	<p>November 2018:</p> <ul style="list-style-type: none"> ▪ Incorporating compliance with FGCU's Code of Conduct into position descriptions ▪ Tying integrity conduct to performance evaluations ▪ Demonstrating senior executive commitment to integrity ▪ Ensuring supportive climate of ethical conduct ▪ Including questions about character and integrity in the interview reference check process 	✓

	<ul style="list-style-type: none"> ▪ Training employees to recognize and make ethical decisions ▪ Responding immediately to misconduct and ethical lapses in judgment ▪ Abiding by and enforcing disciplinary action for offenders ▪ Taking steps to strengthen employee performance when a deficiency is found 	
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Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	November 2018: Program Plan approved by the BOT on 2/20/18.	✓
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	November 2018: Plan provides for ethics training on a biennial basis to members of the FGCU BOT, President, Cabinet, faculty, and staff; and initial ethics training for new hire employees within the first 90 days of employment.	✓
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	November 2018: FGCU Compliance Liaisons have a dotted line reporting relationship with the Director/ designated CCO and are *scheduled to meet on a quarterly basis. The Compliance Liaisons provide the CCO with immediate notification of suspected or detected non-compliant behavior, unethical behavior, or criminal conduct, and an annual summary of compliance initiatives.	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	November 2018: Ethics Point Hotline fully implemented at FGCU. Also there are other reporting mechanisms available through the Office of Institutional Equity and Compliance.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	November 2018: Incentives <ul style="list-style-type: none"> ▪ Incorporating compliance with the Code of Conduct into job descriptions ▪ Including compliance and ethics in employee evaluations ▪ Considering compliance and ethics behavior for promotions ▪ Supervisors encouraging subordinates to openly raise difficult questions 	✓

	<ul style="list-style-type: none"> Recognizing in the performance appraisal process, supervisors who use the Code of Conduct, complete ethics training, and ensure that subordinate staff complete ethics training Recognizing in the performance appraisal process, employees and managers who demonstrate compliance and ethics leadership <p>Discipline:</p> <ul style="list-style-type: none"> Taking appropriate action any time a deficiency is found and taking steps to strengthen employee performance <p>Avoiding promoting an employee who has engaged in conduct inconsistent with an effective compliance and ethics program.</p>	
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Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	November 2018: Audit and Compliance Committee of the FGCU BOT established in April 2017 with first Committee meeting held on April 11, 2017.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	November 2018: Charter for the Audit and Compliance Committee of the FGCU BOT approved by the Board on June 13, 2017. *Current revisions to both Charters pending BOT approval January 2019.	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	November 2018: The Audit and Compliance Committee meets in preparation for each FGCU BOT meeting and on an as needed basis. (approximately 7xs per year) The CCO serves as a staff liaison to the both the Audit and Compliance Committee and the BOT. As such, the CCO attends all BOT and Audit and Compliance Committee meetings, when available. Additionally, the CCO meets periodically with the Chair of the Audit and Compliance Committee to provide important updates.	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports	November 2018: CCO meets with the President on a biweekly basis to provide program status updates and information on Hotline matters, as appropriate. CCO meets with the President’s Cabinet on an as needed basis to discuss program initiatives.	✓

or leadership meetings [4.003(7)(a) & 7(g)(3)]		
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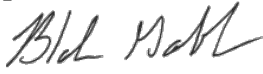
Area D – Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	<p>November 2018: FGCU hired its initial CCO on October 24, 2016.</p> <p>As of July 15, 2018, The Director of Equity, Ethics, and Compliance, and Title IX Coordinator is responsible to the President for all matters related to equal opportunity and Title IX, and also serves as the University’s Chief Compliance Officer, overseeing the University’s Compliance and Ethics Program. As such, the Chief Compliance Officer reports functionally to the Audit and Compliance Committee through its Chair, on behalf of the Board of Trustees, and administratively to the President. Additionally, in regards to discrimination and Title IX matters, she reports solely and directly to the President. The Director of Equity, Ethics, and Compliance works with all departments across the University to address compliance with federal and state regulations, as well as industry standards.</p>	✓
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	<p>November 2018: The Chief Compliance Officer reports functionally to of the Audit and Compliance Committee through its Chair, on behalf of the Board of Trustees, and administratively to the President. Additionally, in regards to discrimination and Title IX matters, she reports solely and directly to the President. The Director of Equity, Ethics, and Compliance works with all departments across the University to address compliance with federal and state regulations, as well as industry standards.</p> <p><i>See link below for - University Regulation FGCU- PR1.001 Statement of Agency Organization and Operation. (pg. 8 – D2j)</i> https://www2.fgcu.edu/generalcounsel/files/regulations/FGCU_PR_1_001_Stmt_of_Agency_091118.pdf</p> <p><i>See link below for FGCU Org. Chart</i> https://www.fgcu.edu/about/leadership/officeofthepresident/files/org-chart-092418-r3-ada.pdf</p>	✓
D3 – Compliance Office Charter [4.003(6)]	<p>November 2018: Charter for the Compliance Office approved by the Audit and Compliance Committee on 5/15/2017 and by the FGCU BOT on 6/13/2017.</p> <p>*Revision to Charter pending BOT approval January 2019.</p>	✓

D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	November 2018: CCO has experienced no impairments with respect to independence and objectivity. CCO has been provided unrestricted access to records and personnel; CCO working with Institutional Equity and Compliance, Employee Relations, University Police, and Internal Audit to ensure CCO has knowledge of concerns received directly by those university entities. CCO serves as the administrator for the Hotline.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	November 2018: The CCO has appropriate authority to implement an effective compliance and ethics program at FGCU and has been provided adequate resources that include a Coordinator position, equipment and supplies for the office, workspace, and continuing professional education courses to maintain professional certifications.	✓

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date November 29, 2018
 President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date November 29, 2018
 Board of Trustees Chair



STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

SUS Compliance Program Status Checklist, November 2018

University Name: **Florida International University** Prepared by: **Jennifer LaPorta**

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.

Program Status Summary (November 2018)						
Area	Regulation Components	Completed	In Process			Not Begun
		✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	0	0	0	0	0
B – Program Plan	5	0	0	0	0	0
C – BOT Committee	4	0	0	0	0	0
D – Chief Compliance Officer	5	0	0	0	0	0
TOTAL	19	0	0	0	0	0

Legend:

- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	<p>November 2018: The University-wide compliance and ethics program (“Program”) continues to provide strategic guidance and support for activities that promote ethical conduct and maximize compliance with applicable laws, regulations, rules and policies. The Program is designed and implemented consistent with the Code of Ethics for Public Officers and Employees (“Code of Ethics”) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B (“FSG”) and BOG Regulation 4.003(1) and (2)(b). The Office of University Compliance and Integrity (“Compliance Office”) manages the Program 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 the Code of Ethics, FSG and BOG Regulation 4.003.</p>	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	<p>November 2018: The FIU Board of Trustees (“Board”) assigned responsibility for providing governance oversight of the Program to the Audit and Compliance Committee (“Committee”). The Chief Compliance Officer (“CCO”) provides a written quarterly update to the Board through the Committee. Program effectiveness is reported to the Board annually. The 2017-2018 Annual Compliance Report was delivered to the Board in September 2018.</p>	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	<p>November 2018: An external review of the design and effectiveness of the Program is underway by Ethisphere. The Assessment will result in a detailed findings report and executive presentation that identifies gaps and includes practical recommendations for remediation. The assessment will:</p> <ul style="list-style-type: none"> • Identify how the program aligns with the hallmarks of an effective compliance program outlined by the Federal Sentencing Guidelines. • Benchmark the Program using data from the World’s Most Ethical Companies and determine where the Program is in line with leading practices – and where gaps may exist. • Utilize the practical and actionable roadmap included in the final report to help prioritize program initiatives, allocate resources, and plan for future investment of human and financial resources. 	
A4 – Process established for detecting and preventing non-compliance, unethical	<p>November 2018:</p>	✓

behavior, or criminal conduct [4.003(7)(h)]	Non-compliance, unethical behavior, or criminal conduct may be reported directly to a manager, to the Ethical Panther reporting line or various other mechanisms. The CCO collaborates with Program partners to verify that reasonable steps have been taken to prevent further similar behavior. Depending on the nature of the incident(s), various corrective actions, including the creation of compliance monitoring plans are used to improve detection efforts and monitoring efforts. Efforts related to compliance monitoring are reported to the Board.	
A5 - Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	<p>FIU has a background check policy and procedure that applies to the following faculty, staff, and administrators:</p> <ul style="list-style-type: none"> • New hires • Rehired after <i>a break in service</i>, • Volunteers, and; • Current <i>administrative</i> or <i>staff</i> employee promoted or transferred into a position with required background checks, unless the employee has successfully passed the position-related background checks within the past five (5) years. <p>At a minimum, new hires receive a level 1 criminal background investigation. Level II criminal background investigations and other due diligence steps may be conducted, depending on the position. Periodic re-screening may be conducted depending on whether the employee has access to minors, or has responsibility for a merchant account. The University also checks the "Excluded Individuals and Entities List" maintained by the Office of the Inspector General, and conducts motor vehicle record checks every two (2) years or when a report is made that an employee is not operating a University vehicle safely.</p>	✓

Area B - Program Plan		
Regulation Component	Description	Findings
B1 - Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	<p>November 2018: The President and the Board receive information about the Program and exercise oversight with respect to implementation and effectiveness. The CCO continues to provide the annual Compliance Work Plan ("Program Plan") to the Board for approval. The 2018-2019 Program Plan was approved by the Committee at its May 2018 meeting.</p>	✓
B2 - Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	<p>November 2018: Faculty, staff, and administrators receive training regarding their responsibility and accountability for ethical conduct and</p>	✓




	<p>compliance with applicable laws, regulations, rules policies and procedures.</p> <p>The 2017-2018 and 2018-2019 Program Plans addressed the number of policies and relevant information regarding the distribution of compliance trainings and compliance education campaigns.</p> <p>As part of the Board orientation process, Board members receive materials regarding the Florida Sunshine Law and the Florida Code of Ethics for Public Officers and Employees. In addition, University policies, including gift acceptance, and conflict of interest are included. During new Board member orientation, the CCO meets with new Board members to provide information regarding the Program, and the General Counsel meets with new Board members to review legal responsibilities. The General Counsel conducts training every two years during meetings of the Board on the responsibilities set forth above. Further, the Board receives information regarding oversight responsibility regarding Title IX on an annual basis.</p>	
<p>B3 - Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]</p>	<p>November 2018:</p> <p>Compliance Officers and Compliance Liaisons provide support to the CCO on University-wide compliance initiatives. The following is a list of designated Compliance Officers and Compliance Liaisons with a direct or dotted-line reporting relationship to the CCO. The job description for each of the individuals listed includes requirements regarding their role in supporting the Program.</p> <p>Direct reporting relationships:</p> <ul style="list-style-type: none"> • Jessica L. Reo - Sr. Associate Athletics Director/Compliance Officer/Special Projects • Open position - Compliance Specialist and Export Control Administrator • Mark E. Green, Jr. - Compliance Manager • Open position- Director of Compliance and Privacy for Health Affairs • Open Position - Compliance Coordinator <p>Dotted line reporting relationships (HR Liaisons):</p> <ul style="list-style-type: none"> • Tonja Moore - Associate Vice President Planning and Operations, Office of Research and Economic Development • Helvetiella Longoria - Interim Chief Information Security Officer, Division of Information Technology • Wilfredo J. Alvarez - Assistant Director of Environmental Health and Safety • Alex Fernandez - Compliance Analyst, University Police • Shirlyon J. McWhorter - Director of Equal Opportunity Programs and Diversity - Human Resources 	✓

	<ul style="list-style-type: none"> • Yolande D. Flores – Executive Director of Finance and Administration, Advancement Services and Operations • Open Position – Director, -Environmental Health and Safety Department • Francisco Valines –Director, Office of Financial Aid • Alexander Fals – Director of Operational Analysis, Facilities Administration 	
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	<p>November 2018:</p> <p>The Program maintains, promotes visibility and publicizes the Ethical Panther reporting hotline. The hotline is available for the reporting (including anonymous reporting) of potential or actual misconduct and violations of policy, regulations or law.</p> <p>No one submitting a report will be subjected to retaliatory action for inquiring about possible criminal, unethical or otherwise inappropriate activity or behavior, or reporting them in good faith. The Hotline platform allows for continued communication with the reporting party where updates can be provided by the reporting party, including reporting of retaliatory conduct. Hotline complaint data is reviewed with the Division of Human Resources to look for signs that the reporting party may have been retaliated against.</p>	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	<p>November 2018:</p> <p>The Program completed the first University-wide ethics and compliance culture survey. The results of the survey will be used to enhance our culture of ethics and compliance and to inform decisions regarding communication, training and education.</p> <p>The CCO implemented an escalated notification process and an executive scorecard. The information is shared with the University President and the senior leadership monthly. Issues of non-compliance are escalated and addressed with the support of the Division of Human Resources. The CCO has also implemented a Compliance Liaison scorecard.</p>	✓

Area C – BOT Committee		
Regulation Component	Description	Threats Mitigation
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	<p>November 2018:</p> <p>The Board adopted an Audit and Compliance Committee Charter (“A&C Charter”) in December 2016. Responsibility for providing governance oversight of the Program was delegated by the Board to the Committee in the A&C Charter.</p>	✓

C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	<p>November 2018: The A&C Charter defines the role of the Committee to review the independence, qualifications, activities, resources and the Plan.</p> <p>The A&C Charter specifies that the CCO is to provide regular updates to the Committee regarding monitoring of compliance with University policies, significant compliance findings that may have a material impact on the University's financial statements or compliance policies, recommendations implemented, program effectiveness, and training elements.</p> <p>A copy of the approved A&C Charter has been forwarded to the Board of Governors.</p>	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	<p>November 2018: The CCO provides a written quarterly compliance report to the Board, and meets quarterly with the Committee.</p> <p>The CCO participates in the new Board member orientation process.</p>	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	<p>November 2018: The University President and the CCO have a standing monthly meeting scheduled to discuss compliance matters. The CCO has a weekly standing meeting with the Vice President for Operations and Safety- Chief of Staff.</p> <p>The CCO attends the monthly Deans Advisory Council and Operations team meetings.</p> <p>The University President receives a compliance report from the CCO at the beginning of each month.</p>	✓


Area D – Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	<p>November 2018: The University has a senior-level administrator as the CCO. The appointment is expressed in the Compliance Office Charter.</p> <p>The approved Compliance Office Charter has been forwarded to the Board of Governors.</p>	✓
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	<p>November 2018: Copy of organization chart and human resources documentation demonstrating the supervisor of record is attached.</p> <p>The CCO reports functionally to the Board and Administratively to the President of the University.</p>	✓

D3 - Compliance Office Charter [4.003(6)]	<p>November 2018: The Compliance Office Charter was approved during the March 2017 Board meeting. The Compliance Charter will continue to be reviewed at least every (3) years for consistency with applicable regulations, professional standards, and best practices. The Compliance Office Charter specifies that the CCO is expected to:</p> <ul style="list-style-type: none"> • Collaborate with senior leadership and compliance liaisons. • Have a functional reporting relationship to the Board and an administrative reporting relationship to the President. • Maintain appropriate resources to support compliance activities. • Coordinate efforts to create or verify that compliance policies are distributed and compliance trainings are conducted. • Provide compliance status updates and assessments regarding Program effectiveness. • Publicize and promote an anonymous hotline. • Enforce the Program through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics. • Provide assurances regarding the effectiveness of internal processes for determining risk exposure from non-compliance with laws and regulations. 	
D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7])	<p>November 2018: The CCO has the independence and objectivity to perform the responsibilities of the CCO function, conduct and report on compliance and ethics activities free of actual or perceived impairment to the independence of the CCO. The independence of the CCO role is expressed in the Compliance Office Charter. There are no barriers to access and reporting.</p>	
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	<p>November 2018: The CCO manages direct reports and maintains dotted line reporting relationships as set forth in regulation component B3. Dotted line reporting relationship expectations are outlined in the job descriptions of each dotted line report. Responsibilities include:</p> <ul style="list-style-type: none"> • Attending compliance liaison meetings • Supporting Program communication and risk assessment efforts • Providing compliance data and participating in Compliance Week activities <p>The 2018-2019 Compliance Office operating budget is approximately \$180,403.00, which excludes salaries.</p>	

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11/26/18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11/29/18
Board of Trustees Chair



SUS Compliance Program Status Checklist, November 2018

University Name: **Florida Poly**

Prepared by: **David Blanton**

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.

Program Status Summary (November 2018)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A - University-wide Compliance Program	5	4	0	0	0	1
B - Program Plan	5	5	0	0	0	0
C - BOT Committee	4	4	0	0	0	0
D - Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	18	0	0	0	1

Legend:

- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	November 2018: Florida Poly has set forth a plan to provide for the required University-wide Compliance Program consistent with the Code of Ethics for Public Officers and Employees and pertinent parts of the Federal Sentencing Guidelines. The initial Compliance and Ethics Program Plan was approved by the Florida Poly BOT on May 22, 2018, and was previously provided to the BOG.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	November 2018: An internal assessment of initial program effectiveness was made by the CCO and presented to the BOT at the May 22, 2018 meeting. The CCO also reported to the BOT in September 2018 on the Program. (See 2017-18 Annual Report for Audit and Compliance submitted through CAERS).	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	<p>November 2018: Until the Compliance Program has operated for a sufficient amount of time (initial Plan adopted 5/22/18), it would not be feasible to conduct an external effectiveness review. BOG Regulation 4.003 requires an external evaluation by November 3, 2021.</p> <p>Additionally, the SUS Compliance & Ethics Consortium is currently considering criteria for evaluation of various Programs within the SUS. It is expected that an internal evaluation will be conducted once the Consortium finalizes such criteria.</p>	N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	November 2018: The BOT-approved Compliance and Ethics Program Plan details various processes employed to detect and prevent noncompliance, unethical behavior, and criminal conduct. Specifically, such processes include specific target areas for compliance evaluation, training, coordination with other university compliance partners, and a hotline established for reporting alleged or known instances of improper conduct.	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	<p>November 2018: Currently, the following University Regulations provide a framework for ensuring individuals that engage in inappropriate conduct are not included within university operations:</p> <ul style="list-style-type: none"> FPU-6.011, Criminal Background Checks, requires background screenings of all prospective employees. Additionally, per the Regulation, the University may take negative employment action based solely on an individual's conviction record if 	✓

	<p>the specific offense demonstrates unfitness for performing in the position and relates to the job.</p> <ul style="list-style-type: none"> FPU-6.002, Personnel Code of Conduct and Ethics, provides that University personnel who are determined by the University to have violated the Code are subject to disciplinary action. Disciplinary actions may include penalties such as: dismissal, suspension, demotion, reduction in salary, forfeiture of salary, restitution, public censure, and/or reprimand; other disciplinary actions as may be deemed appropriate by the University President/designee; and/or as specified by law or regulation. 	
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Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	November 2018: The initial Compliance and Ethics Program Plan was approved by the Florida Poly AACC and BOT on May 22, 2018 and was previously provided to the BOG.	✓
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	November 2018: The initial Compliance and Ethics Program Plan, approved by the Florida Poly AACC and BOT on May 22, 2018, provides for compliance and ethics training for both university employees and BOT members. On May 22, 2018, the CCO conducted a training session for the BOT related to compliance/ethics and the BOT requested that such training be provided to the BOT annually at the May BOT retreat. In addition, Compliance & Ethics Training was provided by the CCO to University management recently in September and October 2018.	✓
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	November 2018: The CCO maintains open lines of communication and meets periodically with both the Title IX Coordinator and the Director of Sponsored Programs and has enlisted their assistance in partnering with the CCO as compliance partners. (Although not formalized, a dotted line report is established for both). The University currently has no Athletics.	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	November 2018: On December 18, 2017, the “Compliance and Ethics Hotline” was established to report suspected or actual instances of noncompliance, fraud, waste, or abuse directly to the CCO as outlined below: <ol style="list-style-type: none"> 1. An on-line reporting form. 2. Telephone 3. Fax 	✓

	<p>4. Direct mail to P.O. Box. (for anonymous reports)</p> <p>These mechanisms are publicized on the University website which also has direct links to all University Regulations and Policies that effectively communicate management's commitment to prevent and detect criminal conduct. In addition, the Compliance and Ethics Hotline information is posted on the intranet, which is accessible to all employees and was recently highlighted in training conducted by the CCO.</p>	
<p>B5 - Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]</p>	<p>November 2018: Incentives: The current "Performance Review Form", used for evaluations and tied to merit/promotional increases, utilizes the following criterion for evaluation: (one of seven criteria applied)</p> <ul style="list-style-type: none"> • Has integrity and follows regulations and policies. <p>Disciplinary measures: As noted above for A5, Regulation FPU-6.002, Personnel Code of Conduct and Ethics, University personnel who are determined to have violated the Code of Ethics are subject to disciplinary action. Disciplinary actions may include penalties such as: dismissal, suspension, demotion, reduction in salary, forfeiture of salary, restitution, public censure, and/or reprimand; other disciplinary actions as may be deemed appropriate.</p>	✓

Area C - BOT Committee		
Regulation Component	Description	Progress Indicator
<p>C1 - BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]</p>	<p>November 2018: BOT oversight responsibilities of the Compliance and Ethics Program are detailed within the Audit and Compliance Committee (AACC) Charter's purpose and responsibilities. On May 22, 2018, the CCO provided an update to the AACC on the status of the Program and the BOT approved the Compliance & Ethics Program Plan. In September 2018, the CCO reported on the annual activities of the Program to the AACC. (See Annual Report in CAERS).</p> <p>Monthly, the CCO prepares a written summary of reported "Allegations and Related Dispositions" and provides it to AACC members for oversight in the fulfillment of their charged responsibilities over the Program.</p>	✓

C2 - BOT Audit and Compliance Committee Charter [4.003(3)]	<p>November 2018: The AACC Charter was adopted March 15, 2017, and has been provided to the Board of Governors Office of Inspector General.</p> <p>The AACC Charter was reviewed and presented to AACC members by the CCO in September 2018 since BOT Committee assignments recently changed in August 2018.</p>	✓
C3 - Routine CCO meetings with BOT Committee - please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	<p>November 2018: The CCO routinely meets with the AACC (quarterly) and reports functionally to the AACC should they have any concerns in the interim.</p> <p>The CCO also meets with the Chair of the AACC periodically (in briefings prior to each regularly scheduled AACC meeting).</p>	✓
C4 - Routine CCO meetings with President - please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	<p>November 2018: The CCO routinely meets with the President (monthly at minimum - but can schedule at meeting at any time if necessary).</p> <p>Additionally, the CCO is invited to attend all operations meetings with the President and senior University staff. (typically monthly - but currently more frequently given efforts at deploying a new strategic plan).</p>	✓

Area D - Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 - Appointed Chief Compliance Officer (CCO) [4.003(4)]	November 2018: The University appointed it's first-ever CCO on July 31, 2017.	✓
D2 - CCO reports functionally to the Board and administratively to the President [4.003(5)]	<p>November 2018: As evidenced by the University Compliance Charter, the CCO reports functionally to the AACC (BOT) and administratively to the President. The President has recognized this reporting structure and does not attempt to influence the compliance function.</p> <p>The previously provided job description serves as documentation demonstrating the supervisor of record is the President (administratively) and the Board (functionally).</p>	✓

D3 – Compliance Office Charter [4.003(6)]	November 2018: The University Compliance Charter has been provided to the Board of Governors Office of Inspector General and Director of Compliance via CAERS.	✓
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	November 2018: As noted in D2 above, the CCO reports functionally to the Board. This reporting structure is outlined in the Charter for University Compliance in order to ensure the proper independence and objectivity of the CCO. Currently, there are no impairments to the CCO's independence or barriers to the CCO's access. The CCO is committed to operating in an objective manner.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	November 2018: Given the relative size of Florida Poly to other SUS institutions, the CAE also serves as the CCO at Florida Poly. (Total staff of one) The CCO has been afforded sufficient budgetary authority to administer the Compliance Program. (Total budget for Audit & Compliance in 2018-19 is \$159,786, which includes \$10,000 for training and resources other than salary/benefits).	✓

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 12/5/18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date Dec. 5, 2018
Board of Trustees Chair



STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

SUS Compliance Program Status Checklist, November 2018

University Name: **Florida State University**

Prepared by: **Robyn Jackson**

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.

Program Status Summary (November 2018)						
		Completed		In Process		Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A - University-wide Compliance Program	5	0	0	0	0	0
B - Program Plan	5	0	0	0	0	0
C - BOT Committee	4	0	0	0	0	0
D - Chief Compliance Officer	5	0	0	0	0	0
TOTAL	19	0	0	0	0	0

Legend:

- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	November 2018: The Program Plan was approved by the Board of Trustees at the September 2018 meeting. Work on implementation of the Program Plan is ongoing. The CCO has taken over responsibilities as the Ethics Officer for purposes of the Federal Sentencing Guidelines.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	November 2018: Office of Compliance and Ethics charter and revised BOT Audit and Compliance Committee charter provide for reporting annually; charters approved by BOT June 7-8, 2018. CCO provides quarterly updates to the Committee on compliance issues and initiatives.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	November 2018: Office of Compliance and Ethics charter and revised BOT Audit and Compliance Committee charter provide for external review every 5 years; charters approved by BOT June 7-8, 2018. (NOTE: external program review itself will not occur until five-year mark)	✓ N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	November 2018: Current policies in place at the University provide for detection and prevention of non-compliance, unethical behavior, or criminal conduct. Responsibilities transferred to CCO via Program Plan.	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	November 2018: Current policies in place at the University provide for detection and prevention of non-compliance, unethical behavior, or criminal conduct. Responsibilities transferred to CCO via Program Plan.	✓

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	November 2018: Program Plan approved by BOT in September 2018. Copy of the Program Plan is attached.	✓
B2 – Plan provides for compliance training for	November 2018: Program Plan approved by BOT in September 2018. First training by CCEO for BOT members took place in May 2018.	✓

university employees and BOT members [4.003(7)(b)]		
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	November 2018: Program Plan approved by BOT in September 2018 provides for compliance partners across the institution and assessment of reporting lines after one year.	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	November 2018: EthicsPoint hotline, currently in use, satisfies this item. Efforts underway to delineate responsibilities for CCO, CAO, and others for specific types of complaints that are received via the hotline (this item unchanged from May 2018 report).	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	November 2018: Program approved by BOT in September 2018.	✓

Area C – BOT Committee		
Regulation Component	Description	Progress Indicators
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	November 2018: Committee is in place and providing oversight to the Office of Compliance and Ethics (this item unchanged from May 2018 report).	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	November 2018: Revised charter approved by the Committee and BOT June 7-8, 2018.	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	November 2018: CCO provides updates to the Committee at least four times a year, at the Committee meetings. Additional meetings on an as-needed basis with Committee Chair and members (this item unchanged from May 2018 report).	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports	November 2018: The University President has an open-door policy with the CCO and they meet frequently on an unscheduled basis. Regular meetings also occur, no less than once every six weeks. CCO meets monthly with the Chief Audit Officer and Chief of Staff to the VP for Finance and Administration, weekly with the University President's Chief of Staff and Title IX Director, and	✓

or leadership meetings [4.003(7)(a) & 7(g)(3)]	regularly with the General Counsel (this item unchanged from May 2018 report).	
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Area D - Chief Compliance Officer		
Regulation Component	Description	Prepared Indicator
D1 - Appointed Chief Compliance Officer (CCO) [4.003(4)]	November 2018: CCO appointed as of March 12, 2018 (this item unchanged from May 2018 report).	✓
D2 - CCO reports functionally to the Board and administratively to the President [4.003(5)]	November 2018: Please see attached exhibit for organizational chart and description of reporting lines (this item unchanged from May 2018 report).	✓
D3 - Compliance Office Charter [4.003(6)]	November 2018: Charter approved by Audit and Compliance Committee and BOT on June 7-8, 2018.	✓
D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	November 2018: Charter providing for these elements approved by Audit and Compliance Committee and BOT on June 7-8, 2018.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	November 2018: The CCO has an operating budget that provides for adequate resources, including training, travel, and equipment. Administration has pledged full access, authority, and resources as the Office of Compliance and Ethics grows and matures (this item unchanged from May 2018 report).	✓

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____

President

Date

11/20/18

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____

Board of Trustees Chair

Date

11/27/18

FSU COMPLIANCE AND ETHICS PROGRAM

INTRODUCTION

Higher Education is one of the most highly regulated industries in the country. At the federal level alone, there are over 200 laws regulating some aspect of our operations. Regulatory activity is directed at issues including accessibility programs, services, and activities; accreditation; alcohol and drug prevention; athletics; campus safety and security; college cost and affordability; conflicts of interest; disability accommodation; distance learning; export control; financial management; hazardous waste and environmental concerns; human subjects protocols; IT security; lending; privacy, and records management. As a public entity, we also face regulation from the state Legislature, the Board of Governors, and city and county governing boards, to say nothing of the standards we set for ourselves via internal regulations and policies. Regulatory compliance is a major university challenge and a source of financial, legal, and reputational risk.

Florida State University's (FSU or University) mission, vision, and values set forth the ethical principles under which all members of the University community are expected to conduct themselves. They also form the basis, along with the State of Florida Code of Conduct and Ethics, the Federal Sentencing Guidelines and Board of Governors Regulation 4.003 (SUS Compliance and Ethics Programs), for the development of the University's Compliance and Ethics Program (the Program).

- **Mission** - Florida State University preserves, expands, and disseminates knowledge in the sciences, technology, arts, humanities, and professions, while embracing a philosophy of learning strongly rooted in the traditions of the liberal arts. The university is dedicated to excellence in teaching, research, creative endeavors, and service. The university strives to instill the strength, skill, and character essential for lifelong learning, personal responsibility, and sustained achievement within a community that fosters free inquiry and embraces diversity.

- **Vision** - Florida State University will be among the nation's most entrepreneurial and innovative universities, transforming the lives of our students and shaping the future of our state and society through exceptional teaching, research, creative activity, and service. We will amplify these efforts through our distinctive climate—one that places a premium on interdisciplinary inquiry and draws from the rich intellectual and personal diversity of our students, faculty, staff, and alumni. These three forces—entrepreneurship, interdisciplinarity, and diversity—deepen FSU's impact and result in a powerful return to our students and the people of Florida for their continued support and trust.

- **Core Values**

- Transformative Daring:** We support thoughtful risk-taking that leads to successes that improve our world dramatically. And when we face challenges, we confront them with resilience, curiosity, and renewed desire to overcome hurdles to our goals.

- Inspired Excellence:** We achieve the highest levels of success by drawing strength and understanding from the talents of those around us and from our interactions with them.

- Dynamic Inclusiveness:** We believe the benefits of a richly varied community arise not only from the diversity of people it includes, but more importantly from intentional efforts to create a strong sense of belonging that encourages deep and high-quality connections.

—Responsible Stewardship: We transform the resources we are given and the public's trust in us into powerful impact that better the lives of those around us, near and far.

—Engaged Community: We uphold the traditions and history that create a small-college culture within a large university. This makes FSU a welcoming place where people discover others like themselves—while also connecting to and learning from classmates and colleagues of vastly different backgrounds and experiences.

A comprehensive compliance and ethics program promotes an organizational culture that encourages ethical conduct, a commitment to compliance with the laws and regulations, and detection of criminal conduct. Chapter 8 of the Federal Sentencing Guidelines outlines elements for an effective compliance program, including:

- Executive Oversight;
- Standards of Conduct/Policies and Procedures;
- Effective Lines of Communication;
- Education and Training;
- Audit and Monitoring;
- Enforcement and Discipline; and
- Response and Prevention.

Experts in the field of compliance and ethics suggest a culture of compliance and ethics can be distilled from the following three simple questions:

- Is it legal?
- Do these actions comply with university policy?
- Do these actions seem fair, honest, and ethical?

The benefits of a comprehensive Compliance and Ethics Program are significant, including a campus environment which is open, honest, and accountable. Additionally, a comprehensive Compliance and Ethics Program:

- Fosters a culture which encourages and supports ethical decision-making and does not tolerate illegal or unethical behavior;
- Addresses problems through collaboration, cooperation, and communication;
- Reduces risks of non-compliance while increasing the likelihood of early detection and correction;
- Enhances decision-making at all levels by raising awareness of requirements/expectations;
- Enhances employee engagement to report actual or perceived violations of law or policy; and

- Protects FSU's reputation by reducing the likelihood that damaging or negative events will happen and minimizing the consequences of such events if they do.

The consequences of non-compliance are similarly significant and can include:

- Loss of accreditation;
- Loss of federal funding, including student financial aid;
- Fines and penalties;
- Federal and/or State monitoring activities;
- Litigation; and/or
- Reputational risk and negative press.

FSU's mission, vision, and values speak to a level of employee engagement which extends beyond mere compliance with laws, rules and policies. FSU's commitment, supported by the Program, is to the highest standards of integrity, accountability, and ethical conduct.

Our challenge is not only to make compliance but ethical behavior relevant to each employee. The Program, along with policies to be developed through the Office of Compliance and Ethics, will establish the tone for ethical decision-making and accountability in all University operations and will reinforce FSU's commitment to doing the right thing. The Office of Compliance and Ethics' motto, "Integrity and Excellence Always, In All Ways," reflects the University's overarching commitment to the highest standards of education, while consistently also maintaining the highest standards of ethics. The Program elements detailed below, informed by the Federal Sentencing Guidelines, outline strategies to help ensure integrity, accountability, and ethical conduct become embedded in all elements of our day-to-day operations.

COMPLIANCE AND ETHICS PROGRAM STRUCTURE

1) Executive Oversight

Primary oversight and direction for the Program rests with the Board of Trustees Audit and Compliance Committee. The Committee's primary focus is to provide assurances to the Board of Trustees regarding University risk management, control, and governance processes, thereby assisting the Board of Trustees in fulfilling its statutory, fiduciary, and oversight responsibilities. The Committee or its staff (which includes the Chief Compliance and Ethics Officer and the Chief Audit Officer) will regularly report to the Board on Committee activities and issues with respect to matters related to audit, compliance, and related concerns such as potential fraud or conflicts of interest. With specific regard to the Office of Compliance and Ethics, the Committee is responsible for review of the Program and any revisions, the effectiveness of the University's compliance efforts at all levels, and the controls and policies that govern the University's compliance obligations.

The University has hired a Chief Compliance and Ethics Officer (CCEO), who is responsible for the implementation and administration of the Program. The CCEO serves as the central point for coordination, collaboration, and oversight of activities and initiatives to promote and encourage a culture of compliance and ethical behavior. The CCEO also serves as a resource to the President's

leadership team and to departmental compliance partners in making compliance management decisions. The CCEO is responsible for the implementation of the Program, providing oversight and monitoring of its implementation, and periodic review, and serves as the chief ethics officer for the University. The CCEO is a direct report to the President and the Chair of the Board of Trustees and, as such, can escalate critical and/or time-sensitive compliance issues as appropriate and necessary.

The University's Compliance Alliance (the Alliance) shall be established to advise the President on significant compliance and ethics issues and to provide leadership and oversight in the implementation and continuous improvement of the Program. The Alliance is key to ensuring the University's compliance activities and programs are reasonably designed, implemented, and enforced. The Alliance's focus includes: promoting excellence in all University compliance, ethics and risk activities; providing leadership to ensure integrity and compliance with legal, regulatory, policy and ethics responsibilities; providing leadership and oversight to reduce and mitigate University risks; and overseeing the policy development and review process. In recognition of the importance of the University's compliance obligations and its dedication to compliance at all levels, the Alliance will be comprised of the President's Cabinet (or their designees, as appropriate). Those individuals are:

- Provost and Executive Vice President for Academic Affairs
- University Counsel
- Vice President for Finance and Administration
- Vice President for Student Affairs
- Vice President of University Advancement
- Vice President for Faculty Development and Advancement
- Vice President for Research
- Vice President and Director of Intercollegiate Athletics
- Assistant Vice President for University Communications
- Associate Vice President for University Relations
- Chief Legislative Affairs Officer
- Chief of Staff

In addition to the Alliance, the Office of Compliance and Ethics will be aided by the Compliance Partners Committee, a group of subject matter experts from across campus who will meet regularly to discuss emerging compliance issues and address areas of potential non-compliance. The Compliance Partners Committee members shall include:^a

- Chief Compliance and Ethics Officer (Chair)
- Chief Audit Officer
- Associate Vice President for Human Resources

- Director, Research Compliance Programs
- Senior Associate Athletics Director for Governance and Compliance
- Director, Information Security and Privacy
- Director, University Health Services
- Director, Environmental Health and Safety
- Director, Title IX Office
- Lieutenant for Professional Standards and Compliance, FSUPD
- International Travel, Safety, and Risk Officer (Position in development)
- Director, Office of Distance Learning
- Assistant Vice President for Enrollment Management
- Assistant Vice President and SACS Liaison
- Associate Vice President for Student Affairs
- Faculty Representative

***The CCEO shall have flexibility to make changes to the Compliance Partnership Committee, as needed, to ensure that campus partners are adequately represented and the best possible information is being communicated. Listed members may attend or identify designees. The Audit and Compliance Committee will be notified timely of any material changes to the membership.**

Additional compliance experts in individual departments provide leadership in addressing compliance issues within their scope of responsibility. The CCEO will work closely with these experts, either directly or as part of the Compliance Partnership Committee, to identify and implement efficient methods of communication, enforcement, and monitoring with regard to compliance matters.

At this time, the establishment of the Alliance and the Compliance Partnership Committee provides an effective framework for the Office of Compliance and Ethics to operate within the University, giving proper support, input, and oversight. During the Program's first year, the CCEO will work closely with members of the Alliance and the Compliance Partnership Committee to accomplish the Program's objectives. After the first year, the CCEO will provide feedback and recommendations on the need for direct or indirect reporting relationships.

Although compliance is a responsibility of each member of the FSU community, proactive engaged leadership by members of the Board of Trustees and University administration is critical to maintaining a strong culture of compliance and ethical conduct. The structure for Executive Oversight of the Program as outlined in this Plan provides a solid foundation for success.

Strategic Resources related to Element 1, Executive Oversight: BOG Regulation 4.003, BOT Audit and Compliance Committee Charter, Presidential Delegations of Authority, Bylaws of the Compliance Partnership Committee, Compliance**

Officer Charter, Chief Compliance Officer Position Description, Compliance Accountability Matrix**

****in development**

2) Standards of Conduct/Policies and Procedures

The University's Code of Conduct and Ethics (the Code) is the foundation of the Program. The Code sets forth the expectation all employees perform their duties and responsibilities with integrity and accountability to the highest ethical standards. It also serves as a guide for employees to support day-to-day decision making, and can be used as a benchmark against which performance, both individual and organizational, can be evaluated.

In addition to the Code, other policies and procedures provide evidence to confirm an effective compliance and ethics program. This is the case for regulations and policies which are required to meet compliance and/or regulatory requirements, and to promote or enhance risk reduction and mitigation efforts.

Regular review of University regulations, policies and procedures is suggested as a best practice. A review of the FSU policy library indicates that many policies are in need of revision, and FSU's methods of distribution of policies and policy revision are in need of improvement. With the adoption of this Program, the CCEO, with the support and leadership of the Alliance, will initiate a comprehensive review of University policies and procedures, the policy review process and make recommendations for changes.

Strategic Resources related to Element 2, Standards of Conduct/Policies and Procedures: FSU Policy Library, FSU Code of Conduct and Ethics, Presidential Delegations of Authority and Organizational Charts**

3) Effective Lines of Communication (Reporting)

Open lines of communication are critical to early detection and identification of issues. Issue identification also points to areas or topics requiring additional monitoring or education. To those ends, employees are encouraged to share concerns and issues with their supervisor or other higher level administrators. Facilitating personal/face-to-face interactions is a priority for FSU as demonstrated by the training and awareness programs available through the Office of Human Resources. Continued support for, and enhancement and expansion of, these programs is critical to ensuring open and effective lines of communication and thus an effective compliance and ethics program.

There are, however, situations when employees are not comfortable sharing a concern with their supervisor. In those cases, employees are encouraged to raise the issue through use of FSU's EthicsPoint Hotline. The Hotline allows employees and any others to make anonymous reports at any time. The CCEO, Chief Audit Officer, and the Associate Vice President for Human Resources share responsibility for oversight of the Hotline, monitoring incoming reports and assigning them as appropriate. The CCEO plans to utilize existing relationships, meeting opportunities, and scheduled trainings to increase awareness of the Hotline and answer questions or comments faculty, staff, and students may have regarding this communications tool, enhancing existing educational and marketing efforts regarding the

Hotline. Research confirms that when a Hotline is available, the detection and identification of issues of concern are enhanced. Continued highlighting and support of the Hotline are required if an effective compliance and ethics program is to become a reality.

Additionally, information regarding specific reporting requirements on issues such as Clery Act, abuse of children/vulnerable persons, Title IX incidents, and discrimination are made available to the campus community through a variety of measures, including face-to-face and online training, targeted e-mails, and a variety of creative marketing approaches. Continued use of these communications tools helps foster an environment of open, honest, and effective communications; in other words, a culture of compliance.

Other initiatives to encourage and facilitate communications across campus are in various stages of planning or development including a compliance e-mail to allow employees and others to submit questions and comments directly to the CCEO (compliance@fsu.edu), a Compliance and Ethics Newsletter, tabling at appropriate University events to promote the Program, and programming for November's Compliance and Ethics Week (November 4-10).

Strategic Resources related to Element 3, Effective Lines of
Communication: Duty to Report Requirements, including Form 1 filings,
EthicsPoint Hotline

4) Education and Training

Compliance and ethics training is a foundational element of an effective compliance and ethics program. A university's commitment to general and specific compliance education and training programs cannot be overstated. Describing what constitutes "Integrity and Excellence Always, In All Ways" and communicating those expectations to employees and others in the FSU community is a function of our education and training program.

Currently, FSU offers a range of compliance and ethics-related education and training workshops and seminars, which will expand with the growth of the Office of Compliance and Ethics. Those individual programs form a good nucleus for the development of a comprehensive Compliance and Ethics Education and Training Program. In the short term, the CCEO will coordinate with the Office of Human Resources' Training and Organizational Development Section, Environmental Health and Safety, and the Office of Faculty Development and Advancement to develop an inventory of programs falling under the compliance and ethics umbrella. The long-term goal is the development and implementation of an integrated, coordinated program of employee training and development on compliance and ethics issues and topics. The CCEO will also focus specific efforts on the development of education and awareness programs regarding the Program, the FSU Code of Ethics, and Conflicts of Interest-related matters, including outside employment.

Compliance and ethics training is not limited to our employees. More specifically, the CCEO, in collaboration with the Chief of Staff, Chief Audit Officer, and General Counsel, provides training for FSU's Board of Trustees on compliance and ethics issues, including the Code of Ethics for Public Employees, Conflicts of Interest, and Gifts and Honoraria. The first of these trainings by the new CCEO occurred in May 2018. A regular schedule of BOT training on compliance and ethics issues is critical to our success in implementing the Program, as the tone at the top sets the tone for all.

Strategic Resources related to Element 4, Education and Training: Training and Organizational Development Section, Office of Faculty Development and Advancement, University Communications

5) Audit and Monitoring

Regular, rigorous review of University programs and operations allow issues to be identified early and remedied quickly. The University engages in frequent self-assessment, beginning with the continuous improvement processes required to meet accreditation standards through the Southern Association of Colleges and Schools, to departmental program reviews, to campus culture and satisfaction surveys. Continuous assessment of this nature is critical to ensuring an efficient, effective, and compliant work environment.

Additionally, the Office of Inspector General Services (OIGS) provides independent, objective assurance and consulting activities to improve University operations and promote accountability. Whether through regularly scheduled audits or ad hoc management accountability reviews, OIGS staff serve to assist and coach administrators and employees in areas needing attention. An active, engaged audit function contributes to the overall health of the compliance and ethics culture.

The University also enters into contracts with third parties for the assessment of programs which require greater scrutiny due to the complexity and/or nature of the issue, or when there is no in-house expertise for the Initiative. Use of third parties for such purposes should continue to be embraced as a best business practice.

The Alliance is charged with the responsibility for providing leadership and oversight to assess and mitigate (as appropriate) University risks. The Alliance's review of University risk assessments, internal and external audit reports, and other management reviews will be an integral element to improving University operations and enhancing compliance and accountability across campus.

Strategic Resources related to Element 5, Audit and Monitoring: Internal Audit and Management Consulting Services, Compliance Accountability Matrix, Conflicts of Interest Reporting

6) Enforcement and Discipline

An effective compliance and ethics program is one which provides incentives for employees to engage in conduct in accordance with laws, rules, and policies, and, conversely, applies appropriate disciplinary measures when employees engage in conduct which is non-compliant. The Federal Sentencing Guidelines specifically state that "adequate discipline of individuals responsible for an offense is a necessary component of enforcement" with the form of discipline determined on a case-by-case basis.

The University's preferred approach is to engage programs and processes which incentivize employees to do the right thing. The University has several awards programs that provide opportunity to recognize employee contributions and services consistent with specified criteria. Examples include the Max Carraway Employee of the Year Award, Student Employee of the Year Award, and Prudential Productivity Awards, as well as a variety of awards given at the office and departmental levels. Whether these programs are an appropriate vehicle by which to recognize employees for compliance-related acts and actions is a question the Alliance should explore in consultation with the Office of Human

Resources. Other means by which to incentivize employees should also be explored to support and enhance this element of the Program, with adequate funding for publicity and awards.

With respect to situations in which allegations of non-compliance are substantiated, it is contemplated that the CCEO will review, at least annually, reports of confirmed non-compliance and the University's response to ensure the University's approach to enforcement and discipline is consistent and defensible. This review should also include information regarding instances when employees were found to have known of an act of non-compliance but failed to report.

Strategic Resources related to Element 6, Enforcement and Discipline: Office of the Provost, Office of Human Resources, Policy Library, Code of Conduct and Ethics

7) Response and Prevention

Ensuring reasonable steps are taken to respond to complaints, especially complaints of compliance violations and/or unethical conduct, is critical to fostering an environment of integrity, trust, and accountability. Corrective action also helps prevent similar issues from occurring in the future. Failure to respond creates doubt about the University's commitment to addressing misconduct, which has the effect of reducing employee morale and engagement. The University has multiple processes by which to investigate and address reports of questionable actions or behaviors. However, decentralized departmental decision-making can have University-wide implications which can create substantial institutional risk. To limit such risk, the CCEO will coordinate with those persons responsible for investigations to compile an annual report of such activity for review by the Alliance. The Alliance's oversight helps ensure a cohesive approach to addressing complaints across the campus, which is critical to an effective centralized compliance function.

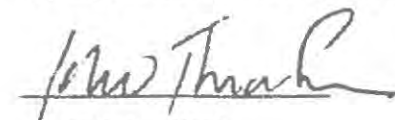
Strategic Resources related to Element 7, Response and Prevention: New and/or changes to education/training and awareness programs, internal investigations, background checks

PROGRAM EVALUATION

A rigorous process of evaluation answers basic questions about a program's effectiveness and is a critical management tool for program improvement. The Alliance will be responsible for overseeing the Program evaluation process and for determining the evaluation cycle (annual, biennial, or other). Metrics available for assessing the Program include: helpline statistics, compliance training statistics, policy attestation rates, investigation reports, risk assessment reports, culture surveys, and timely implementation of important changes or rulings in compliance law.

Additionally, Board of Governors Regulation 4.003 requires the University President and the Board of Trustees to engage "an external review of the Program's design and effectiveness" at least once every five (5) years and make recommendations for improvement. The first such external review will be engaged in FY 2022- 2023, the fifth year of the Program.

Approved at the September 4, 2018 Board of Trustees Meeting


University President

9/18/18
Date


Chairman, Board of Trustees

10/18/18
Date


Chairman, Audit and Compliance Committee

10/18/18
Date



Directly reports to Vice President of Student Affairs, indirectly reports to President & Executive Vice President
Directly reports to President & Executive Vice President, indirectly reports to Senior Vice President of Finance & Administration
Directly reports to Dean of Undergraduate Studies, indirectly reports to Associate Vice President Student Affairs
Directly reports to Dean of University City Campus
On Campus Sites



SUS Compliance Program Status Checklist, November 2018

University Name: New College of
Florida

Prepared by: Barbara Stier

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.

Program Status Summary (November 2018)						
Area	Regulation Components	Completed	In Process			Not Begun
		✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A - University-wide Compliance Program	5	4	0	0	0	1
B - Program Plan	5	5	0	0	0	0
C - BOT Committee	4	4	0	0	0	0
D - Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	18	0	0	0	1

Legend:

- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	November 2018: We have implemented a compliance program that is consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112) and the Federal Sentencing Guidelines, Chapter 8, Part B.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	November 2018: Compliance activities were reported to our Audit and Compliance Committee during our September 2018 BOT meeting. Our compliance partners completed a reporting template concerning compliance activities for their areas. We used this information to report on program effectiveness to our BOT.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	November 2018: The Compliance and Ethics Program has not been reviewed by an external authority. New College will ensure that a review of the program will be completed within 5 years and before the deadline of November 2023.	N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	November 2018: New College has adopted a mechanism for detecting and reporting alleged misconduct, noncompliance, and unethical behavior. The campus community has access to a central Compliance informational resource through the online faculty, staff, and student portal system. Additionally, New College has developed an online system for filing anonymous complaints and initiating whistleblower reporting and actions.	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	November 2018: New College currently employs several due diligence measures to promote a safe and ethical community culture. As part of the hiring process and outlined in NCF regulation 3-4003 Employee Security Checks and Screening, each employee submits to an extensive background check through the state's DCF database. Volunteers are also required in certain situations to submit to a background check. Employees are also required to file Conflict of Interest and Outside Employment affirmations, allowing the College to detect possible compliance and ethics issues. Further, each member of the BOT submits annual certifications acknowledging any possible conflict of interest.	✓

Area B – Program Plan		
Regulation Component	Description	Progress Indication
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	November 2018: The Compliance and Ethics Program Plan was presented and approved by our Board of Trustees on June 9, 2018. A copy of the Program Plan was submitted to the BOG.	✓
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	November 2018: New College has identified key compliance training subjects that are including in our new employee orientation, as well as, continuing training requirements for cybersecurity and Title IX. Our BOT members receive compliance training in orientation and subsequent refreshers regarding Sunshine statutes and Code of Ethics for Public Officers. The Program Plan includes this schedule of training. This training schedule will continue to grow and will be designed to address the requirements of federal and state law, as well as any audit findings, formal or informal, that have been submitted to the College. Additionally, we recently hired an employee responsible for professional development and training programs.	✓
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	November 2018: Compliance partners are currently situated in several divisions, each reporting to an upper level administrator at the Dean or VP level. There are no plans to reclassify/restructure compliance partners' positions to report, directly or indirectly, to the CAE/CCO. However, the CAE/CCO has independence and oversight of the Compliance Program, and coordinates and communicates with compliance partners, pursuant to BOG Regulation 4.003(7)(d).	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	November 2018: New College has developed a hotline and online complaint submittal forum. The process for submitting a complaint has been designed to ensure anonymity. Our regulation 3-1016 Fraudulent or Other Dishonest Acts was updated in March 2017 to reflect protection for reporting individuals from retaliation.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	November 2018: We recently revised job descriptions for all our hourly and exempt employees to include compliance training responsibilities. The job descriptions include the following, "Employee performs other duties as assigned, including but	✓

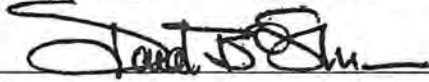
	not limited to attending New College training and professional development programs, such as required compliance training and safety training, as well as other programs that will assist them in the performance of their job responsibility". Performance appraisals will now take compliance training responsibilities into consideration.	
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Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	November 2018: In March of 2017, the Audit Committee was renamed the Audit & Compliance Committee to reflect additional responsibilities regarding oversight of the College's Compliance and Ethics Program.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	November 2018: Our BOT Audit and Compliance Charter was approved at the March 2017 meeting and a copy was submitted to the BOG.	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	November 2018: At minimum, the CAE/CCO meets with the Audit and Compliance Committee four times a year. During these meetings, the CAE/CCO is responsible for communicating internal audit and compliance activities to Committee members. The Committee members rely on this information to provide oversight and monitoring of the internal audit and compliance functions. Additional meetings and contacts are organized on an as needed basis.	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	November 2018: The CAE/CCO meets formally with the President at least once a semester. The objectives of these meetings are to update the President regarding internal audit and compliance activities, as well as, sharing information concerning perceived risks facing the College. Ad hoc meetings are also scheduled as necessary. The CAE/CCO meets with the Chief of Staff and General Counsel monthly to discuss the current state of the College. The CAE/CCO also meets with other senior management on an annual basis to review risks facing the College.	✓


Area D - Chief Compliance Officer		
Regulation Component	Description	Progress Indication
D1 - Appointed Chief Compliance Officer (CCO) [4.003(4)]	<p>November 2018: Due to the size of the institution, New College was granted an exemption to have one person act as the Chief Audit Executive and Chief Compliance Office. In April 2017, Barbara Stier was named as the Chief Audit Executive and Chief Compliance Officer.</p>	✓
D2 - CCO reports functionally to the Board and administratively to the President [4.003(5)]	<p>November 2018: The CAE/CCO reports functionally to the Board and administratively to the President. This reporting structure is outlined in our Internal Audit and Compliance Charter.</p>	✓
D3 - Compliance Office Charter [4.003(6)]	<p>November 2018: The Internal Audit and Compliance Charter was approved at the June 2017 BOT meeting. A copy of the charter was provided to the BOG.</p>	✓
D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7])	<p>November 2018: The CAE/CCO has broad access to documents and information relating to College operations, including instances of noncompliance, unethical behavior, and misconduct. The CAE/CCO also has access to all complaints that are filed through the online submittal forum.</p> <p>The CAE/CCO works closely with the compliance partners in each division. With full support from senior leadership, the CAE/CCO has access to all documents and information required for effective discharge of duties. Additionally, any reports of noncompliance, unethical behavior, and misconduct that is reported through the internal complaints are sent directly to the CAE/CCO.</p> <p>To mitigate any conflicts of interest, we have an outside audit firm to conduct internal audits where the CAE/CCO might have a conflict of interest. General Counsel provides support for compliance activities where the CAE/CCO might have a conflict of interest.</p>	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	<p>November 2018: The CAE/CCO is a member of senior leadership and directly reports to the President. The CAE/CCO does not have any direct reports or support staff.</p> <p>The CAE/CCO has an annual budget of \$20k to be used for education, membership, and office expenses. This</p>	✓

	budgeted amount does not include monies paid to our third party audit firm to conduct other audits as deemed necessary.	
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I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 11-13-18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: 
Date 11/9/18
Board of Trustees Chair



SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please note that the status date for "Good Progress" has passed and this category should not be used.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (May 2018)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	5	0	0	0	0
B – Program Plan	5	5	0	0	0	0
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	19	0	0	0	0

Legend:

- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	<p>May 2018: [Description in narrative format]</p> <p>The University Compliance, Ethics, and Risk program (Program) is fully implemented consistent with the Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and Chapter 8 of the Federal Sentencing Guidelines. The elements for an effective program are the basis for the Compliance, Ethics, and Risk Office's (Office) charter, Program plan, annual work plan, and annual compliance partner reporting. Additionally, the Chief Compliance Officer (CCO) has oversight for ethics programs at the university and for compliance with the state's Code of Ethics for Public Officers and Employees.</p>	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	<p>May 2018: [Description in narrative format]</p> <p>The Office annually requires reporting from compliance partners based on the elements for an effective program. This data is reviewed and compiled with the Office's data and provided in a report to the president and BOT Audit and Compliance Committee (Committee). In addition, the Committee receives an update on the status of the annual work plan and compliance partner updates at each meeting during the year. Data on the effectiveness of the Program is also collected through a culture survey performed every two years and through an assessment of statistics from the anonymous reporting hotline performed annually. These reports are provided to the Committee.</p>	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	<p>May 2018: [Description in narrative format]</p> <p>The Office charter and Program plan includes a requirement for the CCO to obtain a review of the Program's design and effectiveness at least every five years and to make any appropriate changes to the Program plan. The review and any recommendations for improvement will be provided to the university president and Board of Trustees. The assessment will be approved by the Board of Trustees and a copy provided to the Board of Governors. The first review will be conducted within five years of the implementation date of Regulation 4.003 and will be performed consistent with guidance from the Board of Governor's Inspector General's office.</p>	✓
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	<p>May 2018: [Description in narrative format]</p> <p>The Program includes a university policy for reporting misconduct and protection from retaliation that provides for local and central office reporting options, as well as an</p>	✓

	anonymous hotline. The Office conducts ongoing monitoring and trend analysis of the anonymous hotline.	
A5 - Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	May 2018: [Description in narrative format] The due diligence steps for not including individuals who have engaged in conduct not consistent with an effective program are detailed in Element I of the Program plan.	✓

Area B - Program Plan		
Regulation Component	Description	Progress Indicator
B1 - Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	May 2018: [Description in narrative format] The Program plan was approved by the UCF Board of Trustees on October 26, 2017 and a copy was sent to the Board of Governors.	✓
B2 - Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	May 2018: [Description in narrative format] Element III in the Program plan provides for compliance training for university employees and BOT members.	✓
B3 - Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	May 2018: [Description in narrative format] The Athletics Compliance Office reports directly to the CCO. Other compliance partners identified through the Program's compliance accountability matrix, are dotted-line reports and are included on the Office's organizational chart and in the Program plan.	✓
B4 - Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	May 2018: [Description in narrative format] The university's anonymous hotline known as the UCF IntegrityLine was launched in September 2015 and is administered by the CCO. In addition, the CCO administers UCF Policy 2-700 Reporting Misconduct and Protection from Retaliation.	✓
B5 - Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	May 2018: [Description in narrative format] As described in Element VII of the Program plan, University Compliance, Ethics, and Risk, in consultation with the president and the Committee, provides guidance and recommendations for appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics. When failures in compliance and ethics are identified, the Program requires that issues are addressed through appropriate measures, including education or disciplinary action.	✓

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	<p>May 2018: [Description in narrative format] The Committee is assigned oversight of the university's Program. This requirement is set forth in the Committee's charter.</p>	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	<p>May 2018: [Description in narrative format] The Committee charter was updated to reflect the requirements of the BOG Regulation 4.003 and was approved by the BOT at the January 2017 meeting. The approved charter was provided to the BOG Inspector General as required.</p>	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	<p>May 2018: [Description in narrative format] The CCO meets monthly with the Committee's chairwoman and as required by the Committee's charter, meets at a minimum of three times per year with the full Committee. The CCO also attends BOT meetings and provides guidance or support on compliance or ethics related matters as requested by the BOT chairman or members.</p>	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	<p>May 2018: [Description in narrative format] The CCO meets quarterly with the president and as needed to update the president on sensitive issues or risks to the university. The CCO is provided unfettered access to the president. Additionally, the CCO serves as a member of the President's Advisory Staff that meets monthly. The staff meetings are chaired by the president and includes the vice presidents and select other university senior leadership.</p>	✓

Area D – Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	<p>May 2018: [Description in narrative format] The CCO appointed in May 2011 departed the university in April 2018. A national search is underway to fill the CCO position. The director of compliance and ethics serves as the interim CCO until the position is filled.</p>	✓

D2 - CCO reports functionally to the Board and administratively to the President [4.003(5)]	May 2018: [Copy of organization chart and human resources documentation demonstrating the supervisor of record] The CCO position reports functionally to the BOT and administratively to the president. This reporting relationship is included in the Program plan, Office's charter, and reflected on the Office's organizational chart. Attached are copies of the organizational chart and human resources documentation demonstrating the supervisor of record.	✓
D3 - Compliance Office Charter [4.003(6)]	May 2018: [Description in narrative format] The Office's charter was updated to reflect all requirements of the BOG Regulation 4.003 and approved by the BOT on January 13, 2017, and submitted to the BOG Inspector General as required.	✓
D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7])	May 2018: [Description in narrative format] Requirements for the CCO's independence, objectivity, and access is contained in the Committee's charter, Office's charter, and Program plan.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	May 2018: [Description in narrative format] The CCO has oversight for all compliance and ethics related programs and activities at the university. The Office staff includes four full time positions and one full time support position. The annual budget for the compliance program, excluding the athletics compliance program, is \$654,032.	✓

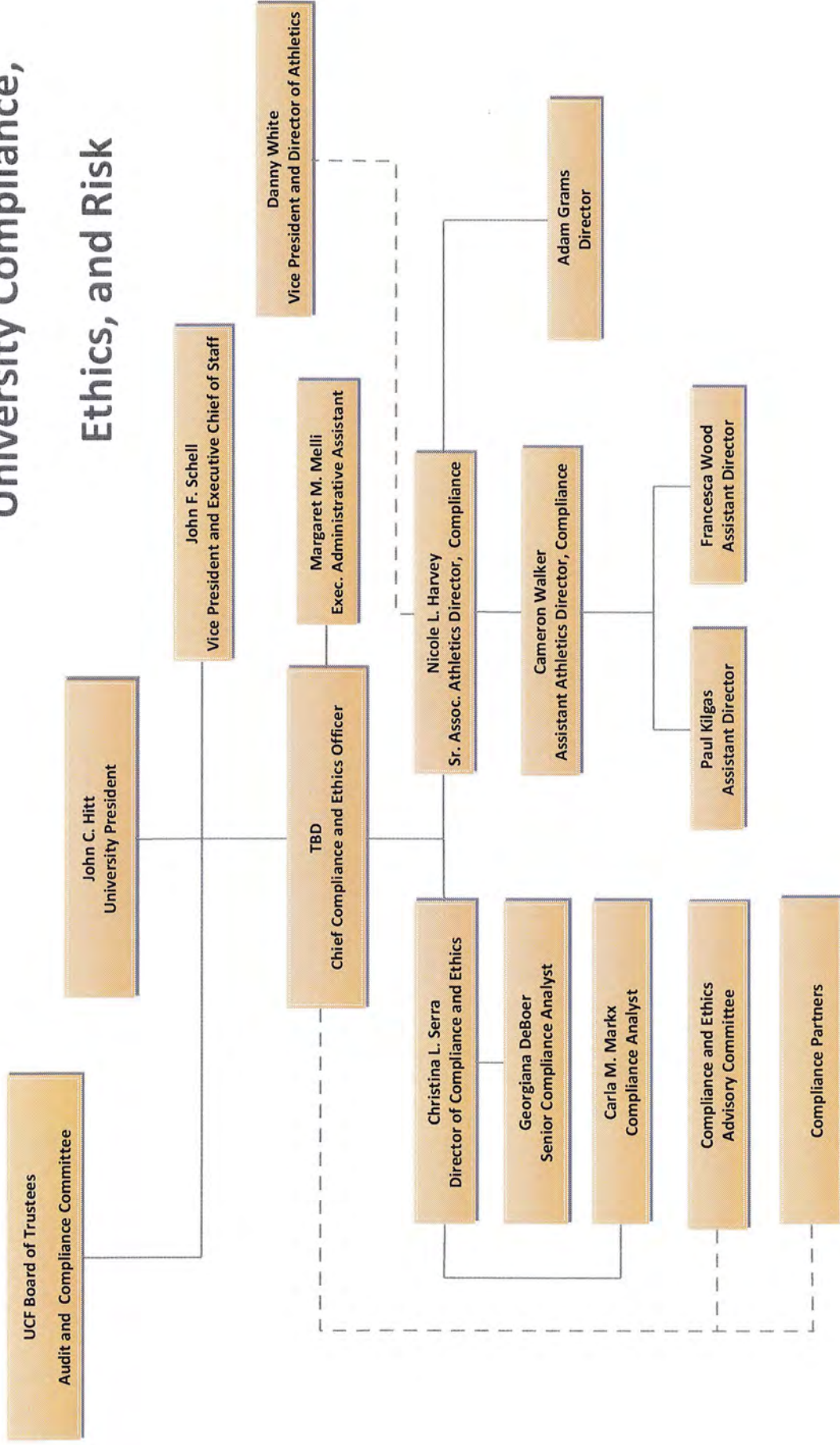
I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 5/23/18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 5/24/18
Board of Trustees Chair

University Compliance, Ethics, and Risk





[Description](#) | [Specific Information](#) | [Budget and Incumbents](#)

Position Information

Find | View All | First | 1 of 1 | Last

Position Number 00036576

Headcount Status Open

Current Head Count 0 out of 1

*Effective Date 05/15/2018

*Status Active

Reason UPD

Position Data Update

Action Date 05/22/2018

*Position Status Approved

Status Date 07/28/2001

☐ Key Position

Job Information

*Business Unit UCF01

University of Central Florida

Job Code 9544

Chief Compliance Ethics Offr

*Reg/Temp Regular

*Full/Part Time Full-Time

*Regular Shift Not Applicable

Union Code 000 Non-Union

Title Chief Compliance Ethics Offr

Short Title Chief Comp Detailed Position Description

Work Location

*Reg Region USA

United States

Department 01032001

UN COMPL ETHICS-PAYROLL

Company UCF UCF Payroll Services

Location MAIN

Main Campus (Orlando)

Reports To 00037488

Professor

Dot-Line

Supervisor Lvl

Security Clearance

Salary Plan Information

Salary Admin Plan 24

Step

Grade

Liability Dept 01032001

Eff Date 05/15/2018

CIP Code

SOC 13-1040.00

Admin Code V6

Program Code 11

Standard Hours 40.00

Work Period W12

Wkly-12M

Mon	Tue	Wed	Thu	Fri	Sat	Sun
8.00	8.00	8.00	8.00	8.00		

USA

Updated on 05/22/2018 3:10:02PM

Updated By kwest

Kay West

[Save](#) | [Return to Search](#) | [Notify](#) | [Previous Tab](#) | [Next Tab](#) | [Add](#) | [Update/Display](#) | [Include History](#) | [Correct History](#)

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

John Hitt
Employee

Empl ID 0113202
Empl Record 0

Work Location Details ? Find | View All First 1 of 1 Last

Effective Date 02/09/2018 Go To Row

Effective Sequence 0 Action Data Change

HR Status Active Reason Essential Personnel Form Rcvd

Payroll Status Active Job Indicator Primary Job Current 

Position Number 00037488 Professor

Override Position Data

Position Entry Date 03/01/1992 ☐ Position Management Record

Regulatory Region USA United States

Company UCF UCF Payroll Services

Business Unit UCF01 University of Central Florida

Department 01012001 PRES-PAYROLL

Department Entry Date 03/01/1992

Location MAIN Main Campus (Orlando)

Establishment ID UCF University of Central Florida Date Created 02/20/2018

Last Start Date 03/01/1992

Expected Job End Date

Job Data Employment Data Earnings Distribution Benefits Program Participation

Save Return to Search Notify Refresh Update/Display Include History

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation



**STATE
UNIVERSITY
SYSTEM
of FLORIDA**
Board of Governors

SUS Compliance Program Status Checklist, November 2018

University Name: _____ Prepared by: _____

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the "description" column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.

Program Status Summary (November 2018)						
Area	Regulation Components	Completed	In Process			Not Begun
		✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	5	0	0	0	0
B – Program Plan	5	5	0	0	0	0
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	19	0	0	0	0

Legend:



Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.



Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.



Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).



Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B

Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	November 2018: The university-wide Compliance Program was approved at the BOT Meeting on December 20, 2017.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	November 2018: The CCO has been regularly updating the BOT on the status of the development of the Compliance Program and will report at least annually on the Program effectiveness.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	November 2018: The Program will provide an external effectiveness review at least once every 5 years. The UF Compliance Office is actively participating in the development of a self-audit/peer review effectiveness tool in collaboration with the SUS Compliance and Ethic Consortium Effectiveness Workgroup.	✓
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	November 2018: UF's multiple functional units participate in continuous process improvement activity geared toward detecting and preventing non-compliance, unethical and/or criminal behavior. As concerns arise, corrective action is taken to address them and opportunities for process improvement are evaluated.	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	November 2018: UF conducts criminal background checks upon hire of faculty, and TEAMS employees and will continue its review of the current processes and make adjustments as necessary. UF also conducts exclusion screenings on healthcare related personnel and vendors and restricted party screening on foreign individuals and entities.	✓

Area B – Program Plan

Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	November 2018: The UF Compliance Program was presented and approved at the BOT Meeting on December 20, 2017. The BOT approved an updated Ethics Policy in December 2016 and adopted it as a regulation at the March 2017 Board meeting.	✓



B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	November 2018: UF employees and BOT members receive training regarding their responsibilities and accountability for ethical conduct and compliance with applicable laws and regulations. In addition, many of UF's functional units have a required training component. A compliance training module providing an overview of the Compliance Program and the FL Code of Ethics for Public Officers and Employees has been rolled out system-wide in August. The training will subsequently be required every two years.	✓
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	November 2018: UF has identified key individuals called "Compliance Partners" that will assist in promoting the Program; identifying risks, policy and training needs; disseminating compliance information; and monitoring emerging issues. Compliance Partners do not report directly to the Chief Compliance Officer; rather an informal "dotted line" structure exists.	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	November 2018: UF and its affiliates utilize the University Compliance Hotline for intake of confidential reports of concerns. There are also multiple helplines available as an alternative means of communication. All reported calls are reviewed, investigated and appropriate action is taken in response to concerns raised by the caller.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	November 2018: UF multiple functional units and affiliates enforce compliance activity in a variety of manners incentivizing ethical behavior and disciplining students, faculty and staff who engage in unethical behavior or behavior that is not in compliance with existing federal and state laws and University policies.	✓

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	November 2018: The BOT Audit and Compliance Committee is the committee that provides board-level oversight to the Compliance Program.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	November 2018: The BOT Audit and Compliance Committee's charter was revised to more robustly include the compliance	✓

	function and was approved at the BOT Meeting on December 20, 2017.	
C3 - Routine CCO meetings with BOT Committee - please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	November 2018: The CCO has met with the Audit and Compliance Committee at the regularly scheduled meetings throughout the year (totaling 3 last year and twice this year). The CCO also meets with the Committee's Chair on a regular basis	✓
C4 - Routine CCO meetings with President - please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	November 2018: The CCO has met with the University President at least twice last year for overall updates and assessments and has had bi-weekly meetings with the SVP & COO. The CCO also participates in executive staff meeting on a monthly basis and meets regularly with the Vice President and General Counsel as well	✓

Area D - Chief Compliance Officer

Regulation Component	Description	Progress Indicator
D1 - Appointed Chief Compliance Officer (CCO) [4.003(4)]	November 2018: The CCO was appointed in December of 2016. The CCO's authority has been established in the Audit and Compliance Committee Charter, the Compliance Office Charter, and the Compliance Program, which were approved at the BOT Meeting on December 20, 2017.	✓
D2 - CCO reports functionally to the Board and administratively to the President [4.003(5)]	November 2018: The CCO reports functionally to the BOT and administratively to the University President through the Senior Vice President and Chief Operating Officer. See Organizational chart here: Compliance reporting structure.pdf . Documentation regarding the CCO's employment is found in a 2016 MOU between UF and STHC for the CCO's services (lease arrangement). The MOU is undergoing revision and will be forwarded to the BOG when finalized.	✓
D3 - Compliance Office Charter [4.003(6)]	November 2018: The Compliance Office Charter was approved at the BOT Meeting on December 20, 2017.	✓

D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	November 2018: The Audit and Compliance Committee Charter, the Compliance Office Charter, and the Compliance Program establish the CCO's independence, objectivity and right to access records and information. Verbiage related to resolution of barriers was incorporated into appropriate documents, which were approved at the BOT Meeting on December 20, 2017.	
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	November 2018: The CCO's authority was established in the Audit and Compliance Committee Charter, the Compliance Office Charter, and the Compliance Program, which were approved at the BOT Meeting on December 20, 2017. Staffing consists of the CCO and a Director of Compliance and Conflicts of Interest. Budget and additional resources will be established during the budget cycle.	

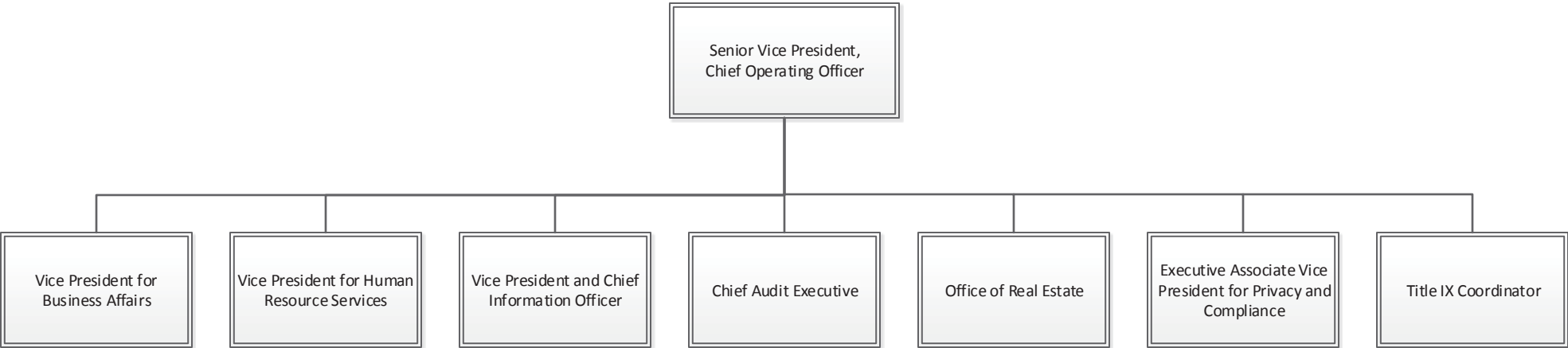
I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 12/19/18
 President

I certify that all information provided is true and correct to the best of my knowledge.

Certification:  Date 12/19/18
 Board of Trustees Chair

Office of the Senior Vice President and Chief Operating Officer





STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

SUS Compliance Program Status Checklist, November 2018

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the “description” column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.





Return completed checklists to BOGInspectorGeneral@flbog.edu.


For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.



Program Status Summary (January 2017)						
Area	Regulation Components	Completed	In Process			Not Begun
		✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	4	0	0	0	1
B – Program Plan	5	5	0	0	0	0
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	18	0	0	0	1




Legend:





- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The “N/B” indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.


Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	October 2017: Completed - The UNF Compliance and Ethics Program (C&EP) was approved by the Board of Trustees at its October 2017 meeting. Work on implementation of the plan is on-going.	 N/B
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: Completed – Since the Spring of 2015, the Chief Compliance Officer has provided regular quarterly updates on compliance issues and initiatives to the BOT Audit and Finance Committee, now the Audit and Compliance Committee. With the adoption of the BOG regulation, these updates now include a status report on the progress in meeting BOG requirements.	 N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	To be Initiated: Not Begun – the C&EP will address the requirement for an external program review. This review will be completed no later than November 2021. To that end, the Chief Compliance Officer currently chairs an SUS Workgroup developing tools and resources to assist with this 5-year review.	 N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: Completed – There are multiple policies, procedures, and processes in place to encourage faculty, staff, and students to bring issues of perceived illegal, unethical or inappropriate behavior/actions to the attention of management, like the Fraud and Other Wrongful Acts policy and the Non-discrimination policy. The Chief Compliance Officer, in collaboration with the Director of Internal Audits, attorneys in the Office of the General Counsel, the Director of Employee Labor Relations, and others, are in the process of identifying current policies and procedures (P&P) which provide guidance on how and to whom to raise these concerns. Recommendations for changes to current policies or the adoption of new policies are part of the University's efforts at continuous improvement. Additionally, the UNF Hotline allows faculty, staff and others to raise concerns about any issue anonymously. Finally, compliance audits completed by the	 N/B






	Office of Internal Audits also advise management of areas of lax or non-compliance.	
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: Completed – The University has a rigorous search and screen process which includes level 2 (fingerprint) background checks and reference checks for all candidates for vacant positions. A level 2 background check is also required for all positions of trust, including internal promotional opportunities. Candidates for positions of trust also undergo a credit check. Additionally, UNF rules and policies, for example the Fraud and Other Wrongful Acts policy, address disciplinary action for violations of the policy.	

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	October 2017: Completed – the BOT approved the UNF Compliance And Ethics Program at its October 2017 meeting.	
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	October 2017: Completed – The BOT engaged the services of Caroline Klancke, Sr. Attorney, Florida Commission on Ethics, to provide the BOT training on compliance and ethics, including conflicts of interest, at its October 2017 meeting. BOT members also attended the annual SUS Trustee Summit in November 2017 at which compliance topics such as Sunshine Law and Ethics Training were presented by representatives from the Office of the Attorney General and the Florida Commission on Ethics. Additionally, orientation sessions for new Trustees include information on applicable compliance and ethics topics and issues. Finally, the BOT has codified its commitment to compliance and ethics by including in its Bylaws a Code of Ethics and a section on Conflict of Interest. With respect to training for employees, the Chief Compliance Officer will begin training after the first of on the newly adopted Statement of Ethical Conduct. Additionally, the CCO, the Director of the Center for Professional Development and Training, and colleagues in the Office of the General Counsel continue discussions on enhancing the current compliance and ethics training for faculty and staff.	

B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	October 2017: Completed - Compliance Officers/Partners are dotted line reports to the Chief Compliance Officer (CCO). In addition to individual and ad hoc meetings with compliance officers/partners, the CCO has established a monthly discussion forum to engage emerging and on-going compliance and ethics issues in a cross-divisional, proactive manner.	 N/B
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	October 2017: Completed - The UNF Hotline is active, and is being marketed/promoted by the Director of Internal Audits and Compliance Officer at departmental meetings across campus. A compliance e-mail address (compliance@unf.edu) has also been established to allow employees to send questions directly to the CCO.	 N/B
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	October 2017: Completed - Programs to incentivize employees in supporting and promoting compliance and ethics is a function of the President's Excellence Awards Program. The COO, in conjunction with CEROC, will continue to explore programs and opportunities which incentivize employees and students to perform all duties and responsibilities with integrity and the highest ethical standards.	 N/B

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: Completed - the Audit and Finance Committee of the BOT transitioned to the Audit and Compliance Committee effective October 2016.	 N/B
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: Completed - the Audit and Compliance Committee charter was approved at the October 2016 BOT meeting and was revised at the October 2018 meeting.	 N/B
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: Completed - The Chief Compliance Officer has a regular place on BOT Audit and Compliance Committee meeting agendas to update members on compliance issues and initiatives and, specifically, to provide a status report on progress in meeting BOG requirements.	 N/B
C4 – Routine CCO meetings with President – please describe nature and	January 2017: Completed - The Chief Compliance Officer meets monthly with the President to review compliance issues	

frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	and initiatives and our progress in meeting BOG requirements. Ad hoc meetings are also held to address pressing compliance matters. Additionally, the Chief Compliance Officer meets regularly with the VP, Administration and Finance, to keep her abreast of these issues. Finally, the opportunity to bring issues to President's staff meetings is available to the Chief Compliance Officer should the need arise.	 N/B
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Area D - Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 - Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: Completed - the Chief Compliance Officer has been appointed.	 N/B
D2 - CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: Completed - the Chief Compliance Officer's position description and organizational charts have been updated to reflect the required reporting relationships.	 N/B
D3 - Compliance Office Charter [4.003(6)]	October 2017: Completed - The Compliance Office Charter was approved by the BOT at its October 2017 meeting and reaffirmed at its October 2018 meeting.	 N/B
D4 - CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: Completed - The CCO has the support of the BOT and the President to engage in her duties and responsibilities with independence and objectivity. The BOT and President have also affirmed the requirement for full access to them by the CCO. No barriers to engaging compliance issues in meaningful and effective ways exist.	 N/B
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	October 2017: Completed - The Compliance Office is staffed by a Chief Compliance Officer with secretarial/administrative support shared with the Director of Internal Audits. The Compliance Office expense budget is \$6,000, which is used to support general operating expenses including phone, office supplies, professional development opportunities, and travel; the Office also has non-recurring funds for a Graduate Assistant.	 N/B

	As the C&EP evolves it is likely that additional funds for Program marketing, education/training programs, and other special initiatives will be required. Requests for additional funding will be submitted through the established budget request process.	
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I certify that all information provided is true and correct to the best of my knowledge.

Certification: David M. Agmanshi Date 11/13/18
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: BSK Date 11/13/18
Board of Trustees Chair



SUS Compliance Program Status Checklist

November 2016 - November 2017

University: University of South Florida

Preparer: Jeff Muir, CCO

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (November 2017)

Area	Regulation Components	Completed				Not Begun
		✓	Good Progress ●	Slow Progress ●	Poor Progress ●	
A - University-wide Compliance Program	5	5	This item is no longer an option as the date (November 3, 2017) has already past	0	0	0
B - Program Plan	5	5		0	0	0
C - BOT Committee	4	4		0	0	0
D - Chief Compliance Officer	5	5		0	0	0
TOTAL	19	19		0	0	0

Legend:



Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.



NOTE: This item is no longer an option as the date (November 3, 2017) has already past. In the prior version of the checklist, it indicated that the university president and board chair anticipated regulation components making up this area to be completed by November 3, 2017.



Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).









Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B









Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with either the amber or red light indicators to communicate anticipated completion periods for items not yet begun.






Area A – University-wide Compliance Program

A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	November 2017: The USF System implemented a Compliance & Ethics Program (CEP) in 2007 that is consistent with the Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)].	  N/B
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	November 2017: See USF System Compliance & Ethics Charter and Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	  N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	November 2017: See USF System Compliance & Ethics Charter and Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	  N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	November 2017: The USF System has established processes for detecting and preventing noncompliance, unethical behavior, and criminal conduct via the following: <ul style="list-style-type: none"> • USF System Policy 0-024: Fraud Prevention & Detection • EthicsPoint, our anonymous reporting hotline • <i>eDisclose</i>, our web-based training, disclosure and review system for USF System Employee Florida Code of Ethics (FCOE), nepotism, and outside activity disclosure and review. 	  N/B
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	November 2017: Criminal history background checks are conducted upon prospective and current employees pursuant to USF System Policy 0-615 . The USF System has an anonymous reporting hotline, EthicsPoint , for reporting allegations of fraud, abuse, and other violations of law, regulation, and policy.	  N/B

Area B – Program Plan		
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	November 2017: See USF System Compliance & Ethics Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	November 2017: See USF System Compliance & Ethics Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	November 2017: See USF System Compliance & Ethics Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	November 2017: The USF System has an anonymous reporting hotline, EthicsPoint , for reporting potential/actual violations and provides protection for reporting individuals from retaliation under USF System Policy 0-020 . See USF System Compliance & Ethics Charter and Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	November 2017: The USF System may take just cause disciplinary action against faculty members and any other USF System Employee for incompetence or misconduct under USF System Regulation 10.112 and USF System Regulation 10.212 , respectively.	 N/B

Area C – BOT Committee

C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	November 2017: See USF BOT Audit & Compliance Committee Charter approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	  N/B
C2 – BOT Audit and Compliance Committee Charter (copy to BOG) [4.003(3)]	November 2017: See USF BOT Audit & Compliance Committee Charter approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	  N/B
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	November 2017: The BOT Audit & Compliance Committee meets monthly or in accordance with the USF System Board of Trustees meeting schedule. The CCO meets with the BOT Audit & Compliance Committee during these meetings to keep them apprised of USF System Compliance & Ethics Program activities.	  N/B
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	November 2017: The CCO is a member of the President’s Leadership Team which meets monthly or as needed. The CCO also meets more often with the President as issues necessitate.	  N/B

Area D – Chief Compliance Officer		
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	November 2017: The USF System designated a senior-level administrator to serve as Chief Compliance Officer in June 2007.	 N/B
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	November 2017: See USF System Compliance & Ethics Charter and Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
D3 – Compliance Office Charter (copy to BOG) [4.003(6)]	November 2017: See USF System Compliance & Ethics Charter approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers) [4.003(7)(g)5 & (7)(g)7]	November 2017: See USF System Compliance & Ethics Charter and Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation.	 N/B
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	November 2017: See USF System Compliance & Ethics Charter and Program Plan approved by the Board of Trustees and transmitted to the Board of Governors per BOG Regulation. Current CEP staffing is two full-time professional positions (CCO and Associate Compliance Officer) and a shared staff assistant position. The program budget is approximately \$300,000 per year.	 N/B

I certify that all information provided is true and correct to the best of my knowledge.

Certification: Judy Henshaft Date Nov 21, 2017
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: [Signature] Date 12/11/17
Board of Trustees Chair



SUS Compliance Program Status Checklist, November 2018

University Name: **University of West Florida** Prepared by: **Matt Packard, CCO**

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below. Please use the “description” column to explain any elements not completed and provide the anticipated completion date. Regulation component A3 is not required until November 2021. If your university has begun or completed this component, please provide us with a description of the review process.

Return completed checklists by **Friday, November 30, 2018** to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at julie.leftheris@flbog.edu or 850-245-9247.

Program Status Summary (November 2018)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	4	0	0	0	1
B – Program Plan	5	5	0	0	0	0
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	18	0	0	0	1

Legend:

- ✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).
- Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
- N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The “N/B” indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	<p>November 2018: In July of 2018, UWF’s Office of Internal Auditing and Compliance was divided into two separate functions, in order to create separate and independent compliance and ethics function, the Office of Compliance and Ethics (OCE).</p> <p>The UWF compliance and ethics function, as it exists today, is consistent with Ch. 8 of the Federal Sentencing Guidelines (FSG) and the Florida Code of Ethics for Public Officers and Employees.</p> <p>Specific details regarding the individual elements of an effective compliance program are described in the following descriptions.</p>	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	<p>November 2018: Quarterly updates are provided to the UWF BOT Audit & Compliance Committee by the Chief Compliance Officer (CCO).</p> <p>An End of Year (EOY) report on the activities and effectiveness of the compliance program is presented to the annually to the UWF BOT Audit & Compliance Committee for approval, as outlined in the UWF Compliance Program Plan.</p> <p>The CCO serves as vice-chair to the Risk and Compliance Council and reports quarterly on compliance and ethics risks and activities.</p>	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	<p>November 2018: The UWF Office of Compliance and Ethics is not eligible for an external review until at least 2021.</p>	N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	<p>November 2018: UWF has in place several mechanisms. Employee background screening occurs prior to hiring.</p> <ul style="list-style-type: none"> • Level 2 background checks are performed on individuals placed in sensitive or special trust positions¹. • Training occurs bringing awareness to the campus regarding identity theft, red flags of fraud, Payment Card Industry compliance, FL Code of Ethics, and new employee orientation. 	✓

¹ See A5 for updated details regarding level 2 background checks

	<p>UWF's official whistleblower/ employee hotline, named <i>The Integrity Helpline</i>, launched in July 2017 and serves as the official <i>employee</i> anonymous reporting mechanism.</p> <p>UWF promotes a "speak up" culture, by notifying employees of their expectation to report all instances of fraud, misconduct, unethical behavior, and noncompliance, whether witnessed or suspected. Promotion efforts are conducted through traditional and electronic mail formats.</p>	
<p>A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]</p>	<p>November 2018: UWF believes in hiring ethical employees as a means to foster an ethical and compliant culture and to deter future instances of fraud and unethical behavior. This is carried out by a robust background screening and onboarding process:</p> <ul style="list-style-type: none"> • Effective employee screening and formal interview procedures are established to help in the identification and hiring of ethical employees and avoiding candidates that do not align with UWF's mission, vision, and values. • Employee background screening occurs prior to hiring. This includes a Level 1 background screening for <i>all</i> employees. • Level 2 background checks are performed on individuals placed in sensitive or special trust positions. [UPDATE] <ul style="list-style-type: none"> ○ As of November 2018, UWF, along with other SUS institutions, had access to VECHS Level 2 Background Screening of Positions of Special Trust suspended following FBI audit finding. ○ This predicament is only temporary and the Office of Human Resources is actively researching alternative vendors/ methods in order to restore our ability to conduct Level 2 background checks for individuals placed in positions of special trust as soon as possible. • Level 2 Background Checks are currently conducted for all employees/ volunteers participating in²: <ul style="list-style-type: none"> ○ Department of Children and Families (DCF) Programs, including, Educational Research Center and Child Development (ERCCD) and Summer Camps (Athletics, Continuing Education, Recreation, etc.) ○ UWF's Nursing Program 	✓

² These areas were not affected by the VECHS Federal audit finding

	<ul style="list-style-type: none"> ○ UWF Police Department • For further information regarding UWF's Background Screening Processes please visit the following location: https://uwf.edu/offices/human-resources/i-am-a/supervisor/backgrounds/ 	
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Area B - Program Plan		
Regulation Component	Description	Progress Indicator
B1 - Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	<p>November 2018: The UWF Office of Compliance and Ethics Program Plan was approved by the BOT Audit and Compliance Committee during the May 24, 2018 committee meeting.</p> <p>A copy of the approved plan was subsequently sent to the BOG/ OIGC.</p>	✓
B2 - Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	<p>November 2018: The Compliance Program Plan outlines a Compliance training program, which is conducted via online and in-person (during the periodic New Employee Orientation process).</p> <p>Individual training records are readily available online or through the Office of Human Resources.</p> <p>UWF utilizes an online training program provided by the third party vendor, LawRoom. A sample of online courses include:</p> <ul style="list-style-type: none"> • Tools for and Ethical Workplace • Clery Act Basics • Red Flags of Identity Theft • Building a Supportive Community (Title IX/Campus SAVE Act) • Data Security and Privacy • PCI DSS: Payment Card Industry Data Security Standard • FERPA Basics • Harassment Prevention Training <p>In a more recent addition to UWF's training processes, specific learning modules are now made available online through a program titled "SCOOP," which was developed internally. Each employee's personal SCOOP page contains specific information on all training required, completed, and pending.</p>	✓

	<p>SCCOP also contains information regarding any certifications/ designations obtained through training. Documentation is readily available online.</p> <p>Additionally, the Board of Trustees receive periodic reports on the activities of the Program and annual training on their oversight responsibilities. Additional training is available upon request or when a new Trustee is hired.</p>	
<p>B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]</p>	<p>November 2018: In June – August of 2018, the UWF conducted a Compliance Partner Initiative, which led to the identification of 55 unique Compliance Partners.</p> <p>These employees are identified in the UWF Accountability Matrix as the official point of contact and accountable individual for each compliance obligation. Supplemental accountability information is identified in UWF’s Compliance Database and Compliance Calendar.</p> <p>Although, Compliance Partners do not have an <i>official</i> reporting relationship to the CCO, they provide subject matter expert feedback and communicate with the CCO regarding ongoing compliance activities.</p> <p>Compliance Partners were identified and designated in coordination with area Vice Presidents to ensure capable individuals are tasked to assist the UWF compliance and ethics function.</p>	✓
<p>B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]</p>	<p>November 2018: The UWF Integrity Helpline officially launched in July 2017, which provides UWF employees with an anonymous reporting option. This service is provided by a third party vendor, EthicsPoint by NAVEX Global.</p> <p>The CCO manages administration and marketing of the Helpline.</p>	✓
<p>B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]</p>	<p>November 2018: UWF employs a progressive discipline program for employees. Key policies related to dealing with non-compliance, ethical issues and the disciplinary consequences are:</p> <ul style="list-style-type: none"> • BOT 07.01-03/08 Code of Conduct • HR-13.00-2004/07 Changes in Duties, Reassignment, Demotion, and Transfer 	✓

	<ul style="list-style-type: none"> • HR 15.02-05/16 Employee Code of Conduct • HR-21.00-2004/07 Separations from Employment • HR 22.00-2004/07 Standards of Conduct • P 14.02-02/15 Sexual Misconduct, Sexual Violence, Gender-Based Discrimination and Retaliation <p>Compliance/ Compliance Partner achievements and milestones will be featured on the Compliance website and recognized during Board of Trustee meetings. This is part of a broad effort to increase the visibility and overall footprint of the UWF compliance and ethics program and serves to underscore UWF's commitment to compliance and ethics.</p>	
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Area C - BOT Committee		
Regulation Component	Description	Progress Indicator
C1 - BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	<p>November 2018: At the March 2016 meeting, the BOT Audit & Compliance Committee adopted its charter, which outlines its responsibilities for providing oversight to the UWF Compliance and Ethics program as required by BOG/REG 4.003.</p> <p>UPDATE: The BOT Audit & Compliance Committee charter was amended in order to address the separation of the Internal Auditing and Compliance into separate and independent functions. The updated charter was approved during the May 24, 2018 BOT meeting.</p>	✓
C2 - BOT Audit and Compliance Committee Charter [4.003(3)]	<p>November 2018: At the March 2016 meeting, the BOT Audit & Compliance Committee adopted its charter, which outlines its responsibilities for providing oversight to the UWF Compliance and Ethics program as required by BOG/REG 4.003.</p> <p>UPDATE: The BOT Audit & Compliance Committee charter was amended in order to address the separation of the Internal Auditing and Compliance into separate and independent functions. The updated charter was approved during the May 24, 2018 BOT meeting.</p>	✓
C3 - Routine CCO meetings with BOT Committee - please describe the nature and frequency of meetings (e.g., semi-annually,	<p>November 2018: Quarterly meetings are held with the UWF BOT Audit & Compliance Committee where compliance and ethics related updates are presented by the Chief Compliance Officer.</p>	✓

quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]		
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	<p>November 2018: The CCO meets with the University President on a <i>monthly basis</i> to discuss the status of the UWF Compliance and Ethics Program, identify risks, and develop strategies.</p> <p>The CCO also serves as Vice-Chair of the UWF Risk and Compliance Council.</p>	✓

Area D – Chief Compliance Officer

Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	<p>November 2018: Matthew Packard is the UWF Chief Compliance Officer.</p> <p>Mr. Packard previously served as the Compliance Officer and took over management of the Compliance Program after the temporary CCO left for a leadership position within another area of the university. In May of 2018, Mr. Packard was promoted to the position of Chief Compliance Officer.</p>	✓
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	<p>November 2018: Copy of organization chart and human resources documentation demonstrating the supervisor of record</p> <p>Please see the attached.</p>	✓
D3 – Compliance Office Charter [4.003(6)]	<p>November 2018: The charter for the UWF Office of Compliance and Ethics was approved at the May 24, 2018 BOT Audit & Compliance Committee meeting.</p> <p>A copy of the charter was subsequently sent to the BOG/ OIGC.</p>	✓
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	<p>November 2018: The charter for the UWF Office of Compliance and Ethics outlines the required independence, access and objectivity required by the job function and regulatory authorities.</p>	✓

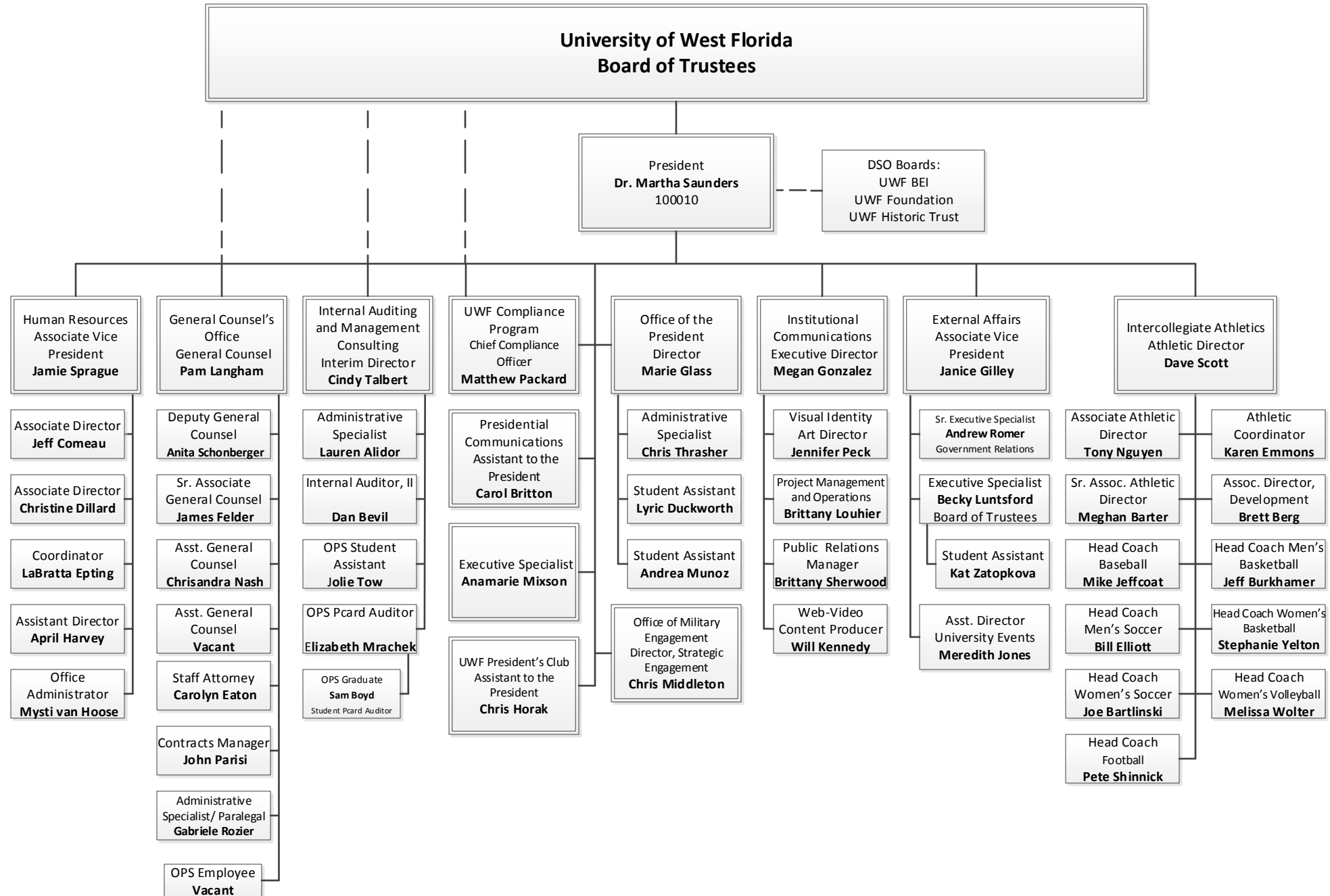
<p>D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]</p>	<p>November 2018: The Compliance and Ethics budget has a total budget of approximately \$100K, which includes approximately \$25K expense budget.</p> <p>The Office of Compliance and Ethics has no other staffing outside the CCO. The CCO relies on the relationships with Subject Matter Experts/ Compliance Partners across the UWF system in order to achieve effective compliance coverage.</p>	<p>✓</p>
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I certify that all information provided is true and correct to the best of my knowledge.

Certification: *W. J. H. [Signature]* Date *Nov. 21, 2018*
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: *J. Mark O'Sullivan [Signature]* Date *Nov 21, 2018*
Board of Trustees Chair



Update / Review Job Description: Coordinator-123880

Position Modification Justification

Reason for Modification

Reason for Position Modification	Job Description Update
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Justification for Position Modification (And any requested salary changes)	Additional responsibilities accompanied by annual salary increase of \$5,000 and to change supervisor effective July 1, 2018.
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Classification Selection

Position Details

Classification Information

Classification Title	Coordinator
Classification Code	9225
Pay Band	Professional
E Class Description	30-University Work Force Ex FT
EEO Skill	30 Other Professionals
FLSA	Exempt

Minimum Qualifications	Master's degree in an appropriate area of specialization; or a bachelor's degree in an appropriate area of specialization and two years of appropriate experience.
Veteran's Preference Eligibility	No
Employee Information	
Employee First Name	Matthew
Employee Last Name	Packard
UWF ID	970340621
Position Information	
Position Number	123880
Position Title	Coordinator-123880
Working Title	Chief Compliance Officer
Department	1270 - UWF Compliance Program
Supervisor (role)	Martha Saunders
Supervisor Position Number	100010
Employee	Matthew Packard
Job Summary: Please summarize the position in a few sentences	Maintains a compliance program consistent with BOG Regulation 4.003, SUS Compliance and Ethics Program, and the elements of an effective compliance program described in Chapter 8 of the US Federal Sentencing Guidelines. Assists in conducting an annual university-wide risk assessment. Participates as UWF representative on the SUS Compliance Consortium. Manages UWF compliance with the PCI-DSS requirements and reporting. Manages the UWF Integrity Helpline.
Marginal Functions	Compliance training for university community. Annual report to Board of Trustees. Periodic updates on the program to the President.
Position Qualifications	Masters degree in an appropriate area of specialization; or a bachelor's degree in an appropriate area of specialization and two years of appropriate experience.
List any additional skills or abilities not covered in the sections above that are required for the position	Ability to comprehend and interpret policies, procedures, laws, regulations, and guidelines; ability to exercise good judgment in evaluating compliance with the policies, procedures, laws, regulations, and guidelines; ability to communicate effectively both

written and orally; ability to maintain confidentiality; and ability to maintain a high degree of objectivity, enthusiasm, and efficiency in conducting work for the Compliance Office.

Preferred Qualifications

Worked in an institution of higher education, a law firm, or an in-house legal or compliance department with exposure to varied areas of law and regulatory compliance practice applicable to institutions of higher education. Familiarity with federal, state, and local regulations governing areas of university operations highly preferred.

1. Demonstrated record of progressive professional experience in an administrative office; experience could be in a university or other educational institution, a research center or institute, a government organization, or a not-for-profit agency;
2. Knowledge of and experience with federal grant compliance issues, including FERPA, Higher Education Opportunity Act at higher education institutions;
3. Experience in work environments where confidentiality and ethical behaviors emphasized;
4. Ability to demonstrate strong communication, interpersonal, analytic, writing, presentation, self-motivation, broad thinking, and business skills;
5. Computer proficiency with programs such as Microsoft Office (Word, Access, Excel, PowerPoint); and
6. Team-oriented.

Daily Hours (from-to)

8:00 a.m.-5:00p.m.

Total Hours per week

40

Explain variations in workweek, split shifts, shift differential, on-call status, or rotations

NA

Explain variations in workweek, split shifts, shift differential, on-call status, or rotations [historical]

NA

Supervision of Employees

Does this position supervise employees?

No

Reporting Relationship to other Positions - List the class title and position numbers of each position under the direct supervision on this position.

Does not supervise.

What is the total number of OPS Staff Employees supervised?

0

What is the total number of OPS Student Employees supervised?

0

Position Characteristics

Describe the types of decisions that are made in the position	Assessment of the presence of a compliance framework within a particular UWF department or division. Determination of the level of compliance with laws, rules, regulations, guidelines, policies and procedures.
Describe the types of problems analyzed and/or solved in this position	Determining UWF's need for compliance with various laws, rules, regulations, guidelines, policies, and procedures. Analyzing complex regulatory information and identifying aspects. Ascertaining compliance with the required laws, rules, regulations, guidelines, policies and procedures. Reporting deficiencies to senior management for any issue of non-compliance.
Describe what guidelines, policies, procedures, manuals, handbooks, laws, contracts, etc. one must comply with in this position. Describe the level of responsibility for interpretation, revision, and implementation of these policies, procedures, etc.	Compliance with all federal, state, and university laws, rules, regulations, guidelines, policies and procedures related to higher education. Compliance with PCI-DSS Standards. Code of Professional Ethics for Compliance and Ethics Professionals. UWF general policies and procedures regarding purchasing, travel, records retention, PCard, etc. UWF Foundation policies and procedures for spending, etc.; Florida Statutes, Board of Governors Regulations, etc.
Describe the primary communication within the campus (departments, students, faculty); and describe the purpose of these contacts.	Daily communication with various campus representatives and constituents on a myriad of topics relating to UWF Compliance; this may be oral or written. Contact consists of answering questions, discussing pending issues, conducting research, addressing on-campus concerns and issues, etc.
Describe the communication with outside sources such as vendors, state agencies, funding sources, local business, etc. and describe the purpose of these contacts	Professional contacts are maintained through various organizations such as the Society for Corporate Compliance and Ethics (SCCE), the Ethics & Compliance Officer Association, National Society of Compliance Professionals, Inc., International Compliance Professionals Association, International Association of Risk and Compliance, the Ethics Resource Center, Association of College and University Auditors, Association of Certified Fraud Examiners, and respective compliance agencies throughout the nation. Daily communication with other SUS institutions, local community (vendors, contractors, community members, etc.), and other local educational institutions. Contact consists of answering questions, discussing pending issues, providing messages to UWF staff, addressing issues and concerns, etc.
Describe the types(s) of confidential or sensitive information that is (are) handled and how it is used in the position	Confidential information related to evaluating and reporting on compliance issues may include access to personnel and student information.
Describe the level of monetary responsibility associated with the position. What is the amount of money that is typically handled, and what are the consequences of error	Annual department operating budget of about \$17,000. Mismanagement of these resources would result in a less effective/efficient compliance operation. Consequences could include errors leading to overspending expense allocations and incorrect recording of expenditures. Other consequences could include violation of law, policies and budget errors.

Describe what problem would result from typical errors made in the position	<p>Failure to adequately assess compliance within a department or division could result in financial fines/penalties being levied against UWF. Failure to ensure adequate training is in place related to specific compliance issues could result in employees or students violating a rule, regulation, guideline, policy or procedure. Such a violation may have financial and reputational consequences for UWF.</p> <p>Failure to not have workload prioritized would cause work to be delayed and deadlines not met, which would result in a poor image for the office.</p>
List the hardware and software applications that are required for this position	<p>Computer (85%); phone (10%); Printer, copier, scanner, calculator, and fax (5%)</p> <p>Software: Microsoft Office Suite (Word, Excel, Access, Visio, Publisher, PowerPoint), Google products (Gmail, Calendar, Google Docs); Adobe products (Acrobat Pro video conferencing/ teleconferencing, etc.), Ellucian Banner (Finance, HR, Student modules), SharePoint, in-house Compliance database, 3rd party hotline, etc.</p>
Physical Demands	
Physical Requirements	1- No unusual physical requirement.
Impact of Deadlines on Daily Work	1- Work schedules, volume of work, or priorities seldom change.
Standing	Occasionally
Walking	Frequently
Sitting	Daily
Reaching with hands and arms	Occasionally
Climbing or balancing	Never
Stooping, kneeling, crouching or crawling	Never
Use of hands to handle objects	Daily
Lifting up to 10 pounds	Occasionally
Lifting up to 25 pounds	Never
Lifting over 25 pounds	Never
Talking: Express or exchange ideas verbally	Daily
Hearing: Perceive sound by ear	Daily
Vision: Ability to distinguish similar colors, depth perception, close vision	Daily

Special Requirements or Considerations of the Job

Special Requirements or Considerations of the Job

This position requires a criminal background screen.

Essential Functions

Description of Job Duty

Coordinates and oversees University-wide compliance activities to ensure the University is compliant with federal, state, and local laws, rules, and regulations, as well as institutional policies. Assists in the analysis of UWF's compliance posture. Maintains the compliance database. Interacts with UWF Compliance Partners, including general updates and prompts to file external reports. Manages the UWF Integrity Helpline, including relationship with vendor. Participates on the UWF Risk & Compliance Council, assisting with the annual university-wide risk assessment.

Percentage Of Time

45

Description of Job Duty

Monitors developments and changes in federal, state, and local statutes, regulations and case law to determine the impact on the University.

Percentage Of Time

10

Description of Job Duty

Monitors and reports on the university's compliance with PCI-DSS (Payment Card Industry Data Security Standards), working closely with UWF ITS and the Controller's Office. Monitors to ensure implementation of any new or modified requirements necessary to mitigate emerging payment security risks. Manages and oversees Credit Card Processor training and certification program to ensure employees who have access to the credit card environment are adequately trained.

Percentage Of Time

15

Description of Job Duty

Participates on the State University System Compliance Consortium as the UWF representative.

Percentage Of Time

3

Description of Job Duty

Performs other duties as requested by the University President.

Percentage Of Time

2

Description of Job Duty

Develops and oversees compliance training and educational programs. Develops and maintains University Compliance web page and web resources to raise compliance awareness. Ensure the University President and the Board of Trustees Audit & Compliance Committee are knowledgeable about the Program.

Percentage Of Time

20

Description of Job Duty

Develops an annual report on the activities of the Compliance Program and distributes report to the Board of Trustees Audit &

Compliance Committee and the Board of Governors Office of the Inspector General/Director of Compliance. Provides monthly updates on the status and activities of the Compliance Program to the University President.

Percentage Of Time5

Position Request Information

Position Request Number

Supplemental Questions

Required fields are indicated with an asterisk (*).

Employee

Seated User

Details

First NameMatthew
Last NamePackard
Work Emailmpackard@uwf.edu
Employee ID970340621
External Authentication Key970340621

Supervisory Position

Supervisor Job Description

Job TitleFaculty Supervisor
Position NumberF00001PD
1470 - Office of Economic Engagement & Development (OEDE)

Org Unit	
First Name	Faculty
Last Name	Supervisor
Email	jobs@uwf.edu